IOGT International

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A comprehensive global monitoring framework, including indicators and a set of voluntary global targets for the prevention and control of NCDs **16/10/2012**

IOGT International is the largest worldwide community of non-governmental organizations with the vision and mission to independently enlighten people around the world on a lifestyle free from alcohol and other drugs.
We work with alcohol policy issues by promoting scientific evidence-based policies independent of commercial interests, as well as with other drugs policies.

Therefore IOGT International has closely followed the global political and research processes to prevent and control the burden of Non-Communicable Diseases (NCDs).

We are thankful for the opportunity to contribute to the drafting of the Monitoring Framework and Targets for the Prevention and Control of NCDs, this time Referring to the Revised WHO discussion paper (Version dated 25 July 2012) on a comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the Prevention and Control of Noncommunicable Diseases.

IOGT International recognizes the growing global momentum for preventing and controlling NCDs. We support the increasing international awareness of and concern with Non-Communicable Diseases and their corresponding risk factors, like alcohol and tobacco.

In this spirit for us and our members it is crucial to keep on mind what paragraph two outlines so clearly: "a large proportion of NCDs are preventable", given their risk factors are addressed vigorously.

The risk factors are tobacco use, alcohol use, unhealthy diet, lack of physical activity. "If no action is taken," the discussion paper introduction says, "over the next three decades, the cost of NCD burden will amount to trillions of dollars lost resources."

Given this looming cliff and the 'Best Buys' known to prevent the world from falling off the NCDs cliff – like increasing the price of alcohol, through taxes – it is important to the whole process of controlling and preventing NCDs, that corporate interests, like the alcohol industry, are kept out of the process. As we're writing this, the alcohol industry is fighting the implementation of 'Best Buys': be it the ban of alcohol marketing in Lithuania or South Africa, the minimum pricing in Scotland or the increase of the legal age in New Zealand.

After having read, ananlysed and discussed the discussion paper within our members, we want to use the opportunity to applaud the hard work and huge efforts of WHO and the member states for drafting this document. In general IOGT International feels confident in expressing its support for the document. It is very positive and encouraging that alcohol use is an indicator; also we're happy to see the overall outcome target of a "25% relative reduction in overall mortality from NCDs".

IOGT International and its members worldwide are convinced that this is a feasible outcome target, along with the exposure target for alcohol of a "10% relative reduction in overall alcohol consumption (including hazardous and harmful alcohol use)". However, we are concerned about the wording (see below) of the target, which needs to be imporved to be as specific as possible..

We are convinced that it is possible to achieve those targets and to conduct the necessary work on it,

because for alcohol harm, there are well-documented cost-effective and high-impact measures to decrease to the total consumption of alcohol.

In our discussion contribution we are focusing on alcohol, for instance because alcohol is a cross cutting issue for NCDs, in that it increases the risk of cancer when alcohol is being used in combination with tobacco. But we don't intend to neglect any other of the risk factors, nor do we want to allude their inferiority to alcohol as risk factor. IOGT International wishes to see a comprehensive approach to tackling the NCDs burden, which for us and our members means to address all risk factors with the measures outlined as 'Best Buys'.
In controlling and preventing NCDs it is extremely crucial to tackle all risk factors.

Part 1: Global monitoring framework for NCDs, including a set of indicators

Exposure indicator Per Capita Alcohol Consumption (APC) and harmful use of alcohol

APC is an appropriate and relevant measure of harmful alcohol consumption and alcohol harm.

There is clear and well-established scientific evidence for the correlation of alcohol harm with the harmful use of alcohol in the form of excessive and heavy alcohol use.

This is strengthened by the linear risk increase for many alcohol-related NCDs. For instance in the cases of cancer already moderate consumption of alcohol entails an increased risk. As there is no apparent threshold for the risk there is no consumption of alcohol that can be said to be free from risk.

The decrease of adult per capita consumption is therefore an important target in order to reduce the global burden of NCDs.

In independent research literature strong support for the effectiveness of population-wide, general interventions and policies can be found and over the years more and better evidence has been collected for the total consumption model. When the total consumption increases in a given society, along with it comes an increase in the prevalence of heavy alcohol users – defined in terms of a high annual alcohol intake. Research has shown that the level of harm decreases when the level of alcohol use in a population goes down.

IOGT International wants to highlight that resolutions from the UN General Assembly as well as WHO World Health Assembly have repeatedly given support to the concept of APC. The general level of alcohol use seriously matters for the health problems caused by alcohol. Both UN and WHO resolutions commit to population-wide interventions like increase of alcohol tax; restrictions in availability.

That there is a relationship between per capita alcohol consumption and excessive or heavy use of alcohol is well established by several, independent scientific evaluations. Although alcohol causes harm even when not consumed excessively or heavy, it should be uncontroversial that excessive or heavy consumption is considered harmful.

In a review of the evidence for the effectiveness and cost-effectiveness of policies to reduce the harm

caused by alcohol, published in The Lancet 2009, the authors state: "Ecologically there is a very close link between a country's total alcohol per head consumption and its prevalence of alcohol-related harm and alcohol dependence, implying that when alcohol consumption increases, so does alcohol- related harm and the proportion of people with alcohol dependence and vice versa."

In "Alcohol: No Ordinary Commodity, 2nd edition", the authors state that "there is a strong relationship between the total consumption of alcohol in a population and the prevalence of people who are heavy drinkers." However, when total consumption increases, it is not only the consumption of heavy drinkers that increases. Alcohol use usually increases in all consumer groups.

Following this reasoning, IOGT International and our members from all over the world find it important to reinstate the following target and indicator into the Monitoring Framework and Targets for the Prevention and Control of Non-Communicable Diseases: 10% relative reduction in persons aged 15+ alcohol per capita consumption; with the connected indicator: per capita consumption of litres of pure alcohol among persons aged 15+ years.

Public Health relevance of APC

Five criteria to guide the selection of indicators and targets are offered in the second WHO discussion paper of 22 March 2012:

1) High epidemiological and public health relevance

2) Coherence with major strategies, notably the priorities of the Global Strategy for the Prevention and Control of NCD and its Action Plan, the Political Declaration, and the WHO framework for health systems priorities to monitor exposures, outcomes, and health systems response.

3) Availability of evidence-based effective and feasible public health interventions.

4) Evidence of achievability at the country level, including in low- and middle-income countries.

5) Existence of unambiguous data collection instruments and potential to set a baseline and monitor changes over time.

Alcohol easily qualifies for priority on all five of the criteria, showing the public health relevance.

Even though only half the global population drinks alcohol, it is the world's third leading cause of ill health and premature death, after low birth weight and unsafe sex (for which alcohol is a risk factor). The impact of alcohol use is greater than tobacco and is especially large in middle income countries.

Alcohol is stated as one of the four main shared risk factors for non-communicable diseases in the Global Strategy for the Prevention and Control of NCD and its Action Plan, as well as in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. There is also an established commitment in the WHO Global Strategy to reduce the harmful use of alcohol.

There are many well researched, hence evidence-based, effective public health interventions available for alcohol. E.g. the book Alcohol: No Ordinary Commodity, where 15 of the world's leading alcohol researchers summarize the scientific evidence of the effectiveness of alcohol policy interventions, describes 22 different interventions with moderate or high degree of effectiveness, according to the authors' classification.

The interventions listed in Alcohol: No Ordinary Commodity are classified as to degree of cross-national testing. All of the 22 interventions mentioned above have high ratings on this aspect.

Good surveillance and monitoring systems for per capita consumption of alcohol are already in place in many parts of the world. Where there is substantial unrecorded alcohol consumed, there are established methods used in WHO's Global Information System on Alcohol and Health for estimating its volume.

Having carefully considered the scientific evidence of both the global NCD burden, as well as the use of alcohol as one of the major NCDs risk factors, always bearing in mind the experience our members have from day-to-day work with the issues of community and family well-being, as well as poverty eradication, societal development and a life in human dignity, IOGT International once more urges for the inclusion of the following target into the Monitoring Framework and Targets for the Prevention and Control of Non-Communicable Diseases:

Per capita consumption (APC) preferred over "overall consumption".
The changing of the wording of this target between the different versions of the discussion paper is not in line with the accepted independent, overwhelming evidence in the alcohol research field.

A "10% reduction in per capita consumption of litres of pure alcohol among persons aged 15+" which was used in the first discussion paper is more precise/accurate and less able to misinterpretation. The second, a "10% reduction in overall consumption (including hazardous and harmful drinking)" is a position that is less precise because it does not include the words "per capita" and it does not refer to persons 15 and older.

The second definition also possibly lends itself to focusing on the prevalence of alcohol users (and thinking that the target is to reduce this prevalence rather than the volume consumed) and also by not referring to pure alcohol one could end up with a situation where an overall volume is reported (with beer, wine, spirits) lumped together in ways that one cannot calculate the pure alcohol component – which is essential.

IOGT International and its members from all over the world do prefer the 1st definition for several reasons:

1) It removes persons below 15 (which in some countries is a sizable proportion of the population –most of whom don't drink so it should be removed. If this is not done then it will potentially lead to an under-reflection of the level of consumption in countries with a relatively higher proportion of the population under 15 years.

2) It includes a denominator (population 15+) which allows for better cross country comparisons.

3) It makes it clear that countries need to weigh the data by the level of pure alcohol in the different products going into the overall consumption calculation.

The "including hazardous and harmful drinking" is obsolete as it does not alter the calculation. The fact that hazardous and harmful consumption are specifically included is a political decision to indicate that the goal is not just to reduce consumption but to reduce consumption (including harmful and hazardous consumption).

Overwhelmingly, the evidence base supports the relationship between per capita consumption and heavier and harmful drinking. Therefore it makes sense to focus the goal at per capita consumption. Defining the problem as "hazardous and harmful drinking" is often done so as to avoid policies to reduce consumption across the board and in this context will only contribute to confusing the goal setting.

We havet o be unmistakably clear: to control and prevent the global NCD budren, the per capita consumption of alcohol needs to be reduced. Less alcohol means a lesser NCD burden.

In accordance with Global strategy to reduce harmful drinking

Including a target on per capita alcohol consumption would be in accordance with the established commitments of WHO through the WHO Global Strategy to reduce the harmful use of alcohol. This Strategy is also promoted by the Political Declaration from the UN High Level Meeting on NCDs which refers to "the full range of options as identified by the Global Strategy". The Global Strategy points to well established, effective, evidence-based public health interventions including drink-driving policies and countermeasures, regulating availability of alcohol (e.g. through licensing, opening hours, minimum purchases age, etc.), regulating marketing and pricing policies (e.g. through taxation).

This approach seems to be reflected in the Discussion Paper, in the section pointing out "This target is to be achieved through implementation and enforcement of effective and cost-effective alcohol policies.." As such, further indicators related to the development of such evidence-based policies may be considered as sub-indicators under a per capita consumption indicator. The baseline is to a large extent already there in the Global Information System on Alcohol and Health.

In the next part of this sentence "… as well as by concerted and appropriate actions of all relevant stakeholders in line with the WHO Global strategy to reduce the harmful use of alcohol" we want to stress that the key word is appropriate.

The key relevance of a per capita consumption target and measure may be summarized by quoting from the authoritative volume Alcohol: No ordinary commodity which, drawing on decades of research:

1) The research establishes beyond doubt that public health measures of proven effectiveness are available to serve the public good by reducing the widespread costs and pain related to alcohol use.

2) To that end, it is appropriate to deploy responses that influence both the total amount of alcohol consumed by a population and the high-risk contexts and drinking behaviours that are so often associated with alcohol-related problems. To conceive of these intrinsically complementary approaches as contradictory alternatives would be a mistake.

Part 2: Voluntary global targets

Criteria for selection of indicators and targets within the global monitoring framework

- Target adopted: premature mortality from NCDs

IOGT International is delighted to see the overall outcome target of a "25% relative reduction in overall mortality from NCDs". We hold this is achievable if governments use the 'Best Buys' and implement coherent policies on all risk factors. Increasing taxes on alcohol, for instance, saves lives.

Targets with wide support

With regard to the targets that made it into this category, we're missing alcohol.

Of course we're aware that this is a political decision, because the independent evidence about alcohol's role in the global NCDs epidemic is clear and unmistakable.

That means that WHO and governments of the member states need to work harder to include alcohol in this category. Politics should not stand in the way of saving lives. And addressing alcohol use surely will save lives and control and prevent NCDs – one reason is that alcohol is a cross cutting issue influencing the other targets as well.

- Raised blood pressure

Independent evidence shows that alcohol use has negative influence on the blood pressure of the user.

- Tobacco smoking

Especially when alcohol and smoking occur together, they make an extremely toxic mix heightening each other's toxic effect on the human body. Moreover, there are multiplying effects in how alcohol and tobacco together increase risks for cancers.

That means that reducing the APC is about much more than just addressing alcohol. It addresses the other targets, like tobacco smoking, too.

Targets with support for further development

- Alcohol

As we outlined above there is vast independent evidence showing how the total consumption of alcohol correlates with the alcohol harm, like increase of NCDs. More alcohol means more harm. That is why IOGT International and its members support the concrete target of "10% reduction in per capita consumption of liters of pure alcohol among persons aged 15+."

IOGT International wants to highlight two concerns:

1) The wording of this target is crucial and should not be subject to influence of the alcohol industry. Per capita consumption of a population aged 15+ is an important target for achieving the overall outcome target.

2) Given the availability of 'Best Buys' for reducing the per capita consumption of alcohol, it is feasible and pragmatic to even set a target higher than a 10% reduction. The members of IOGT International would prefer a 25% reduction in per capita consumption of liters of pure alcohol, among persons aged 15+ in a given country.

Conflict of interest

One major concern our members from all over the world have is the conflict of interest issue. Therefore we need to reiterate the demand for clarity regarding the role of the private sector in public policy-making in relation to the prevention and control of Non-communicable diseases (NCDs). Industry involvement is inappropriate in public health policymaking due to the inherent conflict of interest between their economic objectives and public health goals. Therefore we reemphasize our call for the development of a Code of Conduct and Ethical Framework to help protect the integrity of, and to ensure transparency in, public policy decision-making, by identifying and safeguarding against conflicts of interest.
IOGT International has particular concerns regarding the alcohol industry. The global alcohol industry has a track record of promoting ineffective policy measures and advertising their products aggressively in many developing countries. IOGT International holds the position that the global alcohol industry and/or their front organisations should not be part of any public-private partnerships or policy formulation processes in public health.

Sven-Olov Carlsson,

International President

IOGT International, Stockholm, October 16, 2012