HUMAN RIGHTS AND POLICY

Human Rights Based Approach

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ALCOHOL EXCEPTIONALISM

Alcohol is the only psychoactive substance with significant public health damage that is not regulated by an international treaty.

*Tobacco is governed by the WHO Framework Convention on Tobacco Control (WHO FCTC)

Regarding health harms, market structures, marketing, and political strategies, the alcohol industry is in the same league as the tobacco industry.

HUMAN RIGHTS BASED APPROACH

- Based on international law
- Rights holders (people) and duty bearers (governments)
- Mechanisms
  - Ensure the realization of human rights
  - Ensure that duty bearers are held accountable

HUMAN RIGHTS BASED APPROACH

Three human rights obligations for governments:

- Not to violate human rights **(respect),**
- Ensure that third parties do not interfere with human rights **(protect),**
- Implement measures to ensure that every person can enjoy their human rights **(fulfill).**

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HUMAN RIGHTS BASED APPROACH

- Universal
- Statutory
- The best available evidence should underpin the decision

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HUMAN RIGHTS AND ALCOHOL PREVENTION

- The first stage of the world's first comprehensive analysis of the impact on human rights and alcohol harm

Understanding Alcohol Harm as Human Rights Violation: Towards a Human-Rights Based Approach to Alcohol Control - Laura Graen 2022

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Understanding Alcohol Harm as Human Rights Violation: Towards a Human-Rights Based Approach to Alcohol Control

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abstract

Alcohol use causes a high burden of disease and death worldwide and has social and economic consequences. Nevertheless, the alcohol industry remains largely unregulated globally and alcohol remains the only psychoactive substance with widespread public health harms not governed by an international treaty. Alcohol promotion, sale and use impact on the human rights to health and life, and other rights enshrined in human rights conventions. In the absence of a global binding treaty on alcohol, human rights conventions provide guidance and legal instruments to protect the population from harmful practices of the alcohol industry and alcohol-related harms. However, a comprehensive overview of the human rights implications of alcohol is missing to date. This paper aims to expand knowledge in this area.

Introduction

Alcohol causes a high burden of disease and death globally.[1] About 2.3 billion people are current alcohol users, with large prevalence variations around the world.[2] Alcohol use also causes significant health care and economic costs, affecting labor productivity and economic development.[3]

Considerable social harms are caused by alcohol, such as violence and abuse or disruptions of families and relationships. These and other harms to others are dubbed "second-hand effects of alcohol".[4]

Alcohol use adversely affects the Sustainable Development Goals (SDGs), such as achieving health and well-being for all (SDG 3), ending poverty (SDG 1), and achieving gender equality (SDG 5). The prevention and treatment of harm due to alcohol is included as SDG target 3.5.[5]

At the same time, the alcohol industry employs extensive lobbying and makes false claims about the effectiveness or unintended consequences of evidence-based alcohol control policies.[6] The industry tries to shift responsibility for health or social harms to individual consumers, represented as showing 'problematic' behavior opposed to 'normal' or 'responsible' alcohol use. Alcohol companies aim to reach non-binding voluntary agreements with governments on marketing or awareness-raising that are less effective than statutory regulation of alcohol pricing, marketing or availability that would harm their profits.[7]

The World Health Organization (WHO) Global strategy to reduce the harmful use of alcohol (Global Alcohol Strategy hereafter), a guidance on alcohol prevention endorsed by the World Health Assembly (WHA) in 2010, is the main international instrument on alcohol control.[8] Since alcohol is recognized as a major risk factor for non-communicable diseases (NCDs), the updated

CONVENTIONS

- **CEDAW:** Convention on the Elimination of All Forms of Discrimination against Women;
- **CRC**: Convention on the Rights of the Child;
- **CRPD**: Convention on the Rights of Persons with Disabilities;
- **ICCPR**: International Covenant on Civil and Political Rights;
- **ICESCR**: International Covenant on Economic, Social and Cultural Rights

ALCOHOL-RELATED HARMS	RELEVANT HUMAN RIGHTS	RELEVANT ARTICLES IN HUMAN RIGHTS CONVENTIONS OR RELEVANT GENERAL RECOMMENDATIONS
(Premature) mortality	Right to life	Art. 6 of the ICCPR; Art. 6 of the CRC; Art. 10 of the CRPD
Alcohol-attributable health harms – (non-)communicable diseases, sexually transmitted diseases, mental health conditions, violence and road traffic related injuries, fetal alcohol spectrum disorder (FASD); lack of treatment of alcohol use disorder	Right to health and access to health care, children's right to development, best interests of the child	Art. 12 of the ICESCR; Art. 25 of CRPD; Art. 3, 6(2) and 24 of the CRC; Art. 12 of the CEDAW
Unintended pregnancies	Right to (health) information, right to abortion	Art. 10(h) of the CEDAW; CEDAW General Recommendation 35
Violence, sexual harassment; child maltreatment	Right to protection from violence; right to health; right to life; right to security; right to liberty; best interests of the child	Art. 6 and 16 of the CRPD; Art. 19 of the CRC; Art. 3, 6 and 9 of the ICCPR; Art. 12 of the ICESCR; CEDAW General Recommendations 19 and 35
Children targeted by and exposed to alcohol advertising; stereotyped and sexualised alcohol marketing	Children's rights to protection from harmful information and exploitation; state obligation to take measures to eliminate gender stereotypes	Art. 17(e) and 36 of the CRC; Art. 5(a) of the CEDAW
Adolescent alcohol use and related harms	Best interests of the child, children's rights to health, survival and development	Art. 3, 6, and 27 of the CRC
Lack of information and awareness-raising of alcohol-related harms	Right to information	Art. 17 of the CRC; Art. 10(h) of the CEDAW; Art. 21 of the CRPD
Stigmatization of people with alcohol use disorder	Right to independent living and inclusion in the community	Art. 19 of the CRPD

RIGHT TO LIFE AND HEALTH

CRC, ICESCR, CEDAW, ICCPR, CRPD

- 3 million people
- 132 million DALYs *(disability-adjusted life year (DALY) = loss of one year of full health),
- Unequal distribution
    - Rich and poor
    - Men and women
- Mental health - 5.1% of adults – Approx 283 million people live with an AUD

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GOVERNMENTS

Basic effective measures

- Taxes
- Advertising
- Accessibility

(sometimes refered to as ”Best Buys”....)

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RIGHT TO PROTECT FROM VIOLENCE

CRC, CRPD, CEDAW

- 87 000 deaths IPV
- 5.5 million DALYs
- 33%-50% alcohol before the violent incident
- Contributing factor and increased severity

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GOVERNMENTS

- Addressing factors that increase the risk of women being exposed to GBV (CEDAW).
- Reduce the demand for and availability of alcohol (CRC).
  - Accessibility
  - Brief interventions and treatment
  - Shelters

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WOMEN'S REPRODUCTIVE RIGHTS

CRC, CEDAW

- Sexual violence
- Risky sexual behavior
- Unintended pregnancies
- HIV/AIDS
- FASD, stillbirths

GOVERNMENTS

- Training on alcohol-related harm - part of sexual and reproductive health education.
- Advice on alcohol use in the context of antenatal and postnatal care
- Warning labels

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CHILD RIGHTS

CRC (The best interest of the child)

- FASD
- Parents' AUD
- Alcohol use during adolescence
- 43% of 15-19 year olds

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GOVERNMENTS

- Reducing the demand for alcohol
- Legal age - at least 18
- Education about the harms
- Support during pregnancy
- Exclude children with FASD from the (child) justice system.

RIGHT TO INFORMATION AND PROTECTION FROM HAMRFUL MARKETING

CRC, CEDAW, CRPD

- Ineffective efforts to raise awareness
- ABInBev - 6 billion on advertising (9th in the world)
- Young people
- Gender stereotypes

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GOVERNMENTS

- prevent advertising and other media images that promote gender stereotypes and inequality between women and men (CEDAW)
- ban the marketing of alcohol, including in the digital environment, especially when targeting children and adolescents

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THE UNICEF-WHO-LANCET COMMISSION

- The World Health Organization (WHO), together with UNICEF and The Lancet, has issued a Commission on the future of the world's children.
- The basis for a new global movement for child health
- Addresses two major crises that negatively affect children's health, well-being and development
- Presents high-level recommendations that place children at the heart of the Sustainable Development Goals.

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THE UNICEF-WHO-LANCET COMMISSION

- The **climate crisis** is rapidly undermining the future survival of all species, and the likelihood of a world where all children have the right to health seems increasingly unrealistic.
- A second existential threat, which is more insidious, has emerged: **commercial exploitation** that encourages harmful and addictive activities that are extremely detrimental to young people's health.

THE UNICEF-WHO-LANCET COMMISSION

"Children are the frequent targets of commercial entities promoting addictive substances and unhealthy commodities, including fast foods and sugar-sweetened beverages, but also alcohol and tobacco, all major causes of non-communicable diseases."

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THE UNICEF-WHO-LANCET COMMISSION

The Commission puts forward four ideas on how to move forward:

- Invest in children's health to achieve lifelong, intergenerational and economic benefits,
- Government has a duty to care for and protect all sectors,
- Measure how children are thriving today, but also how countries' greenhouse gas emissions are destroying their future,
- Adopt a new protocol to the UN Convention on the Rights of the Child to regulate commercial harm to children.

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The Commercial Determinants of Health

Editorial

Unravelling the commercial determinants of health

In early March, in the wake of the COVID-19 pandemic, nearly 200 people—including former UN Secretary-General Ban Ki-moon—signed a letter strongly criticising pharmaceutical companies for putting a desire to make extraordinary profits before the needs of humanity. Selling publicly funded vaccines, treatments, and tests to the highest bidder resulted in inequities that cost more than a million lives, while private companies made billions of dollars. The signatories called on world leaders to ensure that such an injustice is never repeated.

The conflict between profits and health equity is not new. The global health community fought for decades to provide access to antiretrovirals for patients with HIV/AIDS in less-resourced settings. Many commercial actors attempt to negatively influence national and international policies, undermine science, or to directly attack individuals calling out their actions. The recent *Lancet* Series on breastfeeding showed how an extensive network of lobbying by formula milk companies has derailed progress on breastfeeding education.

This history speaks to the central importance to health

contribute first and foremost to improving health and societal wellbeing. Such a vision is needed urgently. As the second paper in the Series outlines, commercial actors are diverse and many play a vital role in society, but the products and practices of many are having increasingly negative impacts on human and planetary health and equity. The Series provides a comprehensive agenda for action, recognising the need for regenerative business models and accountable transparent policies (including an end to commercial actors' opposition to health regulation and policies).

Moodie emphasises that the Series is not anti-business; it is pro-health. There are some notable good models of pro-health-acting businesses. For example, nearly 200 leading financial institutions (which together manage more than US$16 trillion) have signed a pledge to support tobacco-free policies across lending, investment, and insurance. However, although Environmental, Social and Governance frameworks are increasingly used to guide more responsibe investment, they still lack specific health indicators. Health needs to become a crucial consideration

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Although commercial entities can contribute positively to health and society there is growing evidence that the products and practices of some commercial actors—notably the largest transnational corporations—are responsible for escalating rates of avoidable ill health, planetary damage, and social and health inequity; these problems are increasingly referred to as the commercial determinants of health.

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Moral Determinants of Health

VIEWPOINT

The Moral Determinants of Health

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Viewpoint pages 227, 229, 231, and
Editorial page 245

The source of what the philosopher Immanuel Kant called "the moral law within" may be mysterious, but its role in the social order is not. In any nation short of dictatorship some form of moral compact, implicit or explicit, should be the basis of a just society. Without a common sense of what is "right," groups fracture and the fragments wander. Science and knowledge can guide action; they do not cause action.

No scientific doubt exists that, mostly, circumstances outside health care nurture or impair health. Except for a few clinical preventive services, most hospitals and physician offices are repair shops, trying to correct the damage of causes collectively denoted "social determinants of health." Marmot[1] has summarized these in 6 categories: conditions of birth and early childhood, education, work, the social circumstances of elders, a collection of elements of community resilience (such as transportation, housing, security, and a sense of community self-efficacy), and, cross-cutting all, what he calls "fairness," which generally amounts to a sufficient redistribution of wealth and income to ensure social and economic security and basic equity. Galea[2] has cataloged social determinants at a somewhat finer grain, calling out, for example, gun violence, loneliness, environmental toxins, and a dozen more causes.

> When the fabric of communities upon which health depends is torn, then healers are called to mend it. The moral law within insists so.

The power of these societal factors is enormous compared with the power of health care to counteract them. One common metaphor for social and health disparities is the "subway map" view of life expectancy, showing the expected life span of people who reside in the neighborhood of a train or subway stop. From midtown Manhattan to the South Bronx in New York City, life expectancy declines by 10 years: 6 months for every minute on the subway. Between the Chicago Loop and west side of the city, the difference in life expectancy is 16 years. At a population level, no existing or conceivable medical intervention comes within an order of magnitude of the effect of place on health. Marmot also estimated if the population were free of heart disease, human life expectancy would increase by 4 years,[1] barely 25% of the effect associated with living in the richer parts of Chicago instead of the poorer ones.

How do humans invest in their own vitality and longevity? The answer seems illogical. In wealthy nations, science points to social causes, but most economic investments are nowhere near those causes. Vast, expensive repair shops (such as medical centers and emergency services) are hard at work, but minimal facilities are available to prevent the damage. In the US at the moment, 40 million people are hungry, almost 600 000 are homeless, 2.3 million are in prisons and jails with minimal health services (70% of whom experience mental illness or substance abuse), 40 million live in poverty, 40% of elders live in loneliness, and public transport in cities is decaying. Today, everywhere, as the murder of George Floyd and the subsequent protests make clear yet again, deep structural racism continues its chronic, destructive work. In recent weeks, people in their streets across the US, many moved perhaps by the "moral law within," have been protesting against vast, cruel, and seemingly endless racial prejudice and inequality.

Decades of research on the true causes of ill health, a long series of pedigreed reports, and voices of public health advocacy have not changed this underinvestment in actual human well-being. Two possible sources of funds seem logically possible: either (a) raise taxes to allow governments to improve social determinants, or (b) shift some substantial fraction of health expenditures from an overbuilt, high-priced, wasteful, and frankly confiscatory system of hospitals and specialty care toward addressing social determinants instead. Either is logically possible, but neither is politically possible, at least not so far.

Neither will happen unless and until an attack on racism and other social determinants of health is motivated by an embrace of the moral determinants of health, including, most crucially, a strong sense of social solidarity in the US. "Solidarity" would mean that individuals in the US legitimately and properly can depend on each other for helping to secure the basic circumstances of healthy lives, no less than they depend legitimately on each other to secure the nation's defense. If that were the moral im[illegible]perative, government—the primary expression of sha[illegible] responsibility—would defend and improve health ju[illegible]s energetically as it defends territorial integrity.

Imagine, for a moment, that the moral la[illegible]ithin commanded shared endeavor for securing th[illegible]alth of communities. Imagine, further, that the hea[illegible]g professions together saw themselves as bearers [illegible] that news and leaders of that change. What would [illegible] physicians, nurses, and institutions of US health [illegible] insist on and help lead, as an agenda for action? [illegible]ort list follows, the first-order elements of a mora[illegible]guided campaign for better health.

- US ratification of the basic hu[illegible]n rights treaties and conventions of the international community. The US, alone among western democracies, has not ratified a long list of basic United Nations agreements on human rights, including the International Covenant on

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Moral determinants of health refer to the VALUES we decide will be the foundations of our work, polices and investments. They reinforce a shared commitment to speak and act in the face of injustice.

> Healers are called to heal. When the fabric of communities upon which health depends is torn, then healers are called to mend it. The moral law within insists so. Improving the social determinants of health will be brought at last to a boil only by the heat of the moral determinants of health.

Berwick DM. The Moral Determinants of Health. JAMA. 2020;324(3):225–226. doi:10.1001/jama.2020.11129

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CONCLUSION

Development through alcohol prevention

Binding treaty

- Based on human rights
- Countering corporate power
- Increase support and exchange between countries
- Commit countries to evidence-based measures

Development through alcohol preve

THANK YOU

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