



FREE MARKET FOUNDATION

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# **SUBMISSION TO THE WORLD HEALTH ORGANISATION ON THE GLOBAL ALCOHOL ACTION PLAN 2022-2030**

## **Free Market Foundation**

The Free Market Foundation (FMF)<sup>1</sup> is an independent South African public benefit organisation founded in 1975 to promote and foster an open society, the Rule of Law, personal liberty, and economic and press freedom as fundamental components of its advocacy of human rights and democracy based on classical liberal principles. It is financed by membership subscriptions, donations, and sponsorships.

Most of the work of the FMF is devoted to promoting economic freedom as the empirically best policy for bringing about economic growth, wealth creation, employment, poverty reduction, and greater human welfare.

## **Unworkable, unnecessary, unduly paternalistic**

### **Introduction**

This submission is the FMF's official comment on the first draft of the World Health Organisation (WHO)'s "global alcohol action plan 2022-2030 to strengthen implementation of the global strategy to reduce the harmful use of alcohol."<sup>2</sup>

The FMF regards alcohol consumption as a personal lifestyle choice that only the individual consumer is competent to exercise. The authority to decide what goes into our bodies lies with each individual person, as guaranteed by both international law and the South African Constitution, rather than with governments, academics, or subject experts.

The role of government is to protect people from unwanted and uninvited trespass into their domains of choice from third parties. To the extent that alcohol abuse contributes to this phenomenon – for instance, in the form of domestic violence and road traffic accidents – it is arguable that there is a role for government to play.

The FMF is therefore concerned that the WHO continues to focus on the consumption of alcohol rather than alcohol-related harm in its proposed action plan. This has the perverse effect of the WHO seeking to inhibit the freedom of unharmed, peaceful individuals, rather than that of those who are susceptible to causing harm to others.

### **Coercion as a tool to combat alcohol harm**

It is unfortunate that policy and regulation continues to be the preferred method of combating alcohol harm by the WHO and by member state governments.

It is not true that all social harms must be combatted through government action. The character of a free society is one where voluntary associations and ordinary people work together to solve problems without invoking the coercive force of government power – something the WHO euphemistically refers to as "public health interventions." Not every problem must be solved violently, which is inherently what policy and regulation comes down to.

Education about the potential and likely harms caused by alcohol, and persuasion for consumers to act in accordance with that education, are more sustainable methods to achieve a reduction in alcohol

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<sup>1</sup> [www.freemarketfoundation.com](http://www.freemarketfoundation.com).

<sup>2</sup> [https://cdn.who.int/media/docs/default-source/alcohol/action-plan-on-alcohol\\_first-draft-final\\_formatted.pdf?sfvrsn=b690edb0\\_1&download=true](https://cdn.who.int/media/docs/default-source/alcohol/action-plan-on-alcohol_first-draft-final_formatted.pdf?sfvrsn=b690edb0_1&download=true)

consumption and in alcohol-related harm. The challenge that public health advocates would likely have to overcome in this respect, is to show that there are readily available and sustainable alternatives to alcohol that will provide consumers with the same satisfaction they receive from alcohol products.

Coercion, in the form of policy, regulatory, or legislative interventions, can never sustainably reduce alcohol consumption and certainly not harm. If anything, it might increase alcohol-related harm. Artificial limitations or prohibitions on the supply of a product that is sought after and demanded on the market does not change the market demand – the origin of the supply simply shifts elsewhere.

### **Black market**

Any inhibitions on the alcohol trade that the WHO achieves will as a necessary consequence result in the expansion of the black market in alcohol. Only through education and persuasion can society sustainably be convinced to abandon alcohol – if this goal is attempted through force, society will simply seek other means to obtain what they are unjustifiably kept from obtaining.

The illicit alcohol trade in South Africa has dramatically increased in size and operations since the COVID-19 lockdowns began circa March 2020. The black market in alcohol now represents almost a quarter of the entire alcohol trade.<sup>3</sup> This market share can only increase as it becomes more expensive and burdensome to access the legal, regulated industry.

### **Tax increases**

Indeed, increasing taxes on alcohol products will also only serve to make the illicit market in alcohol more attractive to consumers. In other words, there will likely be no notable decrease in alcohol consumption, meaning only government revenue stands to potentially benefit from such taxes.

Consuming alcohol in the illicit market poses serious dangers to public health. There have been various recorded deaths in South Africa since the COVID-19 prohibition on alcohol began as consumers drank homebrewed alcohol products that were not subject to the usual safety and health measures.<sup>4</sup> This means that any increase in government revenue as a result of tax increases on alcohol products might be negated by the increased burden on the public health system and a loss of economic productivity that results from deaths and illnesses.

### **Alcohol advertising**

We reiterate, as we have done many times to the South African government, that regulating or prohibiting alcohol advertising is unduly patronising and paternalistic. Such measures assume that adult consumers with agency are too ignorant to resist a colourful advertisement of a product they would otherwise not seek out. This creates the impression that sans alcohol advertising, a non-negligible number of people would simply stop consuming alcohol, as if they are automatons who cannot make decisions for themselves.

Advertising might have an impact on consumers deciding *which* alcohol products to purchase over others in a competitive market, but it is to be seriously doubted whether advertising *per se* has any notable effect on alcohol consumption. If anything, advertising regulations simply make the cost of

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<sup>3</sup> <https://www.news24.com/fin24/companies/retail/sas-illegal-booze-market-now-worth-more-than-r20-billion-study-claims-20210528>

<sup>4</sup> <https://www.news24.com/news24/southafrica/news/three-more-die-in-eastern-cape-after-drinking-lethal-moonshine-alcohol-concoction-20210714>

compliance with regulation higher, thus making alcohol products more expensive, thus incentivising the illicit trade.

### **Alcohol consumption**

It is concerning that the WHO seeks to achieve a reduction of 20% in the consumption of alcohol per person worldwide by 2030. It is highly unrealistic to suppose that within nine years of now, such a drastic reduction in peaceful behaviour will occur, and the number itself appears to have been arbitrarily drawn from a hat.

This goal also unfortunately demonstrates that the WHO is interested in social engineering. Harm reduction is a noble and important goal, but seeking to regiment society according to predetermined percentages and formulas is the stuff that undoes a free society.

It is, finally, worth noting that this random percentage will operate detrimentally against countries with a decreased capacity to implement the WHO's first-world recommendations. States like South Africa already have public healthcare systems suffering from endemic corruption, unmitigated incompetence, and dwindling capacity. The worsening economic situation – a direct result of the lockdown measures in part recommended by the WHO itself – is likely to lead to more alcohol consumption and abuse, not less, particularly in poor societies like South Africa's. To then suppose that South Africa will significantly reduce alcohol consumption within nine years is naïve.

The WHO should instead turn its attention to specific examples of alcohol abuse and assist countries, according to their own contexts and circumstances, to combat those phenomena. Providing guidance and assistance to victims of alcohol-induced domestic violence, capacitating the enforcement of non-arbitrary road traffic rules, and educating the public about alcohol harm, are only three examples of how the WHO could better spend its time and money.

### **Recommendation and conclusion**

The FMF proposes that the plan be scrapped and reconsidered. The WHO, if it is to involve itself in matters of lifestyle choice at all, must focus on education and persuasion about the harmful likely consequences of certain choices. It must avoid involving itself in any way, shape, or form, in policy, regulatory, or legislative decision-making as these invariably involve the use of public power to coerce certain outcomes out of mostly peaceful consumers and citizens.

The WHO must stand aloof from such governmental action, and preserve its credibility as an institution of healthcare, wherein the self-determination of patients (herein, consumers) is regarded as a fundamental pillar of the discipline.

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