



## Working document

for development of an action plan to  
strengthen implementation of the  
Global Strategy to Reduce the Harmful  
Use of Alcohol

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## CONTENT

<b>SETTING THE SCENE.....</b>	<b>1</b>
<i>The Global Strategy to Reduce the Harmful Use of Alcohol .....</i>	<i>1</i>
<i>Additional international guidance.....</i>	<i>1</i>
<i>Implementation of the Global Strategy since its endorsement .....</i>	<i>2</i>
CHALLENGES IN IMPLEMENTATION OF THE GLOBAL STRATEGY .....	3
OPPORTUNITIES FOR REDUCING THE HARMFUL USE OF ALCOHOL .....	5
<b>SCOPE OF THE ACTION PLAN .....</b>	<b>6</b>
<b>GOAL OF THE ACTION PLAN .....</b>	<b>7</b>
<b>PROPOSED OPERATIONAL OBJECTIVES FOR THE ACTION PLAN, GUIDING PRINCIPLES AND KEY AREAS FOR GLOBAL ACTION.....</b>	<b>7</b>
<b>ACTION AREA 1: IMPLEMENTATION OF HIGH-IMPACT STRATEGIES AND INTERVENTIONS .....</b>	<b>11</b>
GLOBAL TARGETS FOR ACTION AREA 1.....	11
<i>Proposed actions for Member States .....</i>	<i>12</i>
<i>Proposed actions for the WHO Secretariat.....</i>	<i>12</i>
<i>Proposed actions for international partners and non-State actors .....</i>	<i>12</i>
<b>ACTION AREA 2: ADVOCACY, AWARENESS AND COMMITMENT .....</b>	<b>13</b>
GLOBAL TARGETS FOR ACTION AREA 2.....	13
<i>Proposed actions for Member States .....</i>	<i>13</i>
<i>Proposed actions for the WHO Secretariat.....</i>	<i>14</i>
<i>Proposed actions for international partners and non-State actors .....</i>	<i>14</i>
<b>ACTION AREA 3: PARTNERSHIP, DIALOGUE AND COORDINATION.....</b>	<b>15</b>
GLOBAL TARGETS FOR ACTION AREA 3.....	15
<i>Proposed actions for Member States .....</i>	<i>15</i>
<i>Actions for the Secretariat .....</i>	<i>16</i>
<i>Proposed actions for international partners and non-State actors .....</i>	<i>16</i>
<b>ACTION AREA 4: TECHNICAL SUPPORT AND CAPACITY-BUILDING .....</b>	<b>17</b>
GLOBAL TARGETS FOR ACTION AREA 4.....	17
<i>Proposed actions for Member States .....</i>	<i>17</i>
<i>Actions for the Secretariat .....</i>	<i>18</i>
<i>Proposed actions for international partners and non-State actors .....</i>	<i>18</i>
<b>ACTION AREA 5: KNOWLEDGE PRODUCTION AND INFORMATION SYSTEMS.....</b>	<b>18</b>
GLOBAL TARGETS FOR ACTION AREA 5.....	19
<i>Proposed actions for Member States .....</i>	<i>19</i>
<i>Actions for the Secretariat .....</i>	<i>20</i>
<i>Proposed actions for international partners and non-State actors .....</i>	<i>20</i>
<b>ACTION AREA 6: RESOURCE MOBILIZATION.....</b>	<b>21</b>
GLOBAL TARGETS FOR ACTION AREA 6.....	21
<i>Proposed actions for Member States .....</i>	<i>21</i>
<i>Actions for the Secretariat .....</i>	<i>22</i>
<i>Proposed actions for international partners and non-State actors .....</i>	<i>22</i>
<b>ANNEX 1: INDICATORS AND MILESTONES FOR ACHIEVING GLOBAL TARGETS.....</b>	<b>23</b>
<b>ANNEX 2: WHO EXECUTIVE BOARD DECISION EB146(14) .....</b>	<b>28</b>

## SETTING THE SCENE

### The Global Strategy to Reduce the Harmful Use of Alcohol

The Global Strategy to Reduce the Harmful Use of Alcohol was endorsed by the Sixty-third World Health Assembly in May 2010 (Resolution WHA63.13). The consensus reached on the Global Strategy and its endorsement by the Health Assembly was the outcome of close collaboration between WHO Member States and the WHO Secretariat. The process that led to the development of the Global Strategy included consultations with other stakeholders, such as nongovernmental organizations (NGOs) and economic operators. The Global Strategy and Health Assembly Resolution WHA63.13 build on several WHO global and regional strategic initiatives and represent the commitment by WHO Member States to sustained action at all levels. The strategy contains a set of principles that should guide the development and implementation of policies at all levels, setting out priority areas for global action and recommending target areas for national action. The strategy gives a strong mandate to WHO to strengthen action at national, regional and global levels. The vision behind the Global Strategy is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to the harmful use of alcohol and the ensuing social consequences. The Global Strategy was developed to promote and support local, regional and global actions to prevent and reduce the harmful use of alcohol (Box 1).

#### Box 1. Purpose, vision and aims of the Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2010)

**Purpose:** to support and complement public health policies in Member States, including national and local efforts.

**Vision:** improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences.

**Aims:** to give guidance for actions at all levels; to set priority areas for global action; and to recommend a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level, taking into account national circumstances, such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities.

#### Additional international guidance

Since the endorsement of the Global Strategy in 2010, Member States' commitment to reducing the harmful use of alcohol has been further strengthened by the adoption of the political declarations emanating from high-level meetings of the United Nations General Assembly on noncommunicable diseases (NCDs). This included the declaration in 2011 and subsequent adoption and implementation of the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020. In 2019 the World Health Assembly (in Resolution WHA72.11) extended the NCD global action plan to 2030, ensuring its alignment with the 2030 Agenda for Sustainable Development. The NCD global action plan lists the harmful use of alcohol as one of four key risk factors for major NCDs. The action plan enables Member States and other stakeholders to identify and use opportunities for synergies to tackle more than one risk factor at the same time, to strengthen coordination and coherence between measures to reduce the harmful use of alcohol and activities to prevent and control NCDs, and to set voluntary targets for reducing the harmful use of alcohol and other risk factors for NCDs.

Furthermore, target 3.5 of the Sustainable Development Goals (SDGs) 2030 includes the objective of strengthening the prevention and treatment of substance abuse, including harmful use of alcohol. This reflects the broader impact of harmful alcohol use on health beyond NCDs – in areas such as mental health, violence, road traffic injuries and infectious diseases.

Evidence on the cost-effectiveness of alcohol policy options and interventions was updated in a revision of Appendix 3 to the NCD global action plan, and this appendix was endorsed by the Health Assembly in Resolution WHA70.11 (2017). This resulted in a new set of enabling and recommended actions to reduce the harmful use of alcohol. The most cost-effective actions, or “best buys”, include increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across multiple types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol. By prioritizing the most cost-effective policy measures, the Secretariat and partners launched the SAFER initiative. The primary objective of SAFER is to support Member States in reducing the harmful use of alcohol by enhancing ongoing implementation of the Global Strategy and other WHO and United Nations strategies. The SAFER initiative also aims to protect public health-oriented policy-making against interference from commercial interests, to establish strong monitoring systems to ensure accountability, and to track progress in the implementation of SAFER policy options and interventions.

### **Implementation of the Global Strategy since its endorsement**

Since the endorsement of the Global Strategy, its implementation has been uneven across WHO regions. The number of countries with a written national alcohol policy has steadily increased and many countries have revised their existing alcohol policies. However, the presence of written national alcohol policies continues to be most common in high-income countries and least common among low-income countries, with written national alcohol policies missing from most countries in the African Region and the Region of the Americas. The disproportionate prevalence of effective alcohol control measures in higher-income countries raises questions about global health equity; it underscores the need for more resources and greater priority to be allocated to support the development and implementation of effective policies and actions in low- and middle-income countries.

Between 2010 and 2018 no tangible progress was made in reducing total global alcohol consumption per capita; the figures for people aged 15 years and over rose from 5.5 litres of pure alcohol in 2005 to 6.3 litres in 2010 and remained relatively stable at 6.2 litres in 2018. The highest levels of consumption per capita were observed in countries in the European Region. Although consumption per capita remained stable between 2010 and 2018 in the Region of the Americas and the African and Eastern Mediterranean regions, it decreased in the European Region – surpassing the target set in the global monitoring framework for NCDs. Consumption of alcohol per capita increased, however, in the South-East Asia and Western Pacific regions.

The number of drinkers declined across all WHO regions between 2010 and 2016. More than half of the global population aged 15 years and older abstained from drinking alcohol during the previous 12 months. In 2016, alcohol was consumed by more than half of the population in three of the six WHO regions: the Americas, European and the Western Pacific regions. Some 2.3 billion people are current drinkers. Age-standardized prevalence of heavy episodic drinking (defined as 60 or more grams of pure alcohol on at least one occasion at least once per month) decreased globally from 20.6% in 2010 to 18.5% in 2016 among the total population but remained high among drinkers, particularly in parts of Eastern Europe and in some sub-Saharan African countries (more than 60% among current drinkers). There is emerging evidence of an increase in alcohol consumption in some population groups during the COVID-19 pandemic, at least in the early stages of the pandemic.

In all WHO regions, higher alcohol consumption rates and higher prevalence rates of current drinkers are associated with the higher economic wealth of countries. However, the prevalence of heavy episodic drinking is equally distributed between higher- and lower-income countries in most regions. The two exceptions to this are the African Region (where rates of heavy episodic drinking are higher in lower-income countries than in higher-income countries) and the European Region (where, conversely, heavy episodic drinking is more frequent in high-income countries).

Despite some improvements in the number of age-standardized alcohol-attributable deaths and disability-adjusted life years (DALYs) in all regions except South-East Asia, the overall burden of disease attributable to alcohol consumption remains unacceptably high. In 2016, the harmful use of alcohol resulted in some 3 million deaths (5.3% of all deaths) worldwide and 132.6 million DALYs (5.1% of all DALYs). Mortality from alcohol consumption is higher than from diseases such as tuberculosis, HIV/AIDS and diabetes. In 2016, an estimated 2.3 million deaths and 106.5 million DALYs among men globally were attributable to alcohol consumption. For women, the figures were 0.7 million and 26.1 million, respectively. Worldwide, in 2016, alcohol was responsible for 7.2% of all premature mortality (in persons aged 69 years or less). Younger people were disproportionately affected by alcohol; 13.5% of all deaths among 20–39-year-olds in 2016 were attributed to alcohol.

In 2016, the age-standardized alcohol-attributable burden of disease and injury was highest in the African Region, whereas the proportions of all deaths and DALYs attributable to alcohol consumption were highest in the European Region (10.1% of all deaths and 10.8% of all DALYs) followed by the Region of the Americas (5.5% of deaths and 6.7% of DALYs). Approximately 49% of alcohol-attributable DALYs are due to NCDs and mental health conditions, and about 40% are due to injury.

According to the latest WHO global estimates, 283 million people aged 15 years and older – 237 million men and 46 million women – live with alcohol use disorders (AUD), accounting for 5.1% of the global adult population. Alcohol dependence, as the most severe form of AUD, affects 2.6% of the world's adults, or 144 million people.

The impact of the harmful use of alcohol on health and well-being is not limited to health consequences; it incurs significant social and economic losses relating to costs in the justice sector, costs from lost workforce productivity and unemployment, and costs assigned to pain and suffering. The harmful use of alcohol can also result in harm to others, such as family members, friends, co-workers and strangers. The harms to others may be concrete (e.g. injuries or damages) or may result from suffering, poor health and well-being, and the social consequences of drinking (e.g. being harassed or insulted, or feeling threatened).

Overall – despite some decreasing trends in alcohol consumption in some segments of the population, improvements in some indicators of the disease burden attributable to alcohol consumption, and alcohol policy developments at national level – the implementation of the Global Strategy has not resulted in considerable reductions in alcohol-related morbidity and mortality and the ensuing social consequences. Globally, the levels of alcohol consumption and alcohol-attributable harm continue to be unacceptably high. The impact of the COVID-19 pandemic on the levels and patterns of alcohol consumption and related harm worldwide still need to be assessed.

## **Challenges in implementation of the Global Strategy**

Considerable challenges remain for the development and implementation of effective alcohol policies. These challenges relate to the complexity of the problem, differences in cultural norms and contexts, and the intersectoral nature of cost-effective solutions and associated limited levels

of political will and leadership at the highest levels of governments, as well as the influence of powerful commercial interests in policy-making and implementation. These challenges operate against a background of competing international economic commitments. Responsibility for dealing with these various challenges is dispersed between different entities – including government departments, different professions and technical areas – which complicates coordination and cooperation at all levels.

The drinking of alcoholic beverages is strongly embedded in the social norms and cultural traditions of many societies. Prevailing social norms that support drinking behaviour and mixed messages about the harms and benefits of drinking may encourage alcohol consumption, delay appropriate health-seeking behaviour and weaken community action. The accumulated evidence indicates that alcohol consumption is associated with inherent health risks, although these risks vary significantly in magnitude and health consequences among drinkers. Awareness and acceptance of the overall negative impact of alcohol consumption on a population's health and safety is low among decision-makers and the general public. This is influenced by commercial messaging and poorly-regulated marketing of alcoholic beverages which deprioritize efforts to counter the harmful use of alcohol in favour of other public health issues.

The production of alcoholic beverages has become increasingly concentrated and globalized in recent decades, particularly in the beer and spirits sectors. A significant proportion of alcoholic beverages is consumed in heavy drinking occasions and by people affected by AUD, illustrating the inherent contradiction between the interests of alcohol producers and public health. Strong international leadership is needed to counter interference of commercial interests in alcohol policy development and implementation in order to prioritize the public health agenda for alcohol in the face of a strong global industry and commercial interests.

Competing interests across the whole of government at the country level, including interests related to the production and trade of alcohol and government revenues from alcohol taxation and sales, often result in policy incoherence and the weakening of alcohol control efforts. The situation varies at national and subnational levels and is heavily influenced by the commercial interests of alcohol producers and distributors, religious beliefs, and spiritual and cultural norms. However, general trends towards deregulation in recent decades have often resulted in a weakening of alcohol controls, to the benefit of economic interests and to the expense of public health and welfare.

Alcohol remains 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 absence limits the ability of national and subnational governments to regulate the distribution, sale and marketing of alcohol within the context of international, regional and bilateral trade negotiations, as well as to protect the development of alcohol policies from interference by transnational corporations and commercial interests. This prompted calls for a global normative law on alcohol at the intergovernmental level, modelled on the WHO Framework Convention on Tobacco Control, and discussions about the feasibility and necessity of such a legally binding international instrument.

Informally and illegally produced alcohol account for an estimated 25% of total alcohol consumption per capita worldwide and, in some jurisdictions, exceed half of all alcohol consumed by the population. Informal and illegal production and trade are different in nature and require different policy and programme responses. Informal production and distribution of alcohol are often embedded in cultural traditions and socioeconomic fabrics of communities. Illicit alcohol production is associated with significant health risks and challenges for regulatory and law enforcement sectors of governments. The capacity to deal with informal or illicit production, distribution and consumption of alcohol, including safety issues, is limited or inadequate,

particularly in jurisdictions where unrecorded alcohol makes up a significant proportion of all alcohol consumed.

Satellite and digital marketing present a growing challenge for the effective control of alcohol marketing and advertising. Alcohol producers and distributors have increasingly moved to investing in digital marketing and using social media platforms, which are profit-making businesses with an infrastructure designed to allow “native advertising” that is data-driven and participatory. Internet marketing crosses borders with even greater ease than satellite television and is not easily subjected to national-level control. In parallel with the greater opportunity for marketing and selling alcohol through online platforms, delivery systems are rapidly evolving, imposing considerable challenges on the ability of governments to control alcohol sales.

Limited technical capacity, human resources and funding hinder efforts in developing, implementing, enforcing and monitoring effective alcohol control interventions at all levels. Technical expertise in alcohol-control measures is often absent at national and subnational levels and sufficient human and financial resources for the provision of essential technical assistance and compilation, dissemination and application of technical knowledge into practice have been grossly insufficient in WHO at all levels. Few civil society organizations prioritize alcohol as a health risk or motivate governments into action compared to organizations that support tobacco control. In the absence of philanthropic funding, and with limited resources in WHO and other intergovernmental organizations, there has been little investment in capacity-building in low- and middle-income countries.

The lack of sufficiently developed national systems for monitoring alcohol consumption and the impact of alcohol on health reduces the capacity of advocacy for effective alcohol-control policies and for monitoring their implementation and impact.

## **Opportunities for reducing the harmful use of alcohol**

Uneven and insufficient progress with implementation of the Global Strategy can be addressed by actions which are built on existing and emerging opportunities for reducing the harmful use of alcohol.

In recent years, alcohol consumption among young people has decreased in many countries throughout Europe and in some other high-income societies, with the exception of some disadvantaged groups. The decline seems to be continuing into the next age group as the cohort ages. Capitalizing on this trend offers a considerable opportunity for public health policies and programmes. There is also a trend towards an increase in the proportion of former drinkers among people aged 15 years and above. One contributory factor is the increasing awareness of negative health and social consequences of the harmful use of alcohol, and alcohol’s causal relationships with some types of cancer, liver and cardiovascular diseases, as well as its association with increased risk of infectious diseases such as tuberculosis and HIV/AIDS. Increasing the health literacy and health consciousness of the general public provides an opportunity for strengthening prevention activities and scaling up screening and brief interventions in health services.

While recognizing its negative influences and effects, social media also provides new opportunities for changing peoples’ relationship with alcohol through increased awareness of the negative health consequences of drinking, and new horizons for communication and promotion of recreational activities as an alternative to drinking and intoxication. At the same time, social media can serve as a powerful source of marketing communication and brand promotion for alcoholic beverages.



Alcohol use and its impact on health have been increasingly recognized as factors in health inequality. Within a given society, adverse health impacts and social harm from a given level and pattern of drinking are greater for poorer individuals and societies. Increased alcohol consumption can exacerbate health and social inequalities between genders as well as social classes. Policies and programmes to reduce health inequalities and promote sustainable development need to include sustained attention to alcohol policies and programmes.

The body of evidence for the effectiveness and cost-effectiveness of alcohol control measures has been significantly strengthened in recent years. The latest economic analysis undertaken under the auspices of WHO demonstrated high returns on investment for “best buys” in alcohol control. Every additional United States dollar invested in the most cost-effective interventions per person per year will yield a return of US\$ 9.13 by 2030, a return that is higher than a similar investment in tobacco control (US\$ 7.43) or prevention of physical inactivity (US\$ 2.80).

The COVID-19 pandemic and measures to curb virus transmission (lockdowns, stay-at-home mandates) have had a significant impact on population health and well-being, as well as on patterns of alcohol consumption, alcohol-related harms and the effectiveness of existing policy and programme responses. The COVID-19 outbreak has underscored the importance of developing appropriate alcohol policy responses, alcohol-focused activities and interventions during public health emergencies. This will have important implications for reducing not only the harmful use of alcohol at national, regional and global levels, but also the alcohol-related health burden and demand for health service interventions during the pandemic.

## **SCOPE OF THE ACTION PLAN**

The Global Strategy to Reduce the Harmful Use of Alcohol was recognized by WHO Member States at the 146th session of the Executive Board (2020) (Annex 2) as continuing to be relevant (a report on a review of the Global Strategy will be submitted in 2030), but resources and capacities for its implementation in WHO and some Member States do not correspond to the magnitude of the health and social burden. Alcohol marketing, advertising and promotional activities of alcoholic beverages are of deep concern, including those implemented through cross-border marketing, and targeting young people and adolescents. The development of an action plan (2022–2030) was requested by the decision of the WHO Executive Board to implement the Global Strategy as a public health priority. When endorsing the Global Strategy in 2010, the World Health Assembly affirmed that it aims to give guidance for action at all levels and to set priority areas for global action. The Strategy also provides a portfolio of policy options and measures that could be considered for implementation at the national level at the discretion of each Member State, depending on national contexts, priorities and resources. As stated in paragraph 59 of the Global Strategy, its successful implementation requires concerted actions by Member States, effective global governance and appropriate engagement of all relevant stakeholders. Hence, the proposed scope of key elements for developing the action plan includes specific actions and measures to be implemented at global level, in line with key roles and components of global action as formulated in the Global Strategy. The action plan will also include proposed actions for Member States, international partners and non-State actors to be considered for implementation at the national level. The action plan contains specific targets, indicators and proposed actions for all stakeholders, developed on the basis of lessons learned from implementation of the Global Strategy over the last 10 years, and with a timeline extended to 2030 in line with the timeline of the 2030 Agenda for Sustainable Development. The action plan is linked to and aligned with other relevant global action plans, including the Mental health action plan, the Global action plan for prevention and control of NCDs, the Global action plan on the public health response to dementia, and the Global plan of action to address interpersonal violence.

WHO aims to ensure that by 2023 1 billion more people enjoy better health and well-being, 1 billion more people are better protected from health emergencies and a further 1 billion more people benefit from universal health coverage. These goals indicate strategic directions for WHO in protecting and promoting population health worldwide. In the context of reducing the harmful use of alcohol, these goals can be translated into the objectives of: 1) increasing the proportion of populations that are protected from the harmful use of alcohol by effective alcohol control policies; 2) increasing the capacity of countries to address the harmful use of alcohol during health emergencies (such as the COVID-19 pandemic) by appropriate policy and programme responses; and 3) increasing the proportion of people with AUD and comorbid conditions benefitting from universal health coverage.

## GOAL OF THE ACTION PLAN

**The goal of the action plan** is to boost effective implementation of the Global Strategy as a public health priority and considerably reduce morbidity and mortality due to alcohol use – over and above general morbidity and mortality trends – as well as associated social consequences.

Effective implementation of the action plan at regional levels may require development or elaboration and adaptation of region-specific action plans. Emphasis is also needed on coordination within the Secretariat so that all actions aimed at reducing the harmful use of alcohol are in line with the Global Strategy and the action plan to strengthen its implementation.

## PROPOSED OPERATIONAL OBJECTIVES FOR THE ACTION PLAN, GUIDING PRINCIPLES AND KEY AREAS FOR GLOBAL ACTION

The proposed operational objectives of the action plan 2022–2030 and the proposed action areas are based on the objectives of the Global Strategy (Box 2) and the four key components of global action to reduce the harmful use of alcohol effectively (Box 3). However, the proposed operational objectives of the action plan are not identical to those of the Global Strategy. This reflects the action-oriented nature of the action plan, as well as more recent goals and objectives of other relevant global strategies and action plans, and lessons learned in implementing the Global Strategy since its endorsement.

### **Box 2. Objectives of the Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2010)**

- (a) Raised global awareness of the magnitude and nature of the health, social and economic problems caused by harmful use of alcohol, and increased commitment by governments to act to address the harmful use of alcohol;
- (b) strengthened knowledge base on the magnitude and determinants of alcohol-related harm and on effective interventions to reduce and prevent such harm;
- (c) increased technical support to, and enhanced capacity of, Member States for preventing the harmful use of alcohol and managing alcohol use disorders and associated health conditions;
- (d) strengthened partnerships and better coordination among stakeholders and increased mobilization of resources required for appropriate and concerted action to prevent the harmful use of alcohol;

(e) improved systems for monitoring and surveillance at different levels, and more effective dissemination and application of information for advocacy, policy development and evaluation purposes.

It is widely acknowledged that implementation of the Global Strategy is uneven, and the overall burden of disease and injuries attributable to alcohol consumption remains unacceptably high. Substantial progress with attainment of the goal and objectives of the Global Strategy can be achieved only through implementation of high-impact cost-effective alcohol control measures from the 10 target areas recommended in the Global Strategy for national policies and interventions (Box 4) at the national level. These target areas are not only supportive of and complementary to each other, but are strongly interlinked with the four components for global action.

**Box 3. Global action: key components (Global Strategy to Reduce the Harmful Use of Alcohol. WHO, 2010)**

- 1. Public health advocacy and partnership.** International public health advocacy and partnership are needed for strengthened commitment and abilities of the governments and all relevant parties at all levels for reducing the harmful use of alcohol worldwide.
- 2. Technical support and capacity-building.** Many Member States need increased capacity and capability to create, enforce and sustain the necessary policy and legal frames and implementation mechanisms. Global action will support national action through the development of sustainable mechanisms and the provision of the necessary normative guidance and technical tools for effective technical support and capacity-building, with particular focus on developing and low- and middle-income countries.
- 3. Production and dissemination of knowledge.** Important areas for global action will be monitoring trends in alcohol consumption, alcohol-attributable harm and the societal responses, analysing this information and facilitating timely dissemination. Available knowledge on the magnitude of harmful use of alcohol, and effectiveness and cost-effectiveness of preventive and treatment interventions should be further consolidated and expanded systematically at the global level, especially information on epidemiology of alcohol use and alcohol-related harm, impact of harmful use of alcohol on economic and social development and the spread of infectious diseases in developing and low- and middle-income countries.
- 4. Resource mobilization.** The magnitude of alcohol-attributable disease and social burden is in sharp contradiction with the resources available at all levels to reduce harmful use of alcohol. Global development initiatives must take into account that developing and low- and middle-income countries need technical support – through aid and expertise – to establish and strengthen national policies and plans for the prevention of harmful use of alcohol and develop appropriate infrastructures, including those in health-care systems.

**Box 4. Recommended target areas for policy measures and interventions at the national level (Global Strategy to Reduce the Harmful Use of Alcohol. WHO, 2010)**

Area 1. Leadership, awareness and commitment

Area 2. Health services' response

Area 3. Community action

Area 4. Drink-driving policies and countermeasures

Area 5. Availability of alcohol

Area 6. Marketing of alcoholic beverages

Area 7. Pricing policies

Area 8. Reducing the negative consequences of drinking and alcohol intoxication

Area 9. Reducing the public health impact of illicit alcohol and informally produced alcohol

Area 10. Monitoring and surveillance

### **Operational objectives of the action plan:**

1. Increase population coverage and implementation of high-impact policy options and interventions to reduce the harmful use of alcohol worldwide for better health and well-being.
2. Strengthen multisectoral action through effective governance, enhanced political commitment and leadership, dialogue and coordination of multisectoral action.
3. Enhance prevention and treatment capacity of health and social care systems for disorders due to alcohol use and associated health conditions as an integral part of universal health coverage and aligned with the 2030 Agenda for Sustainable Development and its health targets.
4. Raise awareness of risks and harms associated with alcohol consumption at all levels as well as of effectiveness of different policy options to reduce consumption and related harm.
5. Strengthen information systems and research for monitoring alcohol consumption, alcohol-related harm and policy responses at all levels with dissemination and application of information for advocacy, policy development and evaluation purposes.
6. Significantly increase mobilization of resources required for appropriate and sustained action to reduce the harmful use of alcohol at all levels.

### **Operational principles for global action:**

The Global Strategy includes guiding principles for the development and implementation of alcohol policies at all levels (Box 5). The guiding principles listed in the Strategy can be complemented by operational action-oriented principles to be included in the global action plan. The following principles and approaches are presented here for consideration:

- Multisectoral action
- Universal health coverage
- Life course approach
- Protection from commercial interests
- Evidence-based approach
- Equity-based approach

- Human rights approach
- Empowering of people and communities

**Box 5. Guiding principles (Global Strategy to Reduce the Harmful Use of Alcohol. WHO, 2010)**

**Principle 1** Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence.

**Principle 2** Policies should be equitable and sensitive to national, religious and cultural contexts.

**Principle 3** All involved parties have the responsibility to act in ways that do not undermine the implementation of public policies and interventions to prevent and reduce harmful use of alcohol.

**Principle 4** Public health should be given proper deference in relation to competing interests and approaches that support that direction should be promoted.

**Principle 5** Protection of populations at high risk of alcohol-attributable harm and those exposed to the effects of harmful drinking by others should be an integral part of policies addressing the harmful use of alcohol.

**Principle 6** Individuals and families affected by the harmful use of alcohol should have access to affordable and effective prevention and care services.

**Principle 7** Children, teenagers and adults who choose not to drink alcoholic beverages have the right to be supported in their nondrinking behaviour and protected from pressures to drink.

**Principle 8** Public policies and interventions to prevent and reduce alcohol-related harm should encompass all alcoholic beverages and surrogate alcohol.

### **Key areas for global action:**

To achieve the above-mentioned goal and objectives, the following key areas are proposed for action by Member States, the WHO Secretariat, international and national partners and, as appropriate, other stakeholders:

Action area 1: Implementation of high-impact strategies and interventions

Action area 2: Advocacy, awareness and commitment

Action area 3: Partnership, dialogue and coordination

Action area 4: Technical support and capacity-building

Action area 5: Knowledge production and information systems

Action area 6: Resource mobilization.

The first action area, focusing on implementation of high-impact, cost-effective interventions summarized in the WHO SAFER technical package, is the key for successful achievement of the global action plan goal: to reduce considerably morbidity and mortality due to alcohol use over and above general morbidity and mortality trends.

## **ACTION AREA 1: IMPLEMENTATION OF HIGH-IMPACT STRATEGIES AND INTERVENTIONS**

Limited global progress achieved so far in reducing the harmful use of alcohol (or no progress at all in some parts of the world) can be explained by insufficient uptake, implementation and enforcement of the most effective and cost-effective alcohol policies and interventions. The goal of considerably reducing morbidity and mortality due to alcohol use over and above general morbidity and mortality trends and associated social consequences can be achieved by increasing population coverage and strengthening implementation of measures with proven effectiveness that can be implemented in countries with different levels of available resources.

The WHO-led SAFER initiative is based on effective and cost-effective policy options and interventions which are summarized in Appendix 3 of the Global Action Plan for the Prevention and Control of NCDs and endorsed by the 70<sup>th</sup> World Health Assembly. The SAFER initiative includes the following policy options and interventions:

- Strengthen restrictions on alcohol availability
- Advance and enforce drink-driving countermeasures
- Facilitate access to screening, brief interventions and treatment
- Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion
- Raise prices on alcohol through excise taxes and other pricing policies.

### **Global targets for Action area 1**

**Global target 1.1:** By 2030, 75% of countries have introduced and/or strengthened and sustainably enforced implementation of high-impact policy options and interventions.<sup>1</sup>

**Global target 1.2:** At least a x% relative reduction in alcohol per capita (among those aged 15 years and older) consumption by 2025 and a x% relative reduction by 2030.<sup>2</sup>

**Global target 1.3:** By 2030, 80% of the world's population are protected from the harmful use of alcohol by sustained implementation and enforcement of high-impact policy options with due consideration of national contexts, priorities and available resources.

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<sup>1</sup> Included in the SAFER technical package.

<sup>2</sup> The target figures for this indicator are to be defined on the basis of analysis of the WHO data on alcohol consumption.

## Proposed actions for Member States

- Action 1.** Based on the evidence of effectiveness and cost-effectiveness of policy measures, to prioritize sustainable implementation, continued enforcement, monitoring and evaluation of high-impact policy options included in the WHO SAFER technical package.
- Action 2.** Ensure that development, implementation and evaluation of alcohol policy measures are based on public health goals and the best available evidence and are protected from interference from commercial interests.
- Action 3.** Strengthen or develop national systems to monitor implemented alcohol policy measures and interventions in conjunction with monitoring alcohol consumption and related harm to assess the impact of implemented policy measures and interventions.
- Action 4.** Build or strengthen and support broad partnerships and intragovernmental and intergovernmental mechanisms for collaboration across different sectors for implementation of high-impact policy options.

## Proposed actions for the WHO Secretariat

- Action 1.** Provide policy guidance, advocacy and, as required, technical assistance for the development, implementation and evaluation of effective and cost-effective policy options, and continue to lead implementation of the SAFER initiative in collaboration with WHO partners.
- Action 2.** Periodically review the evidence of effectiveness and cost-effectiveness of alcohol policy options and interventions and formulate and disseminate recommendations for reducing the harmful use of alcohol.
- Action 3.** Further develop and strengthen broad international partnerships on reducing the harmful use of alcohol and support international mechanisms for intersectoral collaboration with United Nations entities, civil society, academia and professional organizations.
- Action 4.** Maintain dialogues with representatives of economic operators in the area of alcoholic beverage production and trade on how they can best contribute to the reduction of alcohol-related harm within their core roles.
- Action 5.** Strengthen global monitoring of implementation of the Global Strategy and the proposed action plan to reduce the harmful use of alcohol with a focus on high-impact strategies and interventions and report periodically on progress achieved.<sup>3</sup>

## Proposed actions for international partners and non-State actors

- Action 1.** Major partners within the United Nations system and intergovernmental organizations are invited to increase collaboration and cooperation with WHO on the development, implementation and evaluation of high-impact policy measures, and by joining the WHO-led SAFER initiative.
- Action 2.** Civil society organizations and academia are invited to strengthen advocacy and support for implementation of high-impact policy options by creating enabling environments, promoting the SAFER initiative, strengthening global and regional networks and action groups, developing and strengthening accountability frameworks, and monitoring activities and commitments of economic operators in alcohol production and trade.
- Action 3.** Economic operators in alcohol production and trade are invited to focus on their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and refrain from activities that may prevent, delay or stop the development, enactment and enforcement of high-impact strategies and interventions to reduce the harmful use of alcohol. Economic operators in alcohol production and trade, as well as economic operators in other relevant sectors (such as retail, advertisements, social media and communication), are encouraged to contribute to the elimination of marketing and sales of alcoholic beverages to minors and targeted commercial activities towards other high-risk groups.

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<sup>3</sup> Proposed indicators for monitoring implementation of high-impact interventions are included in Annex 1.

## ACTION AREA 2: ADVOCACY, AWARENESS AND COMMITMENT

Strategic and well-developed international communication and advocacy are needed to raise awareness about alcohol-related harm and the effectiveness of policy measures among decision-makers and the general public in order to increase their support for faster implementation of the Global Strategy. Special efforts and activities are needed to mobilize different stakeholders for coordinated actions to protect public health and foster broad political commitment to reduce the harmful use of alcohol.

It is necessary to raise awareness among decision-makers and the general public about the risks and harms associated with alcohol consumption. Appropriate attention should be given to preventing the initiation of drinking among children and adolescents and protecting people from pressures to drink, especially in societies with high levels of alcohol consumption where heavy drinkers are encouraged to drink even more. An international day of awareness on the harmful use of alcohol or a “World no alcohol day” could help to focus and reinforce public attention on the problem. Public health advocacy is more likely to succeed if it is well supported by evidence and based on emerging opportunities, and if the arguments are free from moralizing. The international discourse on alcohol policy development and implementation should not be limited to NCDs but should be expanded to include other areas of health and development such as injuries, violence, infectious diseases and a “harm to others” perspective. Modern communication technologies and multimedia materials are needed for successful advocacy and behavioural change campaigns, including social media engagement.

Such awareness, along with the development and enforcement of alcohol policies, needs to be protected from interference by commercial interests. Appropriate mechanisms that involve academics and civil society must be set up to systematically monitor such interference and activities of the industry.

### Global targets for Action area 2

**Global target 2.1:** By 2030, 75% of countries have developed and enacted a written national alcohol policy that is based on best available evidence and supported by legislative measures for effective implementation of high-impact strategies and interventions.

**Global target 2.2:** By 2030, 50% of countries are periodically producing national reports on alcohol consumption, alcohol-related harm and effective policy responses targeting decision-makers and the general public.

### Proposed actions for Member States

- Action 1.** Based on evidence of the nature and magnitude of alcohol-attributable public health problems, advocate for the development and implementation of high-impact strategies, interventions and other actions to prevent and reduce alcohol-related harm. This includes a special emphasis on protecting at-risk populations and those affected by the harmful drinking of others, preventing initiation of drinking among children and adolescents, and reducing the levels of alcohol consumption among drinkers.
- Action 2.** Develop, strengthen and update as necessary and implement national alcohol policies with legislative measures to support high-impact strategies and interventions.
- Action 3.** Advocate for appropriate attention, congruous with the magnitude of related public health problems, to reducing the harmful use of alcohol in multisectoral policies and frameworks as well as in national, economic, environmental, agricultural and other relevant policies and action plans.
- Action 4.** Include a commitment to reduce the harmful use of alcohol and its impact on health and well-being in high-level national developmental and public health strategies, programmes and action plans, and support the creation and development of advocacy coalitions.
- Action 5.** Regularly produce national reports on alcohol consumption and alcohol-related harm targeting decision-makers and the general public with information on alcohol’s contribution to specific health



and social problems and dissemination of information through available modern communication technologies.

- Action 6.** Increase awareness of the health risks of alcohol use and related overall impact on health and well-being through strategic, well-developed and long-term communication activities, including an option of a national alcohol awareness day to be implemented by public health agencies and organizations and involving countering misinformation and using targeted communication channels, including social media platforms.
- Action 7.** Ensure appropriate consumer protection measures through development and implementation of labelling requirements for alcoholic beverages which display essential information on ingredients, caloric value and health warnings.
- Action 8.** Support education, training and networking activities on reducing the harmful use of alcohol for representatives of authorities at different levels, health professionals, civil society organizations and the media.

## Proposed actions for the WHO Secretariat

- Action 1.** Raise the priority given to the alcohol-attributable health and social burden and effective policy responses in the agendas of high-level global, regional and other international forums, meetings and conferences of international and intergovernmental organizations, professional associations and civil society groups, and seek inclusion of alcohol policies in relevant social and development agendas.
- Action 2.** Continue monitoring the magnitude of public health problems caused by the harmful use of alcohol by collecting relevant information from Member States, international agencies and other information sources, and supporting estimates of alcohol-attributable disease burden at global, regional and subregional levels.
- Action 3.** Develop and implement an organization-wide communication plan to support actions to reduce the harmful use of alcohol reflecting emerging challenges (such as the COVID-19 pandemic), targeting different population groups and using different communication channels.
- Action 4.** Prepare and disseminate every 4–5 years global status reports on alcohol and health to raise awareness of the alcohol-attributable burden and advocate for appropriate action at all levels.
- Action 5.** Develop, test and disseminate technical and advocacy tools for effective communication of consistent, scientifically sound and clear messages about alcohol-attributable health and social problems and effective policy and programme responses. Review, update and disseminate WHO nomenclature and definitions of alcohol-related terms, particularly in the area of alcohol policy and monitoring.
- Action 6.** Develop the international standards for labelling of alcoholic beverages to inform consumers about the content of the products and the health risks associated with their consumption.
- Action 7.** To facilitate dialogue and information exchange regarding the impact of international aspects of the alcohol market on the alcohol-attributable health burden, advocate for appropriate consideration of these aspects by parties in international trade negotiations and seek international solutions within the WHO's mandate if appropriate actions to protect the health of populations cannot be implemented.

## Proposed actions for international partners and non-State actors

- Action 1.** Major partners within the United Nations system and intergovernmental organizations are invited to include activities for reducing the harmful use of alcohol in their agendas and ensure support for policy coherence between health and other sectors in international multisectoral policies, strategies and frameworks, as well as proper deference of public health interests in relation to competing interests.
- Action 2.** Civil society organizations, professional associations and academia are invited to scale up their activities in support of global, regional and national awareness and advocacy campaigns, as well as in countering misinformation about alcohol use and its associated health risks. They are also invited to motivate and engage different stakeholders, as appropriate, in the implementation of effective strategies and interventions to reduce the harmful use of alcohol, and to monitor activities which undermine effective public health measures.
- Action 3.** Economic operators in alcohol production and trade as well as operators in other relevant sectors of the economy are invited to take concrete steps, where relevant, towards eliminating the marketing and advertising of alcoholic products to minors, refrain from promoting drinking, eliminate and prevent any positive health claims, and ensure, within co-regulatory frameworks, the availability of easily-understood consumer information on the labels of alcoholic beverages (including composition, age limits, health warning and contraindications for alcohol use).

## ACTION AREA 3: PARTNERSHIP, DIALOGUE AND COORDINATION

New partnerships and the appropriate engagement of all relevant stakeholders are needed to build capacity and support implementation of practical and focused technical packages that can ensure returns on investments within a “Health for All” approach. Increased coordination between health and other sectors such as finance, transport, communication and law enforcement is required for implementation of effective multisectoral measures to reduce the harmful use of alcohol. The new WHO-led SAFER initiative and partnership to promote and support implementation of “best buys”, alongside other recommended alcohol-control measures at the country level, can invigorate action in countries through coordination with WHO’s partners within and outside the United Nations system. Effective alcohol control requires a “whole of government” and “whole of society” approach with clear leadership by the public health sector and appropriate engagement of other governmental sectors, civil society organizations, academic institutions and, as appropriate, the private sector. There is a need to strengthen the role of civil society in alcohol policy development and implementation.

Global and regional networks of country focal points and WHO national counterparts for reducing the harmful use of alcohol, as well as technical experts, will facilitate country cooperation, knowledge transfer and capacity-building. The technical networks and platforms should focus on particularly challenging technical areas and situations such as the control of digital marketing, social media advertising or reducing the harmful use of alcohol during health emergencies such as the COVID-19 pandemic.

The continuing global dialogue with economic operators in alcohol production and trade should focus on the industry’s contribution to reducing the harmful use of alcohol in their roles as developers, producers and distributors/sellers of alcoholic beverages. This dialogue should also aim for implementation of comprehensive restrictions or bans on traditional, online or digital marketing (including sponsorship), as well as on sales, e-commerce, delivery, product formulation and labelling, and data on production and sales. The dialogue should engage, as appropriate, economic operators in other sectors of the economy directly involved in distribution, sales and marketing of alcoholic beverages.

### Global targets for Action area 3

**Global target 3.1:** x%<sup>4</sup> of countries have established and functioning national and subnational multisectoral coordination mechanisms for implementation and strengthening of effective alcohol control measures.

**Global target 3.2:** 75% of countries are engaged in and contribute to the work of the global and regional networks of WHO national counterparts for international dialogue and coordination on reducing the harmful use of alcohol.

### Proposed actions for Member States

- Action 1.** Encourage mobilization and active and appropriate engagement of all relevant entities and groups in reducing the harmful use of alcohol, and also by advocating for appropriate coordination mechanisms,

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<sup>4</sup> A target figure to be defined on the basis of reanalysis of the WHO global SDG health target 3.5 survey implemented in 2019–2020.

strategies and action plans in the context of the 2030 Agenda for Sustainable Development, taking into consideration any stakeholder conflicts of interests.

- Action 2.** Ensure effective national governance and coordination of activities of all relevant stakeholders in the implementation of national strategies, action plans and policies to reduce the harmful use of alcohol.
- Action 3.** Collaborate with the WHO Secretariat on implementation of the Global Strategy and through representation in WHO's global and regional networks of national counterparts and (technical) contributions to their working mechanisms, processes and structures.
- Action 4.** Document and share experiences and information on the development, implementation and evaluation of multisectoral actions to reduce the harmful use of alcohol at national and subnational levels.

## **Actions for the Secretariat**

- Action 1.** Liaise and cooperate with major partners within the United Nations system and intergovernmental organizations, and coordinate and develop collaborative activities through the functioning of interagency working mechanisms on reducing harmful use of alcohol, including those established for Mental Health and Noncommunicable Diseases.
- Action 2.** To provide support to the global and regional networks of WHO national counterparts and their working mechanisms and procedures by ensuring regular information exchange and their effective functioning. This includes the working groups or task teams addressing priority areas for reducing the harmful use of alcohol.
- Action 3.** To facilitate dialogue and information exchange on the impact of international aspects of the alcohol market on the alcohol-attributable health burden and advocate for appropriate consideration of these aspects by parties in international trade negotiations.
- Action 4.** To support international collaboration and information exchange among public health-oriented NGOs, academic institutions and professional associations, with a special focus on facilitating multisectoral collaboration, ensuring policy coherence (with due consideration of differences in cultural contexts), and support for strengthening the contributions of civil society organizations to alcohol policy development and implementation.
- Action 5.** Every second year organize an international forum on reducing the harmful use of alcohol within the WHO Forum on alcohol, drugs and addictive behaviours (FADAB) with participation of representatives of Member States, United Nations entities and other intergovernmental and international organizations, civil society organizations and professional associations, and support broader representation of civil society organizations from low- and middle-income countries.
- Action 6.** Organize regular (each year or every second year, as required) global dialogues with economic operators in alcohol production and trade focused on and limited to the industry's contribution to reducing the harmful use of alcohol within their roles as developers, producers and distributors/sellers of alcoholic beverages.

## **Proposed actions for international partners and non-State actors**

- Action 1.** Major partners within the United Nations system and intergovernmental organizations are invited to include, as appropriate, implementation of the Global Strategy in their developmental strategies and action plans, and to develop horizontal multisectoral programmes and partnerships to reduce the harmful use of alcohol as a public health priority, in line with the guiding principles of the Global Strategy.
- Action 2.** Civil society organizations, professional associations and academia are invited to prioritize and strengthen their activities on reducing the harmful use of alcohol, by motivating and engaging their stakeholders in implementation of the Global Strategy within existing partnerships or by developing new collaborative frameworks, and by promoting and supporting, within their roles and mandates, intersectoral and multisectoral collaboration and dialogue while monitoring and countering undue influences from commercial vested interests that undermine attainment of public health objectives.
- Action 3.** Economic operators in alcohol production and trade are invited to focus on their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and abstain from interfering with alcohol policy development and evaluation.

## ACTION AREA 4: TECHNICAL SUPPORT AND CAPACITY-BUILDING

There is a need to increase the capacity and capability of countries to create, enforce and sustain the necessary policy and legislative frameworks, develop infrastructure and sustainable mechanisms for their implementation at national and subnational levels, and ensure that implemented strategies and interventions are based on the best available scientific evidence and best practices of their implementation accumulated in different cultural, economic and social contexts. Implementation of alcohol policy measures at the country level according to the national contexts, needs and priorities may require strong technical assistance, particularly in less-resourced countries and in technical areas such as taxation, legislation, regulations for digital marketing and their enforcement, or consideration of health protection from alcohol-related harm in trade negotiations.

### Global targets for Action area 4

**Global target 4.1:** 50%<sup>5</sup> of countries have increased capacity and infrastructure for implementation of high-impact strategies and interventions to reduce the harmful use of alcohol.

**Global target 4.2:** 50%<sup>6</sup> of countries have increased capacity to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.

### Proposed actions for Member States

- Action 1.** Develop or strengthen technical capacity and infrastructure, including involvement of public health civil society organizations, for implementation of high-impact strategies and interventions to reduce the harmful use of alcohol and, when appropriate, collaborate with the WHO Secretariat on testing, dissemination, implementation and evaluation of WHO technical tools, recommendations and training materials.
- Action 2.** Document and share, in collaboration with WHO, good practices and examples of policy responses and implemented measures to reduce harmful use of alcohol in different socioeconomic and cultural contexts according to the 10 recommended target areas for policy options and interventions included in the Global Strategy.
- Action 3.** Develop or strengthen the capacity of health professionals in health and social care systems to prevent, identify and manage hazardous drinking<sup>7</sup> and disorders due to alcohol use, and develop the capacity of health and social care systems to ensure universal health coverage for people with alcohol use disorders and comorbid health conditions.
- Action 4.** Support capacity-building of health professionals, public health experts and representatives of civil society organizations, including mutual help groups and associations of affected individuals and their family members, to advocate for, implement, enforce and sustain implementation of effective measures to reduce the harmful use of alcohol, including support of education and training programmes.

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<sup>5</sup> This figure is indicative and subject to adjustment after reanalysis of data from the relevant WHO surveys. The baseline for this indicator is the year of endorsement of the action plan.

<sup>6</sup> This figure is indicative and subject to adjustment after reanalysis of data from the relevant WHO surveys. The baseline for this indicator is the year of endorsement of the action plan.

<sup>7</sup> In ICD-11 “hazardous alcohol use” is defined as a “pattern of alcohol use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals” (WHO, 2019).

## Actions for the Secretariat

- Action 1.** Collect, compile and disseminate through WHO information channels at global and regional levels good practices and examples of policy responses and implemented measures to reduce the harmful use of alcohol in Member States from around the world according to the 10 recommended target areas for policy options and interventions, including legislative provisions; and develop and maintain global and regional repositories of good practice and examples.
- Action 2.** Foster and strengthen global and regional networks of national technical counterparts by developing capacity-building platforms in partnership with academia and civil society organizations with a focus on particularly challenging areas such as: 1) digital marketing and social media advertising; 2) protecting alcohol control within the context of supranational regulatory and legislative frameworks; 3) strengthening health service and social care responses; and 4) building up national monitoring systems on alcohol and health.
- Action 3.** Develop, test and disseminate global evidence-based and ethical recommendations, standards, guidelines and technical tools, including a protocol for comprehensive assessment of alcohol policies; propose, as deemed necessary and according to WHO procedures, other normative or technical instruments to provide normative and technical guidance on effective and cost-effective prevention and treatment interventions in different settings; and provide support to Member States in implementing the Global Strategy according to the 10 recommended target areas for policy options and interventions.
- Action 4.** Develop the global country support network of experts and strengthen global coordination of relevant activities of the WHO collaborating centres in order to increase the Secretariat's capacity to respond to Member States' requests for support of their efforts to develop, implement and evaluate strategies and programmes to reduce the harmful use of alcohol.
- Action 5.** Develop a global programme of training activities on priority areas for global action and target areas for action at national level, and implement this programme by organizing and supporting global, regional and intercountry workshops, seminars (including web-based seminars), online consultations and other capacity-building activities.
- Action 6.** Support and conduct capacity-building projects and activities on planning and implementing research and dissemination of research findings with a particular focus on alcohol policy research in low- and middle-income countries, and data generation to produce reliable estimates of alcohol consumption, alcohol-related harm and treatment coverage for alcohol use disorders.
- Action 7.** Reconvene the WHO Expert Committee on Problems Related to Alcohol Consumption for a comprehensive review of the accumulated evidence on feasible and effective measures to address the harmful use of alcohol, and provide recommendations on the way forward to strengthen implementation of the Global Strategy.

## Proposed actions for international partners and non-State actors

- Action 1.** Major partners within the UN system and intergovernmental organizations are invited to prioritize technical assistance and capacity-building activities for accelerating implementation of the Global Strategy in their developmental assistance and country support activities and plans.
- Action 2.** Civil society organizations, professional associations and research institutions are invited to develop capacity-building activities at national and, if appropriate, international levels within their roles and mandates. They are invited to contribute to capacity-building and provide technical assistance activities undertaken by Member States, WHO or other international organizations in line with the objectives and principles of the Global Strategy.
- Action 3.** Economic operators in alcohol production and trade are invited to implement capacity-building activities within their sectors of alcohol production, distribution and sales, and refrain from engagement in capacity-building activities outside their core roles that may compete with the activities of the public health community.

## ACTION AREA 5: KNOWLEDGE PRODUCTION AND INFORMATION SYSTEMS

Production and dissemination of knowledge facilitates advocacy, policy prioritization and evaluation, and supports overall global actions to reduce the harmful use of alcohol. International collaborative research and knowledge production should focus on the generation of data that are

highly relevant to the development and implementation of alcohol policies. Effective monitoring of levels and patterns of alcohol consumption in populations and of alcohol-related harm, including alcohol-attributable disease burden, is of utmost importance for monitoring progress of implementation of the Global Strategy at national, regional and global levels, and should be conducted in conjunction with monitoring implementation of alcohol policy measures. Effective monitoring of alcohol consumption, alcohol-related harm and policy responses requires streamlined data generation, collection, validation and reporting procedures that will allow regular updates of country-level data at 1–2-year intervals with minimized time lags between data collection and reporting. Effective monitoring of treatment coverage for alcohol use disorders not only requires these actions but better methods of monitoring treatment coverage, all within the framework of universal health coverage.

Significantly more resources are required for investment in international research on alcohol policy development and implementation in low- and middle-income countries, on the reasons for uneven implementation of alcohol policy measures in different jurisdictions, with quantitative and qualitative analyses of barriers, enabling factors and the impact of different policy options, as well as in different population groups.

Research, including international research projects, is needed on the role of alcohol consumption in the transmission, progression and treatment outcomes of some infectious diseases, on harm to others from drinking, on the impact of the harmful use of alcohol on child development and maternal health, as well as on the consumption of informally and illegally produced alcohol and its health consequences. International studies are needed on effective ways to increase the health literacy of people who consume alcohol. Studies on the costs and benefits of alcohol control measures and development of investment cases can help to overcome resistance to effective alcohol control measures in view of financial and other revenues associated with alcohol production and trade.

## Global targets for Action area 5

**Global target 5.1:** By 2030, 75% of countries have data generated and regularly reported at the national level on alcohol consumption, alcohol-related harm and implementation of alcohol control measures.

**Global target 5.2:** By 2030, 50% of countries have a core set of indicators and national data for monitoring progress on attainment of universal health coverage for alcohol use disorders and major health conditions due to alcohol use.

## Proposed actions for Member States

- Action 1.** Support the generation, compilation and dissemination of knowledge on the magnitude and nature of public health problems caused by the harmful use of alcohol and effectiveness of different policy options, and undertake activities for informing the general public about health risks associated with alcohol consumption.
- Action 2.** In coordination with relevant stakeholders, develop or strengthen national monitoring systems for monitoring alcohol consumption, its health and social consequences, and respective policy responses, in line with the SDGs and WHO indicators and their definitions.
- Action 3.** Establish national monitoring centres or other appropriate institutional entities with responsibility for collecting and compiling national data on alcohol consumption, alcohol-related harm and policy responses, as well as monitoring trends and reporting regularly to WHO's regional and global information systems on alcohol and health.
- Action 4.** Include alcohol modules in data collection tools used in population-based surveillance activities at national and subnational levels to facilitate international comparisons.
- Action 5.** Collaborate with the WHO Secretariat on global surveys on alcohol and health by collecting, collating, validating and reporting the required information, and including relevant questions on alcohol consumption and alcohol-related harm in national surveillance tools and activities.

- Action 6.** Document, collate and disseminate practical experiences with the implementation of alcohol policy measures and interventions, and support and promote evaluation of their effectiveness, cost-effectiveness and impact on alcohol-attributable harm in order to document feasibility, effectiveness and cost-effectiveness of policy measures in different contexts.

### **Actions for the Secretariat**

- Action 1.** Maintain and further develop the WHO Global Information System on Alcohol and Health (GISAH) and regional information systems by developing and integrating indicators for monitoring implementation of the Global Strategy, further operationalization and standardization of GISAH indicators, coordination of data collection activities at all levels, and bringing together information on the effectiveness and cost-effectiveness of policy measures and interventions to reduce the harmful use of alcohol and public health problems attributable to alcohol.
- Action 2.** Support capacity-building for research, monitoring and surveillance on alcohol and health by establishing and supporting global and regional research networks, training and supporting data collection, analysis and dissemination.
- Action 3.** Prepare and implement during the period 2022-2030 at least three waves of data collection on alcohol consumption, alcohol-related harm and alcohol policies from Member States through the WHO Global Survey on Alcohol and Health (tentatively in 2022, 2025 and 2028) and from other relevant information sources. Also, use computerized data collection tools and web-based data collection platforms, and disseminate information through GISAH, regional information systems and global and regional status reports on alcohol and health. Whenever necessary, organize data consensus workshops for improving the quality of data.
- Action 4.** Constantly review, analyse and disseminate emerging scientific evidence on the magnitude and nature of public health problems attributable to alcohol consumption as well as on the effectiveness and cost-effectiveness of policy measures and interventions. This includes meetings of the technical advisory group on alcohol and drug epidemiology.
- Action 5.** Continue to generate comparable data on alcohol consumption, alcohol-related mortality and morbidity, and estimates of alcohol-attributable burden within the comparative risk assessment and global burden of disease estimates.
- Action 6.** Continue and further develop collaboration with international and United Nations agencies on data collection and analysis as well as continue dialogue and information exchange with alcohol producers and industry-supported research groups and organizations to improve the coverage and quality of data on alcohol consumption and availability of alcoholic beverages at global, regional and national levels.
- Action 7.** Promote and support priority setting for international research on alcohol and health as well as specific international research projects in low- and middle- income countries with a particular focus on the epidemiology of alcohol consumption and alcohol-related harm, evaluation of policy measures and interventions in health services, comparative effectiveness research, and the relationship between harmful use of alcohol and social and health inequities. Initiate and implement in selected low- and middle-income countries international research projects on harm to other than drinkers, including research on fetal alcohol spectrum disorders.
- Action 8.** Develop methodology, core indicators, computerized data collection tools and support generation of comparable data on implementation of effective policy measures at national level using the system of indices and scores, and support information and experience sharing among countries, particularly with similar socio-economic and cultural contexts.

### **Proposed actions for international partners and non-State actors**

- Action 1.** Major partners within the United Nations system and intergovernmental organizations are invited to support knowledge generation and monitoring activities on alcohol and health at all levels, including alcohol policy research, to work with WHO on harmonization of indicators and data collection tools, and to support national monitoring capacities in line with reporting commitments for the major international monitoring frameworks.
- Action 2.** Civil society organizations, professional associations and research institutions are invited to support WHO efforts on data collection and analysis to improve the coverage and quality of data on alcohol consumption, alcohol-related harm, policy responses and treatment coverage for alcohol use disorders at global, regional and national levels, and to support countries in their efforts to build and strengthen research and monitoring capacities in this area.
- Action 3.** Economic operators in alcohol production and trade are invited to disclose, with due regard of limitations associated with confidentiality of commercial information, data of public health relevance that can contribute to improvement of WHO estimates of alcohol consumption in populations, such as data on production and sales of alcoholic beverages and data on consumer knowledge, attitudes and preferences regarding alcoholic beverages.

## ACTION AREA 6: RESOURCE MOBILIZATION

Lack of resources presents a primary barrier to introducing or accelerating global and national actions to reduce the harmful use of alcohol. Adequate resources need to be mobilized at all levels for implementation of the Global Strategy, namely for: 1) development, implementation and monitoring of alcohol policies in low- and middle-income countries; 2) international collaboration and research in this area; and 3) civil society engagement at the international level to reduce harmful use of alcohol. Such resources are not limited to funding, although this is a priority, but also include human resources and workforce capacity, appropriate infrastructures, international cooperation and partnerships.

The lack of resources to finance alcohol control measures, as well as programmes and interventions for prevention and treatment of substance use disorders, requires innovative funding mechanisms if the related targets of the Sustainable Development Goals are to be met. Several innovative approaches that combine evidence-based knowledge with more unorthodox ideas have been reported across countries and at the international level. There are existing examples of revenues from taxes on alcoholic beverages being used to fund health-promotion initiatives, health coverage of vulnerable populations, prevention and treatment of alcohol and substance use disorders and, in some cases, support to international work in these areas. In some jurisdictions, earmarked funding for the prevention and treatment of alcohol use disorders and related conditions is provided with funds generated from state-owned retail monopolies, a levy on profits across the value chains for alcoholic beverages, taxing alcohol advertising, or fines for noncompliance with alcohol regulations. Consideration should be given to an intergovernmental commitment to a global tax on alcohol to support this effort, with the use of the money raised to be governed internationally.

### Global targets for Action area 6

**Global target 6.1:** 50% of countries<sup>8</sup> have increased available resources for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.

**Global target 6.2:** An increased number of countries with earmarked funding from alcohol tax revenues for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.

### Proposed actions for Member States

- Action 1.** Increase allocation of resources, including international and domestic financial resources generated by new or innovative ways and means to secure essential funding, for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions according to the scope and nature of public health problems caused by harmful use of alcohol.
- Action 2.** Consider the development and implementation of earmarked funding or contributions from alcohol tax revenues or other revenues linked to alcohol beverage production and trade for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.
- Action 3.** Increase the resources available for implementation of the Global Strategy and action plan by mainstreaming alcohol policy options and interventions in public health and developmental activities

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<sup>8</sup> The baseline for this indicator is the year of endorsement of the action plan.



in other areas such as maternal and child health, violence prevention, road safety and infectious diseases.

- Action 4.** Participate in and support international collaboration to increase resources available for accelerating implementation of the Global Strategy and action plan to reduce the harmful use of alcohol and support provided to low- and middle-income countries in developing and implementing high-impact strategies and interventions.
- Action 5.** Promote and support resource mobilization for implementation of the Global Strategy and action plan to reduce the harmful use of alcohol in the framework of broad developmental agendas such as the 2030 Agenda for Sustainable Development and responses to health emergencies such as the COVID-19 pandemic.
- Action 6.** Share experiences at the international level, including with the WHO Secretariat and other international organizations, of good practice in financing policies and interventions to reduce the harmful use of alcohol.

### **Actions for the Secretariat**

- Action 1.** Collect, analyse and disseminate experiences and good practices in financing policies and interventions to reduce harmful use of alcohol and implement new or innovative ways and means to secure adequate funding for implementation of the Global Strategy at all levels.
- Action 2.** Develop and disseminate technical tools and information products in support of efforts to increase the resources available for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.
- Action 3.** At global and regional levels, monitor allocation of resources for the implementation of the Global Strategy and action plan.
- Action 4.** Promote and support pooling of resources and their effective use by better coordination and intensified collaboration between different programme areas within WHO, United Nations agencies and other international partners.
- Action 5.** Promote allocation of resources for alcohol policy development and implementation of the Global Strategy and action plan in bilateral and other cooperation agreements with donor countries and agencies.
- Action 6.** Intensify fundraising efforts to support implementation of the Global Strategy in low- and middle-income countries by organizing donor conferences and meetings of interested parties.

### **Proposed actions for international partners and non-State actors**

- Action 1.** Major partners within the United Nations system and intergovernmental organizations are invited to mainstream their efforts to reduce the harmful use of alcohol in their developmental and public health strategies and action plans and to promote and support financing policies and interventions to ensure the availability of adequate resources for accelerated implementation of the Global Strategy while maintaining independence from funding from alcohol producers and distributors.
- Action 2.** Civil society organizations, professional associations and research institutions are invited to promote and support new or innovative ways and means to secure required funding and to facilitate collaboration of the finance and health sectors to ensure mobilization, allocation and accountability of the resources necessary to reduce the harmful use of alcohol and accelerate implementation of the Global Strategy at all levels.
- Action 3.** Economic operators in alcohol production and trade are invited to allocate resources for implementation of measures that can contribute to reducing the harmful use of alcohol within their core roles, and to refrain from direct funding of public health and policy-related research to prevent any potential bias in agenda-setting emerging from the conflict of interest, and cease sponsorship of scientific research for marketing or lobbying purposes.

## ANNEX 1: INDICATORS AND MILESTONES FOR ACHIEVING GLOBAL TARGETS

Global targets	Indicators	Milestones	Comments
1.1. 75% of countries have strengthened and sustainably enforced implementation of high-impact policy options and interventions.	Composite indicator for monitoring implementation of high-impact policy options and interventions (to be developed).	2019 2022 2023 2025 2028/9	Data collected through WHO global survey on alcohol and health, SAFER monitoring and other relevant activities undertaken at the global and regional levels.
1.2. At least x% relative reduction in alcohol per capita (15 years and older) consumption achieved by 2025 and x% relative reduction by 2030. <sup>9</sup>	Total alcohol per capita consumption defined as the total (recorded plus estimated unrecorded alcohol) alcohol per capita (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption.	2010 2016 2019 2022 2023 2024 2028 2030	Annual WHO estimates produced on the basis of data submitted by Member States and generated through WHO global and regional monitoring and surveillance activities.
1.3. By 2030, 80% of the world population are protected from the harmful use of alcohol by sustained implementation and enforcement of high-impact policy options with due consideration of national contexts, priorities and available resources.	The size of the world population (as a percentage of the world population) living in countries which have enacted and enforced effective and cost-effective strategies and interventions to reduce the harmful use of alcohol. Full operationalization of the indicator to be developed.	2016 2019 2022 2023 2025 2028/9	Data collected through WHO global survey on alcohol and health, SAFER monitoring and other relevant activities undertaken at the global and regional levels.

<sup>9</sup> The target figures for this indicator are to be defined on the basis of analysis of the WHO data on alcohol consumption.

2.1: By 2030, 75% of countries have developed and enacted a written national alcohol policy that is based on best available evidence and supported by legislative measures for effective implementation of high-impact strategies and interventions.	Number of countries (as a percentage of all WHO Member States) with a written and enacted national alcohol policy, supported by required legislative measures.	2019 2022 2025 2028/9	Data collected through WHO global survey on alcohol and health and the WHO NCD country capacity survey.
2.2: By 2030, 50% of countries produce periodic national reports on alcohol consumption, alcohol-related harm and effective policy responses targeting decision-makers and the general public.	Number of countries (as a percentage of all WHO Member States) producing at least two national reports within the last 8-year period on alcohol consumption, alcohol-related harm and written national alcohol policy, including legislative measures.	2022 2025 2028/9	Data collected through WHO global survey on alcohol and health, SAFER monitoring and other relevant activities undertaken at the global and regional levels.
3.1: x% <sup>10</sup> of countries have established and functioning national and subnational multisectoral partnerships for implementation of effective alcohol control measures.	Number of countries (as a proportion of all WHO Member States) with established and multisectoral partnerships for implementation of effective alcohol control measures (including the number of countries implementing the SAFER initiative). Full operationalization of the indicator to be developed.	2022 2025 2028/9	Data collected through WHO global survey on alcohol and health, SAFER monitoring and other relevant activities undertaken at the global and regional levels.

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<sup>10</sup> The figure is to be defined on the basis of reanalysis of data from the relevant WHO surveys.

<p>3.2: 75% of countries are engaged in the work of the global and regional networks of WHO national counterparts for international dialogue and coordination on reducing the harmful use of alcohol.</p>	<p>Number of countries (as a proportion of all WHO Member States) actively represented in the global and regional networks of WHO national counterparts.</p>	<p>2021 2022 2023 2024 2025 2026 2027 2028 2029 2030</p>	<p>Information from WHO regional offices and Headquarters collated on the annual basis.</p>
<p>4.1: 50% of countries have increased capacity and infrastructure for implementation of high-impact strategies and interventions to reduce the harmful use of alcohol.</p>	<p>Number of countries (as a proportion of all WHO Member States) that have increased capacity and infrastructure for implementation of high-impact strategies and interventions to reduce the harmful use of alcohol (including the number of countries implementing the SAFER initiative). Composite indicator with operationalization to be developed.</p> <p>The baseline for this indicator is the year of endorsement of the action plan.</p>	<p>2022 2025 2028/9</p>	<p>Data collected through WHO global survey on alcohol and health, SAFER monitoring and other relevant activities undertaken at the global and regional levels. The figure is indicative and subject to adjustment after reanalysis of data from the relevant WHO surveys.</p>
<p>4.2: 50% of countries have increased capacity to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage.</p>	<p>Number of countries (as a proportion of all WHO Member States) that have increased capacity to provide prevention and treatment interventions for health conditions due to alcohol use in line with the principles of universal health coverage. The work on this indicator as a proxy measure for treatment coverage for alcohol use disorders and related health conditions is currently in progress.</p> <p>The baseline for this indicator is the year of</p>	<p>2019 2022 2025 2028/9</p>	<p>Data collected through WHO global survey on progress towards attainment of SDG health target 3.5 on prevention and treatment of substance abuse.</p> <p>This figure is indicative and subject to adjustment after reanalysis of data from the relevant WHO surveys.</p>

	endorsement of the action plan.		
5.1: By 2030, 75% of countries have data generated and regularly reported at the national level on levels and patterns of alcohol consumption, alcohol-related harm and implementation of alcohol control measures.	Number of countries (as a proportion of all WHO Member States) that generate and report national data on per capita alcohol consumption, alcohol-related harm and policy responses.	2019 2022 2025 2028/9	Passive literature surveillance and data collected through WHO global surveys on alcohol and health and progress with attainment of SDG health target 3.5; data collected through activities undertaken for SDG 3.5.2 monitoring.
5.2: By 2030, 50% of countries have a core set of indicators and national data generated at national level for monitoring progress with attainment of universal health coverage for alcohol use disorders and major health conditions due to alcohol use.	Number of countries (as a proportion of all WHO Member States) that have a core set of agreed indicators and generate and report national data on treatment coverage and treatment capacity for alcohol use disorders and related health conditions, alcohol-related harm and policy responses.	2019 2022 2025 2028/9	Passive literature surveillance and data collected through WHO global survey on progress towards attainment of SDG health target 3.5; data collected through activities undertaken for SDG 3.5.1 monitoring.
6.1: 50% of countries have increased or ensured appropriate levels of available resources for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.	Number of countries (as a proportion of all Member States) that have increased or ensured appropriate levels of available resources to finance alcohol control measures and interventions for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.  The baseline for this indicator is the year of endorsement of the action plan.	2022 2025 2028/9	Data collected through WHO global survey on alcohol and health, SAFER monitoring and other relevant activities undertaken at the global and regional levels.

<p>6.2: An increased number of countries with earmarked funding from alcohol tax revenues for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.</p>	<p>Number (absolute) of countries that have introduced earmarked funding from alcohol tax revenues for reducing the harmful use of alcohol and increasing coverage and quality of prevention and treatment interventions for disorders due to alcohol use and associated health conditions.</p>	<p>2022 2025 2028/9</p>	<p>Data collected through WHO global surveys on alcohol and health and progress towards attainment of SDG health target 3.5; data collected through activities undertaken for SDG 3.5.1.</p>
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## ANNEX 2: WHO EXECUTIVE BOARD DECISION EB146(14)

EXECUTIVE BOARD  
146th session

EB146(14)  
7 February 2020

### Agenda item 7.2

## Accelerating action to reduce the harmful use of alcohol

The Executive Board, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,<sup>1</sup> particularly Annex 3, entitled “Implementation of the global strategy to reduce the harmful use of alcohol,” and the report on the findings of the consultative process on implementation of the global strategy to reduce the harmful use of alcohol and the way forward;<sup>2</sup>

Noting with grave concern that, globally, the harmful use of alcohol causes approximately 3 million deaths every year; and that, despite the reduction of age-standardized alcohol-attributable deaths and disability-adjusted life years and of heavy episodic drinking, the overall burden of disease and injuries attributable to alcohol consumption remains unacceptably high; and emphasizing that there is sufficient evidence for the carcinogenicity of alcohol and a causal contribution of the use of alcohol to the development of several types of cancers in humans;<sup>3</sup>

Recognizing the continued relevance of the global strategy to reduce the harmful use of alcohol and further recognizing that resources and capacities for its implementation in WHO and some Member States do not correspond to the magnitude of the problems;

Expressing deep concern that alcohol marketing, advertising and promotional activity, including through cross-border marketing, targeting youth and adolescents, influences their drinking initiation and intensity of drinking;<sup>3</sup>

Noting that some WHO offices do not offer alcohol as a practice to accelerate action to reduce the harmful use of alcohol,

Decided to request the Director-General:

- (1) to develop an action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, in consultation with Member States and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session in 2022;

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<sup>1</sup> Document EB146/7.

<sup>2</sup> Document EB146/7 Add.1.

<sup>3</sup> Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1>, accessed 7 February 2020).

- (2) to develop a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents, before the 150th session of the Executive Board, which could contribute to the development of the action plan;
- (3) to adequately resource the work on the harmful use of alcohol;
- (4) to review the global strategy to reduce the harmful use of alcohol and report to the Executive Board at its 166th session in 2030 for further action.

Twelfth meeting, 7 February 2020  
EB146/SR/12

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