



TROUBLE BREWING

MAKING THE CASE FOR ALCOHOL POLICY



Acknowledgements

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FOREWORD

Alcohol is a leading contributor to death and disability worldwide, but the global public health response to the harms of alcohol use is not commensurate with alcohol's social, economic and health burden.

The World Health Organization (WHO) estimates that globally, approximately 3 million people die each year as a result of harmful alcohol consumption. More than half of these deaths are from noncommunicable diseases (NCDs) such as cancer and heart disease. Many millions more suffer as a consequence of their own or someone else's alcohol use. Alcohol is also a cause of violence and injuries, and plays a role in susceptibility to diseases such as tuberculosis (TB). The economic toll amounts to hundreds of billions of dollars, and alcohol-related harm is a significant burden to health and development in low- and middle-income countries.

Given the clear harm alcohol can cause, reducing alcohol consumption has been recognized as a priority of the UN Sustainable Development Goals. Governments have committed to a target of reducing harmful use of alcohol by 10 percent by 2025, and the *WHO Global Strategy on Reducing the Harmful Use of Alcohol* provides a roadmap for international and country action.

Alcohol use is strongly influenced by social context, laws and policies, and corporate practices, including marketing. As such, the public health response should be as robust as that for tobacco and, more recently, sugary beverages, and countries should adopt the strategies that are known to work to reduce harmful use. Such measures include increasing prices via taxation to deter purchasing and consumption, especially among youth; restricting advertising and other marketing; and regulating the age of purchase and times and places alcohol can be sold.

Despite clear evidence of the harm alcohol causes, this public health threat has not been adequately acknowledged or addressed. In contrast to the growing response to other drivers of noncommunicable diseases, governments have paid too little attention to alcohol policy. Instead, too often, it is left to the alcohol industry to drive how alcohol is regulated, viewed and consumed.

This document attempts to clarify and articulate the key issues that need to be addressed to encourage coherent alcohol policies. It is being launched in a crucial year for alcohol control advocacy. In 2018, governments will return to the United Nations for the third UN High-Level Meeting on NCDs to review global progress and adopt new commitments for action. We hope this document will be useful to advocates in noncommunicable disease prevention and control, food policy, injury and violence prevention, mental health, substance abuse prevention, gender-based violence prevention, and other sectors.

The most important attribute of the messages in this document is that they are science-based. Only through rigorous fidelity to facts and evidence will the public health response to the harms of alcohol advance and successfully counter misinformation from the alcohol industry. Our intent is that this document will be used to advance alcohol policies to save lives and reduce suffering.

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“Of all the threats to human health, it is alcohol which causes the widest range of injury ... It shrinks the brain and impairs the intellect. It causes failure of the liver, heart and peripheral nerves. It contributes to depression, violence and the breakup of personal and social life. It has been blamed for a quarter of all deaths on the road ...”

—DR. GEOFFREY ROSE

ROSE'S STRATEGY OF PREVENTIVE MEDICINE, 2008^[28]

INTRODUCTION

Alcoholic beverages have been produced and consumed by humans for millennia. Alcohol is used in some societies as part of religious ceremony—to commemorate important milestones, for example, or as an offering to ancestors. Alcohol is also considered by many societies to be central to celebrations and social cohesion. However, alcohol consumption is not ubiquitous globally; more than half of the world's population does not use alcohol.^[1]

Alcohol is also a toxic, psychoactive, carcinogenic substance that can damage the health of individuals and communities. As one of the foremost underlying causes of premature death, disease, injury, disability and violence, the harmful use of alcohol is an obstacle to human development across the world.^[1] And its impact goes beyond health. Harmful alcohol consumption also has negative social and economic effects on individuals, families and civic life.

Despite alcohol's burden, stemming the harmful use of alcohol remains a low priority among countries. Unless alcohol policy is given more attention, harmful use of alcohol and its consequences will continue to grow.^[7] Urgency is required.

The reduction of the harmful use of alcohol provides an important opportunity for improving health and social well-being as well as economic development.

KEY MESSAGES

Burden and Imperative

- Approximately 3 million people die every year as a result of alcohol consumption. This is equivalent to one person every 10 seconds.^[1]
- Alcohol is the leading risk factor globally for premature death and disability for people between the ages of 15 and 49.^[2-4] For those 20 to 29, approximately 13.5 percent or 578,000 deaths are attributable to alcohol.^[1]
- Alcohol use and its harms are increasing most markedly in populations where marketing and the use of commercially produced alcohol is expanding.^[5]
- Alcohol is a major global burden, affecting individuals, families and societies, health, social and economic development, and human rights^[1, 6, 7]
- The harmful use of alcohol is one of the four most common preventable risk factors contributing to a global pandemic of NCDs.^[2]
- Alcohol is a major obstacle to sustainable development, adversely affecting more than half of global development goals.^[8]
- Youths who start using alcohol before the age of 15 are six times more likely to develop alcohol dependence or abuse later in life than those who begin at age 21.^[9]
- Alcohol plays a significant role in violent incidents, including homicide, suicide and sexual violence.^[7]
- Driving under the influence of alcohol increases the risk of a fatal road crash up to 17 times.^[10]
- Alcohol can be toxic, carcinogenic and addictive.^[11]

Economics

- The economic costs of alcohol dwarf any positive economic contribution of the alcohol trade by increasing health costs, harming productivity in the workplace, jeopardizing the economic sustainability of the health care and welfare systems, and eroding gross domestic product (GDP).^[1, 12]
- For every dollar invested in reducing the harmful use of alcohol through the three most effective alcohol policies, the return on investment is more than ninefold.^[1]

Knowledge and Awareness

- Harmful alcohol use comprises not only heavy alcohol use but also any consumption that places users or others at risk of acute or chronic illness, injury or violence.
- Many communities are unaware of the scope of alcohol's harms, especially the disease burden due to cancers.^[14]
- The general population and policymakers tend to be largely misinformed about the scope of alcohol's harm to users and others, and they are unaware of the potential of evidence-based policy measures.^[14]

Prevention and Policy

- The best way to minimize the social and health harms from alcohol is to lower consumption overall.^[15]
- The death, disability and injury burdens caused by alcohol are largely preventable.^[2]
- Alcohol consumption is a public health problem that requires a population-wide focus.^[1]
- We know what works to tackle the harmful use of alcohol: Effective, evidence-based measures are available to all countries.^[1, 16]
- Given the harm that alcohol causes, governments and lawmakers have an urgent responsibility to implement and enforce evidence-based legal regulations to protect the health and well-being of their citizens against harmful use.
- The most effective alcohol policies are taxation, marketing restrictions, regulation of availability, enforcement of drink-driving laws, and screening and brief intervention in primary care.^[1, 16]

The Alcohol Industry

- The alcohol industry and its marketing activities are impediments to implementing sound alcohol policy.^[21, 22]
- The alcohol industry has the financial and political power to block and derail sound public health policies that threaten its profits.^[1]
- The most effective policies are often the ones the alcohol industry opposes the most, and therefore require commitment and courage from political leaders, with support from civil society organizations, to implement and enforce.
- The alcohol industry often misleadingly frames solutions around the need for better individual behavior and “responsibility” rather than around evidence-based strategies, policies and regulations.
- Across the world, the alcohol industry uses aggressive marketing tactics that can encourage harmful alcohol use.^[1, 15]
- Voluntary self-regulation of alcohol marketing is not a substitute for legal regulation, but is often used and touted by the industry to distract from the implementation of effective policy measures.^[23, 24]
- The alcohol industry uses a roster of tactics similar to those used by tobacco companies.^[25-27]

TAXATION

- Taxation to raise the cost of alcohol is win-win-win. It reduces consumption, delays the onset of use and generates government revenue.^[7]

REGULATING AVAILABILITY

- Regulating the public availability of and access to alcohol reduces the overall level of harmful use.^[1, 17, 18]
- Enforcing existing regulations on the availability of alcohol, such as on underage consumption, can generate health benefits.^[19]

RESTRICTING ADVERTISING

- Alcohol advertising targets vulnerable populations, including youth and women.^[1, 15]
- Sophisticated marketing contributes to the initiation of alcohol use and to binge drinking.^[1, 15, 20]

BURDEN AND IMPERATIVE

The harmful use of alcohol is among the main risk factors for poor health and preventable death worldwide.



The Disease Burden

Around the world, approximately 3 million people each year die from alcohol-related causes. This is the equivalent of one person every 10 seconds.^[1] Alcohol is a major determinant of ill health and one of the four most common preventable risk factors for NCDs. **Alcohol consumption contributes to diabetes, heart disease, liver cirrhosis and stroke. Consumption is also causally linked to at least seven types of cancers.**^[30] In addition, alcohol can weaken the immune system and contributes to respiratory and infectious diseases, including a significant contribution to tuberculosis (TB) deaths in low-income countries, and to HIV/AIDS.^[1,4]

The Cancer Burden—a Downplayed Danger

Alcohol is a cancer-causing agent. There is strong scientific evidence of a causal relationship between alcohol use and multiple types of cancer, including cancers of the head and neck, mouth, esophagus, liver, breast and colon. For alcohol-attributable cancers, generally the higher the level of alcohol consumption, the higher the risk.^[30,31]

Worldwide, up to 27 percent of the disease burden due to specific cancers in those over 50 years is attributable to alcohol.^[4] In the Caribbean, 37 percent of cancers in women are linked to alcohol consumption.^[32,33]

Harm to Others

Alcohol can hurt people other than the alcohol user. **Alcohol plays a significant and deadly role in violent incidents: in homicides, car crashes, falls, child abuse and violence against women.**^[7] A woman's use of alcohol during pregnancy also risks Fetal Alcohol Spectrum Disorders (FASD), a condition that can lead to lifelong physical, mental and neurological problems.^[34]

- In Europe, alcohol is a factor in 40 percent of all homicides.^[20]
- In Australia, alcohol was involved in 34 percent of incidents involving intimate partner violence in 2014, and in 29 percent of family violence incidents.^[35]
- Among South African women experiencing intimate partner violence, almost half reported that alcohol played a role.^[36]
- In the United States, more than 10 percent of children live with a parent with an alcohol use problem.^[9]

The Economic Burden

The economic burden of alcohol worldwide is substantial, accounting for up to five percent of the GDP in some countries.^[6] Alcohol burdens the health system, productivity, social welfare, public safety and the justice system.^[7] The economic costs of alcohol dwarf the contribution of the alcohol trade to the economy, harming productivity in the workplace, jeopardizing the economic sustainability of the health care and welfare systems and eroding GDPs.

- Every year, alcohol is estimated to cost society \$249 billion in the United States and 125 billion euros in the European Union.^[1,12]
- In South Africa, the cost of alcohol harm was calculated to be as much as 12 percent of the GDP.^[80]

The Expanding Burden

In recent years, alcohol consumption has been increasing in many regions around the globe as the alcohol industry expands operations and markets, especially in Eastern Europe, Asia, Africa and Latin America.^[5] Alcohol consumption poses health and social risks across populations, but **the risks and consequences are magnified in low- and middle-income countries (LMICs).**^[1]

Low- and Middle-Income Countries

Alcohol harm represents an especially concerning and rapidly growing health, social, economic and human rights problem in low- and middle-income countries.

Though the world's wealthiest countries have the highest rates of alcohol use, the largest increases in levels of alcohol use, exposure and burden are in low- and middle-income countries.^[1] According to the World Health Organization, the lower the economic development of a region or country, the higher the attributable mortality, burden of disease and injury per liter of alcohol consumed.^[1] The harmful use of alcohol presents challenges to low- and middle-income countries undergoing economic transition. Often, these countries lack effective regulation or have health systems that are not equipped to handle the concomitant increase in the alcohol-attributable burden.

Alcohol, Global Health and Development

Countries: Committed, but slow to act

Alcohol use has been acknowledged by countries as a health and development priority through the endorsement of the *WHO Global Strategy to Reduce the Harmful Use of Alcohol*, and through integration into global targets for NCDs and sustainable development.^[1,7] WHO strategy calls for global, regional and national actions on alcohol consumption and for an increased focus on the wider social determinants of health. Special attention is given to reducing harm to people other than the user and to populations that are at particular risk from harmful use.

Young People

A 2014 global survey on alcohol and health assessed five-year trends in alcohol use. The survey found that 71 percent of countries reported an increase in underage alcohol use over the five years, and 80 percent of countries showed an increase in alcohol use among those between the ages of 18 and 25.^[80] The marketing of carbonated and sugary alcoholic drinks, as well as other alcohol formulations that appeal to the young, sometimes termed “alcopops,” are equated with more frequent alcohol use, early onset of alcohol consumption and more alcohol-related consequences, such as violence, injuries and hospitalizations.^[37,38]

With the exception of the Eastern Mediterranean region, heavy episodic drinking among adolescents (ages 15–19) and young adults (ages 20–24) is around 45 to 55 percent. More than a quarter of all 15- to 19-year-olds globally are current drinkers—amounting to 155 million adolescents.^[1]

Evidence indicates that underage alcohol consumption and related harm is a global problem.

- In South Africa, the average age at which adolescents try alcohol is 13 years old, and about 25 percent of adolescents report binge drinking in the past month^[39]
- In Scotland, over 70 percent of 15-year-olds reported consuming alcohol to the point of intoxication^[40]
- Approximately one in five men across most Caribbean countries report binge drinking^[33]

The later the onset of initiation, the lower the likelihood of a pattern of harmful use of alcohol later in life. **Youth who start using alcohol before age 15 are six times more likely to develop alcohol dependence** than those who begin consuming alcohol at age 21.^[9] There is concern that youth alcohol use is commencing earlier, as young people are being targeted by alcohol advertising campaigns.^[37]

Reducing alcohol use has also been specifically integrated into the UN's 2030 Agenda's Sustainable Development Goals (SDGs) across several targets. *Among them: Strengthen the prevention and treatment of substance abuse, including ... the harmful use of alcohol.* Reducing alcohol use is also directly relevant to several other global health targets including a 2020 target to halve the number of global deaths and injuries from road crashes. Alcohol use is an obstacle to achieving 13 of the 17 SDGs.^[8]

However, countries are not on track to reduce global alcohol use and meet targets.^[8,42] Projections based on past trends suggest that a lack of progress on this indicator will constrain global health and development.^[8,43]



YOUNG WOMEN

Heavy use of alcohol is being normalized for women by alcohol industry marketing tactics that target them.^[41] In Australia, the number of women aged 18 to 24 being admitted to the hospital because of alcohol doubled between 1998 and 2006.^[17] The percentage of children who had tried alcohol by age 15 increased significantly in the 2000s across 34 industrialized countries—more among girls than boys.^[17]



RISKS AND "BENEFITS"



A major impediment to public-health-oriented alcohol policymaking is the public perception around the health benefits of alcohol consumption.

Despite substantial evidence that alcohol is a determinant of poor health, several past studies have suggested that some moderate alcohol use may be associated with a lower risk of heart disease in some populations.^[44] Newer research has revealed limitations in earlier studies and challenges the conclusions that moderate consumption has a net health benefit.^[4, 45, 46]

Nonetheless, the earlier findings have detracted from clear messaging about the public health risks of alcohol by conveying the impression that alcohol consumption can, on average, be health-promoting. Some governments even adapted policy in response to these findings that recommend light or moderate alcohol use to lower the risk of heart disease.^[46]

But most recently, in light of new findings linking cancer and alcohol use, some countries have tightened their guidelines:^[14, 17, 47]

- The 2014 European Code against Cancer indicates, for the first time, that no level of alcohol use is safe with respect to cancer.^[17]
- In 2016, The United Kingdom changed 20-year-old advice on moderate use of alcohol and its benefits to the heart, calling the benefit less than previously thought and issuing new guidelines saying alcohol raises the risk of certain cancers.^[47]
- South Korea and Australia, citing possible cancer risks, have tightened their recommendations about alcohol consumption. Australia's current guidelines state that there is no level of consumption that can be guaranteed as safe or risk-free.^[14]

Meanwhile, the alcohol industry uses any limited evidence of health benefits to fuel doubt about cancer risks, often conducting its own research to bolster the evidence. Unsurprisingly, studies show that industry-sponsored research tends to favor the interests of the funder.^[48]

The most recent comprehensive, systematic review of evidence—a highly robust meta-analysis—asserts that the net risks of alcohol consumption outweigh benefits.^[4]

“Given the extent of alcohol-attributable NCDs, injury and infectious diseases, no possible health benefits justify promoting alcohol use.”

—NCD ALLIANCE^[49]

THE ALCOHOL INDUSTRY



The power of industry interference to stand in the way of sound alcohol policy should not be underestimated.

Consolidation

Like the tobacco industry, the alcohol industry is dominated by a small group of transnational companies that control more than half of the world market.^[25] Companies of this magnitude present a major challenge to governments seeking to implement evidence-based measures to prevent and reduce alcohol harm.^[1] **Their size allows considerable resources to be devoted, directly or indirectly, to promoting the interests of the industry.**

Marketing: Alcohol Advertising, Promotion and Sponsorship

The alcohol industry uses advertising to accomplish two main goals: to lure and recruit new customers and to normalize and promote alcohol use in new markets, thus increasing global consumption and profits. Stakeholder marketing and corporate social responsibility (CSR) programs also improve the industry's standing with the public and policymakers and can avert efforts to regulate its activities. Alcohol corporations have massive marketing budgets, some of them higher than the GDPs of some low- and middle-income countries—the six largest global companies spent \$2 billion in 2010 on marketing.^[50, 51]

Marketing also includes promotions and sponsorships that appeal to youth. The industry sponsors events geared toward youth, promoting events online with downloadable games and party invitations.^[22] The industry also sponsors sporting events and teams. Significant increases in Budweiser's market share in 2010 were attributed to its sponsorship of that year's FIFA World Cup Tournament,^[21] and this increase is expected again after the 2018 event.

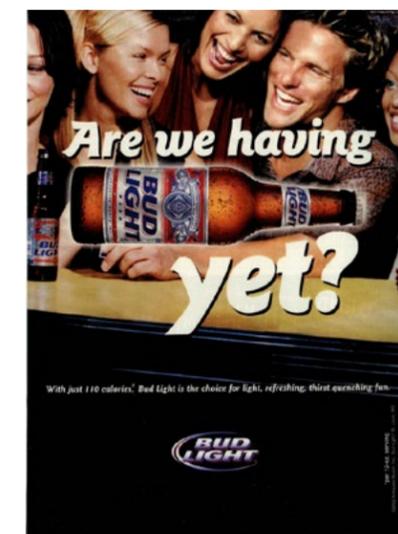
Youth

Research has demonstrated that exposure to alcohol advertisements increases the likelihood, frequency and volume of alcohol consumption among youth.^[1, 20] Alcohol advertisements also create false expectations about how alcohol will make people feel and be perceived by others^[20]—**advertisements promise what is important to young people: being happy, glamorous, successful, brave, mysterious, adventurous, fun, popular, sexy and hip.**^[15]

Young people are particularly susceptible to alcohol messages because they often lack the control, judgment and cognitive maturity to understand the sophisticated ways in which they are being manipulated by alcohol advertising.^[1, 53] The evidence is strong: twelve studies, including over 35,000 people in several countries, all found a significant association between exposure to alcohol marketing among youth, some as young as 10 years old, and alcohol use.^[53]

COMMERCIAL DETERMINANTS OF HEALTH

Commercial determinants of health are “strategies and approaches used by the private sector to promote products and choices that are detrimental to health” and propagate the noncommunicable diseases pandemic.^[32]



Alcohol advertisements are found where young people congregate: Snapchat, Facebook and Instagram.^[22] Furthermore, online regulation has not kept up with media consumption trends. Industry codes restrict alcohol advertising to young people, but they are enforceable only for traditional media. Trends show increases in digital and online marketing by the alcohol industry each year.^[52]

Women

The industry aims to make alcohol use and consumption more socially acceptable among women, who consume less alcohol than men in most of the world.^[1] This strategy has proven successful, and as a result, alcohol use by women, especially those of higher socioeconomic status, is catching up to alcohol use by men.^[17]

Recent advertisements targeting women paint alcohol as a balm for the stress of raising children and dealing with modern life—encouraging women to spend their free time consuming alcohol on a night out with friends or after a busy day of work or parenting, promising fun and even a boost in confidence.^[41] Where the use of alcohol among women is low, the industry is marketing alcohol brands to women using sweet flavors, such as cherry, or “healthier” options, such as gluten-free and vegan, in order to make alcohol more palatable.^[52]

This shift in marketing to women is reminiscent of the tobacco industry. When the tobacco industry began targeting women, tobacco control advocates responded by warning that “women who smoke like men will die like men.”

But alcohol may have an even more negative effect on women. **Women’s bodies are generally smaller than men’s, with more body fat and a different physiology that makes them more prone to brain, heart and liver damage from alcohol consumption.**^[80] Consumption of one drink per day increases the risk of cancer in women by as much as 10 percent.^[54]



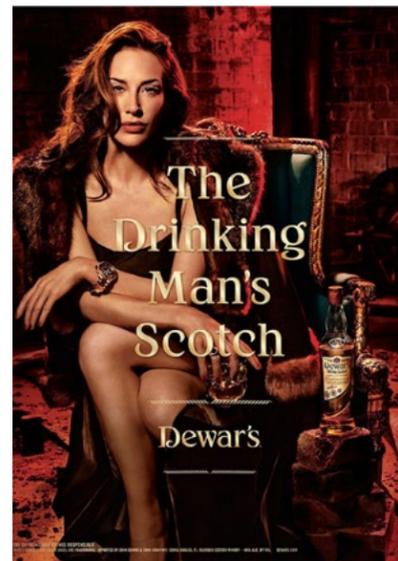
THE INDUSTRY SAYS:

It uses marketing and advertising to encourage brand loyalty.



THE SCIENCE TELLS US:

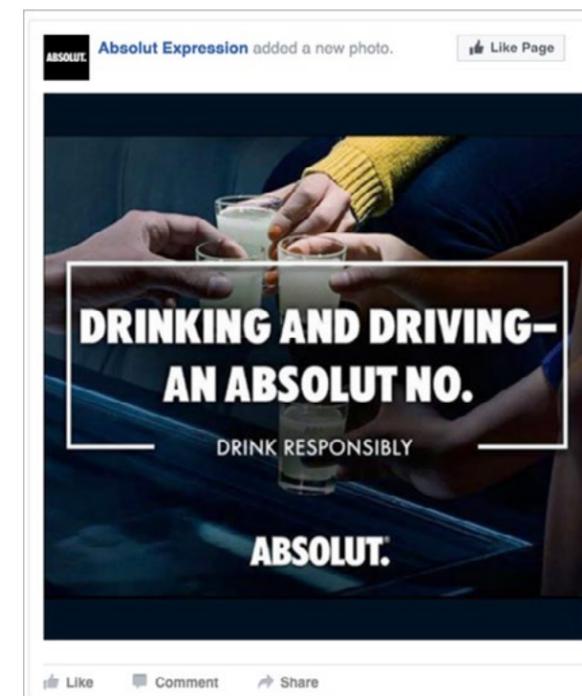
Alcohol advertisements stimulate and encourage alcohol consumption, and attract new customers by targeting two groups in particular—women and young people.



Alcohol may have an even more negative effect on women’s health.

Corporate Social Responsibility

Another creative marketing strategy employed by the alcohol industry is corporate social responsibility (CSR), ranging from school-based “responsible drinking” programs for children to ride services for inebriated adults. These tactics have been found to have limited effectiveness for reducing alcohol harms,^[26, 55] but offer a very visible branding strategy. For example, Absolut Vodka used responsible drinking messages as a branding opportunity in its “Enjoy with Absolut responsibility” messaging.^[56] The sincerity of these messages—e.g., Hennessy’s “Flaunt Responsibly”—has led researchers to characterize them as promotion strategies.^[57] “Drink responsibly” messages are also often placed at the bottom of the very ads that promise a long night of fun while consuming alcohol at a party, or other tempting appeals for young people.



THE PROBLEM WITH “DRINK RESPONSIBLY” MESSAGING

The alcohol industry focuses on individual responsibility to avoid regulation around alcohol use and drinking and driving.

But relying on young drinkers and those with a dependence to be responsible for their actions when they are using alcohol, a psychoactive substance, is not a strategy.

Illuminating Industry Interference in Africa

In the late 1990s, several countries in Africa were found to have uncannily similar draft national alcohol policies that prioritized the protection of industry interests. Some of these drafts were found to be authored by alcohol industry representatives.^[62]

Policies relating to unhealthy commodities such as sugary drinks, tobacco and alcohol are also those most likely to provoke opposition from these industries. Strong leadership is needed from governments to ensure that industry interference does not undermine development and implementation of evidence-based policies that can effectively reduce NCD and other health burdens.

THE INDUSTRY SAYS:
Alcohol problems can only be solved only when all parties work together.

THE SCIENCE TELLS US:
Cooperation with the alcohol industry takes the focus off the most effective interventions.

“In the view of WHO and many others, the formulation of alcohol policies is the sole prerogative of national health officials and regulatory authorities. Policies shaped by industry consistently fail to include those measures proven by the evidence and endorsed by WHO to have the greatest impact.”

—WHO ^[61]

Controlling the Conversation

The alcohol industry understands the importance of how people talk about alcohol and works to frame how people think about alcohol with terms and campaigns such as these:

Alcoholism and Alcohol Abuse

Nonspecific terms describing harmful and excessive consumption of alcohol that are used to suggest that alcohol is only a problem when someone uses it to extreme. The alcohol industry may use these terms to suggest that alcohol is only problem where it involves people with clinical conditions. On the contrary, most health and social effects of alcohol are attributable to excessive use among people *without* clinical conditions.

Designated Driver

An intervention encouraged by the industry with the stated intent of preventing alcohol-impaired driving. These industry communications programs deliver the message that ingesting a lot of alcohol is not a problem as long as one driver has abstained.

Drunk Driving

An outdated term. “Drunk driving” is subjective, and the term helps foster the myth that individuals with impaired judgment due to alcohol use are still competent to drive a motor vehicle if they aren’t “drunk.” Research has found that alcohol has a double danger in that it impairs judgment at the same time that it reduces performance. Advocates now use the term “drink driving” instead.

“Drink Responsibly”/ Responsible Drinking

An industry campaign that frames heavy and harmful use of alcohol as the responsibility of the individual and a person’s inability to control his or her consumption. This message, widely used by the industry, has not been found to be effective in preventing overconsumption.

Problem Drinking and Alcohol Misuse

Nonspecific terms that put the blame on the user.

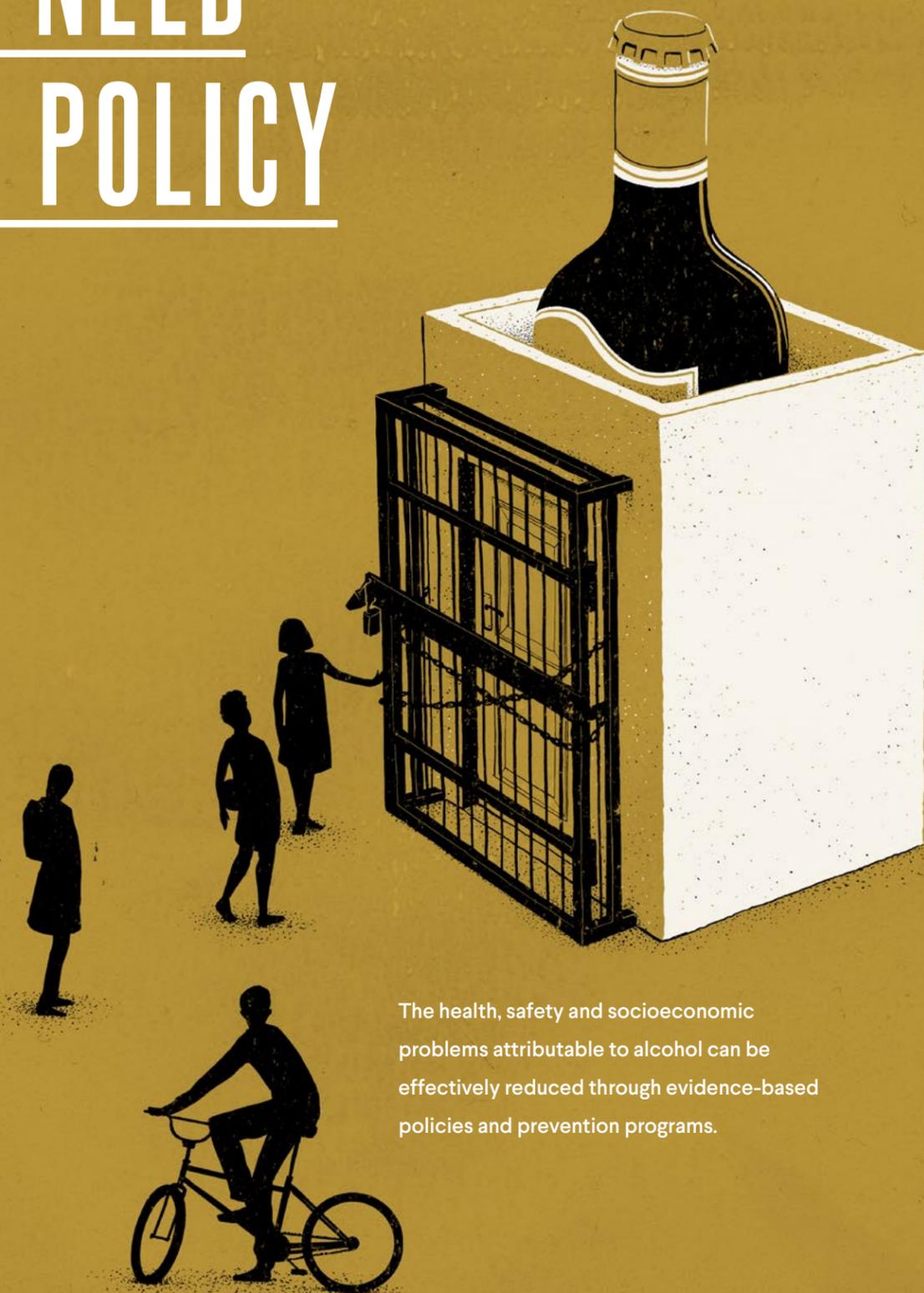
Voluntary Guidelines/ Self-Regulation

Industry’s solution to alcohol policy, which holds that the industry can regulate itself, without the need for evidence-based governmental laws or regulations.

Smart Drinking Goals

An initiative sponsored by alcohol giant Anheuser-Busch InBev that claims to change norms and behaviors around harmful alcohol use.

THE NEED FOR POLICY



The health, safety and socioeconomic problems attributable to alcohol can be effectively reduced through evidence-based policies and prevention programs.

WHO's 2010 "Global Strategy to Reduce the Harmful Use of Alcohol" is a policy framework with 10 key areas of policy options and interventions. Further WHO instruments such as the *Global Action Plan for the Prevention and Control of NCDs* have reinforced them, yet implementation remains uneven and insufficient. Illustrative of the lack of action is that as of 2017, 48 countries still did not have national alcohol strategies or policies.^[16]

A Public Health Approach to Alcohol Harms

The most effective strategies seek to change the social norms and environment that cultivate long-established harmful alcohol use habits.^[17] Further, fiscal alcohol policies, such as a tax on alcohol, are cost-neutral or cost-saving, while individual interventions are expensive.^[17]

In addition, it is important to make the case for broad-based strategies when the societal consequences of harmful alcohol use are widespread.^[1] In an Australian survey, two-thirds of people reported that they had been adversely affected by another person's alcohol use in the past year. A survey in Europe suggests that women suffer more from the alcohol consumption of those around them than men do.^[17]

Prioritizing Policy: WHO Best Buys and Recommended Interventions

The WHO "Best Buys" for NCDs represent the most effective, evidence-based policy actions for controlling alcohol use globally, with an emphasis on which of them are most viable and cost-effective to enact. There is strong evidence that these policies reduce the harmful use of alcohol, prevent disease and save lives across populations—ultimately reducing the health and social burden of alcohol on society.^[1, 16]

THE THREE WHO BEST BUYS FOR REDUCING THE HARMFUL USE OF ALCOHOL:

1. Increase excise taxes on alcoholic beverages;
2. Enact and enforce restrictions on the physical availability of retailed alcohol; and
3. Comprehensively restrict exposure to alcohol advertising

FURTHER EFFECTIVE EVIDENCE-BASED RECOMMENDATIONS INCLUDE:

4. Drink-driving laws and blood alcohol concentration limits, and
5. Providing brief psychosocial interventions

1 Taxes on Alcoholic Beverages

Fiscal policies, especially taxation but also including minimum pricing, can result in reduced consumption of alcohol.



Alcohol taxes can improve population health and have the potential to reduce deaths and the economic cost to society, as well as to increase productivity.^[17] All consumer types, from occasional to heavy users, and even those with alcohol use disorders, respond to changes in alcohol prices.^[63] As with taxes applied to other unhealthy products, another advantage of taxation is that it can raise much-needed revenue for governments.

EVIDENCE

Studies show that tax increases influence purchase and consumption patterns across age groups and populations, delaying initiation of alcohol use, reducing consumption and harm and raising revenue.^[64] **Alcohol taxes have been shown to reduce liver disease mortality among the heaviest users, while also reducing alcohol-related traffic deaths among youth.**^[15] In Chile, an increase in alcohol taxes reduced use overall, including among adolescents, while raising resources for the government. Minimum pricing policies in both high- and lower-income countries reduce consumption and alcohol-related harms.^[64]

Increasing the price of alcohol has not only been shown to reduce alcohol harms. The positive results are also quantifiable—for example, a 10 percent increase in the average minimum price of all alcoholic beverages was associated with a 32 percent reduction in alcohol-attributable deaths in British Columbia, Canada.^[17, 65-67]

CHALLENGES

Where alcohol excise taxes are in place, they are generally set as revenue generators only, too low to affect consumption. Moreover, they often fail to keep up with inflation, thereby allowing alcohol to become more affordable over time.

As with tobacco taxes, governments are often reluctant to increase alcohol prices and taxes, citing concerns about increased smuggling or the substitution of illicit alcohol. These concerns are often used by the alcohol industry—just as they are by the tobacco industry.^[68] Countermeasures and provisions to reduce smuggling and the use of illicit alcohol must be part of any plan to increase taxes. Increased law enforcement, prosecution, strong penalties and harmonized tax increases across regions can be effective.^[15, 17]

Smuggling and illicit alcohol production need to be addressed, but neither should be allowed to derail tax increases. Moreover, tax revenue should be used to counter tax avoidance and illicit alcohol, as well as to support public health initiatives that mitigate alcohol-related harm.

2 Restricting Alcohol's Availability

Enacting and enforcing regulations on the availability of retail alcohol has been shown to reduce alcohol-related harms and injuries.



This includes setting rules on who can sell alcohol, who can buy it, the days and times it can be sold, and the locations and density of outlets where alcohol is available.

EVIDENCE

Numerous research studies from many countries have shown links between the number of outlets allowed to sell alcohol and the number of hours they are open, on the one hand, and incidents of violence, alcohol-related traffic injuries, self-reported injuries and suicide, sexually transmitted infections and child abuse on the other.^[20]

- In Germany, studies found that regulating the hours alcohol is sold has the potential to prevent 54,000 injuries a year.^[17]
- In the United States, states that increased the legal alcohol consumption age to 21 saw a 16 percent median decline in motor vehicle crashes.^[18]
- In Brazil, closing bars at 11 p.m., rather than permitting them to remain open for 24 hours, led to a 44 percent drop in homicides.^[69]

CHALLENGES

While research demonstrates the effectiveness of regulating access to alcohol, trends indicate that alcohol consumption is expanding in precisely those countries that lack the regulatory and enforcement capacities to restrict harmful use.^[1]

Informal alcohol production is a major source of consumption in Africa and among low-income countries globally. Moreover, such unregulated production, while generating income for poor populations, risks generating products with toxic adulterants and often contributes to substantial occupational health risks and environmental contamination. Efforts to regulate informal production and sales need to be implemented carefully so as not to be influenced by the interests of the corporatized alcohol industry.

3 Bans and Restrictions on Alcohol Advertising

Alcohol advertising, sponsorship and promotion increase the likelihood of use and the amount of alcohol consumed.



Marketing restrictions must be comprehensive and up to date to protect young people. Bans and restrictions should include not only traditional media such as TV, print and billboards, but also cultural, sporting and promotional events, internet sites, social media, apps, cinemas, points of sale and product placement.

EVIDENCE

Exposure to alcohol advertisements increases the likelihood that young people who do not use alcohol will begin to do so and increases the volume, frequency and risky alcohol use among young people who already consume alcohol.^[1, 20]

For heavy users and those with alcohol dependency, advertisements also increase cravings or the urge to consume alcohol.^[17, 63]

CHALLENGES

The alcohol industry markets and advertises alcohol through a broad range of channels, many of which are completely unregulated.

ADDITIONAL RECOMMENDED INTERVENTIONS

4 Drink-Driving Laws and Blood Alcohol Concentration Limits

Drink-driving laws and blood alcohol concentration limits can contribute to alleviating the burden of alcohol-related harms by reducing driving under the influence (DUI), when effectively implemented and enforced. Not only do blood alcohol limits prevent and reduce DUI incidences and significantly reduce the risk of road traffic crashes, but they also lower overall alcohol use.^[70]

5 Brief Psychosocial Interventions

Brief psychosocial interventions, screenings and treatment for people with alcohol use disorders can produce clinically significant reductions in alcohol use and alcohol-related harm at both individual and population levels.

^[71] The U.S. Centers for Disease Control and Prevention reports that screening and brief interventions can reduce the amount of alcohol consumed on an occasion by 25 percent among people who consume harmful or hazardous amounts of alcohol. Nevertheless, a vast treatment gap exists. Only one in six adults in the United States have had conversations about their alcohol use with their doctor, nurse or other health professional.^[72]

Comprehensive Policies: Greater Than the Sum of Its Parts

Implementation of the WHO Best Buys is an underutilized opportunity to reduce alcohol use and harm

Key prevention policies have the best chance of being effective when they are implemented in a systematic and complementary way, as part of a coherent strategy. Policies designed to be part of a long-term reduction plan can also contribute to changing the environment and social norms around alcohol.^[15, 17]

In a 2015 report, the Organisation for Economic Co-operation and Development (OECD), noted that strategies combining multiple alcohol policies multiply/reinforce the impact of each intervention. OECD models also found that packages of fiscal, regulatory and health care interventions had the potential to reduce alcohol-related disability by up to 10 percent.^[17]

There may also be an important role for population-wide media campaigns. They have been a critical measure for reducing the prevalence of harmful behaviors in tobacco control, and are recognized as such by WHO, but they have not been shown to be effective for alcohol.

Recent studies comparing the outcomes of communication campaigns that target risky health behaviors around alcohol found that there are clear explanations for this discrepancy, as well as viable solutions for increasing future efficacy.^[73, 74] Among the reasons cited by experts for the difference:

- Inadequate reach, frequency and duration of media campaigns concerning alcohol harms;
- A failure to integrate mass media campaigns with alcohol policy initiatives; and
- Immense alcohol industry budgets with sophisticated marketing and advertising campaigns that dwarf public health's alcohol harm messaging.

Researchers surmise that media campaigns that address these impediments have the potential to reach the same level of success experienced in tobacco control.

The economic case for investing in a comprehensive set of alcohol policies is strong too, particularly in low- and middle-income countries. For every U.S. dollar invested in reducing harmful use of alcohol through the most cost-effective alcohol policies, the return on investment is more than ninefold.^[1]

Unfortunately, implementation of Best Buys measures around the world is insufficient and highly uneven, and progress on reducing alcohol use and harm will not be achieved without significant global and national commitment, investment and coordinated regulatory action.

COUNTRY GUIDANCE ON ALCOHOL

There is a need for clarity on the most important interventions and implementation strategies to reduce alcohol-related harm, and WHO, as the primary norm-setting health agency, should lead this initiative. Using the Best Buys as the basis, a resource on the most effective, high-impact interventions in a clear, concise document, would benefit countries and advocates.

ALCOHOL POLICY HIGHLIGHTS

FRANCE

Alcohol consumption in France has seen its biggest decline in a decade. In 2015, France issued a ban on digital marketing for alcohol and a ban on industry sponsorship of cultural or sporting events. There is a change in the way people in France use alcohol. For instance:^[81]

- The proportion of daily alcohol users has fallen to under 9%, and is made up predominantly of men and those over 60.
- Only 2% of 18- to 25-year-olds are using alcohol daily.
- The majority of French adults now consume alcohol less than once a week.



IRELAND

In 2015, a public health bill announced comprehensive alcohol policies including:^[82]

- Minimum pricing
- Regulation of alcohol marketing and advertising
- Health labeling
- Enforcement powers for environmental health officers to enforce laws on sale, supply and consumption of alcohol products



THAILAND

Thailand's Alcohol Beverage Control Act of 2008 bans direct advertising and promotion of alcoholic beverages and sets the minimum age for alcohol use at 18. The law also requires products to carry warnings that drinking can hinder the ability to drive, and restricts alcohol sales to certain hours and days.^[83]



SLOVENIA

Slovenia has taken some important steps toward effective alcohol policy and introduced several measures to reduce alcohol use, including bans on alcohol advertising, limiting availability to young people, and road-safety legislation to reduce drink driving.^[84]



BEST BUY POLICY ACROSS THE WORLD

Alcohol Tax Increases



United Kingdom A 10% increase in the general price of alcohol in England is predicted to show results over the next 20 years including:^[85]

- Reduce weekly consumption by 4.5%
- Reduce alcohol-related deaths by approximately 1,300
- Reduce alcohol-related hospital admissions by approximately 61,000
- Reduce crime and work absence totaling £22.1 billion



Saskatchewan, Canada A 10% increase in minimum prices of alcohol reduced consumption of all alcoholic beverages by 8.4%.^[86]



British Columbia, Canada A 10% increase in the average minimum price of all alcoholic beverages was associated with a 32% reduction in alcohol-attributable deaths.^[87]



Kenya In the past five years Kenya has raised taxes on bottled beer four times including a 43% increase that took effect in December 2015—the highest on the continent.^[88]

Regulating Availability



Germany Regulating the hours alcohol is sold has the potential to prevent 54,000 injuries a year.^[77]



United States States that increased the legal alcohol consumption age to 21 saw a 17% decrease in fatal vehicle crashes.^[81]



Denmark Raising the minimum legal drinking age from 18 to 21 years was estimated to decrease fatal nighttime crashes by 15%.^[81]



Brazil Closing bars at 11 p.m. rather than permitting them to remain open for 24 hours led to a 44% drop in homicides.^[69]



Estonia Estonia's restrictions on the sale of alcohol mirror those on tobacco. As of 2018, all alcohol must be placed behind screens or sold only from behind counters with a salesperson, limiting self-service and access to alcohol.^[90]

Limiting Advertising



Denmark A ban on alcohol advertisement on billboards, television and radio found 2,853 disability-adjusted life years (DALYs) averted per year.^[89]



Europe Countries with greater advertising restrictions had a lower prevalence of hazardous drinking—31% in countries with no restrictions, 20% in countries with some restrictions and 14% in those with the greatest restrictions.^[91]

CALL TO

ACTION



Civil Society Organizations should:

- Advocate for evidence-based, cost-effective, high-impact policy solutions at the local, national and international levels to prevent and reduce the harmful use of alcohol;
- Build partnerships and coalitions across NCDs and alcohol control advocates at the national, regional and global level;
- Educate the public and policymakers about the health, social and economic impacts of harmful alcohol use and the need for sound regulation and policymaking;
- Hold governments accountable for global and national commitments to reducing alcohol-related harm;
- Monitor and expose unethical business practices of the alcohol industry and its subversion of effective policy and implementation; and
- Oppose corporate social responsibility activities that help the industry to minimize and deflect criticism and keep government regulation at bay.

Governments should:

- Comprehensively implement WHO Best Buy interventions;
- Make alcohol policy a priority, in light of the global and national burden;
- Ensure the consideration of alcohol in all health policy approaches;
- Consider the need for alcohol policy in relevant policy areas such as mental health, road safety, violence prevention and child well-being;
- Coordinate the work of health ministries with other relevant ministries, as well as with civil society, to encourage effective alcohol policy measures without the influence of the alcohol industry;
- Educate citizens about the dangers of the harmful use of alcohol;
- Take the lead in implementing policies that reduce the harmful use of alcohol, rather than ceding responsibility to voluntary industry programs; and
- Improve surveillance and monitoring systems on alcohol consumption and alcohol-related harm.

The World Health Organization and United Nations agencies should:

- Provide leadership on alcohol control and be the norm-setting agencies for policymaking;
- Provide countries with clear technical guidance on the most effective interventions for reducing the harmful use of alcohol;
- Provide technical assistance to support national governments to strengthen their policies and regulatory approaches on the harmful use of alcohol;
- Provide regular and timely status reports on alcohol harm and alcohol policy developments;
- Share a global database of case studies, laws and regulations that countries have adopted in order to discourage overconsumption and the harmful use of alcohol; and
- Oppose the development of partnerships with the alcohol industry in multilateral health and development efforts and guard against industry interference.

ADVOCACY TOOLS AND RESOURCES

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FINDING ALLIES, GROWING THE MOVEMENT

An effective alcohol policy movement will require an enormous, sustained commitment and targeted effort to improve public health. This requires a coordinated approach by advocates and partners beyond those normally engaged with alcohol.

Allies and partners who support these policies should not be difficult to find, because the harmful use of alcohol has consequences that touch a myriad of issues, from cancer to violence to economic development. Notably, those engaged in the prevention and treatment of HIV/AIDS, TB, violence, substance abuse and mental illness should be engaged.

WHO TO ENGAGE	TAILORED MESSAGES
1 Civil Society International, national and local NGOs	<p>Alcohol use is a growing problem globally with an enormous health, social and economic burden and must be high on the priority agenda.</p> <p>National, international and sub-regional organizations should advocate for governments to enact comprehensive plans of action and implement evidence-based strategies to reduce the harmful use of alcohol.</p>
2 Government and Elected Officials	<p>The prevention and reduction of the harmful use of alcohol provides an important opportunity for improving health and social well-being, nationally and globally, including achieving UN Sustainable Development Goals.</p> <p>Governments should recognize the scope of alcohol's harms nationally and enact evidence-based public health policies that protect the health of their citizens, reduce the burden of related disease and disability, and address the social and economic problems associated with alcohol. Governments should regulate alcohol price, availability and marketing, to reduce harmful use and avoid the targeting of children.</p>
3 Health Professionals Physicians, public and mental health practitioners, substance use counselors	<p>Alcohol policy improves the health of individuals and populations.</p> <p>In addition to providing screening, preventive services and brief interventions, health professionals can be powerful advocates for prevention policies.</p>
4 Public Safety Police, justice, road safety and fire officials and emergency responders	<p>Alcohol policy reduces crashes, injuries, interpersonal violence and death.</p> <p>By enforcing and championing policies to limit drink driving and supporting alcohol policy Best Buys, public safety officials can reduce the negative consequences of alcohol intoxication and reduce alcohol-related violence, injuries and road deaths.</p>
5 Educators	<p>Education about the harms of alcohol and an understanding of industry tactics are key to alcohol control.</p> <p>Education and policy should be based on independent, evidence-based material, free from conflicts of interest.</p> <p>Educators are often "first responders" in discovering children suffering from parental alcohol problems and have a crucial role to play in prevention and early intervention in cases of abuse.</p> <p>Despite the existence of substantial evidence about the burden and harms of alcohol, there is a desperate need to raise public awareness. Information that increases knowledge can change attitudes and behaviors related to harmful use.</p>
6 Community Partners Women's, parents' and religious groups	<p>Alcohol policy requires community leadership, action, communication and commitment.</p> <p>Joint efforts to prevent alcohol harm make communities more inclusive and resilient.</p> <p>There is an urgent need for leaders to champion alcohol policy across communities, in order to support local initiatives that seek to prevent and reduce the harmful use of alcohol.</p>
7 Economic Development Tax, trade and employment officials	<p>Alcohol policy is good for employment, productivity and a country's GDP.</p> <p>Whether young people beginning alcohol consumption or heavy users in middle age, consumers are sensitive to the price of alcohol. Fiscal policies, such as taxes on alcohol, reduce the economic cost of alcohol-related harm to society and increase economic productivity. Revenue can be used for public health purposes.</p>

LESSONS FROM TOBACCO

Déjà vu?

The alcohol industry uses a playbook similar to the tobacco industry's.

When it comes to marketing, selling its products and blocking regulation, the alcohol industry has borrowed directly from tobacco's playbook.^[25, 26] One reason for this is that there is an overlap among these industries. Altria, one of the world's largest producers and marketers of tobacco, and SABMiller, a multinational beer company, have shared board members and directors over the years. Altria also has a 10.2 percent interest in Anheuser-Busch InBev, the world's largest beer company.^[75-77]

Among the tactics used by both industries:

- Devising sophisticated billion-dollar marketing budgets, often geared toward youth;^[15, 29]
- Promoting self-regulatory systems, voluntary codes and industry labeling regimes to head off legal regulation;^[29]
- Targeting vulnerable populations in developing countries, where legal policies to control use are often lacking;
- Funding and publishing pseudo and junk science;
- Using front groups and trade associations to make their arguments for them;
- Employing huge lobbying operations and budgets to prevent, derail and undermine sound regulation and policy; and
- Using corporate social responsibility to win favor, encourage goodwill and discourage legal policy.^[78]

Some tobacco-control strategies work for alcohol too.

If the alcohol industry can learn from the tobacco industry, alcohol policy advocates can learn from tobacco-control strategies.

Specific tobacco-control policies that work for alcohol as well include:

- Increasing taxes;
- Raising the purchase age;
- Placing bans or restrictions on marketing—advertisements, promotions and sponsorships;
- Regulating availability; and
- Insisting on clear warning labels.

Trade issues

The tobacco industry has used international trade law and courts to fight hard-won tobacco marketing restrictions, such as graphic cigarette pack warnings. The strategy has tied up effective policies in courts from Australia to Uruguay, at grave economic and health cost. One way to avoid costly and lengthy legal challenges is to work with trade officials and legal experts when creating policies, to ensure that any alcohol regulations will be able to stand up in court.^[79]

GLOSSARY

Abstention When people do not consume alcohol. Such is the case with the majority of people in the world.

Addiction A physical or psychological dependence on alcohol.

Alcohol Dependence A cluster of behavioral, cognitive and physiological factors that typically includes a strong desire to drink and difficulty or impairment in controlling its use. Someone who is alcohol-dependent may persist in using alcohol despite harmful consequences and often prioritizes alcohol over other obligations and activities.

Alcohol Industry The companies that manufacture, produce, brand, distribute and market alcohol products. Much of the business is consolidated in the hands of nine large corporations.

Alcohol Policy A combination of local, national and international laws that regulate the role alcohol plays in society—including its manufacture, distribution, sale and consumption—and formulate responses to alcohol-related problems.

Binge Drinking High consumption on a single occasion defined, for example, as: four or more drinks for women and five or more drinks for men. Ninety percent of alcohol consumed by those under 21 is in the form of excessive or "binge" drinking. Also referred to as heavy episodic drinking.

Blood Alcohol Level/ Blood Alcohol Content (BAL/BAC) The concentration of alcohol in the blood. WHO recommends that drink-driving laws be based on a blood alcohol content of no more than 0.05 grams per deciliter.

Carcinogen A cancer-causing substance.

Corporate Social Responsibility (CSR) An organization's responsibility for the impacts of its decisions and activities on society and the environment. CSR is typically intended to be the social conscience of a company, but it can also serve as a form of marketing.

Drink Driving or Driving Under the Influence (DUI) Preferred to "drunk driving." The consumption of even a small amount of alcohol prior to or during operation of a motor vehicle can have a negative effect.

Drink Size / Standard Measure / Unit Alcoholic drinks are measured in units that correspond to the amount of ethanol in a drink. Though countries define the size of a standard drink differently, the range is typically between 8 and 20 grams of alcohol.

Fetal Alcohol Syndrome Disorders (FASDs) A group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems as well as problems with behavior and learning.

Harmful Use of Alcohol This phrase is used by WHO to refer to alcohol use that causes detrimental health and social consequences. May refer to physical, mental or adverse social consequences.

High-Risk Populations Those especially vulnerable to harmful alcohol use and marketing, such as women, youth and people with low socioeconomic status or alcohol dependency.

High-Risk Settings Situations in which using alcohol is more likely to result in harm, such as when driving, using heavy machinery or being pregnant.

Intoxication A state of functional impairment caused by alcohol.

Moderate Drinking Defined by the Dietary Guidelines for Americans as up to one drink per day for women and up to two drinks per day for men. Varies considerably by country.

Sustainable Development Goals A collection of 17 global goals set by the United Nations to end poverty and increase human health and prosperity. More information is available here <https://sustainabledevelopment.un.org/>

Unrecorded Alcohol Alcohol that is produced or distributed via informal markets. It may be referred to as "home brew," "illicit alcohol" or other names.

REFERENCES

- Global status report on alcohol and health 2018. 2018, World Health Organization: Geneva, Switzerland.
- Gakidou, E., et al., Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 2017. 390(10100): p. 1345–1422.
- Lim, S.S., et al., A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 2012. 380(9859): p. 2224–2260.
- Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 2018.
- Alcohol and G. Public Policy, Alcohol: No Ordinary Commodity—a summary of the second edition. *Addiction*, 2010. 105(5): p. 769–779.
- Thavorncharoensap, M., et al., The economic impact of alcohol consumption: a systematic review. *Substance Abuse Treatment, Prevention, and Policy*, 2009. 4: p. 20.
- Global strategy to reduce the harmful use of alcohol. 2010, World Health Organization.
- IOGT, Alcohol and the Sustainable Development Goals, M. Dunnier and K. Sperkova, Editors. 2016: Stockholm, Sweden.
- Center for Behavioral Health Statistics and Quality. 2015 National Survey on Drug Use and Health: Detailed Tables. 2016, Substance Abuse and Mental Health Services Administration: Rockville, MD.
- Martin, J.-L., et al., Cannabis, alcohol and fatal road accidents. *PLOS ONE*, 2017. 12(11): p. e0187320.
- Rothman, K.J., The proportion of cancer attributable to alcohol consumption. *Preventive Medicine*, 1980. 9(2): p. 174–179.
- Sacks, J.J., et al., 2010 National and State Costs of Excessive Alcohol Consumption. *American Journal of Preventive Medicine*, 2015. 49(5): p. e73–e79.
- Saving lives, spending less. 2018, World Health Organization.
- Cotter, T., et al., Knowledge and beliefs about alcohol consumption, longer-term health risks, and the link with cancer in a sample of Australian adults. *New South Wales Public Health Bulletin*, 2013. 24(2): p. 81–86.
- Babor, T.F., Alcohol: No Ordinary Commodity. 2010: Oxford University Press.
- Jernigan, D., Global developments in alcohol policies: Progress in implementation of the WHO global strategy to reduce the harmful use of alcohol since 2010. 2017, World Health Organization.
- OECD, Tackling Harmful Alcohol Use: Economics and Public Health Policy. 2015: OECD Publishing
- Shults, R., et al., Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine*, 2001. 21(4, Supplement 1): p. 66–88. doi:https://doi.org/10.1016/S0749-3797(01)00381-6
- Spurling, M.C. and D.C. Vinson, Alcohol-Related Injuries: Evidence for the Prevention Paradox. *Annals of Family Medicine*, 2005. 3(1): p. 47–52.
- European Alcohol Policy Alliance, European Report on Alcohol Policy: A review. 2016.
- Noel, J.K., et al., Alcohol marketing in the Americas and Spain during the 2014 FIFA World Cup Tournament. *Addiction*, 2017. 112: p. 64–73.
- Lobstein, T., et al., The commercial use of digital media to market alcohol products: a narrative review. *Addiction*, 2017. 112: p. 21–27.
- Noel, J.K., et al., Industry self-regulation of alcohol marketing: a systematic review of content and exposure research. *Addiction*, 2017. 112: p. 28–50.
- Noel, J.K. and T.F. Babor, Does industry self-regulation protect young people from exposure to alcohol marketing? A review of compliance and complaint studies. *Addiction*, 2017. 112: p. 51–56.
- Hawkins, B., et al., Reassessing policy paradigms: A comparison of the global tobacco and alcohol industries. *Global Public Health*, 2016: p. 1–19.
- Yoon, S. and T.-H. Lam, The illusion of righteousness: corporate social responsibility practices of the alcohol industry. *BMC Public Health*, 2013. 13(1): p. 630.
- Perl, R. and S. Hamill, Fool Me Twice. 2018, Vital Strategies: New York, NY.
- Rose, G., Rose's Strategy of Preventive Medicine. 2008, New York, NY: Oxford University Press.
- Mulder, J. and J. de Greeff, Eyes on Ages: A research on alcohol age limit policies in European Member States. Legislation, enforcement and research. 2013, European Commission.
- Rehm, J., et al., The relationship between different dimensions of alcohol use and the burden of disease—an update. *Addiction (Abingdon, England)*, 2017. 112(6): p. 968–1001.
- World Cancer Research Fund/American Institute for Cancer Research Alcoholic Drinks and the Risk of Cancer: Continuous Update Project Excerpt. 2018.
- Kickbusch, I., et al., The commercial determinants of health. *The Lancet Global Health*, 2016. 4(12): p. e895–e896.
- Healthy Caribbean Coalition., Alcohol and Cancer in the Caribbean. 2017.
- Lange, S., et al., Global prevalence of fetal alcohol spectrum disorder among children and youth: A systematic review and meta-analysis. *JAMA Pediatrics*, 2017. 171(10): p. 948–956.
- Miller, P., et al., Alcohol/Drug-Involved Family Violence in Australia 2016, National Drug Law Enforcement Research Fund.
- Rafta, T., Alcohol-Related Domestic Violence in South Africa. 2016, IOGT.
- Müller, S., et al., Changes in alcohol consumption and beverage preference among adolescents after the introduction of the alcopops tax in Germany. *Addiction*, 2010. 105(7): p. 1205–1213.
- Albers, A.B., et al., Flavored alcoholic beverage use, risky drinking behaviors and adverse outcomes among underage drinkers: results from the ABRAND study. *American Journal of Public Health*, 2015. 105(4): p. 810–815.
- Morojele, N.K. and L. Ramsoomar, Addressing adolescent alcohol use in South Africa. Vol. 106. 2016.
- Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): Alcohol Report 2015. 2015: Edinburgh, Scotland.
- Women and alcohol. 2017, Institute of Alcohol Studies: London.
- Fullman, N., et al., Measuring progress and projecting attainment on the basis of past trends of the health-related Sustainable Development Goals in 188 countries: an analysis from the Global Burden of Disease Study 2016. *The Lancet*, 2017. 390(10100): p. 1423–1459.
- Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. 2017; Available from: <http://vizhub.healthdata.org/gbd-compare>.
- Mukamal, K.J., et al., Alcohol Consumption and Risk of Coronary Heart Disease in Older Adults: The Cardiovascular Health Study. *Journal of the American Geriatrics Society*, 2006. 54(1): p. 30–37.
- Naimi, T.S., et al., Cardiovascular risk factors and confounders among nondrinking and moderate-drinking U.S. adults. *American Journal of Preventive Medicine*, 2005. 28(4): p. 369–373.
- Naimi, T.S., et al., Selection bias and relationships between alcohol consumption and mortality. *Addiction*, 2017. 112(2): p. 220–221.
- Institute for Alcohol Studies, New Year, new alcohol guidelines: There is no 'safe' level of drinking. *Alcohol Alert Newsletter*, 2016: p. 1–24.
- Babor, T.F., Alcohol research and the alcoholic beverage industry: issues, concerns and conflicts of interest. *Addiction*, 2009. 104: p. 34–47.
- Westerman, L., First WHO Forum on alcohol, drugs & addictive behaviours provokes discussion, illuminates challenges & opportunities. 2017, NCD Alliance.
- Hawkins, B., et al., Reassessing policy paradigms: A comparison of the global tobacco and alcohol industries. *Global Public Health*, 2018. 13(1): p. 1–19.
- Gallopel-Morvan, K., et al., France's Évin Law on the control of alcohol advertising: content, effectiveness and limitations. *Addiction*, 2017. 112: p. 86–93.
- Esser, M. B., and D. Jernigan, Policy Approaches for Regulating Alcohol Marketing in a Global Context: A Public Health Perspective. *Annual Review of Public Health*, 2018. 39: p385–401. doi:10.1146/annurev-publhealth-040617-014711
- Jernigan, D., et al., Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, 2017. 112: p. 7–20.
- Liu, Y., et al., Links between alcohol consumption and breast cancer: a look at the evidence. *Women's health (London, England)*, 2015. 11(1): p. 65–77.
- Pantani, D., et al., The marketing potential of corporate social responsibility activities: the case of the alcohol industry in Latin America and the Caribbean. *Addiction*, 2017. 112: p. 74–80.
- Farke, W., Health warnings and responsibility messages on alcoholic beverages—a review of practices in Europe. 2011, European Commission.
- Smith, K.C., et al., Defining strategies for promoting product through "drink responsibly" messages in magazine ads for beer, spirits and alcopops. *Drug and Alcohol Dependence*, 2014. 142: p. 168–173.
- AFRICA'S 'GREAT EIGHT' HELPS TO PUT FOOD ON STUDENTS' TABLES. 2017, Anheuser-Busch InBev.
- Njobeni, S., AB InBev to tap into African demand. 2017; Available from: <https://www.iol.co.za/business-report/companies/ab-inbev-to-tap-into-african-demand-8753326>.
- Chan, M., Opening address. Address presented at 8th Global Conference on Health Promotion in Finland, Helsinki. 2013.
- Noncommunicable diseases: the slow motion disaster, in Ten years in public health 2007–2017, 2017, World Health Organization: Geneva, Switzerland.
- Bakke, Ø. and D. Endal, Vested Interests in Addiction Research and Policy Alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction (Abingdon, England)*, 2010. 105(1): p. 22–28.
- Babor, T.F., et al., Toward a public health approach to the protection of vulnerable populations from the harmful effects of alcohol marketing. *Addiction*, 2017. 112: p. 125–127.
- Resource tool on alcohol taxation and pricing policies, B. Sornpaisarn, et al., Editors. 2017, World Health Organization: Geneva, Switzerland.
- Zhao, J., et al., The relationship between minimum alcohol prices, outlet densities and alcohol-attributable deaths in British Columbia, 2002–09. *Addiction*, 2013. 108(6): p. 1059–1069.
- Wagenaar, A.C., et al., Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction*, 2009. 104(2): p. 179–190.
- Wagenaar, A.C., et al., Effects of Alcohol Tax and Price Policies on Morbidity and Mortality: A Systematic Review. *American Journal of Public Health*, 2010. 100(11): p. 2270–2278.
- Evans-Reeves, K.A., et al., "It will harm business and increase illicit trade": an evaluation of the relevance, quality and transparency of evidence submitted by transnational tobacco companies to the UK consultation on standardised packaging 2012. *Tobacco Control*, 2014.
- Duailibi, S., et al., The Effect of Restricting Opening Hours on Alcohol-Related Violence. *American Journal of Public Health*, 2007. 97(12): p. 2276–2280.
- Global Status Report on Road Safety. 2015, World Health Organization: Geneva, Switzerland.
- Platt, L., et al., How effective are brief interventions in reducing alcohol consumption: do the setting, practitioner group and content matter? Findings from a systematic review and metaregression analysis. *BMJ Open*, 2016. 6(8).
- McKnight-Eily, L.R., et al., Vital Signs: Communication Between Health Professionals and Their Patients About Alcohol Use—44 States and the District of Columbia, 2011. *MMWR. Morbidity and Mortality Weekly Report*, 2014. 63(1): p. 16–22.
- Wakefield, M.A., et al., Features of alcohol harm reduction advertisements that most motivate reduced drinking among adults: an advertisement response study. *BMJ Open*, 2017. 7(4).
- Wakefield, M.A., et al., Use of mass media campaigns to change health behaviour. *The Lancet*, 2010. 376(9748): p. 1261–1271.
- Mickle, T., Altria Gets Two Seats on AB InBev Board Through Stake in Newly Merged Company. *The Wall Street Journal*. 2016.
- Ferris, D., et al., Long-term study of a quadrivalent human papillomavirus vaccine. *Pediatrics*, 2014. 134(3): p. e657–e665.
- Anheuser-Busch InBev 2017 Annual Report. 2018, Anheuser-Busch InBev.
- Daube, M., Alcohol and tobacco. *Australian and New Zealand Journal of Public Health*, 2012. 36(2): p. 108–110.
- Mitchell, A.D. and J. Casben, Trade law and alcohol regulation: what role for a global Alcohol Marketing Code? *Addiction*, 2017. 112: p. 109–116.
- Global status report on alcohol and health 2014. 2014, World Health Organization: Geneva, Switzerland.

REFERENCES

81. Alcohol sales in France see biggest drop in a decade, study shows. (2017). The Local. Retrieved from <https://www.thelocal.fr/20170824/alcohol-sales-in-france-see-biggest-drop-in-a-decade-study-shows>
82. Mongan, D., & Long, J. Overview of alcohol consumption, alcohol-related harm and alcohol policy in Ireland, 2016. Retrieved from http://www.hrb.ie/fileadmin/publications_files/Alcohol_in_Ireland_consumption_harm_cost_and_policy_response.pdf
83. Moving Thailand's mountain of alcohol-related harm, Bulletin of the World Health Organization, 2017. 95: p. 487-488.
84. Alcohol Policy in Slovenia: Opportunities for Reducing Harm and Cost, 2016. Retrieved from http://www.infomosa.si/doc/Alcohol_policy_in_Slovenia.pdf
85. Burton, et al., The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review, 2016. Retrieved from London, England: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583047/alcohol_public_health_burden_evidence_review.pdf
86. Stockwell, T., et al., The Raising of Minimum Alcohol Prices in Saskatchewan, Canada: Impacts on Consumption and Implications for Public Health. American Journal of Public Health, 2012. 102(12): e103-e110. doi:10.2105/AJPH.2012.301094
87. Zhao, J., et al., The relationship between minimum alcohol prices, outlet densities and alcohol-attributable deaths in British Columbia, 2002-09. Addiction, 2013. 108(6): p. 1059-1069. doi:10.1111/add.12139
88. Muchira, N., Battle for EA alcohol market shifts to spirits, low-end brands. The East African. 2017. Retrieved from http://www.theeastafrican.co.ke/business/Battle-for-East-Africa-alcohol-market-shifts-to-spirits/2560-4051528-ypm4w3z/index.html?_scpsug=crawled_57675_5dc74560-7d47-11e7-f73a-f01fafd7b417#_scpsug=crawled_57675_5dc74560-7d47-11e7-f73a-f01fafd7b417
89. Holm, A. L., et al., Cost-Effectiveness of Preventive Interventions to Reduce Alcohol Consumption in Denmark. PLoS ONE, 2014. 9(2): e88041. doi:10.1371/journal.pone.0088041
90. Must, B., Estonian Government approves stricter alcohol policy [Press release], 2017. Retrieved from <https://www.sm.ee/en/news/estonian-governmentapproves-stricter-alcohol-policy>
91. M. Bosque-Prous, A. et al., Association between stricter alcohol advertising regulations and lower hazardous drinking across European countries. Addiction, 2014. 109(10): p. 1634-1643.

