



**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 1<sup>st</sup> 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 1<sup>st</sup> 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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