Scottish Health Action on Alcohol Problems (SHAAP) response to the World Health Organisation's (WHO) consultation on (draft) Appendix 3 of the WHO Global NCD Action Plan 2013-2020

September 2016

Scottish Health Action on Alcohol Problems (SHAAP) welcomes the opportunity to comment on the content and focus of Appendix 3 of the WHO NCD Action Plan. SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

SHAAP was set up in 2006 by the Scottish Medical Royal Colleges through their Scottish Intercollegiate Group (SIGA). SHAAP is governed by a Steering Group made up of members of the Royal Colleges and Faculties in Scotland.

SHAAP works in partnership with a range of organisations in Scotland and beyond. Key partners include Alcohol Focus Scotland, the British Medical Association (BMA), the Scottish Alcohol Research Network (SARN), the Alcohol Health Alliance, the Institute of Alcohol Studies, Eurocare and the European Public Health Alliance (EPHA).

Objective 1

We would like to see the inclusion of explicit reference of the need to ensure that public health is safeguarded as part of any future trade negotiations and agreements. The protection of public health should be at the forefront of any international treaties or regulations developed/introduced and not sacrificed in favour of economic growth and trade.

Objective 3
Harmful Use of Alcohol

Overall, we broadly support the overarching/enabling actions and specific interventions outlined in the document.

The word harmful should be removed from the section title, so that it simply reads 'Alcohol Use'. Consumption of alcohol, even at small levels, is harmful. The new alcohol guidelines issued by the Scottish and UK Chief Medical Officers (CMOs) in January this year state that there is no safe level of consumption[1] and this should be reflected in the document.

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[1] Department for Health (2016) Alcohol Guidelines Review – Report from the Guidelines development group of the UK Chief Medical Officers
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf

A1
We are disappointed to note that in relation to price, no mention is made of minimum unit pricing. There is strong evidence from Canada[2] and from modelling of the Scottish MUP case by the University of Sheffield[3], which both show that MUP is a highly effective policy for reducing alcohol-related morbidity and mortality, and has the greatest effect on the strongest, cheapest alcohol which causes the most harm, which are disproportionately experienced in the most deprived groups. Minimum unit pricing is estimated to have the biggest impact in terms of avoidable premature mortality amongst lower income groups, demonstrating that the policy would contribute to reducing health inequalities. Further, in relation to taxation, it would be helpful if it could be made explicit that taxes should be linked to alcohol content, use and harms.

Given the emerging evidence to support minimum pricing as a policy tool to tackle the affordability of alcohol, we recommend that 'minimum pricing policies' are added to the list of fiscal measures under intervention A1 designed to raise the price of alcohol. This is already the case in the WHO European action plan to reduce the harmful use of alcohol.

A2
Explicit reference should be made to controlling exposure to alcohol advertising and marketing, and not just controlling content, particularly in relation to children and young people. The majority of current regulatory regimes only control content. Evidence from research undertaken in the UK highlights that school-age children were more familiar with alcohol brands than they were with ice-cream and confectionary brands[4]. Whether such marketing is targeted at children or not, it clearly has an impact upon them and this demonstrates that the current regulatory regime is insufficiently protecting young people from exposure to alcohol marketing and brands. In addition, specific reference should be made to restrictions on social media, as this type of media is notoriously difficult to control and largely not covered by existing regulations, and is a main source of exposure for young people.

We would also like to see specific mention of alcohol sponsorship of sport and stricter regulation to control this. Alcohol sponsorship of sport contributes significantly to young people's exposure to alcohol marketing.

Unhealthy diet

We would like to see a strengthening of links between alcohol and an unhealthy diet. Many consumers lack a clear understanding of the number of calories in the alcohol products they consume and this could be addressed with improved product labelling. Mention of this could be accommodated under intervention U12 and this is something we would like to see. We have previously called for mandatory labels on all products to contain a full list of ingredients, nutritional information, including calories and evidence-based information about health risks of consumption of

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[2] Andreangeli, A (2016) Making markets work in the interest of public health: the case of the Alcohol (Minimum Pricing) (Scotland) Act 2012, The University of Edinburgh Law School and The Royal Society of Edinburgh
[3] University of Sheffield (2016) Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland http://www.shef.ac.uk/polopoly_fs/1.565373!/file/Scotland_report_2016.pdf
[4] Alcohol Concern at el (2015) Children's recognition of alcohol marketing http://www.alcoholconcern.org.uk/wp-content/uploads/woocommerce_uploads/2015/10/Childrens-Recognition-of-Alcohol-Marketing_Briefing.compressed.pdf

the product[5]. We recommend that WHO explore options for formally linking policy recommendations for these two interacting NCD risk factors.

Cancer

We would like to see a strengthening of the links between alcohol and cancer risk, and a greater emphasis on preventative action through effective policies. Alcohol is now widely recognised as a significant risk factor for cancer. The UK CMOs, in their new alcohol consumption guidelines, recognise the association between alcohol and cancer and emphasise that there is no safe level of alcohol consumption for cancer risk[6]. This corroborates the WHO's International Agency for Research on Cancer classification of alcohol as a group one carcinogen[7]. The risk of getting cancer starts from the first drink. Strengthening this link and improving understanding could effectively lead to the prevention of a significant number of cases of several types of cancer each year.

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For more information about SHAAP, please visit http://www.shaap.org.uk/

[5] SHAAP (2016) SHAAP's Top Twenty: A Manifesto for Action on Alcohol http://www.shaap.org.uk/images/shaap-top-20.pdf

[6] Department for Health (2016) Alcohol Guidelines Review – Report from the Guidelines development group of the UK Chief Medical Officers https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf

[7] World Health Organization International Agency for Research on Cancer (2012), Consumption of Alcoholic Beverages, *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 100E* http://monographs.iarc.fr/ENG/Monographs/vol100E/mono100E-11.pdf