

Clearing our heads over alcohol

“Alcohol is the only psychoactive and dependence-producing substance that exerts a significant impact on global population health that is not controlled at the international level by legally binding regulatory instruments”. This statement formed part of the preamble of a draft Action Plan for implementing the WHO Global Strategy to Reduce the Harmful Use of Alcohol, which was recommended at the recent WHO Executive Board meeting for adoption at the next World Health Assembly. For an addictive substance with profound public health consequences, alcohol also remains stubbornly engrained in much of the world’s social and cultural structures, openly indulged in and endorsed by people of all rank and profession.

As a reminder of the consequences, alcohol use was the seventh leading risk factor for both death and disability-adjusted life-years (DALYs) in 2016, according to the Global Burden of Disease (GBD) study, accounting for 6.8% of age-standardised male deaths and 2.2% of age-standardised female deaths. Among the population aged 15–49 years, it was the leading risk factor globally, leading to 12.2% of male deaths and 3.8% of female deaths. Further work has shown that 4.1% of all new cases of cancer in 2020 were attributable to alcohol consumption, with a study in last month’s issue showing that the population-attributable fraction of oesophageal squamous cell carcinoma for those reporting ever drinking alcohol was up to 65% in Kenyan men. These harms do not, of course, include indirect harms caused by drink-driving, violence, and alcohol consumption during pregnancy, nor the related social and financial effects. Notably, the GBD study concluded that “consuming zero standard drinks daily minimised the overall risk of all health loss”—a position echoed by the World Heart Federation in January.

The draft Action Plan approved at the 150th WHO Executive Board session in January was drawn up in light of the limited policy traction seen, particularly in low-income and middle-income countries, since the Global Strategy to Reduce the Harmful Use of Alcohol was endorsed in 2010. One of the key barriers, according to the Action Plan preamble, is industry interference in alcohol policy development and implementation and governments’ reluctance to resist it, whether from weak leadership or competing interests.

Ironically, the Action Plan itself seems to have been subject to such interference, according to a report from the Centre for Alcohol Policy Research at La Trobe University, Melbourne, Australia. The report’s authors examined submissions to WHO’s online consultation on the draft Action Plan in 2020, finding that 60 (24%) of 251 submissions were from alcohol industry actors. The thrust of many of these submissions centred on countering the Action Plan’s proposals to limit industry involvement in policy making and the Plan’s focus on reducing overall consumption rather than minimising harms. More worryingly, these tactics appear to have worked. An analysis of before-and-after versions of the draft Action Plan by the Foundation for Alcohol Research and Education showed that one of the global targets had been changed from a reduction in per capita alcohol consumption to a reduction in the “harmful use of alcohol”, and that reference to “self-regulation” by industry had been inserted.

This pervasive interference is further illustrated by an Article in this month’s issue. Pepita Barlow and colleagues analysed statements made at key World Trade Organization committee meetings regarding alcohol warning labels between 2010 and 2019 and found that more than half of such statements echoed stances put forward elsewhere by the alcohol industry, despite only 3% being clearly identified as such. These stances included claiming that policies were a financial and administrative burden for industry, thus restricting trade; that the evidence used to develop the policies was scientifically inaccurate; and that alcohol-related harms arose solely from excessive or problem drinking by certain groups.

As long as the status of alcohol consumption as an enjoyable and even beneficial recreation remains, not least via the multitude of advertising outlets globally, the alcohol industry will be free to exert its nefarious influence while policymakers turn a blind eye. The evidence for alcohol’s harms, and the efforts of industry to obscure it, have never been clearer. The Action Plan should be endorsed in full and swiftly followed by preparations for a Framework Convention.

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For the **draft Action Plan for implementing the WHO Global Strategy to Reduce the Harmful Use of Alcohol** see https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7Add1-en.pdf

See **Articles Lancet** 2018; **392**: 1015–35

See **Articles Lancet Oncol** 2021; **22**: 1071–80

See **Articles Lancet Glob Health** 2022; **10**: e236–45

For the **World Heart Federation policy brief on the impact of alcohol consumption on cardiovascular health** see <https://world-heart-federation.org/news/no-amount-of-alcohol-is-good-for-the-heart-says-world-heart-federation/>

For the **report on alcohol industry submissions to the WHO 2020 Consultation on the development of an Alcohol Action Plan** see <https://fare.org.au/wp-content/uploads/Report-Alcohol-industry-submissions-to-the-WHO-2020-Consultation-on-the-development-of-an-Alcohol-Action-Plan-A-content-and-thematic-analysis.pdf>

For the **analysis of changes to the WHO Global Alcohol Action Plan** see <https://fare.org.au/wp-content/uploads/Analysis-of-changes-to-the-World-Health-Organization-Global-Alcohol-Action-Plan-2022-2030.pdf>

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