

COMMENTARY

How the alcohol industry relies on harmful use of alcohol and works to protect its profits

SALLY CASSWELL¹, SARAH CALLINAN², SURASAK CHAIYASONG³, PHAM VIET CUONG⁴, ELENA KAZANTSEVA⁵, TSOZOLMAA BAYANDORJ⁵, TAISIA HUCKLE¹, KARL PARKER¹, RENEE RAILTON¹ & MARTIN WALL¹

¹SHORE and Whariki Research Centre, College of Health, Massey University, Auckland, New Zealand, ²Centre for Alcohol Policy Research, Department of Public Health, School of Psychology and Public Health, La Trobe University, Melbourne, Australia, ³Social Pharmacy Research Unit, Faculty of Pharmacy, Maharakham University, Health Promotion Policy Research Center, International Health Policy Program, Ministry of Public Health, Thailand, ⁴Center for Injury Policy and Prevention Research, Hanoi School of Public Health, Hanoi, Vietnam, and ⁵Public Health, Research, Education and External Affairs Department, National Center of Mental Health of Mongolia, Ulaanbaatar, Mongolia

Abstract

*The alcohol industry have attempted to position themselves as collaborators in alcohol policy making as a way of influencing policies away from a focus on the drivers of the harmful use of alcohol (marketing, over availability and affordability). Their framings of alcohol consumption and harms allow them to argue for ineffective measures, largely targeting heavier consumers, and against population wide measures as the latter will affect moderate drinkers. The goal of their public relations organisations is to ‘promote responsible drinking’. However, analysis of data collected in the International Alcohol Control study and used to estimate how much heavier drinking occasions contribute to the alcohol market in five different countries shows the alcohol industry’s reliance on the harmful use of alcohol. In higher income countries heavier drinking occasions make up approximately 50% of sales and in middle income countries it is closer to two-thirds. It is this reliance on the harmful use of alcohol which underpins the conflicting interests between the transnational alcohol corporations and public health and which militates against their involvement in the alcohol policy arena. [Casswell S, Callinan S, Chaiyasong S, Cuong PV, Kazantseva E, Bayandorj T, Huckle T, Parker K, Railton R, Wall M. How the alcohol industry relies on harmful use of alcohol and works to protect its profits. *Drug Alcohol Rev* 2016;00:000–000]*

Key words: alcohol policy, alcohol industry, harmful use alcohol.

In 1996 an internal paper from Philip Morris [1] (then producers of alcohol as well as tobacco products) laid out the urgent need to ensure that alcohol producers did not face the same situation the tobacco industry was facing (which resulted eventually in a Framework Convention on Tobacco Control, including Article 5.3 which ensures that governments must make decisions on tobacco policy free from the influence of tobacco corporations) [2]. While the tobacco industry has fought a rear-guard action, challenging the evidence on health

effects and obfuscating the message [3], the alcohol industry has taken a much more proactive approach to secure an all-important positioning as a potential collaborator in reducing alcohol related harm.

The World Health Organization (WHO) Global Strategy on Reducing the Harmful Use of Alcohol, endorsed in 2010 [4], was almost undermined by fierce contestation between Member States supporting the industry desire to be named as collaborators in future activities and those Member States (and supporting

Sally Casswell PhD, Director, Sarah Callinan PhD, Researcher, Surasak Chaiyasong PhD, Head of SPRU, Pham Viet Cuong PhD, Director, Elena Kazantseva PhD, Researcher, Tsozolmaa Bayandorj PhD, Researcher, Taisia Huckle PhD, Researcher, Karl Parker MSc (Medical Statistics), Statistician, Renee Railton PhD, Post Doc, Martin Wall PhD, Researcher. Correspondence to Professor Sally Casswell, SHORE & Whariki Research Centre, College of Health, Massey University, PO Box 6173, Wellesley Street, Auckland, New Zealand. Tel: 0064 9 3666136, Fax: 0064 9 3665149, E-mail: s.casswell@massey.ac.nz

Received 13 April 2016; accepted for publication 1 July 2016.

non-government organisations) who successfully retained the original wording (proposed by the African Member States) in which the industry involvement is limited to one of ‘consultation’ [5].

Since the endorsement of the Global Strategy the transnational alcohol corporations have continued to present themselves in the global governance arena as collaborators, while promoting ineffective approaches to reducing harmful use of alcohol, such as ‘self-regulation’ of marketing (voluntary codes which do not reduce the negative impact of marketing [6]). They have continued to develop infrastructure and engaged in a well-orchestrated international campaign to show their willingness to help develop policy at national levels [5], make visible their activities to support the Global Strategy under their ‘Producers’ Commitments’ [7] and engage with intergovernmental organisations to help shape the international response [8–10]. More recently one of the biggest transnational alcohol corporations, AB INBEV [11] has announced a billion dollar commitment to achieve ‘Smart Drinking Goals’ (coincidentally sharing and acronym with the UN’s Sustainable Development Goals) aimed at reducing the harmful use of alcohol by 2025 [12]. Analyses of such industry activities have demonstrated that they are not evidence based and unlikely to reduce alcohol-related harm, serving a public relations objective rather than a public health one [13,14].

Governments and intergovernmental organisations have accepted (with varying degree of reservations) this industry involvement despite evidence alcohol is the fifth highest contributor to the global burden of disease and injury [15] and, in relation to those aged under 50 years old, makes the greatest contribution (of the 20 risk factors examined) to the disability adjusted years of life lost [16].

Alcohol industry messaging

The alcohol producers and their social aspects organisations have achieved this positioning, not by challenging the veracity of the evidence of alcohol-related harms, but rather by appealing to a notion of balance between harms and benefits, misrepresenting and obscuring the causes of alcohol-related harms; misrepresenting for a number of years the goals of those promoting evidence-based alcohol public policy as ‘neo prohibitionist’ [17] and above all attempting to draw attention away from the drivers of harmful use of alcohol: over supply, too easy affordability and the billions of dollars spent on marketing by maximising a focus on the consumer [18]. A very commonly used framing by industry players within the alcohol policy debate is that heavy alcohol consumption and harm are confined to a minority of drinkers. This allows them to argue against efforts to put in place

effective population wide policies, because these will affect the moderate drinkers, and also to frame their mission as ‘promoting responsible drinking’ particularly in emerging markets. Implicit in this framing is the idea industry and public health can work together to target heavy drinkers while leaving the industry unfettered in its activities to promote and supply alcohol to the moderate majority.

A further issue important to the transnational alcohol corporations in the context of their expansion in emerging markets has been to maximise a focus on informal or illegal alcohol [19,20]. The implication which may be taken from this focus is that commercial alcohol, given its quality control processes, is safer than informal or illegal alcohol. However, while ingredients in some unrecorded alcohol pose a health risk over and above the risk of ethanol (most notably methanol, heavy metals and disinfecting agents in surrogate alcohols), the major public health threat of unrecorded alcohol is clearly related to ethanol [21], as is the public health risk from commercial alcohol, and so the relative distribution of commercial and unrecorded alcohol are of relevance.

Challenging the industry message

The industry framing of a moderate majority carries with it an implicit implication that these are the majority of the customers of the transnational alcohol corporations and a reduction in the consumption of the heavy drinking minority would not impact upon their business.. However, we can use our research evidence to ask what would be the impact of a reduction in heavier alcohol consumption on the well-being of the transnational alcohol corporations, given their legal obligations to produce the highest possible profits for its shareholders [22].

Data from the International Alcohol Control (IAC) study [23] uses a methodology which has been found to collect accurate estimates of the alcohol consumed [24] and can be used to estimate the proportion of the alcohol market which is consumed in very heavy drinking occasions. The method of data collection in the IAC survey allows for a calculation to be made of the typical quantities of absolute alcohol consumed in different locations (relevant to each country context) and the frequency of consumption in these locations. These data can then be used both to calculate total volume of consumption and the proportion of the alcohol market which is consumed in heavier drinking occasions.

These calculations have now been performed on survey data from national samples in two high income countries (Australia and New Zealand). Taking an average across the two countries 50% of the total market was found to be consumed in heavier drinking occasions.

When the same average was taken for the data from regional samples surveyed in the three middle income countries (Vietnam, Mongolia and Thailand) the proportion was even larger, at 63% (see Figure 1).

The levels of 'heavier drinking occasions' used in this analysis were equivalent to eight or more drinks (a drink = 15 ml absolute alcohol) for men and six or more for women. This, at 120 ml plus for men and 90 ml plus for women, typically consumed, is considerably more than the levels of Heavy Episodic Drinking as defined by the WHO which is 60 gm (77 ml) of absolute alcohol, at least once a month.

When the analysis was performed setting heavier drinking occasions closer to the WHO Heavy Episodic Drinking level, using a cut off of 6+ drinks for men and 4+ for women, we found an average of 65% in heavier drinking occasions in the high income markets and 76% in the middle income countries.

These proportions are in keeping with previous estimates made in high income countries (Archer 1997 cited in Stockwell [25]).

Informal alcohol

The inclusion of Vietnam in the IAC survey has allowed analysis of a country with a significant proportion of its current alcohol consumption in the form of informal alcohol. In the IAC survey 60% of alcohol consumed came from informal alcohol (slightly lower than the WHO Global Information System on Alcohol and Health estimate for 2008–2010 of 70%, probably reflecting the substantial expansion of the commercial market in Vietnam's expanding economy and expanding commercial alcohol market.

The same analysis to estimate the proportion of alcohol consumed in the commercial and informal alcohol market was carried out. The results showed a smaller proportion of the informal alcohol market was consumed in heavier drinking occasions, (43%) compared with the commercial alcohol market (78%). This revises the

estimate in the middle income countries to 70% when only commercial alcohol in Vietnam is taken into account.

These data show that effective action to reduce harmful use of alcohol [22] would cut significantly into the transnational alcohol corporations' sales and profits. This reliance on harmful use of alcohol creates a very clear conflict of interest and predicates against their positioning as collaborators in policy development or implementation.

We, in the public health research community, can take an active role both in deconstructing the framings used by the alcohol industry and its representatives, which are all too often used in public debate to block evidence based policies. We can also challenge directly the motives of the alcohol industry in subverting the uptake of these policies. We need to point out that their conflict of interest militates against their involvement in the development and implementation of alcohol policy and programs. The WHO Framework for Engagement with Non State Actors has failed to identify alcohol commercial interests, along with those of tobacco and arms, as inappropriate partners [26,27]. This makes clear the urgency with which we need to step up. The conflict of interest is such the alcohol industry cannot afford to be our friend and we need to make this clear.

Acknowledgements

The data used in this paper are from the IAC Study, led by Professor Sally Casswell. The IAC core survey questionnaire was largely developed by researchers at SHORE and Whariki Research Centre, College of Health, Massey University, New Zealand, with funding from the Health Promotion Agency, New Zealand. Further development involved a collaboration between UK, Thai, Korean and New Zealand researchers. The study leaders and funding sources for data sets used in this article are: Professor Sally Casswell and the Health Promotion Agency (formerly the Alcohol Advisory

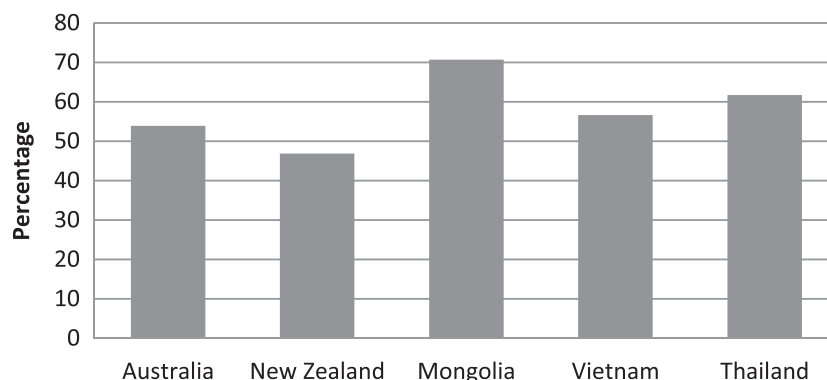


Figure 1. Overall percentage of alcohol consumed (litres) in heavy drinking occasions across country.

Council). The Health Promotion Agency funded the design of the IAC survey and data collection and analysis of the 2011 IAC survey in New Zealand. We would also like to acknowledge support from UK Centre for Tobacco and Alcohol Studies and the excellent work of the interviewers and their supervisors and the time given by the respondents to this survey.

References

- [1] Morris P. CEO issues book. Virginia: Richmond, 1996.
- [2] World Health Organization. WHO Framework Convention on Tobacco Control. Geneva: WHO, 2003. http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf.
- [3] Hoek J, Gendall P, Eckert C, Kemper J, Louviere J. Effects of brand variants on smokers' choice behaviours and risk perceptions. *Tobacco Control* 2015; published online, 25 March: doi: 10.1136/tobaccocontrol-2014-052094
- [4] World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva: 2010. (Archived by WebCite® at <http://www.webcitation.org/6dgGfXejA>). Available at: http://www.who.int/substance_abuse/msbalcstrategy.pdf (accessed 11 December 2015).
- [5] Bakke O, Endal D. Vested interests in addiction research and policy alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction* 2010;105:22–8.
- [6] Babor T, Caetano R, Casswell S, et al. Alcohol: no ordinary commodity research and public policy, 2nd edn. Oxford: Oxford University Press, 2010.
- [7] Babor T, Hall W, Humphreys K, Miller P, Petry N, West R. Who is responsible for the public's health? The role of the alcohol industry in the WHO global strategy to reduce the harmful use of alcohol. *Addiction* 2013;108:2045–7.
- [8] United Nations Economic and Social Council. List of non-governmental organizations in consultative status with the Economic and Social Council as of 1 September 2012. 2012. (Archived by WebCite® at <http://www.webcitation.org/6dgGQ7tCx>). Available at: <http://csonet.org/content/documents/E2012INF6.pdf> (accessed 11 December 2015).
- [9] Beer Wine and Spirits Producers' Commitments. Beer Wine and Spirits Producers' Commitments to Reduce Harmful Drinking 2014 Progress Report. 2015. (Archived by WebCite® at <http://www.webcitation.org/6dgGAlcjK>). Available at: <http://www.producerscommitments.org/progress-report/> (accessed 11 December 2015).
- [10] Collin J, Hill S, Smith K. Merging alcohol giants threaten global health. *BMJ* 2015;351.
- [11] AB Inbev. Anheuser-Busch InBev launches Global Smart Drinking Goals: consumers are encouraged to make smart drinking choices at all times. Anheuser-Busch InBev; 2015. (9 December). Available at: <http://www.ab-inbev.co.uk/2015/12/anheuser-busch-inbev-launches-global-smart-drinking-goals-consumers-are-encouraged-to-make-smart-drinking-choices-at-all-times/> (accessed 14 June 2016).
- [12] United Nations. Sustainable development goals. 2015. (25 September). Available at: <http://www.un.org/sustainabledevelopment/sustainable-development-goals/> (accessed 14 June 2016).
- [13] Esser M, Bao J, Jernigan D, Hyder A. Evaluation of the evidence base for the alcohol industry's actions to reduce drink driving globally. *Am J Public Health* 2016;106:707–13.
- [14] Pantani D, Sparks R, Sanchez Z, Pinsky I. 'Responsible drinking' programs and the alcohol industry in Brazil: Killing two birds with one stone? *Soc Sci Med* 2012;75:1387–91.
- [15] Lim SS, Vos T, Flaxman AD, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012;380:2224–60.
- [16] Institute for Health Metrics and Evaluation (IHME). Global burden of disease study 2013 (GBD 2013) risk factor results 1990–2013 2015. (Archived by WebCite® at <http://www.webcitation.org/6dgFVUcWl>). Available at: from: <http://vizhub.healthdata.org/gbd-compare/> (accessed 11 December 2015).
- [17] Alcohol Problems and Solutions. Neo-prohibitionism and neo-prohibitionists. no date. Available at: <http://www.alcoholproblemsandsolutions.org/Controversies/20070604112246.html> (accessed 14 June 2016).
- [18] American Medical Association. Alcohol Industry 101: Its Structure and Organization. 2004. Available at: http://www.alcoholpolicymd.com/pdf/AMA_Final_web_1.pdf (accessed 24 June 2016).
- [19] Cantor G. Understanding illicit alcohol. Our thinking about drinking; no date. Available at: <http://www.ourthinkingaboutdrinking.com/opinions/understanding-illicit-alcohol/> (accessed 24 June 2016).
- [20] American Medical Association. AMA Policy Consolidation: Labeling, Advertising, and Promotion of Alcoholic Beverages. Chicago, IL, 2004.
- [21] Rehm J, Kailasapillai S, Larsen E, et al. A systematic review of the epidemiology of unrecorded alcohol consumption and the chemical composition of unrecorded alcohol. *Addiction* 2014;109:880–93.
- [22] Freudenberg N. Lethal but legal: corporations, consumption, and protecting public health. Oxford: Oxford University Press, 2014.
- [23] Casswell S, Meier P, MacKintosh A, et al. The International Alcohol Control (IAC) study—evaluating the impact of alcohol policies. *Alcohol Clin Exp Res* 2012;36:1462–7.
- [24] Casswell S, Huckle T, Wall M, Yeh L-C. International Alcohol Control study: pricing data and hours of purchase predict heavier drinking. *Alcohol Clin Exp Res* 2014;38:1425–1431.
- [25] Stockwell T. Towards guidelines for low-risk drinking: quantifying the short- and long-term costs of hazardous alcohol consumption. *Alcohol Clin Exp Res* 1998;22:63S–69S.
- [26] World Health Organization Media Centre. Sixty-ninth World Health Assembly closes: news release: WHO framework of engagement with non-state actors. 2016. (28 May). Available at: <http://www.who.int/mediacentre/news/releases/2016/wha69-28-may-2016/en/> (accessed 16 June 2016).
- [27] World Health Organization. Open-ended Intergovernmental Meeting on the Draft Framework of Engagement with Non-state Actors 2016, 7 April. (Extract from document EB138/7). http://www.who.int/about/collaborations/non-state-actors/A_FENSA_OEIGM_5-en.pdf?ua=1.