Third WHO Forum on Alcohol, Drugs and Addictive Behaviours
Accelerating public health actions and addressing new challenges
during the COVID-19 pandemic
22-25 June 2021

WMA statement on the draft action plan (2022-2030) to effectively implement the
Global strategy to reduce the harmful use of alcohol as a public health priority

The World Medical Association (WMA) is the global federation of Medical Associations
representing the millions of physicians worldwide. We have a long-standing commitment
Towards the reduction of the harmful impact of alcohol on health and society and actively supported the
adoption of WHO Global strategy to reduce the harmful use of alcohol in 2010. Alcohol
consumption constitutes a major trigger for Non-Communicable Diseases (NCD), communicable
diseases, violence, and injuries and we note with great concerns the limited progress made to
reverse the current trend since 2010.

We thank the WHO for consulting all stakeholders on its working document for developing the
global alcohol action plan and acknowledge the efforts made in the 1st draft plan to address some of
our concerns. However, we believe that a successful strategy requires stronger and more tangible
commitments and actions.

1. Health professionals as partners in combatting the harmful use of alcohol
We regret that the role of health professionals in documenting and preventing alcohol abuses is not
further developed in the draft plan. Physicians work to reduce the harmful use of alcohol by
identifying early-stages of addictive behaviour in consultations with their patients in the framework
of a trustworthy patients-physicians relationship. They can promote evidence-based prevention
strategies and assist in informing the public of alcohol related harm. Physicians also have an
important function in facilitating epidemiologic and health service data collection on the impact of
alcohol. We believe that those considerations are not sufficiently reflected in the proposed action
plan and recommend its revision so that health professionals are considered as recognized partners
in tackling the alcohol affliction.

2. Protecting public health interests from commercial interference
Despite the notable efforts made by WHO in this 1st draft to differentiate the role of alcohol industry
from public health actors, we still have strong reservations on the validity of economic operators’
contribution to reduce the harmful use of alcohol. Commercial interests contradict the very essence
of the strategy to serve public health. We identify no evidence of efficacy for continuing dialogue
with the alcohol industry and deeply regret the disproportionate attention given to economic
operators in the plan, compared to the limited consideration provided to the health professionals’
role in documenting and preventing harmful use of alcohol. It is our opinion that economic
operators have no place in the action plan. We call instead for a sustainable approach to protect
public health interests from commercial interference.
3. The need for legally binding regulatory instruments at national and international levels
The “best buys”, promoted by WHO-led SAFER initiative, are recognised as the most cost-effective policy measures for alcohol control. We therefore recommend a more ambitious action plan including pertinent regulatory and fiscal measures to reduce harmful alcohol consumption. We further call for health impact assessments of trade agreements, as a key necessity to protect, promote and prioritize public health over commercial interests.

4. Reporting mechanism for the action plan’s implementation
We regret the absence of a consistent and specific review and reporting mechanism for the action plan’s implementation. We recommend that a report to the World Health Assembly be made biennially to assess the progress made, as is the case with the tobacco status report.

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