Summary

The World Health Organization's (WHO) push to combat use of alcohol as outlined the new action plan will not succeed. On the contrary, the proposed initiative will result in even more harm, as historical evidence suggests. In this consultation brief, we argue that the proposal is misguided, falls outside the WHO's main mission, and would yield adverse results. We plead with the WHO not go ahead with the plan as currently designed.

Mission creep

Whereas one of the basic principles spelled out in the first edition of the WHO Constitution (World Health Organization 1946, p. 2), as well as in the current Constitution as amended (World Health Organization 2020a, p. 1), that is "basic to the happiness, harmonious relations and security of all peoples" is the "[u]nequal development in different countries in the promotion of health and control of disease, especially communicable disease, [which] is a common danger".

This is not to say that this is the sole basic principle but it is the one that we view as essential. And the WHO seems to have viewed it accordingly when we take a look at its laudable history of combatting tuberculosis, malaria, smallpox, polio, or AIDS which are diseases that impact mainly people from under-developed countries.

The WHO's recent push to involve itself in the fight against smoking or against alcohol consumption is something this organization should, in our view, not preoccupy itself with. National governments are well-equipped to deal with these issues if they so choose. The policy is not even targeted at specific countries with high levels of cigarette or alcohol abuse but aims to apply to all Member States.

Moreover, this approach would mostly hurt the least well-off. We consider the adverse effects of this policy to be in direct contradiction to the WHO's basic principles.

Increasing market concentration

The WHO aims for a "relative reduction in alcohol per capita" (World Health Organization 2020b, p. 11) in the next five to ten years by way of – among other things – policies regulating "availability of alcohol", "marketing of alcoholic beverages", or "pricing" (World Health Organization 2010, p. 10).

Economic literature[1] is quite clear that this would lead to these effects:

(i) increased market concentration[2]
(ii) higher prices[3]
(iii) lower quality[4]

[1] See generally (Mankiw 2017).
[2] For case studies in market concentration, see e.g. (Mirza 2019), (Eckard 1991), or (Sass and Saurman 1995)
[3] Price floors obviously lead to higher prices, we do not need to argue this point further.
[4] The relationship between market concentration (as established *supra*) and quality holds across diverse markets. See e.g. (Borcherding and Silberberg 1978), (Feng, et al. 2015), (Berry and Waldfogel 2010), or (Mathur 2015).

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These would in turn disproportionately affect consumers with little disposable income as the demand for alcoholic beverages is famously non-elastic, see e.g. (Nelson 2013). And as people spend a greater share of their income on consumption goods, they have less money left for goods that might improve their health, e.g. healthier foodstuffs, exercise, therapy, and others. See generally (OECD 2020).

Worryingly, the WHO 2020 Working Document talks about reduction in alcohol use, not *ab*use. We note that not nearly not all alcohol use is abusive and there are many benefits of moderate alcohol use, see e.g. (Baum-Baicker 1985), (Damström Thakker 2006), (Standridge, Zylstra and Adams 2004), or (Peters and Stringham 2006).

We would be remiss not to mention the Orwellian language of the "monitoring and surveillance" area that expressly states: "Local, national and international monitoring and surveillance are needed in order to monitor the magnitude and trends of alcohol related harms, to strengthen advocacy, to formulate policies and to assess impact of interventions. Monitoring should also capture the profile of people accessing services and the reason why people most affected are not accessing prevention and treatment services." However, we shall develop our arguments against the ever increasing surveillance, as well as free speech, freedom of contract, and other constitutional issues raised by this proposal, in another forum.

Informal and illegal markets

Drinking alcohol has been a cultural and social phenomenon for most cultures on Earth for quite some time. It is not only a thing of the past, it is also a thing of the future since such – in some ways essential – parts of human behavior do not change overnight. This is not an apology for harmful use; it is simply a description of the world as it is. Understanding the true nature of alcohol consumption rather than some version of reality that we would prefer is essential for setting up the right course of actions when we see the need.

Furthermore, as opposed to cigarette regulation, alcohol regulation is always doomed to fail. Whereas tobacco does not grow in everyman's backyard and home production of cigarettes is therefore rather difficult, informal production of alcohol is easy, well-understood, and very common. For a basic overview, see (Wikipedia 2020).

There is, of course, no need to remind ourselves of the infamous example of the 1920s prohibition in the United States which was full of violence and abuse. This was a result of alcohol-consumption policy gone wrong. Unfortunately, there is more recent story from the Czech Republic from the early 2010s when existing alcohol restrictions led to death of 50 people and permanent damage for many more in an unexpected turn of events (Belackova, et al. 2017). This is not an ancient history; this is still in living memory. What happened?

There were no cruel intentions it the beginning; it was just a coincidence of bad luck and incompetence. One of local low-end spirits producers purchased methanol instead of ethanol to be able to compete with other market participants in terms of prices. The switch from ethanol to methanol had a simple reason – different taxation. The producer's actions were, of course, illegal, selfish, stupid, that is all true. But it is a behavior we need to count with and we have already mentioned above who bore the price; despite the good intentions in the beginning.

Clearly, the producer did not produce a high quality product to begin with. It was a poor man's drink that was sold across the country and it was the poor who suffered. If there is anyone who needs protection, it is exactly the less fortunate citizens. Yet again, they were the ones who got hurt.

Similar stories are bound to become more frequent with increased unavailability of legal alcohol. People will not stop drinking alcohol and getting intoxicated. Poor consumers will have to switch to illegal drinking of moonshine or substitutes such as technical alcohol and wealthier consumers will replace more expensive drinks with cheaper ones that are often of lower quality. Increased usage of harder drugs in case of prohibitive measures imposed on alcohol consumption is well documented. For a recent example, see (Beletsky and Davis 2017).

The proposed changes in the WHO's position might result in an overall decrease of alcohol consumption in yearly statistics, but this will be outweighed by an increase of informal and illegal alcohol consumption, switching to moonshine, lower quality alcohol, or harder drugs, and most importantly, it will lead to more fatalities. This is certainly not the course of action we would recommend.

All in all, if these measures are aimed at protecting health, they largely fail. An approach tailored much more narrowly is in order.

Respectfully submitted.

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