

**NCD Alliance statement**  
**Second WHO Forum on alcohol, drugs and addictive behaviours**  
27 June 2019, WHO HQ, Geneva

Thank you to WHO for convening this important Forum.

With regard to NCDs, we have a clear global framework and commitments for 2025 and 2030 to reduce global burden of alcohol on health. But there is a gap between commitments and action. The case for action is becoming ever stronger, particularly with regard to health inequalities both within and between countries. The epidemiological shift reflects the shift in risk factors, including alcohol, to become truly global. As a result, four out of five premature NCD deaths around the world are in low and middle income countries. NCDs and their risk factors are a major obstacle to economic development in every country.

The good news is that tried and tested policy solutions are available and identified in the WHO Best Buys and recommended interventions and in the SAFER package. The evidence base of their effectiveness is getting ever stronger, for example for minimum unit pricing – we'll hear about progress in Scotland tomorrow, taxation, labelling, health warnings, and marketing restrictions. We know what works. And there are significant co-benefits which are not usually taken into account when doing cost-benefit assessments, including in the areas of nutrition, sexual and reproductive health, communicable diseases, mental health, neurology, child health and development, as well as the non-health benefits including improving productivity and reducing inequality and social cohesion.

The investment case for alcohol policy action is strong. Return on investment for the alcohol policies and interventions included in the Global Action Plan on NCDs appendix 3 is impressive, at \$9:1. There are very few other policy interventions which offer such impressive rates of return. And this is likely a dramatic underestimate as the evaluation of benefits is very narrow, considering only the 4 major NCDs (cancers, cardiovascular, respiratory diseases and diabetes). Benefits evaluation must be extended to include *all* NCDs, in the case of alcohol policy assessments liver, kidney, oral health, neurological conditions, mental health are all especially relevant. And is essential to consider morbidity as well as mortality impacts, and the impacts on people under 30 and over 70 years old, which are not considered by the narrow definition of SDG sub-target 3.4 on NCDs.

This is why NCD Alliance has supported and promoted the development of the SAFER package of interventions to reduce alcohol harm. Further support is needed to member states for implementation. This initiative remains desperately under-resourced, despite rising member state demand for technical assistance in prevention and control of NCDs. We need to better match resources – including human resources – available for SAFER rollout with the epidemiological burden and member state demand for support.

We must also identify and dismantle other barriers to alcohol policy action, many of which are constructed by the alcohol industry using a familiar suite of tactics: creating fear, uncertainty and doubt around the effectiveness of policy solutions, and trying to paint themselves as central to harm reduction via voluntary measures and “self regulation”. This is happening in all regions, but we have around a decade of evidence that “self regulation” has comprehensively failed to curb the harms caused by alcohol. We must call time on this, as well as on incompatible partnerships between the alcohol industry and institutions working towards sustainable development:

Alcohol is a Class 1 carcinogen, so there is no “responsible” level of use, no excuse for teaching and normalizing alcohol use to school children. We agree with the point raised in the intervention by Sri Lanka that it's time to stop referring to “harmful use” when all use is harmful when it comes to cancer risk.

This brings us back to the focus on proven solutions, the Best Buys and Recommended interventions and SAFER package, to which we should add the removal of health harming subsidies for alcohol production and promotion. This entails working together on agriculture and international trade policies.

We need to focus in the direction of increasingly, progressively binding policy responses, in order to bridge the gap from commitments, to action, and results.