Introduction to a special issue on alcohol control policies in low and middle income countries

In response to the World Health Assembly’s adoption in 2010 of a resolution which endorsed a Global Strategy to Reduce the Harmful Use of Alcohol, many countries, especially those considered low- and middle-income (LMIC), formulated, and in some instances implemented, a variety of alcohol control policies. However, the supporting knowledge and evidence used to evaluate the effectiveness of alcohol control policies stem primarily from high-income countries (HIC) (Babor et al., 2010; World Health Organization, 2010). This lack of knowledge and evidence from LMIC is a considerable public health problem, as differences between the socio-economic and cultural contexts of LMIC and HIC may influence the effectiveness of an alcohol control policy (Anderson et al., 2009; Lachenmeier, 2011).

Accordingly, this special issue of the International Journal of Alcohol and Drug Research (IJADR) highlights the lack of relevant knowledge and evidence from LMIC upon which these countries can effectively base evaluations of their alcohol policy choices, and aims to increase this knowledge and evidence base and provide potential strategies to improve alcohol policy advocacy in LMIC. In 2012, the IJADR—a peer-reviewed, free-of-charge, open-access journal—and the official journal of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol jointly invited the submission of papers concerning international perspectives on alcohol control policies in LMIC. A total of five articles are published in this special IJADR issue, and short synopses of each can be found in Robin Room’s introduction (Room, 2014).

The relatively few studies published thus far on alcohol control policies in LMIC, including those in this special issue, highlight the urgent need for an expansion of knowledge from these countries. In order to obtain more knowledge from LMIC, the World Health Organization could consider providing training in the areas of research, international peer-reviewed journal writing, and article submission skills to relevant personnel in these countries. Furthermore, we encourage all alcohol researchers to focus and publish on the following areas:

1. Accounts of the successful formulation, advocacy, and implementation of alcohol control policies in LMIC. These policies should include, but not be limited to, pricing and taxation; control of availability; control of marketing; drinking context management; unrecorded alcohol consumption; drink-driving policies and countermeasures; community action; and health services’ responses.

2. Factors that result in less effective or ineffective alcohol control policies in LMIC.

3. New or modified alcohol control policies designed specifically for LMIC.

4. Research on the unsuccessful formulation, advocacy, and implementation of alcohol control policies in LMIC, detailing the factors which led to the consideration of these policies during the public policy process.

5. Research on the role of evidence in alcohol policy decision making in LMIC.

6. Reports of alcohol monitoring and surveillance system development in LMIC.

7. International factors affecting alcohol control policies in LMIC, such as free trade agreement practices, both bilateral and multilateral; international markets; the development of a Framework Convention on Alcohol Control; etc.

Keywords: alcohol, low-income countries, middle-income countries, high-income countries, policy, research, public health, epidemiology, intervention

References


*Bundit Sornpaisarn*
Thai Health Promotion Foundation, Bangkok, Thailand
Centre for Addiction and Mental Health (CAMH), Toronto, Canada

*Kevin D. Shield*
Centre for Addiction and Mental Health (CAMH), Toronto, Canada
Institute of Medical Science, University of Toronto, Toronto, Canada