Engaging with the alcohol industry: what you need to know.

Key Points

- Evidence documents increasing attempts by the global alcohol industry to influence policy at an international, national and local level, in ways that favour their business interests at the expense of public health and well-being.
- Actions proposed by the alcohol industry are weak, rarely evidence-based and unlikely to reduce harmful alcohol use.
- A key component of the alcohol industry strategy to control the policy agenda is the promotion of partnership working.
- The industry uses partnership working to gain public support and credibility for ineffective policy measures, whilst at the same time misrepresenting and distorting evidence on effective regulatory interventions.
- Public health and other NGOs should be aware of the motivations of the alcohol industry in seeking partnership approaches, and work to ensure that public health objectives and goals are protected.

1. Introduction

This briefing has been produced by Alcohol Focus Scotland to provide Alcohol and Drug Partnerships (ADPs) and other organisations with information on alcohol industry efforts to influence the development of alcohol policies, and the potential implications of this activity for local organisations.

2. Industry Influence on Alcohol Policy – the evidence

There is a growing body of international evidence documenting efforts by the global alcohol industry to influence governments to adopt alcohol policies that are favourable to their business interests.[1] Multi-national alcohol companies who control a large part of the global trade in alcohol exist to sell alcohol and make a profit. They have a legal duty to maximise shareholder value and this is achieved by growing and expanding alcohol markets to increase sales. This overriding commercial imperative conflicts with the goal of reduced alcohol harm, which requires a reduction in alcohol consumption. It further conflicts with the implementation of regulatory measures, which the evidence indicates will be most effective in reducing alcohol consumption. These include pricing and taxation policies, availability controls and restrictions on alcohol marketing.

3. WHO, Public Health and NGO Concerns

Earlier this year, a Statement of Concern signed by an independent coalition of over 500 public health professionals, alcohol scientists and NGOs from 60 different countries was submitted to the World Health Organization (WHO).[2] The statement was in response to a document issued by 13 of the world's largest alcohol producers. The industry publication outlined a set of commitments to reduce harmful alcohol use and implied that the alcohol industry had been given a role in the development of alcohol policies in the WHO Global Alcohol Strategy.

The Statement of Concern noted that the signatories to the industry publication were misrepresenting their roles with respect to the implementation of the WHO global strategy, and expressed concern about the increasing attempts by the alcohol industry to become involved in public health activities throughout the world. The statement also noted that the actions proposed by the alcohol industry were weak, rarely evidence-based and unlikely to reduce harmful alcohol use.

In a response to an article on the Statement of Concern published in the British Medical Journal the Director General of WHO, provided clarification on WHO's position with regards to the role of the alcohol industry in developing alcohol policies:

"The Global Strategy, which was unanimously endorsed by WHO member states in 2010, restricts the actions of "economic operators" in alcohol production and trade to their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages. The strategy stipulates that member states have a primary responsibility for formulating, implementing, monitoring and evaluating public policies to reduce the harmful use of alcohol. The development of alcohol policies is the sole prerogative of national authorities. In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests." Dr Margaret Chan, Director General, WHO, 2 April 2013.[3]

The guidance provided by WHO indicates that it would be inappropriate for the industry to have a role in the formulation of alcohol policies either nationally or locally. This position is based on recognition of the clear conflict of interest between those who seek to reduce alcohol consumption in order to reduce harm, and those whose profits depend on growing sales and expanding markets.

4. Alcohol Industry Strategy to Influence Alcohol Policy

Global initiatives promoted by the alcohol industry are overwhelmingly derived from approaches of unknown or minimal effectiveness or approaches shown to be ineffective through systematic scientific research. Moreover, the industry initiatives only rarely include practices that the WHO and the public health community consider to have good evidence of effectiveness, and few have been evaluated in the low and middle income countries where they are now being disseminated.

From 'Public Health, Academic Medicine, and the Alcohol Industry's Corporate Social Responsibility Activities', 2013.[4]

To avoid regulation, the global alcohol industry has developed a comprehensive strategy to influence alcohol policies and manage the policy-making environment in ways that best protect its business interests. Analysis of industry policy-influencing activity has identified the following key components:

- **Attributing alcohol problems to an 'irresponsible' minority**

Focusing attention on the drinker and not the substance. Problems are attributed to a minority who drink 'irresponsibly' and are contrasted with the majority of 'moderate' drinkers. Framing the issue in this way allows the industry to argue for policy solutions which focus on education and 'responsible drinking' campaigns rather than the evidence-based measures which regulate the drinking environment through controls on price, availability and marketing.

- **Promoting the least effective policy interventions and industry self-regulation**

Promoting interventions with the weakest evidence base for reducing alcohol harm as an alternative to regulatory measures. These include self-regulation of alcohol marketing, voluntary codes of alcohol retail practice, and information and educational approaches.

- **Distorting and misrepresenting evidence on effective alcohol policies**

Using media statements, consultation responses and public hearings to distort or misrepresent evidence in support of the most effective policy interventions including price controls and restrictions on availability and marketing.

- **Promoting partnership working**

Promoting partnership working and developing relationships with policy-makers and practitioners provides the industry with access, influence, and credibility. Engaging with public health and other public interest bodies enables the industry to 'capture' the policy agenda,[5] as the initiatives adopted by partnership approaches are likely to involve measures with the weakest evidence.

5. Industry Attempts to Influence Alcohol Policy in Scotland

A considerable body of evidence shows not only that alcohol policies and interventions targeted at vulnerable populations can prevent alcohol-related harm but that policies targeted at the population at large can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems. Thus, both population-based strategies and interventions, and those targeting particular groups such as young people, women and indigenous peoples, are indicated.

Evidence-based strategies and interventions to reduce alcohol-related harm, World Health Organization 2007. [6]

Scotland is leading the way in the UK, and internationally, with regards to evidence-based alcohol policy. The Scottish Government's Framework for Action on alcohol is a multi-faceted strategy for reducing alcohol harm that includes measures aimed at the whole population and targeted interventions for high-risk groups.[7] Population-level measures, particularly controls on the price and availability of alcohol, work to reduce *and* prevent harm. Targeting only harmful drinkers, or specific groups such as young people, will not reach the majority of people who consume alcohol and who are therefore at risk of developing problems related to their drinking. Measures aimed

at the whole population work to generate social norms about the use of alcohol and the place of alcohol in society that can support and encourage individuals to change risky and harmful drinking practices. An effective and sustainable alcohol strategy requires both whole population and targeted approaches.

During the passage of legislation to implement the Framework, sections of the alcohol industry in Scotland consistently opposed population-level measures while promoting less effective targeted measures.[8] Campaigns were mounted against the whole-population approach advocated by the Scottish Government, as well as many of the specific population-level proposals contained within the Framework. A recently published study found that alcohol industry submissions to the Scottish Government consultation on *Changing Scotland's relationship with alcohol* misrepresented strong evidence, promoted weak evidence, made unsubstantiated claims about the adverse effects of policy proposals and promoted un-evidenced alternatives.[9]

The most vocal and well-resourced campaign mounted by the alcohol industry was against the introduction of Minimum Unit Pricing (MUP). Unsuccessful in its lobbying efforts to prevent the passage of legislation enabling MUP, the Scotch Whisky Association (SWA), supported by the European wine and spirits producers, mounted a legal challenge against the Scottish Government. This action has delayed the introduction of MUP which was expected to come into force in April 2013. On 3rd May 2013, the Court of Session dismissed the SWA legal challenge, finding no grounds for the arguments presented by the SWA and their European counterparts. Despite the clear and unequivocal nature of the judgement, the SWA has indicated that it will appeal the decision, which will further delay the implementation of MUP.

Seeking to delay the introduction of public health measures that are subsequently found to reduce health harm is a tactic that has been used by the tobacco industry for decades.

5. Implications for local engagement with the alcohol industry

In light of the growing evidence base documenting alcohol industry attempts to influence the policy agenda, it is important for the public health and NGO community to be aware of the motivations of the alcohol industry in seeking partnership approaches with public interest bodies, and the impact that such partnerships have on public health goals.

In considering the parameters within which engagement with the alcohol industry might take place, the WHO guidance is helpful for public interest bodies as it clearly states that industry involvement should be restricted to their core roles as developers, producers, distributors, marketers and sellers of alcohol. This would suggest that appropriate action that could be taken by industry might include:

- Labelling alcoholic products with adequate health information;
- Refraining from the production of products with specific youth appeal;
- Production of low-strength alcoholic products;
- Responsible server training.

However, public interest bodies should be alert to the fact that the industry seeks a role for itself in areas which go beyond its responsibilities and in which it has no expertise. Using the WHO position as guidance, public interest bodies should be clear that it is not appropriate for the alcohol industry to have a role in public health or education initiatives as it has no expertise or competence in these areas. Similarly, the alcohol industry has no expertise in community development or drink driving campaigns. In considering these issues, public interest bodies should also take account of any lobbying activity being undertaken by the industry against evidence-based alcohol policies. Lobbying against effective measures calls into question the industry's commitment to reducing alcohol harm.

6. Community Alcohol Partnerships

Public interest bodies should be alert to the industry tactic of promoting measures with a weak evidence base to deflect attention away from population-level regulatory measures. A recent example of this was evident in the media comment from the Chief Executive of the Wine and Spirit Trade Association (WSTA) welcoming the absence of MUP from the Queen's Speech:

"It is now time for the government to focus on proven and effective measures to tackle problem drinking, including locally targeted solutions such as Community Alcohol Partnerships, more and better education and tougher enforcement of legislation."
Miles Beale, CEO, WSTA, May 2013.[10]

Community Alcohol Partnerships (CAP) is an industry initiative set up by the WSTA. CAP schemes narrowly focus on tackling underage drinking and associated anti-social behaviour in local areas. To date, most CAPs have been established in England. However, the WSTA is now assisting in the promotion of the establishment of CAPs in Scotland via its membership of the Scottish Government Alcohol Industry Partnership (SGAIP). Information available about how CAPs work and statements made by the WSTA about the role of CAPs illustrate a number of the recognised tactics of the alcohol industry in seeking to influence policy:

- The establishment of a partnership with local policy-makers, practitioners and communities;
- Promotion of targeted activity as an alternative to population-level approaches;
- Misrepresentation of evidence of the efficacy of interventions.

CAPs are widely cited by the WSTA and other industry actors as an effective approach to reducing alcohol problems; however, the evidence base in support of the intervention is lacking. Investigation of industry assertions about the outcomes of the first CAP in St Neots in Cambridgeshire found considerable shortcomings in the evaluation and presentation of the findings of the project:

Claims of success involving quantitative data are made entirely on the basis of before-after counts presented here, along with accounts of reductions in various problems without any quantification of them including a newspaper report that the local Member of Parliament receives fewer claims about antisocial behaviour in one area. Other presentations of outcomes are that public perceptions and community confidence have improved, without any information provided on how these data have been collected.[11]

One CAP in Kent that was independently evaluated by Kent University found the scheme to have far less impact on incidents of anti-social behaviour and underage drinking than the results reported from St Neots.[12] The Kent CAP was established in three distinct areas and outcomes were monitored in pilot and non-pilot sites to enable a more robust consideration of impact. The findings showed reductions in a number of indicators of anti-social behaviour in the pilot areas, but also found reductions in non-pilot areas. The difference between pilot and non-pilot areas on many of the measures was between 1% and 3%. On one indicator – minor assaults – the reduction in the non-pilot area was 7% greater than the pilot area, leaving open the possibility that the observed results in the outcome indicators could have been influenced by factors other than the CAP intervention. Identifying measurable outcomes and undertaking a robust evaluation, including consideration of possible confounding variables, is necessary to properly assess the effectiveness of community interventions before claims about their success can be made.

7. Guidance for ADPs and other Public Interest Bodies

Alcohol and Drug Partnerships (ADPs) are the key delivery agents of the Scottish Government's Alcohol Framework and as such, have an important role in implementing effective alcohol policies at local level. Given the role of ADPs in Scotland, they can expect to be a target group for the alcohol industry in their efforts to influence policy.

The Statement of Concern drafted by an international group of alcohol policy experts provides the following guidance to the public health community, research scientists, NGOs and other public interest organisations:

> Financial support from the alcohol industry and its third party organisations has the potential to affect professional judgement, and may strengthen the influence of private interests in the policy making process. Accepting alcohol industry support may adversely affect an individual's reputation and decrease public trust in an academic institution or nongovernmental organisation. Research scientists, NGOs and other public interest organisations are well advised to take these reputational issues into consideration. They should keep in mind that the evolution of ethical thresholds and standards in recent decades has generally been towards more stringent standards, for instance in the case of tobacco. The following actions are warranted by the public health community:
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> - Avoid funding from industry sources for prevention, research and information dissemination activities. Refrain from any form of association with industry education programmes.
> - Insist on industry support for evidence-based policies, and cessation of anti-scientific lobbying activities.
> - Insist on rigorous adherence to Conflict of Interest principles.
> - Support independent research in developing countries on non-commercial alcohol and alcohol marketing.
> - Make all information and details relating to funding and/or partnership work transparent and available for public scrutiny. [Statement of Concern 2013]

If you are considering working in partnership with the industry (or representative group) on a project which is intended to reach out to the public or other key groups, you should consider the following:

- What is the aim of this organisation in providing support to you?
- Are you aware of the publicity it may generate?
- Does this partner use such projects to steer focus away from effective measures such as price and availability to ensure that less effective measures are adopted?
- Is this organisation on message with the evidence base, whole population approaches and all other stances adopted and advocated by the ADP? For example, what does this organisation say publicly about evidence based policies such as Minimum Unit Pricing, controlling availability (e.g. licensing) and advertising?

If you are considering inviting the industry (or representative group) to an event about alcohol, you should consider the following:

- Does this event provide access to those making decisions and forming alcohol policy?
- Will this event allow an opportunity for the organisation to garner support and credibility for ineffective actions?

If you are considering using resources or materials developed by the industry, you should consider the following:

- Who has developed and/or reviewed the content of the materials? Ideally it should be an independent expert on public health.
- How is alcohol portrayed in these resources? Are the range of harms and the role alcohol plays in society accurately set out?
- Is the focus on individuals, rather than the product? The solution should be to make the environment we are living in less pro-alcohol.

8. References

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9. Further Reading

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Alcohol Focus Scotland

May 2013

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