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**TITLE PAGE**

**Unrecognized Catalyst to Development: The Neglected Role of Alcohol Policy in the Americas' Sustainable Development Goal Progress**

Daniela Pantani<sup>1\*</sup>, Kristina Sperkova<sup>2</sup>, Ilana Pinsky<sup>1</sup>

<sup>1</sup> Collaborating Researcher, Center for Studies on Tobacco and Health, Sérgio Arouca

National School of Public Health, Oswaldo Cruz Foundation

<sup>2</sup> International President, Movendi International

\*Corresponding author: [daniela.pantani@gmail.com](mailto:daniela.pantani@gmail.com)

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## ABSTRACT

**Objective:** In 2015, 193 nations adopted the United Nations' Sustainable Development Goals (SDGs). Alcohol was included as a specific focus in target 3.5 (substance abuse), highlighting its relevance in the global development agenda. It is also recognized as a cross-cutting issue and a barrier to achieving several SDGs. We aimed to examine in this research how countries in the Americas reported on alcohol use, alcohol-related harms, and alcohol policy measures in their efforts to meet the SDGs. **Method:** We conducted a content analysis of Voluntary National Reviews (VNRs) presented at the UN High-Level Political Forum between 2016 and 2022. **Results:** Our sample included 54 documents from 32 countries. More than half (57%) of the reports from 21 countries made reference to alcohol. Most of these references appeared under SDG 3, especially target 3.5. Only six countries referred to alcohol as a cross-cutting issue. **Conclusions:** Reducing alcohol consumption - a leading cause of death and disability in the Americas - was not frequently acknowledged in the VNRs. Many countries may be missing an opportunity to highlight their efforts. More likely, however, they fail to recognize alcohol as a critical public health issue that must be addressed to achieve the SDGs.

**Keywords:** Alcohol, Sustainable Development Goals, 2030 Agenda, Voluntary National Reviews, Americas.

## INTRODUCTION

The Americas has the second highest level of alcohol consumption after the European region, and alcohol use is a leading risk factor for the burden of diseases in the region (Shield et al., 2020; World Health Organization, 2024). In 2019, the age-standardized rate was 32.7 alcohol-attributable deaths per 100,000 people (World Health Organization, 2024). Some of the highest rates of alcohol use disorders (13.5% and 6.9% among men and women respectively) and fetal alcohol spectrum disorders in the world occur in the Americas (Devarbhavi et al., 2023; Popova et al., 2017; World Health Organization, 2024). Alcohol is a major cause of liver cirrhosis, both worldwide and in the region (Devarbhavi et al., 2023). Alcohol inflicts social, economic, and even environmental harm - posing a serious obstacle to the achievement of the Sustainable Development Goals (SDGs) (Monteiro et al., 2021).

To address this challenge, the WHO recommends a set of cost-effective, evidence-based policies known as the “best buys” (World Health Organization, 2024). These include increasing alcohol taxation, enforcing restrictions on alcohol advertising, and limiting physical availability through sales regulations, with their selection grounded in a substantial body of evidence demonstrating effectiveness (Babor et al., 2022). Studies consistently show that these measures effectively reduce alcohol use and its related harms (Babor et al., 2022; Chisholm et al., 2018). However, in the Americas, implementation has been inconsistent. Many governments face pressure from the alcohol industry and encounter political resistance (Monteiro & Sanchez, 2022).

In 2015, the United Nations adopted the 2030 Agenda for Sustainable Development, with 17 goals and 169 targets. Among them, SDG 3 aims to ensure health and well-being for all. Target 3.5 focuses specifically on alcohol and drug use prevention and treatment, using alcohol per capita consumption as a key indicator. Alcohol also directly relates to SDG 3.4, as a major modifiable risk factor for noncommunicable diseases (NCDs); and to SDG 3.6, as a leading contributor to road traffic injuries and deaths. (Nugent et al., 2018; World Health Organization, 2023).

The inclusion of alcohol in the 2030 Agenda points to its importance within the global development agenda. Alcohol has been identified as a cross-cutting topic and an obstacle to the achievement of several SDGs (World Health Organization, 2022). For instance, alcohol contributes to poverty (SDG 1), by reducing productivity and diverting household resources from basic needs (French et al., 2011; Parsley et al., 2022, Jolex & Kaluwa, 2022). It also increases health and social harms that disproportionately burden low-income families (Probst et al., 2020).

Despite this, alcohol policy has seen slow progress for years. In 2022, the World Health Assembly endorsed the Global Alcohol Action Plan to support the 2010 Global Alcohol Strategy to Reduce the Harmful Use of Alcohol. This plan aims to encourage countries to implement effective alcohol policies and reduce harms, thereby contributing to the SDGs (World Health Organization, 2022).

However, given the non-binding nature of those UN instruments, success depends on strong political will and prioritization at the national level (McCambridge & Lesch, 2024). The objective of this paper is to examine how countries in the region of the Americas

reported alcohol use, alcohol-related harms, and alcohol policies measures in their national work towards the achievement of the SDGs. More specifically, we analyzed if countries recognized the impact of alcohol as an obstacle to the SDGs and the potential of alcohol policy measures for meeting the SDGs when designing, implementing and reporting actions to promote sustainable development.

We focused on Voluntary National Reviews (VNRs) submitted by 35 countries in the region at the UN High-Level Political Forum (HLPF). The HLPF is the main UN platform for reviewing SDG progress. VNRs are central to this process. First-time reviews typically establish a baseline; subsequent reports describe new actions, challenges, and lessons learned (United Nations, Department of Economics and Social Welfare, 2023). Countries are encouraged to submit at least one VNR every four years.

## METHODS

We conducted a content analysis of VNRs published by countries in the Americas, following the methods described in Sperkova et al., 2022. VNRs are publicly available online on the HPLF database (United Nations, High-Level Political Forum on Sustainable Development, 2024), as well as countries' presentations of the reviews on the UN website (United Nations, 2024).

In April 2023, we selected and downloaded all available VNRs from the database. First-time VNRs from two countries (Barbados and Saint Vincent and the Grenadines) and subsequent reviews from two others (Bahamas and Guatemala) were missing from the

HPLF website. However, there was indication that those countries prepared the reviews. For those, we analyzed the recorded presentations delivered at the HLPF, which often summarize key national findings (United Nations, Department of Economics and Social Welfare, 2023)

We manually screened the VNRs using keywords related to alcohol (alcohol, beverage, drink, liquor, beer, wine, rum, whisky, cachaça, spirit, vodka) in English, Spanish, and Portuguese. We adapted the search terms according to the language of each document. For the countries without VNRs, we reviewed the full presentations to identify references to alcohol. The sample included all documents published until the period of data collection (April 2023).

We extracted alcohol-related content and organized it by country and SDG/target. Two of the authors (DP and IP), both with expertise in alcohol control, coded the data using the framework developed by Sperkova et al., 2022. This tool consists of 257 questions designed to assess how countries report on alcohol-related issues and is divided into three dimensions: indication (60 questions), action (137 questions), and evaluation (60 questions).

The indication dimension refers to any references to alcohol topics, including solely quantitative data about alcohol harms or alcohol consumption in the country. The action dimension comprises measures countries take to address alcohol related harm, i.e. if the country stated in the review any solutions to the harm caused by alcohol. Finally, the evaluation dimension refers to whether countries reflect on the impact of their actions on

the achievement of the SDGs, meaning if the country reported the impact of the introduced solutions to reduce alcohol harms and/or consumption on the achievements of the SDGs.

Authors analyzed the references to alcohol topics in the VNRs under SDG 3. Considering that alcohol is a cross-cutting factor (Nugent et al., 2018), references under other goals were also part of the analysis. Any citation about alcohol in each question of the framework received a score of one. A review that received at least one score was reported as a country that somehow recognizes the impact of alcohol-related topics in the implementation of the 2030 Agenda.

Any coding doubts were discussed and resolved jointly by the researchers. We analyzed the data using Microsoft Excel and reported the findings according to the Standards for Reporting Qualitative Research (SRQR) checklist (see Supplemental File A).

## RESULTS

The sample comprised 54 documents (50 VNRs and four countries' presentations) published from 2016 until 2022 from 32 countries (see table 1). Most documents were in Spanish (64%), followed by English (32%). Half of the countries have published more than one review over the years. Uruguay published the most (four), while Argentina, Colombia, Guatemala, and Mexico submitted three each. Another 11 countries submitted two reviews each. Only three countries from the region of the Americas (Haiti, Saint Kitts and Nevis and the United States of America) did not submit any review. Saint Kitts and Nevis was expected to submit its first VNR in 2023, beyond our cutoff period. The length of the VNRs varied widely, from 41 to 459 pages.

TABLE 1 AROUND HERE

We organized the results according to the three dimensions of the analytical framework: indication, action, and evaluation. Within each dimension, we report findings under SDG 3, other SDGs, and additional noteworthy content.

**Indication Dimension**

In this dimension, which assesses references to alcohol-related topics, 57.4% of all documents (n=31) from 21 countries were found to have references to alcohol in their reviews (see table 2). Almost all documents (n=30) appeared under SDG 3 – Good health and well-being. Other goals where alcohol was referenced were “SDG 4 - quality education” (n=1), “SDG 9 - industry, innovation and infrastructure” (n=1), “SDG 10 - reduced inequalities” (N=2), “SDG 16 - peace, justice and strong institutions” (n=2), and “SDG 17 - partnerships for the goals” (n=1).

TABLE 2 AROUND HERE

**References to Alcohol in Relation to SDG 3:** Among the 30 documents that made references to alcohol under SDG 3, 17 (56.7%) from 13 countries reported statistics on alcohol consumption. Ten of these used the alcohol per capita consumption (APC) indicator, recommended by WHO and the UN Statistical Commission. (Rehm et al., 2020).

Seven documents also presented data on alcohol harms. In most cases, the data on harms appeared alongside consumption statistics. Thirteen documents (43.3%) from 11 countries included only general references. These included broad statements about alcohol as a risk factor for NCDs or traffic deaths, or dashboards showing progress on target 3.5 without additional context. Few countries also used the VNR to inform which indicators were used to monitor progress on SDG 3, specially target 3.5, and the governmental agencies responsible for collecting them.

When we broke down references by targets 3.4, 3.5, and 3.6, we found that 60% referred to target 3.5. Of these, 78% reported statistics (all on alcohol consumption; half also included harms). About 22% made only general references.

Only two references (6.7%) appeared under target 3.4 (NCDs). One reported consumption statistics to highlight alcohol as a risk factor; the other mentioned a national strategy that included alcohol use.

Under target 3.6 (traffic accidents), 13.3% of alcohol references were general. These included mentions of DUI campaigns or awareness efforts without specific data.

**References to Alcohol in Relation to other SDGs:** Six countries reported alcohol as a cross-cutting topic. One review cited the distilled liquor industry while describing the role of the manufacturing sector in the country under SDG 9 (industry, innovation and

infrastructure). Another country described public-private partnerships under SDG 10 (reduced inequalities), including alcohol prevention and rehabilitation work.

The adoption of community-based measures was also described in other documents. One country reported a program that prioritizes health education among communities, including alcohol dependence, under SDG 4 (quality education). Another review reported a national strategy in SDG 10 aimed at integrating vulnerable populations, including “drug and alcohol abusers”, into the society, as well as training different leaderships and organizations in several topics, including “drug and alcohol abuse”, to promote social cohesion. In addition, a country allocated under SDG 17 (partnerships for the goals) a partnership with UNICEF to promote focus groups among children and youth.

The idea was to identify main problems among this group from different communities, and alcohol and other drugs appeared in one of them.

Furthermore, two countries described the role of their legal system and their institutions under SDG 16 (peace, justice and strong institutions). One mentioned a law on alcohol sales as part of a crime-reduction effort. Another described institutional roles, including national alcohol and drug services, in implementing security strategies.

**Other findings:** We also found mentions of the alcohol industry in several VNRs. One document listed wine and beer producers among stakeholders who contributed good practices to the VNR process. Three VNRs described partnerships or initiatives involving the alcohol industry. One country reported a DUI campaign by a beer company that also aimed to promote emerging music groups and link the brand to cultural development.

Another review described an initiative, funded by an international financial institution, to expand beer production using cassava, with the goal of boosting farmers' income and creating jobs. A third VNR mentioned a "Beer Week" event used to showcase the SDGs.

### Action Dimension

The action dimension identifies the measures that countries implement to address alcohol-related harm. We found 13 documents from 10 countries that included such actions (see Table 3). Among these, 11 documents reported alcohol-related actions under **SDG 3**, while three made references to them under other SDGs.

TABLE 3 AROUND HERE

**References to Alcohol in Relation to SDG 3:** Considering references on SDG 3 (n=11), six documents from six countries reported action plans and strategies that were already implemented, such as national strategies to tackle risk factors for NCDs, national plans or programs to prevent and treat drug use, national strategies for road safety, and national health strategies and programs, all including alcohol use.

Two reviews showed planned or intended action plans and strategies, such as the drafting of a national policy to specifically control the "harmful use of alcohol" and the development of standards for programs and treatment centers on addiction. In fact, the drafting of a national policy to control the "harmful use of alcohol" was the only planned action reported in a VNR that addressed one of the three best buys for preventing and

reducing alcohol use (increasing prices, limiting availability, restricting marketing). Among other goals, this measure also intended to “foster the climate to control the supply, marketing, interference, and monitoring” of alcohol and tobacco.

Most actions, however, fell outside the scope of the best buys. Five countries reported implemented measures to improve access to alcohol prevention and treatment—mainly in schools and communities. One country launched a DUI awareness campaign as part of its road safety strategy. Five VNRs also included planned interventions, especially for adolescents. These plans focused on expanding access to prevention or treatment services but did not specify whether the measures were evidence-based.

**References to Alcohol in Relation to other SDGs:** A total of three documents from three countries reported implemented alcohol policy measures in other SDGs, namely SDG 4 (quality education), SDG 10 (reduced inequalities), and SDG 16 (peace, justice and strong institutions). Those measures consisted of public policies or laws to tackle alcohol consumption, which were already described in the “indication dimension”. One VNR that referenced alcohol in SDG 16 described a law to control alcohol sales, which would be part of the three best buys for reducing alcohol use.

### **Evaluation Dimension**

The evaluation dimension assesses whether countries report on the impact of their own alcohol policy actions in relation to achieving the SDGs. Only one VNR reported any impact of the implemented actions on alcohol use or harms to achieve the SDGs. This

country dedicated a subsection to describe the results achieved in SDG 3. Regarding alcohol measures, it solely provided the number of users served by a national plan for the prevention and control of drugs (including the use of alcohol, tobacco and other drugs), and mental health.

Table 4 provides an overview of countries that referenced alcohol in their VNRs in each dimension: indication, action and evaluation.

TABLE 4 AROUND HERE

## DISCUSSION

VNRs are a process by which countries take stock and assess progress and challenges in implementing actions to reach the SDGs of the 2030 Agenda. Yet our analysis shows that alcohol is still largely absent from this discussion in the Americas. More than half of the documents referenced alcohol, but most limited their references to basic prevalence statistics. Only a few countries reported using the recommended APC indicator, and even fewer included data on alcohol-related harms, such as deaths, injuries, or disease burden. Many of the references were generic, with no associated actions or context. In fact, more than 40% of the VNRs made no reference to alcohol at all—despite its inclusion in target 3.5 and its wide-ranging impact on other development goals.

This suggests that reducing alcohol consumption and its harms, a leading factor of death and disability in the region of the Americas, and serious obstacle to development, was not frequently acknowledged. Just 10 countries reported actions to reduce alcohol use.

Given alcohol's strong links to NCDs and road injuries (Pan American Health Organization, 2024), and the region's high levels of per capita and binge drinking (World Health Organization, 2024) this is a significant gap.

Even fewer countries (only two) mentioned policies aligned with the three best buys. Most countries that reported any type of action seemed to prioritize general initiatives, not necessarily evidence-based ones, that are limited to the prevention and rehabilitation of alcohol and other drug use. This finding from the Americas region was more discouraging than what was found in a similar European analysis (Sperkova et al., 2022). In that study, which covered a smaller sample of VNRs (from 2016 to 2020), 25% of the countries referenced at least one of the alcohol policies best buys among their actions.

The reliance on broad, frequently less effective strategies to mitigate alcohol-related harm could imply a predominant understanding that such harm originates mainly from a general lack of public knowledge. This perspective overlooks the significant influence of environmental and commercial determinants, leading to an insufficient focus on population-level policy interventions.

We also found a striking lack of evaluation. Only one country attempted to measure the effects of alcohol policy, and even then, the data were minimal and not specific to alcohol alone. No country reported evaluating the broader SDG impacts of alcohol-related actions.

Another aspect of the Americas is that alcohol was not generally reported in the reviews as a cross-cutting risk factor, influencing multiple other SDGs. Only six countries reported alcohol as an obstacle that impacted other goals than health and well-being. In

reality, policies reducing alcohol consumption and its harms may improve many other areas, including poverty, gender equality, economic growth, reducing inequalities, sustainable cities and communities, sustainable production and consumption, and several others (World Health Organization Regional Office for Europe., 2020). As alcohol harm intersects with 14 of the 17 SDGs, addressing it could significantly advance development goals and prioritize public health challenges in the region, such as controlling NCDs and improving mental health.

Furthermore, it seems important to stress the findings regarding the role of the alcohol industry in the SDGs, as reported in the national reviews. The UN promotes the participation of all relevant stakeholders in the achievement of countries' SDGs and the preparation of VNRs (United Nations General Assembly, 2023). However, it is well-documented in the literature the fundamental and inherent conflict of interest that arises from the involvement of transnational corporations, including the alcohol industry, to shape the health policy agenda (Fooks et al., 2017; Mialon et al., 2020). Protecting people's health from vested interests should be a fundamental step taken by governments to guarantee the success of the 2030 Agenda and prevent regulatory capture by the alcohol industry that threatens sustainable development (Collin & Casswell, 2016).

Another issue is the continued use of the term "harmful use of alcohol". This language suggests there is a level of safe consumption, but evidence increasingly shows that any alcohol intake carries risks, including cancer (Burton & Sheron, 2018; Anderson et al., 2023). This distinction is significant, especially for countries seeking to resist pressure from the alcohol industry in controlling policy framing and shaping public perception of

alcohol, including in the alcohol and cancer debate, where the industry has been known to misrepresent the associated risks (Petticrew et al., 2018). Given the growing body of evidence demonstrating the health risks of alcohol, it is crucial that SDGs language evolves accordingly — moving from a focus on "alcohol harm" to recognizing alcohol consumption itself as a public health concern. Notably, in 2020, the alcohol-related indicator 3.5.2 was revised to remove the term, though it remains embedded within the broader 3.5 target.

This study has limitations. In order to analyze if countries recognized the impact of alcohol policy measures on the SDGs, researchers assessed only data reported in the VNRs. Those documents were produced voluntarily, and their length and structure varied greatly by country, which is likely to affect the volume and richness of the information provided. In four cases, we relied on recorded presentations rather than written VNRs. These presentations are official but may offer less detail. Moreover, VNRs reflect what governments choose to highlight—not necessarily the full reality of national alcohol policies. Still, these choices are meaningful. They reveal how countries perceive alcohol's relevance to development, and the priority they give to related policies.

## CONCLUSION

Our analysis reveals major gaps in how countries in the Americas address alcohol in their pursuit of the SDGs. While alcohol is referenced in many national reports, most references focus on basic prevalence data rather than comprehensive assessments. The recommended indicator (APC) is not frequently reported, and concrete policy actions to reduce alcohol consumption are limited. Even more concerning is the lack of evaluation on

how alcohol policies impact broader SGDs, with only one country providing any evidence - though in a limited manner. Alcohol policy experts should engage more directly with SDG processes. Greater visibility of alcohol's broad social, economic, and environmental impacts is essential to drive meaningful change in the region.

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TABLES

Table 1. VNRs Reported per Country and Alcohol References

Country	Year of reporting						
	2016	2017	2018	2019	2020	2021	2022
Antigua and Barbuda *						X	
Argentina *		X			X		X
Bahamas *			X			X	
Barbados					X		
Belize *		X					
Bolivia *						X	
Brazil		X					
Canada *			X				
Chile *		X		X			
Colombia *	X		X			X	
Costa Rica *		X			X		
Cuba *						X	
Dominica *			X				
Dominican Republic *			X			X	
Ecuador *			X		X		
El Salvador *		X					X
Grenada							X
Guatemala		X		X		X	
Guyana *				X			
Haiti <sup>†□</sup>							
Honduras		X			X		
Jamaica *			X				X
Mexico *	X		X			X	
Nicaragua						X	
Panama *		X			X		
Paraguay *			X			X	
Peru *		X			X		
Saint Kitts and Nevis <sup>†□</sup>							
Saint Lucia				X			
Saint Vincent and the Grenadines					X		
Suriname							X
Trinidad and Tobago					X		
United States of America <sup>†□</sup>							
Uruguay *		X	X			X	X
Venezuela	X						

\* Alcohol indicated in the report (regardless of the level of recognition)

<sup>†□</sup> The country did not submit any reviews during the data collection period.

Table 2. References to Alcohol in the Documents Categorized in the Indication Dimension (n=54)

Framework Dimension: Indication		
	%	n
References to alcohol	57.4	31
References to alcohol in SDG3*	55.6	30
References to alcohol in other SDGs*	13	7

*\*References to alcohol in SDG 3 and other SDGs can appear in the same document.*

Table 3. References to Alcohol in the Documents Categorized in the Action Dimension (n=54)

Framework Dimension: Indication		
	%	n
References to alcohol	24.1	13
References to alcohol in SDG3*	20.4	11
References to alcohol in other SDGs*	5.6	3

*\*References to alcohol in SDG 3 and other SDGs can appear in the same document.*

Table 4. Overview of countries that referenced alcohol in their VNRs/presentations per dimension.

Country	Indication dimension					Action dimension		Evaluation dimension	
	General references	Statistics on alcohol harms	Statistics on alcohol consumption	References on SDG 3	References on other SDGs	Planned or implemented actions	Actions on the three best buys	Impact of implemented actions	Impact of actions on the three best buys
Antigua and Barbuda	x		x	x	x (SDG 9)				
Argentina	x	x	x	x		x (SDG 3)			
Bahamas	x			x					
Barbados									
Belize	x			x		x (SDG 3)			
Bolivia	x				x (SDG 16)	x (SDG 16)	x (SDG 16)		
Brazil									
Canada			x	x		x (SDG 3)			
Chile	x		x	x	x (SDGs 10, 16)	x (SDGs 3, 10)			
Colombia	x		x	x		x (SDG 3)			
Costa Rica	x			x		x (SDG 3)			
Cuba	x		x	x	x (SDG 4)	x (SDG 4)			
Dominica	x			x					
Dominican Republic		x	x	x					
Ecuador	x			x	x (SDG 17)	x (SDG 3)		x (SDG 3)	
El Salvador	x		x	x					
Grenada									
Guatemala									
Guyana	x		x	x	x (SDG 10)				
Haiti									
Honduras									
Jamaica		x	x	x		x (SDG 3)	x (SDG 3)		
Mexico	x			x					
Nicaragua									
Panama	x			x					
Paraguay			x	x					
Peru			x	x					

Saint Kitts and Nevis									
Saint Lucia									
Saint Vincent and the Grenadines									
Suriname									
Trinidad and Tobago									
United States of America									
Uruguay	x	x	x	x					
Venezuela									