

**2017 World Health Organization Forum on alcohol, drugs and addictive behaviours  
Geneva, 26 June 2017**

**Statement on enhancing public health actions on alcohol, drugs and addictive behaviours to  
achieve health targets of the 2030 Agenda for Sustainable Development (SDG 2030)**

Distinguished delegates,

Thank you for the opportunity to deliver this statement on behalf of the NCD Alliance, a global civil society network dedicated to addressing NCDs as a health and development challenge around the world.

In 2015, 70% of global deaths were from NCDs. Many of those deaths were preventable and occurred before the age of 70. 80% of "premature" NCD deaths occur in low- and middle-income countries.

The rate of increase of NCD prevalence in LMICs is markedly pronounced, with development transitions contributing to increased exposure to risk factors for NCDs. Alcohol use is a key modifiable risk factor for multiple preventable NCDs. Around half of alcohol related deaths in 2015 were due to NCDs. Lowering alcohol consumption across populations is instrumental to lowering NCD burdens, as is reflected by the inclusion of a 10% reduction target in the Global Monitoring Framework for NCDs.

The need for increased action on alcohol control has also been highlighted by the inclusion of prevention and treatment of harmful alcohol use alongside NCDs in the Sustainable Development Goals.

Cost-effective interventions and policy options for reducing alcohol-related NCD burden, based on the Global Alcohol Strategy, are set out in Appendix III of the Global NCD Action Plan and focus on three key areas of action common across NCD risk factors: availability, pricing, and marketing policies.

And yet, as this meeting's background documents show, implementation of these measures around the world is insufficient and highly uneven and progress will not be achieved 'without significant further global and national commitment, investment, and coordinated action to increase regulatory and enforcement capacity'. This is an important message as WHO, Member States, other UN Agencies and civil society prepare for the 3<sup>rd</sup> High-Level Meeting on NCDs set to review progress on NCDs next year in 2018.

We wish to support the calls from Member States, who, responding to the heavy burden in their countries due to alcohol use, have in recent World Health Assemblies, requested the WHO secretariat to increase alcohol control efforts in the context of NCD prevention. Requests include the establishment of a working group on Alcohol and NCDs, consideration of the need for and feasibility of a legally binding international instrument, and calls for a review of the 2010 Global Alcohol Strategy.

Finally, we cannot discuss progress on alcohol control without addressing interference of the alcohol industry with development, implementation and enforcement of public health policy and regulation. As evidenced in research and the reported experience of Member States, alcohol industry tactics mirror those of the tobacco industry, and strategies employed by unhealthy commodity industries are similar and equally concerning across NCD risk factors.

Addressing the commercial determinants of NCDs must be a critical aspect of discussions at and in the lead up to the 2018 UN NCD High-Level Meeting, and we wish to reiterate that the alcohol industry cannot be at the table for policy development, nor should be deemed a viable development partner across the SDGs.

The sale, marketing and promotion of health harming products is at odds with achieving NCD goals and targets and the SDGs. Partnership with those profiting from the consumption of these products conflicts with goals and objectives of protecting and promoting health and development and ending poverty.

Thank you for your attention.