

# **A conversation with Professor Sally Casswell, April 1, 2019**

## **Participants**

- Professor Sally Casswell – Director, Social and Health Outcomes Research and Evaluation, College Of Health, Massey University; Chair, the Global Alcohol Policy Alliance
- James Snowden – Research Consultant, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Professor Casswell.

## **Summary**

GiveWell spoke with Professor Casswell, a professor of social and health research, director of a World Health Organization (WHO) Collaborating Centre and Chair of the Global Alcohol Policy Alliance (GAPA) as part of its investigation into opportunities to reduce the burden of disease attributable to alcohol. Conversation topics included the scope of alcohol issues, actors within alcohol control, an overview of the process for national alcohol policy advocacy, room for more funding, and other people GiveWell should speak with.

## **Scope of alcohol issues**

Alcohol can have wide-ranging social consequences beyond the immediate harms to the drinker. Many harms are social and affect people other than the drinker. These are not yet well measured and not adequately included in the overall measures of alcohol harm.

## **Alcohol control**

In its global strategy to reduce harmful use of alcohol, the WHO outlines the most effective policies for alcohol control (e.g. restricting access, limiting availability, prohibiting marketing and increasing price via taxation). *Alcohol: No Ordinary Commodity*, a book published by Oxford University Press and authored by 16 international scientists including Professor Casswell, also engages deeply with effective alcohol control policy. The book's recommendations continue to evolve as new research and information becomes available. For example, the third edition will most likely include minimum unit pricing policy, focus more strongly on social media advertising, focus more on design of excise tax, and present new research on licensing and trading hours.

### *Importance of regulating alcohol marketing*

Professor Casswell views the regulation of alcohol marketing as a particularly important policy. Corporations have been successful in normalizing alcohol as a regular commodity through advertisements, and the industry's insistence on self-regulation which has proven to be ineffective in reducing the harmful use of alcohol.

A policy in less urgent need of attention may be regulation of drunk driving, which already receives significant attention globally, although this is not adequate in LMICs.

#### *WHO focus on treatment*

WHO's strategy for alcohol control includes a focus on increasing treatment options. However, due to the difficult nature of care-based interventions as well as the significant cost, policy focusing on treatment would likely not be the most cost-effective option for low and middle-income countries (LMICs).

### **Actors within alcohol control**

#### **WHO**

WHO has limited internal resources for work on alcohol control. Currently, staff involved in this work whom Professor Casswell is aware of include:

- Two individuals in WHO's Department of Mental Health and Substance Abuse (Dr. Vladimir Poznyak and Dag Rekve)
- One individual in WHO's Regional Office for the Western Pacific
- One individual in WHO's South-East Asia Regional Office (engaged at a relatively high level)
- One individual in WHO's Regional Office for Europe

Professor Casswell believes there is currently insufficient funding to conduct sustained in-country advocacy campaigns or capacity building across the range of sectors involved in alcohol policy.

#### **SHORE**

SHORE is a WHO Collaborating Centre that focuses on developing alcohol policy. Its work in this area is constrained by lack of funding.

#### *The International Alcohol Control Study*

The International Alcohol Control (IAC) Study, which is supported by SHORE, is a collaborative initiative to study alcohol use and contribute to the development of effective global alcohol policy. The IAC Study's initial work included research and policy development specific to LMICs, which was made possible by funding from Canada's International Development Research Centre (IDRC). However, IDRC has since ceased funding due to a stronger interest in food and nutrition.

#### **The Thai Health Promotion Foundation**

The Thai Health Promotion Foundation (ThaiHealth), a national health promotion agency funded by a dedicated tax on tobacco and alcohol, is involved in both domestic and international alcohol control activities. In collaboration with WHO, it funded a series of meetings with government officials and civil society from LMICs to discuss the implementation of effective alcohol policies in these settings. Professor Casswell describes ThaiHealth as a major actor within alcohol control.

## **The Institute of Alcohol Studies**

The Institute of Alcohol Studies (IAS) is a research-oriented organization based in the United Kingdom and funded by the Alliance House Foundation, which formerly provided funding to GAPA as well. IAS focuses largely on domestic alcohol control policy, although its staff also attends international meetings.

## **National policy advocacy process**

Alcohol policy advocacy at the national level mainly involves communicating with officials from various government departments, including:

- **Health ministries** – Health ministries typically possess limited power within governments and tend to require little convincing of the importance of alcohol control. Instead, health ministry officials require training on technical language in order to be able to communicate with trade and finance ministries about alcohol policy. For example, many new trade treaties and economic agreements limit a government's ability to regulate alcohol licensing and marketing. Health ministry officials must be able to understand and communicate the health impact of these agreements.
- **Finance/excise ministries** – Advocacy for alcohol control policy includes communicating directly with finance officials about the impact of different taxation structures, which could be designed to target heavy drinkers or young, non-drinkers, for example, and be hypothecated to recycle taxation to prevention and support.
- **Law enforcement departments**

Engagement with non-governmental sectors can also be an important component of the policy advocacy process. For example, in some countries, emergency room doctors are strong proponents of alcohol control.

## **Case study of Vietnam**

Vietnam, a socialist country with a population of over 90 million, has been privatizing its alcohol industry and now represents one of the fastest-growing markets for alcohol. Transnational alcohol corporations are particularly interested in marketing products to younger Vietnamese populations. Vietnamese people consume informally-produced alcohol and the goal of the industry is to replace this with commercial alcohol and to expand the drinkers in the population.

### *Advocacy activities*

Approximately 15 years ago, SHORE received funding from WHO to conduct a workshop in Vietnam on effective alcohol policy. Since this time, Vietnam's Ministry of Health has been crafting legislation to reduce harmful use of alcohol, which will be reviewed by the country's National Assembly in April 2019. Prior to its review, the legislation will be discussed in a workshop, which Professor Casswell will attend with funding from WHO. IOGT International (IOGT), GAPA, and other international

stakeholders have been advocating for the legislation through calls and letters of support. The industry involvement, however, has been extensive.

Professor Casswell believes that, if successful, the legislation in Vietnam could serve as a case study of national-level alcohol policy advocacy. Although it would be difficult to attribute the passage of legislation to any specific activities of external actors, IOGT and GAPA in particular have created a more conducive environment for alcohol control by raising global awareness of alcohol issues and the influence of the alcohol industry.

## **Room for more funding**

Global spending on alcohol control includes:

- **Funding provided to IOGT** – IOGT has traditionally been funded through a lottery system in Sweden.
- **Funding provided to IAS** – The Alliance House Foundation has mostly ceased funding for work on alcohol control, although it continues to fund IAS.
- **Funding provided to ThaiHealth** – ThaiHealth is involved in domestic and international projects and has also co-funded activities with WHO.
- **Funding from the Norwegian development aid organization FORUT** – Through an agreement with the Norwegian Agency for Development Cooperation, FORUT pays for staff member Øystein Bakke to spend 50% of his time as Secretary of GAPA (all other GAPA activity is conducted on a voluntary basis). FORUT also provides funding to representatives from LMICs to attend international conferences. For example, FORUT funded representatives from Africa to attend an event at the 2019 Prince Mahidol Awards Conference in Thailand.

## **Lack of philanthropic attention**

Tobacco control receives significant philanthropic funding from Bloomberg Philanthropies as well as disease-specific organizations (e.g. heart foundations, cancer societies). Professor Casswell's approximation of philanthropic support for alcohol control is 1% of the support for tobacco control.

### *Influence of alcohol industry*

Despite a clear conflict of interest, alcohol corporations have positioned the industry as part of the solution to the harmful use of alcohol by advocating for responsible drinking. The significant funds spent by the alcohol industry on these lobbying activities have likely contributed to a lack of philanthropic spending on alcohol control. Furthermore, unlike tobacco and arms industry representatives, alcohol industry representatives are not prohibited from involvement in WHO activities. Recently, however, WHO released an internal statement clearly outlining why its staff should not be working with the alcohol industry.

## **Use of additional funding**

Additional funding could be productively utilized for work in the following categories:

- **International infrastructure** – The WHO Framework Convention on Tobacco Control (FCTC) is a legally binding international treaty on national tobacco control policies. Particularly important is Article 5.3 of the treaty, which specifies that participating governments cannot permit industry to influence policy. Professor Casswell believes that a global framework for alcohol control similar to the WHO FCTC would be valuable, as it would enable government officials from different countries to debate policy and share national-level successes. The Global Alcohol Policy Conference that GAPA co-hosts biennially has as an advocacy goal a Framework Convention on Alcohol Control.
- **Policy advocacy** – Additional funding could be productively utilized for policy advocacy activities at the regional, national, and local level. Professor Casswell has been involved for a number of years with WHO workshops on alcohol control, which gather government officials from relevant sectors (e.g. trade, finance, criminal justice, health) as well as technical experts to discuss how policies can be successfully implemented. Different workshops are organized for different groups of countries based on GDP and cultural similarities. With additional funding, these workshops could be strengthened and held more frequently.

## **Other people GiveWell should speak with**

Professor Casswell believes that GiveWell should speak with Greg Hallen of IDRC. Mr. Hallen could provide a unique perspective on alcohol control due to his involvement with tobacco and alcohol research projects in LMICs.

*All GiveWell conversations are available at  
<http://www.givewell.org/research/conversations>*