



California Alcohol Policy Alliance

December 10, 2020

World Health Organization
Department of Mental Health and Substance Use
20, Avenue Appia
CH-1211 Geneva 27, Switzerland

RE: Comments on the draft WHO Global Strategy to Reduce the Harmful Use of Alcohol

To whom it may concern,

The California Alcohol Policy Alliance (CAPA) is a coalition of public health and safety advocacy organizations working to promote healthy alcohol policy in the state of California within the United States of America. California is the most populous state in the United States, as well as a major economic driver for the nation. California by itself would be the fifth-largest economy in the world. Needless to say, the state is also both the leading producer and consumer of alcohol in the United States. This makes CAPA's goals, strategies, and impact equivalent to that of a national-level coalition.

As such, we would like to respond the WHO request for comment on the Global Strategy to Reduce the Harmful Use of Alcohol. The request for comment asks that we address the following prompt:

“We have read the working document for development of an action plan to strengthen implementation of the Global strategy to reduce the harmful use of alcohol and have the following comments and suggestions for consideration:”

We appreciate the care and breadth put into the recommendations, but would like to make the following suggestions based on our own areas of concern.

Area 1: Implementation of High-Impact Strategies and Interventions

- Price controls are a major component of the WHO SAFER initiative, and we appreciate the emphasis placed upon them in the action plan. However, we strongly maintain that the funding raised through alcohol taxes should be dedicated to programs addressing prevention of, treatment for, and recovery from alcohol harm. This “Charge for Harm” model should be more explicitly advocated for by the Secretariat.

We also strongly believe the alcohol industry uses marketing, political influence, and economic power to push back against the implementation of most SAFER initiative items in general, and alcohol taxes in particular. Action 3 for non-state actors should strengthen the language against interfering in the development of public health members, and member states should be urged to embrace a more adversarial stance.

[AlcoholPolicyAlliance.org](https://www.alcoholpolicyalliance.org)

A Project of Alcohol Justice

Mayra Jimenez, Advocacy Manager | 323-683-4687 |
mayraj@alcoholjustice.org





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Lastly, the introductory language assumes universal health care as a feature of member states. This is clearly not true of the United States (though, granted, the United States also seems reluctant to be a member state). It is not true of many developing economies, as well. A truly global alcohol harm prevention strategy must embrace alternate methods to provide preventive and palliative care. Charge For Harm can fill this gap.

- We recognize that advertising restrictions are part of the SAFER initiative. Nonetheless, non-State actor Action 3 encourages the industry to embrace their role as “marketers”.
- SAFER fails to address a major international goal, one shared by CAPA, namely reforming alcohol labelling laws both in terms of content and presentation, and making them a universal feature of alcohol packaging. If this is not added to SAFER, it should be at least mentioned within the Area 1 preamble.

Area 2: Advocacy, Awareness, and Commitment

- Alcohol advertising is a major route for a number of alcohol harms, including but not limited to targeting of youth, sexual and gender minority groups, and racial and ethnic minority groups. Communication strategies for member states should not be limited to harms and awareness; they must also include media literacy and counter-marketing, both as national campaigns and as educational curricula. The Secretariat and non-State groups also play key roles in monitoring and flagging new communications strategies or vulnerable groups. Action 3 for non-State groups should also condemn the industry for targeting communities that are extraordinarily vulnerable to negative consequences from alcohol use.

This also suggests that the scope of non-State actors in Action 2 (for this and all subsequent items) is too vague. It should include human rights organizations, organizations that advocate for the wellness and self-determination of vulnerable communities, and organizations that advocate for the health of LGBTQ+ communities.

- Action 3 for non-State groups states that the industry should not promote fraudulent claims of health or safety regarding their products. This should be expanded to enjoin the alcohol industry not to engage in demonstrably ineffective or counterproductive public awareness campaigns (such as “Enjoy Responsibly”).
- Specific products (including alcopops, powdered alcohol, and likely hard seltzers) are notably youth-targeted and/or prone to promote dangerous overconsumption. Action items directed at both Member States and the Secretariat could be honed to reflect the need to restrict the availability of these products.
- Member state Action 7 calls for labelling requirements for alcohol packaging. It should be emphasized that these requirements follow best practices in terms of both content and form. Legibility, size (percent of packaging area), and graphical elements to augment text are all considered significant enhancements to the impact of warning and information labels. Note also that there is a growing trend in the United States for alcohol companies to use caloric value and ingredient transparency to positively market their products—there are many instances where insisting on their inclusion is useless if not an actual boon to the industry.



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Area 3: Partnership, Dialogue, and Coordination

- Marketing and advertising, especially in the age of social media, is often transnational and requires a transnational approach to bring into compliance with SAFER. This could be incorporated into Secretariat Action 3.
- Much alcohol advertising occurs on government-owned property (e.g., public transit stations, stadiums, etc.). The alcohol industry, in non-State Action 3, should not just be urged not to interfere with alcohol policy and development, they should be strongly urged not to build economic partnerships with governments. Likewise, an action items should ask Member States to end these partnerships.
- As above, the Secretariat should make sure to include local groups that advocate for vulnerable communities, including racial and ethnic minorities and LGBTQ+ residents. These voices are essential to partnership formation, to promote health equity, to ensure a culturally competent range of perspectives on the determinants of alcohol harm, and to maintain a social-ecological perspective on the impacts of alcohol.
- Not only are the harms from alcohol distributed unequally, so are the consequences of alcohol law enforcement. The Secretariat should work with Member States to support racial, ethnic, socioeconomic, and health justice in all advocacy.

Area 4: Technical Support and Capacity-Building

- The enforcement of alcohol-related laws is a necessary backstop for effective regulation. It is not clear that every member state has equivalent resources invested in development of effective alcohol control departments. This extends also to LMICs and LICs. Experience shows that insufficient alcohol controls in one country can create alcohol harm in adjacent ones. Experience also shows that, given the chance, the alcohol industry will wield influence to dilute the scope and effectiveness of alcohol control enforcement. Therefore, the Secretariat should also be working to develop a framework for effective enforcement, including funding and accountability mechanisms. HMIC and HIC Member States should be prepared to lend expertise and resources to emerging economies.

The flipside of this is, as indicated above, inequitable enforcement. Again, the Secretariat and Member States should be ready to advise and support in implementing alcohol control enforcement in a just manner.

Lastly, non-State Action 3 should proactively identify enforcement structures as an area in which the industry is unwelcome to lend support.

- One of the more promising developments of this century is the increasing acceptance of harm reduction models. This should be reflected in the assistance and capacity building actions of the Secretariat, ensuring that alcohol control and enforcement is directed at corporations and other economic entities, and deemphasizing criminalization and the need to incarcerate or sanction individuals.



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Area 5: Knowledge Production and Information Systems

- Alcohol advertising is a constantly evolving art, and the gap between the introduction of a new campaign and the development of counter-marketing gives rise to harmful use expectations and norms. Both the Secretariat and Member States should be engaged in the monitoring of alcohol advertising materials, strategies, and channels, and disseminating that information to Member States and NGOs. In non-State Action 3, the industry should be expected to share its plans for advertising campaigns.
- We applaud the inclusion of Action 7 and the explicit inclusion of LICs and MICs. We want to emphasize, however, the diasporas of these countries are also prone to targeting, inordinately severe consequences, and difficulty accessing services. An action items should be inserted for Member States to engage in both surveillance and retroactive analysis of the disparate impacts of alcohol harm on racial, ethnic, and sexual and gender minorities. This should include evaluate both the impact of alcohol and barriers to treatment and recovery. The Secretariat should be prepared to collect and summarize this surveillance.

(As a technical note, this surveillance should be from two frames: 1. group health and epidemiology, and 2. the disparate impacts of specific producers and/or products.)

- As the call for effective labelling grows, the Secretariat should be monitoring the appearance of these new alcohol health labels with an eye to generating and disseminating a definitive best practice.
- Member States should be monitoring how alcohol control enforcement affects various communities, including racial, ethnic, and sexual and gender minority groups. Moreover, non-State NGOs and community groups working with indigenous communities, racial and ethnic minorities, and/or LGBTQ+ residents should be encouraged and trained to collect, analyze, and disseminate alcohol harm data regarding the communities they serve.
- The Secretariat should be prepared to identify states that are not demonstrating a commitment to health equity, enforcement equity, and racial justice in both services access and enforcement outcomes. More broadly, there should be an effort to scorecard member states' alcohol policy environments against the goals put out in SAFER and other global strategy benchmarks.

From a purely self-interested perspective, we especially urge the WHO to publicly identify the failings of the United States.

Area 6: Resource Mobilization

- We appreciate that Member State Action 2 reflects the Charge For Harm strategy we outline above. However, we feel it is more than a resource mobilization technique, since it has both direct (price control) and indirect (funding prevention and health education) effects on consumption levels.



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- We also strongly support Action 4, but emphasize that the vulnerable diasporas, indigenous communities, and sexual and gender minority communities within Member States often need specific support and resources as well. In many cases, membership and challenges for these groups cross-national boundaries, thus requiring a commitment from multiple states. And as above, the documents should clearly include organizations advocating for those groups in non-State Action 2.

In addition, as above, the startup of effective alcohol enforcement in MICs and LICs may require resource mobilization on behalf of other member states. Likewise, criminalization may be a tempting strategy for MICs and LICs, and it may require additional resourcing to ensure enforcement systems favor targeting producers and retailers over individuals.

- So many of the strategies needed for effective treatment and recovery assume universal healthcare, and the document does as well in several locations. The document should err on the prescriptive in this case, identifying universal health—or at least universal access to treatment and recovery—as an essential component of effective global alcohol control.

By and large, this document is an ambitious and promising step along the path to a global framework on alcohol control. We look forward to seeing the final version of this document, and thank you for the opportunity to collaborate on it.

Respectfully

A handwritten signature in black ink, appearing to read 'Veronica de Lara', written over a light blue horizontal line.

Veronica de Lara
Cochair, California Alcohol Policy Alliance,
California, United States of America

A handwritten signature in black ink, appearing to read 'Gilbert Mora', written over a light blue horizontal line.

Gilbert Mora
Cochair, California Alcohol Policy Alliance,
California, United States of America