

WHO public consultation on the draft Implementation Framework/European Action Plan to reduce harmful alcohol consumption

EuroHealthNet response

1. Introduction

EuroHealthNet welcomes the opportunity to contribute to this public consultation set by the WHO in a hope that our health equity-focused input will strengthen the legal provisions for Member States' disposal to reduce alcohol (over)consumption. In laying out the vision for reducing alcohol use, EuroHealthNet focuses on addressing the societal and commercial roots of health inequalities related to alcohol consumption within a legal remit of the health and social policies of the European countries.

Systemic factors – such as poverty and income deprivation, social exclusion - determine people's choices along a social gradient. EuroHealthNet focuses on implementing evidence-based policies and good practices that promote healthier choices population-wise with an intensity of the action according to the need and the level of disadvantage that it targets. This entails adopting a view in which unhealthy behaviours are not 'just' the result of individual choices, but rather they are influenced by societal, systemic and life-course generated factors.

2. Comments on the general Implementation Framework

EuroHealthNet welcomes the [“Framework to strengthen implementation of the WHO European Action Plan to Reduce the Harmful Use of Alcohol \(EAPA\), 2022–2025”](#) as alcohol (over)consumption constitutes one of the key risk factors for poor health and societal wellbeing, contributing to significant gaps in health outcomes across the life course, between and within European Members States. The main points of the report we appreciated are:

- The **systemic approach to alcohol consumption** that structures the report. Reducing alcohol availability – working especially on pricing and taxation policies, and on promotion and “best buy” offers - and restricting alcohol marketing are central actions – in our view - to reduce alcohol consumption

across the whole of the social gradient. This would be particularly effective, as European countries are ones with the highest level of alcohol per capita consumption and the highest proportion of drinkers. Providing well-supported arguments and science-based examples is central to convince policy makers that there are several factors at societal, economic and political level that influence drinking behaviours, and this report accomplishes this well.

- The attention the report has for the **profound social gradient and the inequalities in how and who is most affected by alcohol policies and regulations, or lack thereof**. For example, we find it instrumental to stress on the fact that the cheapest alcohol products are typically consumed by the heaviest drinkers, and that Minimum Unit Prices (MUP) are therefore an effective policy for reducing health inequalities. While alcohol affects the whole of society, and while there is no dominant factor leading to alcohol abuse, it is essential that policy makers acknowledge that the more socially vulnerable an individual is, the more likely s/he will be impacted and affected by alcohol related issues. This is evident in particular among those in the lowest income quintile, where there is the highest share of those who drink alcohol who engage in heavy episodic drinking at least once every month.¹
- We agree with report's message that "**alcohol is no ordinary commodity**" and that knowledge on **alcohol health related harms is nowhere near to what it should be, and often contradictory and confusing**. And yet, when looking at the regulation of the alcohol products in terms of promotion, advertising or labelling, there are still regulatory gaps in the European internal market, with a preferential treatment for voluntary measures. For this reason, we recommend that the report should stress more clearly that in the public health field self-regulation has not proven to be an effective strategy to improve the consumers' knowledge, impact on consumption patterns, and ultimately their health and wellbeing. Over the last decade, industries have committed to self-regulate themselves when it concerns unhealthy foods and beverages (products high in fat, sugar, salt (HFSS) and the ultra-processed products (UPPs), but the standards they used to define "healthiness" remain lenient compared to those recommended by reputable and independent health institutions (and the WHO in particular). A policy framework that only partially regulates information

¹https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Alcohol_consumption_statistics#General_overview

related to alcohol, or that leaves it up to industry-level self-regulatory initiatives (such as codes of conduct, charters or pledges) would thus be insufficient. It would continue to encompass too many blind spots that commercial operators could exploit to pursue corporate behaviours that prioritise profits over consumers and citizens' health and wellbeing.

3. EuroHealthNet suggestions to improve the WHO European Action Plan to Reduce the Harmful Use of Alcohol

EuroHealthNet's main suggestion to improve the WHO European Action Plan concerns the analysis of the alcohol cultural framework, and more specifically our call to **shift the current policy focus away from individual responsibility more towards the role of the alcohol environment, responsibility and accountability of the systems and commercial operators** (as it is being done in the obesity prevention field via a concept of obesogenic environments). As aforementioned, we praise that the document considers several systemic factors influencing alcohol consumption behaviour.

At the same time, we believe that the text should more clearly present the need to counteract the prevailing cultural paradigm for which adults 'know better' how to deal with alcohol, and that a moderate consumption is not harmful, and at times even healthy. There is no doubt that health policies' main focus ought to be on addressing patterns of heavy consumption, but at the same time this rhetoric focused on an alleged individual liberty to consume alcohol fosters inequalities in health in two main regards.

Firstly, it permits industries and business to legitimately continue marketing their products using subtle marketing strategies (fe. glamourising alcohol use and appealing to the youth, females), leading to the externalities underlined in the report, such as the fact that children and young people will be more likely to begin alcohol consumption at an early age, as well as that they will drink more frequently and with drinking patterns that present more risks of harms to their health.

Secondly, groups of citizens from poorer socio-economic background, on low income or with lower education could find it more difficult to avoid alcohol. Therefore, policy frameworks ought to create a health enabling environment where taking the healthy choice is the easiest option, without leaving the responsibility not to fall the "heavy drinking trap" to individuals.

To conclude, we believe the text should include if not a specific section, at least a more specific part on why it is necessary to contrast the cultural framework focused on not interfering with individual's liberty to moderately consume alcohol. Then, we advice to support this rationale with concrete policy actions needed for creating a health-conducive consumer choice. It is a societal and political responsibility to create a framework where avoiding heavy drinking patterns is facilitated in any way possible, and the effect on drinking behaviours by current public discourse should not be neglected or underestimated.