



# **Alcohol and Development: A Framework to Address Alcohol as a Health and Development Problem**

**FORUT – Campaign for Development and Solidarity**

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# Contents

Introduction .....	3
Alcohol as a Health and Development Problem .....	3
The alcohol harm paradox .....	4
Alcohol harms health .....	5
Poverty reinforces alcohol harm .....	6
Alcohol and mental health are interlinked .....	6
Alcohol's harm to others.....	6
Alcohol and violence against women .....	7
Alcohol harms the foetus and children .....	7
Understanding the Challenge .....	9
A Comprehensive Approach .....	9
Regulation .....	10
Mobilisation .....	10
Education .....	11
Global Alcohol Policy Context .....	12
The Global Alcohol Industry: Strategies and Tactics .....	13
Guidelines for Civil Society Organisations .....	16
Civil Society and Alcohol Policy Developments in the Global South.....	18
Protecting children from alcohol in schools in South Africa .....	18
Civil society's catalyst role in alcohol policy development in Sierra Leone.....	18
Building civil society capacity in West Africa .....	19
Working with women and families to prevent alcohol-related domestic violence in India .....	19
Promoting the role of young people as agents of change in preventing alcohol and drug consumption in Sri Lanka .....	20
References .....	22
The Alcohol, Drugs and Development Programme in FORUT .....	28

# Alcohol and Development

## Introduction

Research from the past decade has increasingly addressed the knowledge and evidence gaps on the relationship between alcohol and development. Alcohol is often part of the picture when we are trying to address development issues. It can be observed, and many will recognise that it is something that can make programme interventions more difficult. However, we often go on to address poverty, child rights, women's rights and other challenges without taking the harm from alcohol use into account. This publication aims to provide the framework that underlines the importance of addressing alcohol in development work.

It incorporates the alcohol harm paradox and the analysis of power in the framework to understand the dynamics between alcohol, its harms and its impact on development. It also aims to provide an overview of recent research evidence, alcohol policy developments, and civil society action to prevent and reduce alcohol harms. This publication has five sections: (1) a brief overview of the narratives and the recent scientific literature on alcohol, sustainable development, poverty, mental health, and harm to others, (2) a comprehensive approach based on FORUT's prevention triangle, (3) an overview of the global alcohol policy context and the global alcohol industry's strategies and tactics, (4) revamped guidelines for civil society organisations working on preventing alcohol harm, and (5) a feature of civil society contributions to reducing alcohol harm in the Global South.

## Alcohol as a Health and Development Problem

Alcohol is a risk factor for health, and a development challenge. Alcohol consumption has been identified as the tenth most relevant risk factor for early death and ill health globally and to be responsible for an estimated 2.6 million deaths in 2019 (WHO, 2024a).

In the Global South, the alcohol-attributable disease burden in terms of disability-adjusted life years (DALYs) has also increased since 2010. One DALY equals one lost year of healthy life. DALYs are the sum of the years of life lost due to early death and the years lived with a disability from a disease or health condition in a population. Table 1 shows an estimated 35% increase in the number of alcohol-attributable deaths and alcohol-attributable disease burden in low-income countries from 2010 to 2021. More than half a million people (653,553 deaths) died from alcohol-attributable conditions in lower-middle-income and low-income countries in 2021.

Table 1. Alcohol-attributable burden of disease in disability-adjusted life years and number of deaths in low- and lower-middle-income countries, 2010 and 2021

		2010 (n=)	2021 (n=)	% change between 2010 to 2021
<b>Alcohol-attributable burden of disease (in disability-adjusted life years)</b>	<b>Lower middle-income countries</b>	<b>21,534,538.5</b>	<b>24,332,632.3</b>	<b>13.0</b>
	<b>Low-income countries</b>	<b>2,926,783.1</b>	<b>3,974,720.9</b>	<b>35.8</b>
<b>Alcohol-attributable deaths</b>	<b>Lower middle-income countries</b>	<b>483,466.8</b>	<b>564,964.50</b>	<b>16.9</b>
	<b>Low-income countries</b>	<b>65,231.08</b>	<b>88,588.24</b>	<b>35.8</b>

Source: Institute for Health Metrics and Evaluation (2022). Used with permission. All rights reserved.

## The alcohol harm paradox

Research has grown in support of the strong link between alcohol and development in the past decade. Research has shown the adverse impact of alcohol on human development, especially in the Global South, particularly in countries with a low human development index (HDI) (Shield & Rehm, 2021). In Southeast Asia, for example, there was an absolute increase in adult alcohol per capita consumption (APC) in five lower-middle-income economies between 2010 and 2017 when these countries experienced economic development (Sornpaisarn et al., 2020). This also translated to an increase in alcohol-related deaths from 2010 to 2017. Economic development, particularly in upper-middle-income countries, often leads to higher alcohol consumption and less abstention (Rehm et al., 2024). The alcohol harm paradox is that as alcohol consumption rises, it reduces the benefits of economic development, even though living conditions are improving in low- and middle-income countries. (Room & Rehm, 2023; Rehm et al., 2024).

Research shows important differences in alcohol consumption patterns in low- and middle-income countries (Xu et al., 2022). A study that analysed data from surveys between 2005 and 2017 found that higher-income countries and individuals with better economic status drink more alcohol (Xu et al., 2022). For men, the highest rates of alcohol use and heavy drinking were in lower-middle-income countries. For women, the highest rate of drinking was in upper-middle-income countries. However, heavy drinking among women was most common in low-income countries. In upper-middle-income countries, both men and women with lower incomes were more likely to drink heavily than those with higher incomes (Xu et al., 2022).

Research shows that heavy drinking accounts for 27% of the differences in death rates between different income groups (Probst et al., 2020). Alcohol use worsens these differences, even when the economy is growing (WHO, 2022). People with lower

incomes suffer more harm from alcohol than those with higher incomes, even if they drink the same amount or less (Bloomfield, 2020).

The relationship between alcohol consumption and development has been increasingly recognized, with the inclusion of a target to strengthen alcohol use prevention in the Sustainable Development Goals (Collin & Caswell, 2016). The World Health Organization has associated alcohol consumption with at least 13 health-related SDG targets and acknowledged alcohol as an obstacle in achieving at least six other SDGs – ending poverty (SDG 1), quality education (SDG 4), achieving gender equality (SDG 5), clean water and sanitation (SDG 6), achieving sustainable economic growth (SDG 8), and reducing inequalities between and within countries (SDG 10) (WHO, 2018; PAHO, 2022). In many countries in the Global South, economic development led to increased trade and investments and in turn, increased availability of non-traditional alcoholic beverages (Babor et al., 2023). Two developments contribute to increased availability of alcohol and an increasing role of transnational alcohol corporations. One is caused by the expanding alcohol market for transnational alcohol corporations in the Global South through mergers and acquisitions of local alcohol companies, joint ventures and the establishment of new breweries and distilleries (Amul, 2020; Babor et al., 2023). Two, there are also local alcohol companies from the Global South growing into transnational alcohol corporations as they expand their markets and operations in other growing economies globally (Amul, 2020; Babor et al., 2023).

## Alcohol harms health

Alcohol is a psychoactive and toxic substance that can cause dependence and harms health (WHO, 2024a). Figure 1 shows the how alcohol consumption, intoxication and dependence affects an individual's health. Alcohol consumption increases the risk of more than 200 diseases, injuries and other health conditions (WHO, 2024a). Alcohol use is one of the five main risk factors for Non-Communicable Disease (NCDs) and NCDs make up approximately 50% of alcohol-attributable deaths (WHO, 2024a; WHO, 2024b; Bovet et al., 2023). Alcohol consumption is linked to a higher risk for cardiovascular diseases, cancers, liver diseases and psychiatric disorders, including alcohol dependence (WHO, 2024a; WHO, 2024b). Injuries, both intentional and unintentional, are a considerable alcohol-attributable health burden (WHO, 2024a). In many LMICs, the road traffic fatality rates are very high, and alcohol-impaired or intoxicated driving is one of the risk factors (WHO, 2024a). Infectious diseases make up another major category of alcohol-related burden of disease, and there is strong evidence that alcohol is associated with increased incidence of and poorer treatment outcomes from HIV, Tuberculosis, and Pneumonia via both behavioural and biological mechanisms (Morojele et al., 2021).

## Poverty reinforces alcohol harm

There is a link between alcohol and poverty that is mutually reinforcing. This extends the problem from an individual's health issue to harm to others, particularly as social and economic costs for others (Bakke & Endal, 2014).

HIV/AIDS is considered a challenge to poverty eradication in many low- and middle-income countries. Tackling alcohol consumption to protect any progress in the fight against HIV/AIDS is still needed. Alcohol use contributes to the spread of HIV/AIDS, with alcohol use related to high-risk sexual practices, heavy alcohol consumption leading to an impaired immune system, and for those vulnerable and at-risk populations, alcohol use also delays HIV testing and provision of treatment and has adverse effects on adherence to antiretroviral therapy (Sorsdahl et al., 2019). In 2023, a systematic review highlighted the association between alcohol use, particularly heavy episodic drinking, and sexually transmitted infections (Llamosas-Falcon et al., 2023). The systematic review also found that there is evidence that alcohol use increases risk-taking sexual behaviour, including condomless sex and multiple sexual partners (Llamosas-Falcon et al., 2023).

## Alcohol and mental health are interlinked

Drinking alcohol affects mental health, and mental health also influences how much alcohol some people drink. Alcohol use disorders (AUDs) are common problems related to drinking, with over 400 million people worldwide affected (World Health Organization, 2024b). AUDs cover various issues caused by alcohol that harm physical and mental health, disrupt daily life, and can be disabling or deadly. This includes alcohol dependence. While AUDs are one of the most common mental disorders in the world, they are also among the least treated (Carvalho et al., 2019). Studies show that people with mental health issues like depression, anxiety, and phobias are twice as likely to have an alcohol use disorder compared to those without these conditions (Puddephatt et al., 2021). Additionally, research indicates that as alcohol consumption increases, the risk of developing or dying from an alcohol use disorder rises exponentially (Carr et al., 2024).

## Alcohol's harm to others

Alcohol's harm to others is perpetuated through individual interactions, their relationships or through collective impact (Babor, et al., 2022). See Figure 1 for an expanded perspective of how alcohol harms not only the individual consuming alcohol but also as a social problem that harms others, a framework that was introduced in the *Alcohol – No Ordinary Commodity* series of books. Recent public health research has documented alcohol's harm to others through the point of view of those affected by the drinker and not from the point of view of the drinker or society (Laslett et al., 2019). Alcohol's harm to others can include harm to the drinker's family members, friends,

colleagues, neighbours, and even strangers, as in many drink-driving crashes, as well as child abuse and neglect (WHO, 2022).

### Alcohol and violence against women

There is also increasing evidence on the impact of alcohol on women, driven by gender-based violence. A review of the impact of alcohol on women's health and well-being showed that women living with heavy drinkers in the Global South have been shown to experience reduced well-being and health-related quality of life (Laslett et al., 2024). An evidence review by the Prevention Collaborative highlighted the research showing a strong link between men's harmful alcohol use and the risk of violence against women and children (Levtov, 2024). Women also experience a higher prevalence of emotional violence, sexual violence and other forms of intimate partner violence from others' drinking (Kilian et al., 2024).

### Alcohol harms the foetus and children

Drinking alcohol during pregnancy can harm unborn children. When a foetus is exposed to alcohol, it can develop foetal alcohol spectrum disorders (FASD). These disorders affect thinking, behaviour, emotions, and physical development. A global review of studies found that FASD is a common developmental disability related to alcohol. It affects almost 8 out of every 1,000 people (Lange et al., 2017). The review noted that of the 187 countries included, South Africa was estimated to have the highest prevalence of FASD at 111.2 per 1000 population (Lange et al., 2017). The review also showed that 1 in 13 pregnant women who drink alcohol during pregnancy gives birth to a baby with FASD (Lange et al., 2017). FASD can affect anyone, no matter their socioeconomic status, education level, or ethnicity (Lange et al., 2017).

While there is research evidence in countries in the Global North that drinking alcohol during pregnancy can harm a child's mental health, more studies are needed from countries in the Global South. The most recent review highlighted that drinking alcohol during pregnancy can lead to problems like anxiety, depression, and behavioural issues, even if the mother drinks only a small to moderate amount (Easey et al., 2019). These problems can show up in children as young as three years old (Easey et al., 2019).

In addition, a review on the effects of men's heavy drinking found that this can harm children both directly and indirectly (Hopkins et al., 2024). Men's drinking can cause aggression and violence, which directly harms children (Hopkins et al., 2024). Indirect harm happens when men are not emotionally available because of their drinking, affecting their children (Hopkins et al., 2024). Factors like poverty, cultural norms, and patriarchal influences make the harm worse for children from men's drinking (Hopkins et al., 2024).



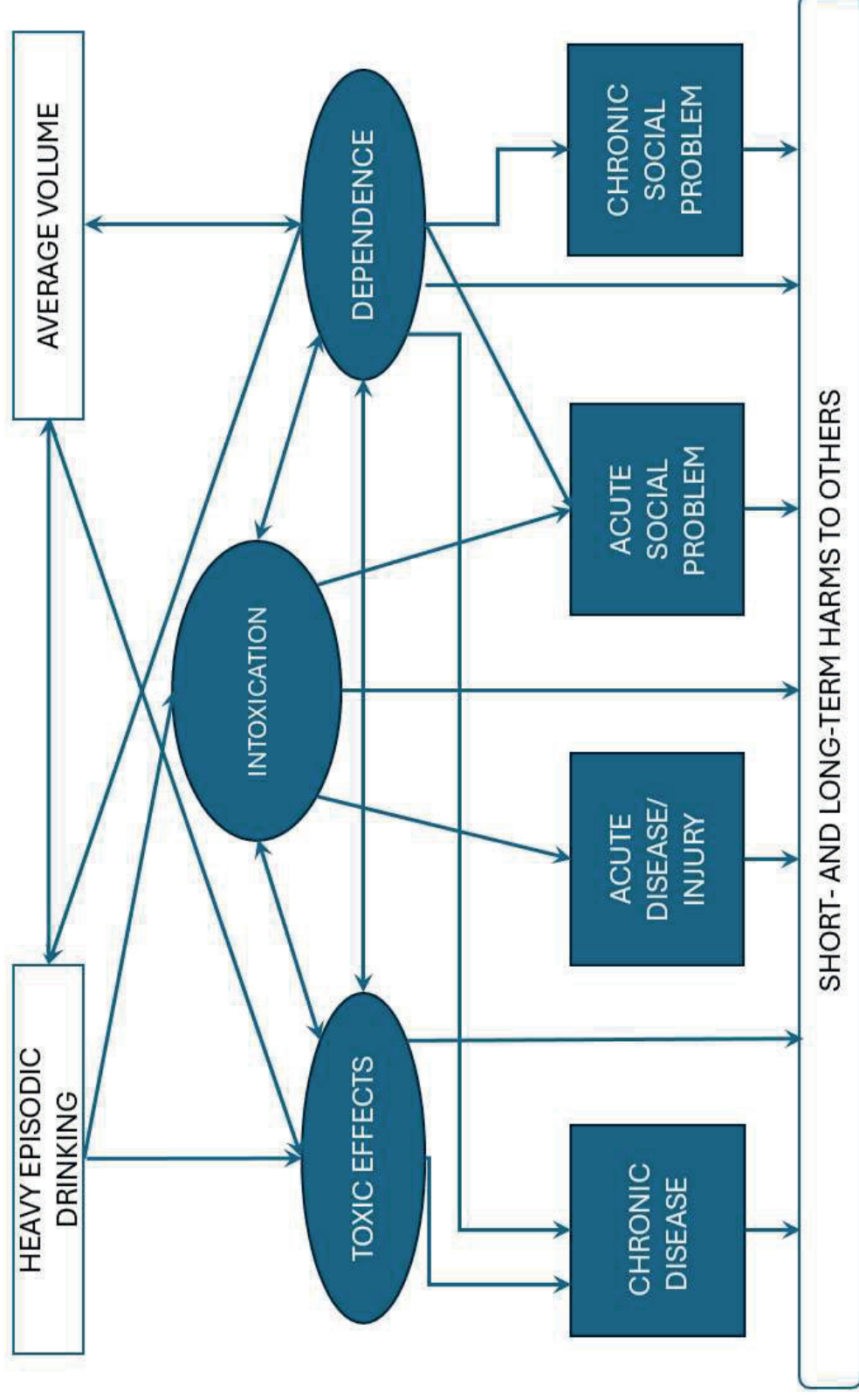


Figure 1. Relationships among alcohol consumption, mechanisms of action, types of harm, and the short-term and long-term consequences for the drinker and others. Arrows indicate direct and reciprocal influences. (Source: Babor et al., 2022. CC BY-NC-ND 4.0. Used with permission).



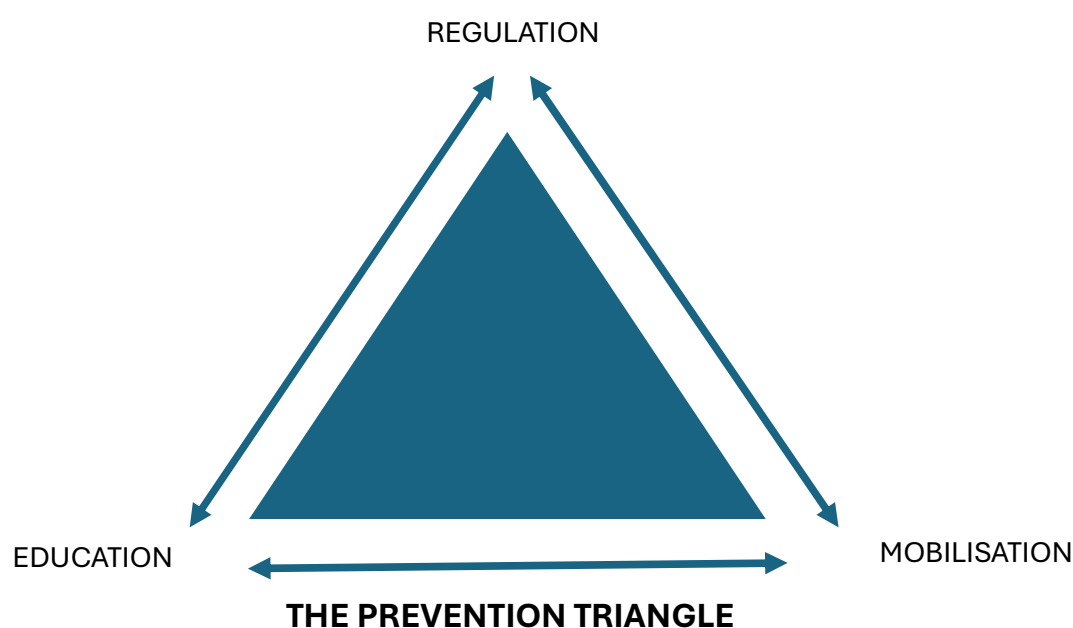
# Understanding the Challenge

Alcohol harm is preventable. It requires a systematic approach that recognises reducing alcohol harm through addressing social determinants of health that shape the conditions of daily life. This is evident when commercial determinants of health – in this case, the “conditions, actions and omissions” of the alcohol industry that affect health are considered (WHO, 2023).

The challenge to reduce alcohol harm in the Global South remains. Preventing alcohol harm requires a public health approach that focuses on population-based interventions to prevent and reduce alcohol harm. It is thus aimed at reducing overall alcohol per capita consumption, prevalence of heavy episodic drinking, and alcohol-related deaths, diseases, disorders and injuries. This approach is supported by increasing consensus that there is no safe level of alcohol consumption (Griswold et al., 2018). Moreover, this approach contrasts with the alcohol industry’s promotion of the concept of ‘responsible drinking’, which puts the responsibility on individuals who drink alcohol. The promotion of responsible drinking protects the alcohol industry’s interests and helps them avoid regulation.

## A Comprehensive Approach

In preventing alcohol harms, FORUT promotes a comprehensive approach that includes three mutually reinforcing approaches - regulation, mobilisation and education - as illustrated by the prevention triangle model. While various government systems exist, all three approaches can be utilised in different countries.



*Figure 2. The Prevention Triangle (Bakke & Endal, 2014)*

## Regulation

Regulation is key in the prevention and reduction of alcohol harm. The SDGs, the WHO's NCD Best Buys, the Global Strategy to Reduce the Harmful Use of Alcohol, the WHO SAFER Initiative and the Global Alcohol Action Plan have laid out the key regulatory measures that have been proven effective in preventing and reducing alcohol harms. Alcohol taxation, particularly when it is adjusted for inflation and combined with earmarking of tax revenue for health promotion and healthcare, is the most cost-effective alcohol policy for those in the Global South (WHO, 2023). Based on the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the SAFER policy package is composed of five evidence-based policy recommendations to reduce alcohol-related harm. SAFER stands for the following strategies:

- Strengthen restrictions on alcohol availability
- Advance and enforce drink driving countermeasures,
- Facilitate access to screening, brief interventions and treatment,
- Enforce bans or comprehensive restrictions on alcohol advertising, promotion and sponsorship, and
- Raise prices on alcohol through excise taxes and pricing policies.

Implementation of regulations is often delegated to local authorities – whether through ministries, specialised agencies or through local governments. FORUT has emphasised how national alcohol policies serve to:

- Strengthen national political awareness and political will to address alcohol as a health and development issue;
- Provide a political basis for the development and enforcement of relevant legislation;
- Establish a framework for establishing national institutions to implement policies, monitoring developments and documenting results;
- Offer a framework for the implementation of local interventions;
- Help rally political and financial support from civil society and academia (Bakke & Endal, 2014).

## Mobilisation

Mobilisation requires an organised and systematic approach to community organisations' involvement in addressing local problems and non-government organisations' engagement in policy advocacy at the national level. Both go hand in hand to show broad support for alcohol policy development and implementation. Action beyond the silo of alcohol policy alone, social and political movements that integrate alcohol prevention and reduction with other relevant policy issues like prevention of HIV/AIDS, child protection, poverty reduction, prevention of gender-based violence and food security can be the most effective.

There is room for the alcohol policy movement to invest in broader and deeper collaborative advocacy. For example, this can already be seen in the involvement of various alcohol policy alliances in the broad alliance of the NCD Alliance, and on the other hand, with more public health-oriented organisations taking up alcohol policy advocacy like Vital Strategies and the Prevention Collaborative. There is a limited increase in funding alcohol policy advocacy globally.

In addition to NORAD funding through FORUT and its partners in the Global South, there was funding from Open Philanthropy, which funded the three-year RESET Alcohol initiative by Vital Strategies focused on alcohol taxation.

## Education

Education requires addressing misinformation and disinformation and providing evidence to counter myths about alcohol, alcohol consumption and the alcohol industry. This includes knowledge and training sessions for school children and adults to shape knowledge, values and behaviour towards alcohol. This also includes education on effective policies and regulations for policymakers. Education and raising awareness about alcohol and its harms is not a panacea. Evidence from research points to the effectiveness of health information that increases knowledge and changes attitudes about alcohol (public service announcements, social media campaigns, warning labels, risk-based drinking guidelines, school-based and youth education programmes, and comprehensive community programs) may prevent drinking problems (Babor et al., 2022). Such campaigns can counter alcohol marketing. However, such education and persuasion campaigns will have little effect as stand-alone interventions and need to be part of a comprehensive strategy that includes policy advocacy and government regulation. Moreover, public health professionals' media advocacy should be considered part of a comprehensive education and advocacy strategy (Babor et al., 2022). The most important effect of alcohol information and education is support for regulatory measures in the population. However, when the alcohol industry supports these alcohol education programmes, they can be counterproductive and often serve as marketing tools (van Schalkwyk et al., 2022; Maani et al., 2023).

# Global Alcohol Policy Context

Several global alcohol policy developments have occurred in the last decade. In 2018, the SAFER Initiative was launched. The initiative is a collaboration between the WHO, NCD Alliance, Vital Strategies, Movendi International, and the Global Alcohol Policy Alliance.

In 2020, the WHO initiated public consultations to develop the Global Alcohol Action Plan, which was later endorsed by the World Health Assembly in 2022 to support the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol. The Global Alcohol Action Plan outlines six areas for action, including advocacy, partnership, technical support, knowledge production, and resource mobilization. It outlines action targets for WHO member states, civil society organizations, academia, and the WHO Secretariat and provides various limitations for the alcohol industry (World Health Organization, 2024c).

The WHO<sup>1</sup> has also established the Less Alcohol Unit and the WHO Programme on the Economic and Commercial Determinants of Health, which address alcohol consumption as a risk factor and the alcohol industry and its activities as a determinant of health. The Less Alcohol Unit aims to address the determinants driving the acceptability, availability, and affordability of alcohol consumption in the context of the Global Strategy to Reduce the Harmful Use of Alcohol. The WHO Programme on Economic and Commercial Determinants of Health aims to strengthen the evidence base, develop tools and capacity to address commercial determinants, convene partnerships and dialogue, and raise awareness and advocacy (WHO, 2023). This is in addition to the existing WHO Unit on Alcohol, Drugs and Addictive Behaviours, within the Department of Mental Health and Substance Use. This unit hosts the WHO Forum on Alcohol, Drugs and Addictive Behaviours (FADAB), a biannual event that seeks to strengthen international partnerships and collaboration on public health action toward reducing the health and social burden from substance use and addictive behaviours.

In 2022, Vital Strategies launched the RESET Alcohol Initiative to support the promotion and advocacy for developing and implementing the three best buys SAFER interventions: increasing alcohol taxes, reducing alcohol marketing, and restricting availability. The program is funded through a USD15 million three-year grant from Open Philanthropy to Vital Strategies. The initiative focused on six low- and middle-income countries – Mexico, Colombia, Sri Lanka, Philippines, Brazil, and Kenya- where activities promoting the three SAFER interventions started in 2023 (Drope, 2024). RESET Alcohol is implemented with Johns Hopkins University Economics for Health (formerly

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<sup>1</sup> As of writing, ongoing reorganization of the WHO may change the programmes and units related to alcohol.

Tobacconomics), Movendi International, Global Alcohol Policy Alliance and its regional alliances, NCD Alliance and the World Health Organization (Drope, 2024).

## The Global Alcohol Industry: Strategies and Tactics

As mentioned in a few contexts above the activities of the multinational alcohol corporations and their front organisations can be seen as a driving force for increased harm and an obstacle to passing and implementing alcohol control measures. Research on the alcohol industry has increased in the past decade. The industry has expanded commercial operations in the Global South, particularly in Africa, Latin America, and Asia (Jernigan & Ross, 2020). Entry into these markets also required considerable investment in increasing political influence.

Understanding and countering the alcohol industry is important to reduce harm. FORUT adapts a conceptual framework focused on the alcohol industry's power, which Amul and Etter (2023) developed and used to understand and analyse the political power of the alcohol industry in the Philippines and Singapore. The framework differentiates power into three types: instrumental, structural and discursive, as conceptualised by Steven Lukes (1974, 2021). It identified the various strategies and tactics that the alcohol industry uses to exercise these powers, which consistently reinforce each other.

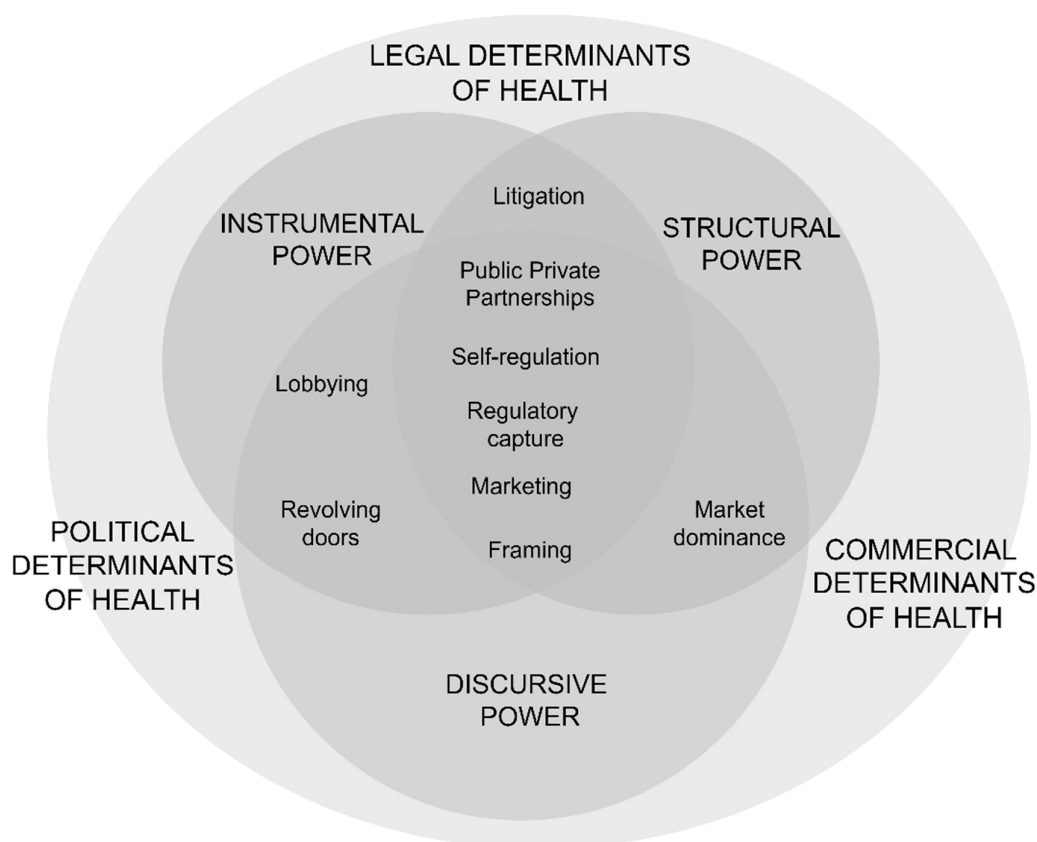


Figure 3. Framework for analysing the power of the alcohol industry (Amul & Etter, 2023)

The alcohol industry's power should also be seen within the framework of political, commercial and legal determinants of health. **Political determinants of health** refer to the transnational norms, policies and practices arising from political interaction across all sectors affect health outcomes (Ottersen et al., 2014). **Commercial determinants of health** refer to the social, political, and economic structures, norms, rules, and practices by which business activities designed to generate profits and increase market share influence patterns of health, disease, injury, disability, and death within and across populations (Freudenberg et al., 2021). **Legal determinants of health** refer to the rules and frameworks that shape all the social determinants of health, including legal instruments as well as the public institutions responsible for creating, implementing and interpreting the law (Gostin et al., 2019).

The alcohol industry uses lobbying, litigation or threat of litigation, revolving doors and marketing to exercise its **instrumental or coercive power**. Instrumental power refers to the coercive power that corporate actors use to achieve trade and investment liberalisation and expand global markets (Fuchs, 2007; Mikler, 2018).

- **Lobbying** refers to the process in which “business representatives’ communicate with policymakers to influence political and regulatory decision-making (Fuchs, 2007). This can happen in public consultations, but in many countries in the Global South, these often happen behind closed doors.
- The alcohol industry has also used **litigation** “to contest or obstruct legislation and regulation” (Ulucanlar et al., 2016). The alcohol industry has used lawsuits to threaten policymakers and government agencies.
- The alcohol industry also uses **revolving doors**. This refers to corporate-state connections created when business and political elites switch between ministries or regulatory agencies and companies and vice versa (George, 2015).
- The alcohol industry also exploits **marketing**, including advertising, promotion, sponsorship, and corporate social responsibility initiatives (Amul & Etter, 2023; Mitchel & Uny, 2025). In many countries in the Global South, the alcohol industry utilizes traditional and digital media, often without adequate government regulations, and often self-regulated by the industry (Amul, 2020).

The alcohol industry uses its **structural power** to set the agenda by exploiting its market dominance, promoting private-public partnerships, and self-regulating alcohol marketing. Structural power refers to the agenda-setting power used by corporate actors to maintain an underlying control of processes and resources (Fuchs, 2007; Mikler, 2018).

- **Market dominance** happens when transnational or local alcohol corporations become an oligopoly or monopoly.
- **Public-private partnerships (PPPs)**, which refer to processes when the alcohol industry “participate in rule-setting allowing business to influence agenda-setting

directly and to set rules and regulations” often in the name of “participatory governance (Fuchs, 2007).”

- **Self-regulation** refers to a situation where “business actors design, adopt, implement and enforce their own rules” that increase their “active autonomous rule-setting power” through codes of conduct and private voluntary standards (Fuchs, 2007). The alcohol industry has exploited this in many countries in the Global South and can often lead to a lack of government regulation of alcohol marketing (Amul & Etter, 2023).

To shape preferences through their **discursive power**, the alcohol industry utilised framing tactics, corporate social responsibility initiatives and public-private partnerships (Amul & Etter, 2023). Discursive power refers to the co-opting or ‘hegemonic’ power in pursuit of legitimacy achieved through non-market strategies, including corporate social responsibility programmes and promotion of self-regulation that creates a system of values and norms (Eastmure et al., 2020; Fuchs, 2007; Mikler, 2018; Wilks, 2013).

- The alcohol industry has used **framing** as a strategy to influence policy that strategically uses arguments to position themselves as vital actors in the policy process, to define the policy problem and to legitimise their policy positions (McCambridge et al., 2018).
- **Corporate social responsibility** refers to a marketing and reputational management practice (Gilmore et al., 2023) that “enhances profitability, adds value, manages risk, trust, public perception, and reputation” to “respond to government policy preferences and to pre-empt regulation, and to exercise corporate leadership and sustain corporate legitimacy” (Wilks, 2013). For example, alcohol industry CSR initiatives to prevent ‘harmful drinking’ puts the burden on individuals through ‘responsible drinking’ narratives that promote the industry’s self-regulation agenda.
- In addition to being an exercise of structural power, **public-private partnerships** are also a discursive tactic which supports the alcohol industry in framing themselves as responsible actors (Amul & Etter, 2023).



# Guidelines for Civil Society Organisations

With the above tactics and strategies in mind, civil society organisations need to avoid conflict of interest and undue influence of commercial interests in public health policies. In view of the Global Alcohol Action Plan and the current evidence base, FORUT recommends the following guidelines for civil society organisations (CSOs) working on preventing alcohol harm and advocating for effective alcohol policies free from commercial interests:

1. **CSOs should support governments in taking proactive policies that limit the alcohol industry's influence over the development and implementation of alcohol regulations in both national and international institutions.** It is imperative to create a framework that safeguards the integrity of public health initiatives and ensures that policy decisions are based on evidence and the best interests of society (Leung et al., 2024).
2. **CSOs should highlight that the alcohol industry has no role in formulating alcohol policies.** The alcohol industry's efforts should not substitute for government regulation; instead, they should support it. Additionally, the alcohol industry should stop promoting self-regulation as a replacement for government oversight. The alcohol industry should not interfere with alcohol policy development. The alcohol industry should stop its activities that might prevent, delay or stop the development, enactment, implementation and enforcement of high-impact strategies and interventions to reduce alcohol harm (WHO, 2024c).
3. **CSOs should insist that alcohol companies comply with and support the effective enforcement of existing government regulations regarding the production, distribution, and sale of alcohol that are evidence-based and framed with a public health agenda.** This includes adhering to age limits, licensing systems, hours of sale, and the locations of sale, as well as regulations on alcohol marketing. The industry should stop undermining and delaying the implementation of public policies and interventions aimed at preventing and reducing alcohol harms.
4. **CSOs should be cautious of groups that are established and funded by the alcohol industry.** These organizations may present themselves as genuine civil society groups but are, in fact, designed to protect and promote the interests of the alcohol industry. To maintain their independence, public health CSOs should avoid accepting financial or in-kind support from the alcohol industry, which often comes through corporate social responsibility initiatives or public-private partnerships. CSOs should also steer clear of cooperative agreements with the alcohol industry. Furthermore, public health CSOs should refrain from

participating in multilateral cooperation projects where the alcohol industry's interests largely influence decision-making regarding strategies, content, or interventions. Civil society organizations and researchers can join the “i-Mark initiative: Supporting Independence from Alcohol Industry Influence” which was developed by the Irish Community Action on Alcohol Network to address the growing concern over the alcohol industry's influence on public health policy, research, community programs, and societal perceptions of alcohol harm.

- 5. CSOs should help promote, develop, and strengthen government and corporate accountability frameworks and monitor the alcohol industry's activities and commitments to the Global Alcohol Action Plan (WHO, 2024c).**  
Civil society organizations should support the promotion and development of accountability frameworks for governments and the alcohol industry. For example, CSOs can publish ‘shadow reports’ based on their regular monitoring of the implementation of national alcohol policies and the Global Alcohol Action Plan.

# Civil Society and Alcohol Policy Development in the Global South

Through its Alcohol, Drugs, and Development programme, FORUT works with partners in the Global South to promote effective alcohol policy and prevent alcohol harm. FORUT not only recognises the role of civil society organisations in alcohol policy but also supports civil society development in the Global South.

## Protecting children from alcohol in schools in South Africa

Fortein and Diedericks (2024) shared the story of how the Southern African Alcohol Policy Alliance succeeded in opposing a policy allowing alcohol sales at schools for fundraising events. The Southern African Alcohol Policy Alliance emphasized how the policy contradicted the 2016 National Liquor Policy which restricts liquor shops within 500 metres of schools. The South Africa branch of the Southern Africa Alcohol Policy Alliance tapped various advocacy tools to lobby against the policy, including engaging government education departments at various levels, engaging experts, conducting stakeholder consultations, launching a comprehensive media campaign, mobilising the public, and engaging with the policy process through submissions to the public consultation (Fortein & Diedericks, 2024).

Fortein and Diedericks also highlighted lessons from the advocacy, including the importance of engaging sectors outside of public health, mobilising support through consultations, providing a platform for action for the public, and engaging the media, among others. The strong civil society movement led by the Southern African Alcohol Policy Alliance led to the removal of the clause allowing alcohol sales in schools in the Basic Education Legislation Amendment Bill (Fortein & Diedericks, 2024).

## Civil society's catalyst role in alcohol policy development in Sierra Leone

Sierra Leone offers a case study of a successful civil society coalition for alcohol policy development. Jalloh and colleagues (2024) shared how a national civil society coalition became a key actor and partner of the Ministry of Health in Sierra Leone in developing the country's first national alcohol policy. It tells the story of how the Sierra Leone Alcohol Policy Alliance, FoRUT Sierra Leone, the Ministry of Health and the WHO Country Office in Sierra Leone worked together and overcame obstacles to alcohol policy in Sierra Leone.

The case study highlighted the importance of advocating for non-communicable diseases to be prioritised and having committed technical leadership on alcohol policy at the Ministry of Health (Jalloh et al., 2024). They also emphasized how an inclusive participatory process coupled with demonstrating expertise and competence among civil society advocates led to the integration of alcohol-related measures into Sierra

Leone's national non-communicable diseases policy documents. They also noted how training and building capacity of civil society organizations under the national alcohol policy alliance led to more effective participation in advocacy and in the policy process. Jalloh and colleagues also underscored the value of integrating the global alcohol control agenda and avoiding conflicts of interest from the alcohol industry to alcohol policy development. Despite obstacles, the case of the alcohol policy development in Sierra Leone offers lessons for civil society advocacy for alcohol policy.

## Building civil society capacity in West Africa

One example of civil society development in the Global South is the West African Alcohol Policy Alliance. Jalloh and colleagues (2024) investigated the capacity and priorities of the non-government organisations (NGOs) and community-based organizations (CBOs) from Sierra Leone, Nigeria, Gambia, Liberia, Ghana, Senegal, Burkina Faso, Benin and Guinea Bissau, belonging to the West African Alcohol Policy Alliance (Jalloh et al., 2024). Through the West African Alcohol Policy Alliance Capacity Assessment Survey, they found that most of the NGOs and CBOs in the alliance were mainly engaged in community outreach, health promotion, and alcohol education for alcohol prevention. Moreover, the NGOs and CBOs utilized: (1) advertising of alcohol prevention messages, (2) messages highlighting the risk for HIV, violence, injuries and birth defects, and (3) restricting alcohol to adolescents and youth (Jalloh et al., 2024).

The NGOs and CBOs recommended strategies to reach communities with prevention messages related to alcohol-related harm, which included social media campaigns, peer-to-peer education, prevention outreach, advocacy with community leaders and key stakeholders and folk media campaigns through drama, songs and storytelling (Jalloh et al., 2024). The NGOs and CBOs also emphasized the need for alcohol counter-marketing interventions in communities. The study also found that the NGOs and CBOs were most concerned about alcohol-related violence, traffic accidents and injuries but less aware of alcohol-related breast cancer, other cancers and birth defects. Given the above, Jalloh and colleagues recommended that the NGOs and CBOs not only need to adopt local evidence-based strategies but also need additional capacity and information to use outreach and engagement on alcohol-related harm across the nine countries in West Africa.

## Working with women and families to prevent alcohol-related domestic violence in India

The Association for Promoting Social Action in India – a non-government organization working in over 80 urban slum communities for the past 40 years in Karnataka and Telangana shared key lessons from their interventions to reduce alcohol-related domestic violence (Devaraj et al., 2024).

APSA's Project Soukhya (well-being in Sanskrit) was a pilot intervention to raise awareness about domestic violence as a gender rights violation among women in urban poor communities and to address incidents with local support (Devaraj et al., 2024). It evolved from training women in self-help groups in 2013 into counselling sessions where couples and their in-laws and children were involved in 2017.

The women involved in the pilot of Project Soukhya learned to recognize domestic violence as a gender rights violation through self-help groups. Women-led self-help groups increased the women's sense of belonging and self-esteem, acknowledged their ability to bargain within and outside their households, and further empowered them to take steps toward financial independence (Devaraj et al., 2024).

Project Soukhya showed that addressing alcohol-related domestic violence needs to be long-term and with far deeper interventions related to behaviour change. APSA acknowledged that questioning deep-rooted gendered attitudes held by both men and women related to men's privilege and women's duty to 'endure' must also be part of the interventions (Devaraj et al., 2024). Project Soukhya also highlighted that the role of extended family members can lead to a more sustainable pathway to behaviour change of the man perpetrating domestic violence after drinking (Devaraj et al., 2024).

## Promoting the role of young people as agents of change in preventing alcohol and drug consumption in Sri Lanka

The Foundation for Innovative Social Development (FISD), a non-government organisation working to create an alcohol- and drug-free society in Sri Lanka, shared the lived experiences of young people as agents of change through its "World filled with Happiness" workbook programs in the Monaragala and Hambantota districts from 2019 to 2023. The workbook was developed to challenge positive expectancies of alcohol and drugs, reduce initiation of alcohol consumption, build children's capacity to challenge social norms and expectancies and promote children as advocates and change agents in their families and communities (Sugathimala et al., 2024).

Young people shared their experiences in initiating a campaign aimed at creating a beautiful village free from alcohol and drugs. They started by cleaning up a community hall where young adults typically gathered to drink. Their efforts transformed the hall into an indoor garden, making it a safe and clean space for sharing slogans about alcohol and drug prevention (Sugathimala et al., 2024). One young girl recounted her experience advocating against alcohol consumption within families, particularly in inspiring her father to quit smoking and drinking. She highlighted the benefits of saving money and spending quality time with family (Sugathimala et al., 2024). Young people also collaborated to establish a children's library in the community hall. They campaigned against the financial burden of alcohol and tobacco consumption in their

village, emphasizing how family expenses were often used for these products, which only profited the alcohol and tobacco industries (Sugathimala et al., 2024).

The experiences of youth participating in FISD's programs demonstrated that when children and young people have access to accurate information about the effects of alcohol and drug use in their communities, they are better equipped to plan and implement effective interventions to prevent and reduce alcohol and drug consumption (Sugathimala et al., 2024). With the success of their initiatives, young people crushed the scepticism of their families and their communities about their role in changing attitudes about alcohol and drug consumption. The lived experiences of young people highlighted how they can make positive changes in the community as community mobilisers, activists and policy advocates (Sugathimala et al., 2024).

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# The Alcohol, Drugs and Development Programme in FORUT

The Alcohol, Drugs, and Development (ADD) programme addresses alcohol harm at multiple levels by supporting community mobilisation as well as advocacy at national, regional, and global levels to put in place alcohol policy and legislation. Experience and knowledge from the local level will inform national, regional, and global advocacy, as well as the other way around. The programme relies heavily on research and evidence on high-impact alcohol control policies and tools, the strength of the partnerships between civil society actors and authorities, and the drive towards cultural change through transformations of dominant norms and discourses.

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