Alcohol and the Sustainable Development Goals

The inclusion of a focus on alcohol consumption within the Sustainable Development Goals (SDGs) illustrates the increased diversity of the new global development agenda. Recognition of alcohol as a development issue reflects its multiple social and economic impacts as well as the 3·3 million annual deaths, or 5·9% of all global deaths, that result from its consumption. SDG 3.5 aims to “strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”. Considerable advances in alcohol policy will be necessary to achieve this and other SDG targets, including the reduction of premature mortality from non-communicable diseases by a third by 2030.

However, core elements of the SDGs could threaten such necessary policy advances. These elements include the SDGs’ commitments to further trade liberalisation and emphasis on partnerships with the private sector. The commitment to such partnerships is being used by leading alcohol producers, keen to project themselves as partners in progress rather than as vectors of an industrial epidemic. The International Alliance for Responsible Drinking—a collaboration of the world’s leading beer, wine, and spirits producers—is disseminating a toolkit to its members for building partnerships between the alcohol industry and key stakeholders such as governments, international organisations, and civil society groups. Similarly, the world’s second largest brewer, SABMiller, depicts sustainable development as being aligned with their business imperative to make beer “the natural choice for the moderate and responsible drinker”.

This strategic use of the SDGs could amplify concerns that the goals fail to adequately address producers of alcohol and other unhealthy commodities as commercial determinants of ill health. While acknowledging such concerns, we also want to highlight the potential of the SDGs to transform the development of alcohol policy across many national contexts and within global health governance.

SDG 3, the main health goal, concludes with a wide-ranging commitment to strengthen the capacity for “risk reduction and management of national and global health risks”. When applied to the global burden of alcohol-related harm, effective policy responses for reducing and managing risk require explicit recognition that the structure of the alcohol industry itself could constitute a key health risk. This risk is particularly evident in the remarkable expansion of transnational alcohol producers beyond traditional markets in Europe and North America. SABMiller is being acquired by AB InBev, the world’s leading beer manufacturer with brands including Budweiser and Stella Artois, and this new merged company will dominate the global beer market. The company’s creation is based on the prospect of accelerating business growth in developing countries, particularly across Africa, which will undoubtedly increase health burdens. Yet a focus on tackling inequities by regulating the global expansion of transnational producers is noticeably absent from WHO’s current alcohol strategy, by stark contrast with the WHO Framework Convention on Tobacco Control.

Two broad issues included in SDG 17 on building partnerships for SDG implementation are also relevant for alcohol policy development. Targets 17.14 and 17.15 aim first to “enhance policy coherence for sustainable development” and, second, to “respect each country’s policy space and leadership”. In this context, policy coherence refers to maximising the extent of fit across diverse policy spheres, so that commitments in agriculture or trade, for example, should be developed in ways that protect and promote health. Increased coherence could bring important benefits for effective
for public health advocates, researchers, and civil society organisations to engage with alcohol producers as potential partners. The recognition of alcohol as a key development issue provides a major opportunity to reject ineffective approaches in favour of effectively tackling the commercial drivers of alcohol’s harmful use, availability, pricing, and marketing. The SDGs provide more tools to do so than has previously been recognised, and policy makers, health advocates, and researchers now urgently need to explore how best to use them.

*Jeff Collin, Sally Casswell

Global Public Health Unit, Social Policy, School of Social and Political Science, University of Edinburgh, Edinburgh EH8 9LD, UK (JC, SC); and SHORE and Whāriki Research Centre, College of Health, Massey University, Auckland, New Zealand (JC, SC)

jeff.collin@ed.ac.uk

JC and SC are co-investigators in the UK Centre for Tobacco and Alcohol Studies.

JC is an expert adviser to the Institute of Alcohol Studies.