

LETTER TO THE EDITOR

The alcohol industry ‘smart affordability’ strategy is to reach the poor

It has been 10 years since the launch of the World Health Organization’s Global Strategy to Reduce the Harmful Use of Alcohol and insufficient progress in the implementation of effective alcohol policies is observed in many countries, as well as in the allocation of necessary resources, particularly in low- and middle-income countries [1]. Strengthening of alcohol policy is essential in places where the alcohol industry is aggressively investing to expand its business and where the implementation of alcohol policies is slow, such as in Latin America [2] and most countries in Africa [3]. These populations often display an ‘all or nothing’ drinking pattern characterised by a high prevalence of abstinence and, among those who do drink alcohol, high-risk drinking patterns that increase the risk for alcohol-related harm. These circumstances are in contrast to many high-income settings where the prevalence of alcohol abstinence is lower, yet the patterns of drinking among individuals who consume alcohol are less risky, on average [4]. In low-resource settings, alcohol consumption is often attributed to men and women ‘seeking to escape challenging economic circumstances’ [5,6].

Recently, a systematic review by Probst *et al.* [7] brought a valuable contribution to the understanding of the alcohol-harm paradox, that is the observation that individuals with low socioeconomic status (SES) consume less or the same amount of alcohol as people with high SES, but present more alcohol-related problems. The study showed that differences in drinking patterns, like heavy episodic drinking and quantity per drinking occasion, was relevant in explaining socioeconomic differences in mortality. People with low SES have a higher all-cause mortality that can be explained, in part, by alcohol consumption, and even higher when considering mortality for alcohol-attributable events, when compared to people with high SES. Although advancements in research to understand the dynamics of the alcohol-harm paradox in low- and middle-income countries, where the majority of the world population lives, are still needed, the research reinforces the importance for governments to take socioeconomic inequalities as central considerations in their alcohol control efforts.

Therefore, it is concerning that a commercial strategy that is being employed by the alcohol industry

exploits the complex relationship between alcohol use and poverty. The ‘smart affordability’ approach is aimed at increasing populations’ accessibility to alcohol products by radically reducing prices, without a drop in companies’ profitability [2]. Mozambique, for instance, is one of the poorest countries in the world. There, a beer made of cassava was developed in 2011 by SAB Miller’s subsidiary CDM (now a part of AB InBev) and was made very inexpensively (approximately 0.70 USD for 550 ml of beer with 23.87 g of pure ethanol, or 0.30 USD per standard drink of 10 g) after receiving a large tax break from the government. Cassava is a traditional food in Sub-Saharan Africa and South American cultures that is mostly cultivated by small farmers.

The strategy was replicated by AB InBev in Brazil, Colombia, Peru and South Africa. In Brazil, cassava beer brands were developed in three of the country’s poorest states (Ceará, Maranhão and Pernambuco). The use of emotional marketing rhetoric is widely employed by connecting the beer with central features of the local culture, including its dialect, celebrations and food. In addition, cassava beer production creates economic opportunities for small farmers giving the impression that the company is socially responsible, resulting in a ‘win-win’ situation. It was one of the reasons that, in Maranhão, AB InBev received a 60% reduction in sales tax from the state government [8]. More importantly, the Brazilian cassava beer is up to 40% cheaper than other beer brands and it is clearly positioned to people with low SES [9].

The alcohol industry’s laser focus on the economic bottom line disregards the greater impact of alcohol consumption among people with low SES. The combination of aggressive marketing tactics, low alcohol price and government subsidies is likely to undermine the effectiveness of measures to reduce alcohol consumption and alcohol-related harms [1]. It has also been pointed out in some countries, for example South Africa, that heavy drinking is related to the recent availability of industrially produced malt beer sold in 1l containers as a way to reduce excise tax and other costs and make such products more affordable [10]. In fact, pricing policies and restrictions on marketing are part of the World Health Organization’s ‘best

buys', which are still considered highly cost-effective measures to prevent harmful use of alcohol, including heavy episodic drinking [11], and consequently, to control the burden of non-communicable diseases [12].

Global strategies such as 'smart affordability' emphasize the need for an immediate concerted effort on the part of governments, international agencies and the public health community to urgently regulate and restrict alcohol pricing, advertising and availability. These policy responses must consider existing socio-economic disparities in their design and implementation to effectively reduce the alcohol-related harm at the population level and avoid exacerbating existing inequities driving the disproportionate burden of alcohol-attributable mortality and consequences among disadvantaged populations globally.

Conflict of Interest

The authors have no conflicts of interest.

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References

- [1] Jernigan D, Trangenstein PJ. What's next for WHO's global strategy to reduce the harmful use of alcohol? *Bull World Health Organ* 2020;98:222–3.
- [2] AMBEV (2019). Institutional Presentation. Available at: https://mz-filemanager.s3.amazonaws.com/c8182463-4b7e-408c-9d0f-42797662435e/file_manager/a3bce713-4515-4963-8b56-2f3c7911f61b/apresentacao_institucional_ambev_2019.pdf (accessed September 2020)
- [3] McCall C. Alcohol industry looks to boost drinks sales in Africa. *Lancet* 2017;389:589–90.
- [4] World Health Organization. Global status report on alcohol and health 2014. Geneva: World Health Organization, 2014. Available at: https://apps.who.int/iris/bitstream/handle/10665/112736/9789240692763_eng.pdf?sequence=1 (accessed October 2020).
- [5] Stephens A. Lecture Global VP Segmentation, Category & Portfolio Strategy. AB InBev Investor Seminar (2018). Available at: <https://www.ab-inbev.com/content/dam/universaltemplate/ab-inbev/investors/presentations-pdf-archive/presentations/2018/2.%20VP%20Category%20Expansion%20Framework%20-%20Anne%20Stephens%20Transcript.pdf> (accessed September 2020).
- [6] Watt MH, Eaton LA, Choi KW *et al.* "It's better for me to drink, at least the stress is going away": perspectives on alcohol use during pregnancy among south African women attending drinking establishments. *Soc Sci Med* 2014;116:119–25.
- [7] Probst C, Kilian C, Sanchez S, Lange S, Rehm J. The role of alcohol use and drinking patterns in socioeconomic inequalities in mortality: a systematic review. *Lancet Public Heal* 2020;5:e324–32.
- [8] Revista Consultor Jurídico. Associação questiona lei do Maranhão que reduz ICMS para cerveja de mandioca. *Revista Consultor Jurídico* (21 June 2019). Available at: <https://www.conjur.com.br/2019-jun-21/questionada-lei-ma-reduz-icms-cerveja-mandioca> (accessed August 2020).
- [9] Desidério M. O trunfo da Ambev para reconquistar o povão: cerveja de mandioca (2018). Available at: <https://exame.com/negocios/o-trunfo-da-ambev-para-reconquistar-o-povao-cerveja-de-mandioca/> (accessed August 2020).
- [10] Trangenstein PJ, Morojele NK, Lombard C, Jernigan JH, Parry CDH. Heavy drinking and contextual risk factors among adults in South Africa: findings from the international alcohol control study. *Subst Abuse Treat Prev Policy* 2018;13:43.
- [11] Harker N, Londani M, Morojele N, Williams PP, Parry CDH. Characteristics and predictors of heavy episodic drinking (HED) among young people aged 16–25: the international alcohol control study (IAC), Tshwane, South Africa. *Int J Environ Res Public Health* 2020;17:3537.
- [12] Chisholm D, Moro D, Bertram M *et al.* Are the "best buys" for alcohol control still valid? An update on the comparative cost-effectiveness of alcohol control strategies at the global level. *J Stud Alcohol Drugs* 2018;79:514–22.