



NCD ALLIANCE'S POLICY POSITION ON ALCOHOL HARM

Policy position statement

Alcohol consumption contributes to the growing burden of NCDs. The burden of alcohol consumption is significant: globally, about 2.6 million deaths are attributable to alcohol each year (about 4.7% of all deaths).¹ Alcohol consumption is documented as a major risk factor for NCDs, including mental health and behavioural conditions. Alcohol consumption is included in the WHO's 5X5 framework to address NCDs,² with specific guidance and action areas included in the Global Alcohol Action Plan adopted in 2022.³ Alcohol consumption increases the risk of developing many cardiovascular diseases, different **types of cancers** (including breast, bowel, liver, mouth, oesophagus, larynx and pharynx), obesity, and diabetes, and is a **causal factor for over 200 diseases and injuries**. The International Agency for Research on Cancer has classified alcohol as a group one carcinogen since 1988, which puts it in the same category as asbestos and cigarettes. There are **no safe levels of alcohol consumption**, including low levels.

This disconnect between the latest evidence on alcohol harm and the low level of public recognition of the full extent of alcohol harm is worrying and is in large part due to the interference of the alcohol industry against independent science, evidence-informed media discourse, evidence-based awareness campaigns, and public policy processes. Therefore, there is a public health need to increase people's knowledge about and awareness of the full extent of alcohol harm. This can be achieved through different means, such as cancer warning labelling, awareness-raising campaigns supported by the mass media, and implementation of the **SAFER Initiative** and the **NCD best buys and recommended interventions**, which call for availability, affordability, and accessibility regulations.

It is important to use the right language, based on evidence and the alcohol burden, when describing alcohol consumption. Language like "harmful use of alcohol" is contrary to evidence and best practice. No amount of alcohol is risk-free, and we advocate for "alcohol consumption" to be the preferred term.

1 Alcohol consumption is a causal factor for more than 200 diseases and injury conditions, contributing significantly to global morbidity and mortality. <https://www.who.int/news-room/fact-sheets/detail/alcohol>.

2 The Political Declaration of the third High-level Meeting on NCDs in 2018 broadened the scope of NCDs to 5X5, with alcohol as a major risk factor. The declaration is available here: <https://digitallibrary.un.org/record/1645265?ln=en>

3 The Global Alcohol Action Plan, https://cdn.who.int/media/docs/default-source/alcohol/final-text-of-aap-for-layout-and-design-april-2023.pdf?sfvrsn=6c5adb25_2, sets a priority to advance alcohol policy across 6 action areas with targets and proposed actions for different stakeholders. It provides some background on the need for more advocacy and activities by civil society organisations like NCD Alliance.

Alcohol policies and advocacy should be comprehensive — addressing new products and populations living in the most deprived areas.

1. No and low alcohol (NoLo) products require a targeted approach as the industry uses these to circumvent existing alcohol policies by creating confusion around the marketing and branding of NoLo and other alcohol products.

The marketing of NoLo products needs to be dissociated from the marketing of other alcohol products. [In a brief, the WHO](#) has recommended that NoLo products be clearly labelled, including with the volume of alcohol defined, and differentiated visually from main alcohol products. It is important to differentiate NoLo products from other alcohol products using distinctive labelling, visual branding, and marketing so that NoLo products are not exploited by the alcohol industry to promote their alcohol brands. Specifically, we call for alcohol concentration in NoLo products to be clearly defined and labelled, and for the protection of children, pregnant women, and those seeking to stop alcohol consumption from misleading and brand-confusing marketing of NoLo products. Finally, we call for NoLo products that share names and branding with other alcohol products to be included within broader and comprehensive alcohol policies to reduce alcohol consumption.

2. Alcohol consumption impacts everyone and strategies to reduce population-level consumption should leave no one behind.

Alcohol is a human rights issue and impacts [14 of the 17 Sustainable Development Goals](#). The burden of alcohol consumption is linked with [socioeconomic inequalities such that there is greater attributable morbidity and mortality in the most deprived socioeconomic communities/groups](#) when compared to the least deprived ones, despite the fact that people living in the most deprived communities consume less alcohol. This paradox is driven by broader social determinants like access to healthcare and social support and is also due to the activities of the alcohol industry, which continuously seeks out and enters new and emerging markets and exploits communities deliberately.

Developing and implementing alcohol policy solutions is best done in a comprehensive and integrated fashion to unlock the full potential of alcohol policy for population health, social development, and economic productivity and prosperity. To develop and implement comprehensive alcohol policies, a particular focus should be on population groups that may be vulnerable to alcohol industry tactics, including young people, women, migrants, people in recovery from alcohol dependency syndrome, and people living in the most deprived areas.

Existing tools and initiatives like the WHO NCD Appendix 3, SAFER and the WHO Global Alcohol Action Plan, provide guidance on population-level solutions and ensure that they overcome possible disparities. These tools highlight the need to enforce bans or comprehensive restrictions on alcohol marketing, increase alcohol taxes, ensure adherence to drink-driving restrictions and easy to read/interpret labels, and facilitate access to screening, brief interventions, and treatment. Specifically, we advocate for the implementation of evidence-based public policies that address socioeconomic circumstances including points of sale, pricing, packaging and labelling, and marketing and advertisements, as well as a ban on alcohol in small packages and sachets.

In addition, people living with NCDs — including people with lived experience of alcohol dependency syndrome and other stakeholders in communities, including advocates — have a role to play and should be involved in advocating, developing, contextualising, and supporting relevant alcohol policies.

As NCDAs membership is across different geographies and contexts, we hope to further explore the relationships and possible opportunities between health inequalities and alcohol consumption in future work plans – particularly looking at language around alcohol consumption, new products, and human rights.

3. Conflict of interest and alcohol industry interference.

Public health policies remain vulnerable to interference from health-harming industries, despite the existence of conflict-of-interest policies in many countries designed to safeguard such policies. Civil society plays a crucial role in alerting the international community to the numerous tactics employed by these industries to influence and obstruct public health initiatives.

In 2022, the WHO released a brief titled [Addressing and managing conflicts of interest in alcohol control policies](#), highlighting evidence of various tactics used by the alcohol industry, including corporate social responsibility campaigns, litigation, manipulation of scientific research, and efforts to delay or block regulations.

The WHO Framework Convention on Tobacco Control has been instrumental in counteracting tobacco industry interference, serving as a valuable model for preventing similar interference from the alcohol industry.

This policy statement was developed through a consultation process with our members (who are leading experts on the topic) and an NCD Alliance Board approval process.