# Research agendas for alcohol policymaking in the wider world

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**Other Study Areas for Guiding Alcohol Policies in LMICs: Brief Overviews**

In the course of the correspondence and discussions seeking consensus on research agendas to inform alcohol policies in LMICs, several other study areas were identified which are relevant to alcohol policy-setting and in which further review and research is needed. Since our collective discussion on these points has been limited, we describe them here more briefly.

## *Preventive Interventions in the Drinking Setting*

Interventions to reduce alcohol-related violence, injury and sexual-risk behaviour in bars and similar settings have been studied in HICs, but there is limited published research on this from LMICs. The HIC evaluative literature has clearly found that verbal commitments by bar staff to "responsible service" of alcohol have no lasting effect. What is needed is active enforcement of penalties or other community pressures for places and servers who break rules, for instance, on not serving to someone who is already drunk or is under the legal age for drinking (Graham & Homel, 2008). There are a few studies in LMICs (e.g. in South Africa, Brazil) involving interventions in on-premises drinking. Case studies of preventive interventions in drinking settings in LMICs should be collected and analysed, with attention to the context, the drinking behaviour within the setting, and adverse consequences and how they may be prevented, in order to understand changes in practices, policies and enforcement that may reduce alcohol-related harm.

## *Studying Supports for Maintaining Abstinence in Non-Drinking Population Groups*

Reviewing data on teenage heavy episodic drinking, Patton et al. (2012, p. 1668) noted that in general, rates "from high-income countries were substantially higher than those derived from low-income and middle-income countries, with the exception of some Latin American countries". In many LMICs, women are much less likely to be alcohol drinkers than men, making women, for transnational alcohol companies, a promising market for expansion of the customer base. There is a clear trend internationally toward increasing proportions of drinkers in later birth cohorts (Slade et al., 2016). Reviews of evidence of

successful efforts to reinforce abstinence (e.g., evaluations of promoting alcohol-free activities and forms of sociability in specific cultural circumstances) are needed, including case studies – such as the promotion in Thailand of abstinence during the Buddhist Lent Period (Jirarattanasopha et al., 2019; Witvorapong & Watanapongvanich, 2020). The evidence needs to be analysed from the perspective of general cross-cultural lessons in maintaining abstinence in non-drinking subpopulations.

### Studying Choices For and Interplay Between Response Agencies and Systems

Most evaluative studies of treatment or intervention in heavy or problematic drinking are of the effectiveness of particular treatment models. But alcohol-related problems are encountered and may be dealt with by various components of health service systems, as well as by welfare agencies, police and court systems, and other problem-handling agencies (Weisner & Schmidt, 1993). Institutions and professions that serve as the primary resource for alcohol problems may differ for different countries and subpopulations within countries – for instance, welfare workers in one country, liver doctors in another, and psychiatrists in a third. Research is needed not only on the most effective treatment or handling by a primary response agency and profession, but also on how and when referrals between systems occur, and how the systems may be most effective in reducing or remitting harms from drinking. An active international literature in this area flourished for some time, involving some discussions of LMIC treatment systems (Klingemann et al., 1992; WHO, 2006), but there has been little recent research relevant to LMICs.

### Trends in Alcohol Marketing and Advertising in LMICs, and Strategies for Control

Alcohol advertising and marketing are relatively unregulated in many LMICs, and the growth of social media and other electronic promotion is posing new difficulties for effective public health-oriented controls (Room & O'Brien, 2021). Alcohol is increasingly glamourised and associated with economic wealth and prosperity, and advertising directed at women is associated with liberation. A study of Latin American and Caribbean countries found that there was less adolescent exposure to alcohol advertising in places with stronger alcohol advertising restrictions (Noel, 2020). But the ongoing global shift to promotion through social media poses new challenges – this form of promotion is much less amenable to national regulation and has much greater capability of audience targeting. An in-depth discussion is needed of the implications for control of alcohol marketing in LMICs of these developments and of the countervailing moves internationally to bring electronic media under

governmental oversight, with attention also to the evidence on the potential effectiveness of mandated counter-advertising.

### *Processes of Alcohol Policy Development in LMIC Governments.*

There is a substantial political science literature on policy advocacy and development, but there is no well-organised international literature on development, application and coordination of evidence-based alcohol policies. As a commodity which is profitable but which causes substantial and diverse harms, many branches of government have an interest and responsibility for aspects of alcohol policy – interests such as in public health and order, or in tax revenue and economic development, which may often conflict. Even if we focus just on government responses to alcohol problems, these include a diverse range of agencies, involving for instance the police, hospitals and welfare agencies. In the context of its strategy to prevent Non-Communicable Diseases, the World Health Organization promoted an approach in terms of "multi-sectoral action" which put all interests at the table for the policy decisions; but this approach proved problematic for alcohol, for instance in Malawi (Mwagomba et al., 2018), since there are conflicting interests at stake. An approach which names a lead agency for the area, preferably with dedicated resources, has proved effective, as for example with Thai Health and Alcohol Policy in Thailand (Thamarangsi, 2009). Case studies of different approaches and their results need to be brought together and reviewed to draw conclusions and make recommendations about the organisation of alcohol policy development in the interest of public health and welfare in the diverse political arrangements and environments of LMICs.

### *Lessons from Experience with LMIC Involvement in Collaborative Alcohol Research*

At least since WHO's project on Community Response to Alcohol Problems in the late 1970s (Rootman & Moser, 1984), there has been wide experience with collaborative international research projects relevant to alcohol policies and their implementation, usually involving both parallel empirical studies in different countries and cross-national analyses and publications. Some such studies have been organised under WHO auspices, and others in association with international scholarly societies such as the Kettil Bruun Society (e.g., Wilsnack, 2012; Huckle et al., 2018). The organisation of the studies has varied from a loose collaboration of scholars with common interests to a centrally directed project with a unified cross-national structure. Most projects have had a mixed organisation with central leadership but substantial autonomy for national project groups. So far there have been few attempts to

collect and draw on LMIC participants' experience with such studies, which taken together could provide substantial guidance for future efforts in this line. A useful step forward would be to collect qualitative accounts of participants' experience with working on such projects, and conclusions which could be drawn on approaches and organisation for future projects with a strong LMIC participation.

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