Alcohol Policy in low- and middle-income countries: Lessons from the research literature

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Abstract

This article describes the relevance of the book, *Alcohol: No Ordinary Commodity* to policy development in low- and middle-income countries (LMICs). Per-capita alcohol consumption is growing in the emerging economies of Asia and Africa, and it is already high in Latin America and the Caribbean. In the context of limited policy controls, this expansion has created a "perfect storm" driving increased alcohol consumption and harms. Along with the alcohol industry's opposition to evidence-based policy, these trends signal the need for the kinds of policy solutions proposed in the book. .

Introduction

The world literature on alcohol policy, recently summarized in the third edition of the book, *Alcohol: No Ordinary Commodity* (ANOC3; Babor et al., 2023) is largely based on research conducted in the high-income countries (HICs). *Alcohol: No Ordinary Commodity* was written by an international group of alcohol researchers to provide a comprehensive review of the scientific literature relevant to alcohol policy at the local, national, and international levels. Where possible, the authors included the growing number of studies conducted in low- and middle-income countries (LMICs). If research was lacking on particular policy issues, case studies, narrative reviews and qualitative reports were used to increase the book's relevance to some of the world's most important alcohol markets in Asia, Africa, and Latin America. This article describes the relevance of ANOC3 to policy development in LMICs according to the major themes described in the book.

In general, the burden of illness attributable to per-capita alcohol consumption is inversely related to the income level of the world's nation states. In LMICs, alcohol accounts for a growing prevalence of premature death and disability, particularly from alcohol-related infectious diseases and unintentional injuries. Per-capita consumption is increasing in the emerging economies of Asia and Africa, and it is already high in Latin America and the Caribbean. Among drinkers in many LMICs, a pattern of heavy episodic consumption is associated with injuries and other acute alcohol problems. As economic development occurs, alcohol consumption tends to increase along with rising incomes, increased availability, and more aggressive alcohol marketing (Rehm et al., 2021). This situation presents new challenges to develop effective alcohol policies. Despite the relative dearth of alcohol policy research in LMICs, the available evidence indicates that the strategies and interventions described as Best Practices and Good Practices in ANOC3 are broadly applicable to both HICs and LMICs (e.g., Room et al. 2002; 2013). Table 1 provides a brief summary of the key policy solutions and recommendations of ANOC3. The 'best practices' are restrictions on affordability, availability, and accessibility, as well as marketing controls and drink-driving deterrence measures. In addition, a variety of population-wide measures (e.g. minimum unit price, restricting outlet density) and 'good practices' targeted at high-risk groups (e.g. youth and problem drinking adults) have sufficient evidence to recommend their implementation in many countries. Finally, some of the policy options are attractive to the alcohol industry because they are unlikely to interfere with their markets (e.g. education programs, marketing self-regulation), but these tend to be the least effective choices.

To provide further background and context relevant to policy development in LMICs, the ANOC3 authors commissioned five background papers that were subsequently published in two peer reviewed journals along with accompanying editorials (Babor et al. 2021; Rehm et al. 2021). These papers covered major epidemiological issues, for example, unrecorded alcohol (Lachenmeier et al. 2021); as well as policy developments in Africa (Morojele et al. 2021), India (Gururaj et al. 2021), Latin America (Medina Mora et al. 2021), and the Former Soviet Union countries (Neufeld et al. 2021). In the remainder of this article, common themes and

lessons learned from these papers are described, along with their implications for global health.

Table 1ª

Policy-Relevant Strategies and Interventions considered to be Best Practices, Good Practices, or Ineffective Practices

Policy Area	Best Practices	Good Practices	Ineffective (or potentially harmful) policies and practices
Pricing and taxation policies	Alcohol taxes that decrease affordability	Minimum unit price; differential price by beverage; special taxes on youth-oriented beverages	Policies that increase the affordability of alcohol
Regulating physical availability	Limiting hours and places of sale; public welfare-oriented alcohol monopoly; minimum purchase age laws	Rationing systems; restricting outlet density; individualised permit systems; post-conviction preventive bans; encouraging lower-alcohol beverages; total bans where supported by religious or social norms	Policies that increase outlet density and temporal and spatial availability
Restrictions on alcohol marketing	Complete ban on alcohol marketing	Partial bans on alcohol marketing	Industry voluntary self-regulation of marketing
Education and persuasion	**None identified**	Anti-drink-driving campaigns; targeted prevention programs; family-inclusive intervention; some interventions with undergraduate students; brief motivational interventions in school settings; computer-based interventions with selective subpopulations of heavier drinkers	Industry-sponsored programs and campaigns; information-only programs
Drink-driving counter measures	Low BAC levels for young drivers; Intensive breath-testing, random where possible; intensive supervision programs	Low or lowered BAC levels (0.00% to 0.05%); graduated licensing for young and novice drivers; sobriety check points; administrative license suspension; comprehensive mandatory sanctions; DUI-specific courts; interlock devices	Severe punishment; designated driver programs; safe ride services; education programs; victim impact panels
Modifying the drinking environment	None identified	Training to better manage aggression; enhanced enforcement of on-premises laws and legal requirements; proactive policing; targeted policing; legal liability of servers, managers and owners of licensed premises; community approaches focused on specific target populations	Training and house policies relating to responsible beverage service; interventions to address drinking at sports venues and at festivals; voluntary regulation or coordination
Treatment and early intervention	None identified	Brief interventions for nondependent high-risk drinkers; behavioral and psychosocial therapies; pharmacological treatment; mutual help interventions	Some types of coercive treatment

ª Adapted from Table 16.1 in Babor et al., *Alcohol: No Ordinary Commodity* (Oxford University Press, 2023).

LMIC-Based Research and its Larger Meaning

According to the scoping review provided by Morojele et al. (2021), alcohol and alcohol-related problems have increased in Central Africa but stabilized or declined in other regions. Most countries have implemented tax policies, but they have seldom adopted other World Health Organization (WHO) "best buys" for cost-effective alcohol control policies. Countries range from having minimal alcohol controls to

having total bans on alcohol availability (e.g., in some Muslim-majority countries); and some nations, such as Botswana, have attempted stringent tax policies to address alcohol harm. Alcohol producers have continued their aggressive marketing and policy interference activities, some of which have been documented and, in a few instances, resisted by civil society and public health advocates, particularly in southern Africa. The authors conclude that increased government support and commitment are needed to implement effective alcohol policies and respond to pressures from the transnational and domestic alcohol companies, which continue to view sub-Saharan Africa as a target market.

In India, Gururaj et al. (2021) report that per-capita alcohol consumption among individuals aged 15 years and older has increased over time to 5.7 liters per person per year, which is approaching the global average of 6.2 liters. Alcohol consumption, regulatory policies, and alcohol control programs vary across India's 28 states and eight territories, with poor implementation and enforcement. Taxation and pricing policies are revenue-oriented, meaning that public health considerations are not given priority. The alcohol industry uses aggressive and innovative marketing strategies. Alcohol use and its public health impact will continue to increase in India in the absence of effective policy, and the country is not likely to achieve its stated goal of reducing prevalence by 10% by 2025. There is a need for comprehensive, evidence-based, and consensus-driven national alcohol control policy to guide the Indian states in regulating alcohol.

Neufeld et al. (2021) describe a more positive trend in Eastern Europe, Russia, and other former Soviet Union countries, where alcohol control policies in the last decade have markedly changed consumption levels. This was done by implementing the "best practices" described in ANOC3 and the similar "Best Buys" in the SAFER initiative promoted by WHO (2019). For example, in Eastern Europe, as well as Russia and Lithuania, alcohol excise taxation was substantially increased to reduce the affordability of alcohol. These countries also achieved significant reductions in alcohol availability through such measures as reduced hours of sale and an increase in the minimum legal drinking age. Bans on advertising and marketing were implemented to initiate changes in the traditional heavy drinking culture. Despite warnings from the alcohol industry, these policies were not accompanied by increases of unrecorded (illegitimate) alcohol consumption.

In South America, various alcohol control policies were found to be successful on the country level (Medina-Mora, et al., 2021), including taxation increases and measures restricting availability. The latter was associated with reductions in alcohol-related violence, a major problem in the region. In addition, drink-driving counter-measures were found to reduce alcohol-attributable traffic injury if implemented with a sufficient degree of enforcement. The findings from South America thus corroborate past findings from high-income countries. On the other hand, implementation of screening and brief interventions has yielded mixed results and has not had an impact on drinking at the population level.

In the context of the increasing wealth and economic prosperity in the rapidly developing regions of the world where the large majority of the world's population live, several conclusions can be drawn from these commissioned policy overviews. First, alcohol use continues to be a major risk factor for death, disability, violence, and unintentional injuries. Second, there is growing evidence from alcohol research in LMICs that alcohol control policies, if properly implemented, even in the context of increasing wealth, can reduce alcohol use and attributable harm. Thus, there is a large potential for improving quality of life and life expectancy. Third, the implementation of potentially effective alcohol control policies has often been blocked by the alcohol industry, which suggests that public health advocates need to take the industry's strategies and tactics into account if public health goals are to be achieved.

The reasons for insufficient implementation of evidence-based policies in many LMICs include the lack of information about the extent and cost of harmful use of alcohol; a failure to appreciate the cost-effectiveness of alcohol control measures; opposition by the alcohol industry to statutory regulation of alcohol; misinformation promoted by the alcohol industry about the harmful consequences of unrecorded alcohol; inability to bring unlicensed outlets, like shebeens, into the regulated market; failure to introduce alcohol-related preventive measures in primary health care; and inability to address the threats imposed by global trade treaties (Ferreira-Borges, et al., 2017).

Implications for LMICs and Global Health

The issues documented in ANOC3 have practical implications for the various stakeholders involved in the development and enforcement of public health policies related to alcohol in LMICs. This section considers how the public health community, including WHO and its member state governments, might better respond to the growing need for effective alcohol policy.

WHO and Global Health Organizations

With the globalization of alcohol production, distribution and marketing of alcoholic beverages, there is a need for WHO and other global health organizations to address the favoritism given to alcohol products in global trade agreements and economic development programs (O'Brien, 2020) as well as the failure to regulate cross-border alcohol marketing (WHO, 2022). Global governance mechanisms need to be created to limit the ability of transnational alcohol corporations (TNACs) to use digital platforms and other media to expand their markets. The Framework Convention on Tobacco Control could serve as a model for alcohol. In addition, WHO should clarify the roles and responsibilities of the TNACs in the implementation of the WHO Global Strategy (WHO, 2010) and the SAFER initiative (WHO, 2019) that emphasize the importance of the "Best Buys" whose effectiveness has been documented in ANOC3.

National Governments

There is now strong evidence that LMIC governments can have a significant impact on alcohol-related problems, using both universal and targeted interventions. Policies affecting the affordability, availability. and attractiveness of alcoholic beverages are highly recommended because they are relatively inexpensive to implement, capable of addressing multiple problems simultaneously, and they can be more cost-effective than targeted interventions. In addition, alcohol-focused "health taxes" (Lauer, et al., 2023) can be effective in reducing consumption, improving population health, and generating additional revenue. To fulfill their mission in promoting public health and social welfare, national governments should also:

- Establish funding sources independent of commercial and other vested interests to carry out research and public health advocacy work.

- Strengthen marketing restrictions, reform alcohol taxation and pricing policies, implement evidence-based availability controls, and promote treatment, prevention, and drink-driving programs with a strong public health orientation.

- Develop a capability that is independent of the alcohol industry to monitor the production, consumption, and consequences of unrecorded alcohol.

Civil Society and Community Action Organizations

Non-state actors consisting of civil society organizations and those involved in community action on alcohol have an important role to play in information dissemination, prevention programs and political advocacy. Especially in LMICs, there is a critical need to:

- Mobilize key health advocates to pay greater attention to alcohol-related problems.

- Provide key constituencies and the general public with accurate information on the benefits of alcohol policy best practices and the costs of inaction.

- Develop partnerships with academia and governmental organizations to facilitate the dissemination of evidence-based alcohol policy.

- Conduct campaigns to promote health taxes on alcohol as a way to finance treatment, prevention, and the health care system more broadly.

- Monitor and disseminate evidence of the illegal and unethical activities of the alcohol industry (e.g., Davies, 2020) using the European Centre for Monitoring Alcohol Marketing as a model.

- Avoid funding from industry sources for prevention, research, and information dissemination activities.

The Alcohol Industry

The alcohol industry, especially the transnational producers, trade associations, and social aspects organizations, can be considered an inducer of alcohol-related problems because of the harms caused by their marketing, product design, and political influence activities. Marketing strategies are controlled by corporate leadership located in global headquarters, often in HICs, even when carried out in collaboration with local actors. Issues of equity arise given the profitability of selling alcohol and the extraction of the profits, usually to HICs, while responsibility for responding to alcohol harm remains that of the national governments in LMICs. Strong measures will be needed in LMICs to reduce the influence of the TNACs. One tactic is for public health advocates to demand the following from the industry:

- Reduce the alcohol content of existing products to minimize the toxic effects of chronic drinking.

- Refrain from all marketing, sponsorship, and product design innovations with high appeal to youth and other vulnerable sub-populations (e.g., persons with alcohol dependence).

- Refrain from further lobbying against effective public health measures, as well as engagement in health-related prevention, treatment, research, and traffic safety activities.

- Secure their own supply chains and cooperate with all aspects of the law when it comes to preventing the diversion of commercially produced alcohols to the informal market.

Even if these measures are not implemented, the failure of industry to take meaningful action can serve to persuade policymakers that statutory measures are needed.

Conclusion

LMICs are large potential alcohol markets because of their emerging economies and young, increasingly urban populations. They have become prime targets for the TNACs. Alcohol production, marketing, distribution, and sales have increased especially in the Asia-Pacific region, Latin America, and Africa. In the context of limited policy controls, this expansion has created a "perfect storm" driving increased alcohol consumption and harms. Strong pressures toward modernization of the consumer economy and the normalization of alcohol use in LMICs portend emerging epidemics of alcohol-related harm. These trends, along with the industry's attempts to subvert policy development around the world, signal the need for the kinds of policy solutions proposed in ANOC3.

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