



Reconsidering our low-risk alcohol advice: The dark influence of the alcohol industry

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Summary

Growing expert consensus confirms there is no safe level of alcohol use for health. Large-scale studies now show that alcohol use increases the risk of many chronic diseases in a clear dose-response pattern, even at low levels of consumption. Many countries have acted on this evidence by lowering their national low-risk drinking advice (LRDA). Aotearoa New Zealand is now reviewing its own guidelines - a positive and overdue step.

However, this process faces a key challenge: interference from the alcohol industry. Research shows the industry routinely lobbies policymakers, funds or amplifies misleading research, and frames alcohol harm as a matter of individual responsibility rather than an outcome of commercial practice. These tactics closely mirror those used by the tobacco industry.

To protect the public and ensure evidence-based public health policy (including the LRDA), stronger safeguards are needed. These include: advocating for a Framework Convention on Alcohol Control to limit industry interference; strengthening rules on political lobbying, donations and movement between government and industry to ensure that alcohol policy serves public interest; preventing the alcohol industry from providing misleading information to children and the public; and, acknowledging and acting on the growing evidence of harm from alcohol to both users and communities.

New evidence of the harms of alcohol use

Many of us grew up hearing that a small amount of alcohol could be good for our health. However, a growing body of research over the last decade shows not only that this belief was incorrect, but that alcohol use is far more harmful than previously understood.

Researchers now recognise that studies claiming health benefits from alcohol shared several key methodological flaws.^{1, 2} When these issues are controlled for, studies consistently find no benefit for health.^{3, 4} Evidence further demonstrates a dose-response relationship between alcohol use and development of many chronic health conditions: the more alcohol a person consumes, the higher their risk.⁵ This increased risk of illness and early death exists even at low levels of alcohol use.⁶⁻⁹ As a result, there is a growing consensus among public health researchers, clinicians and organisations that there is no safe level of alcohol use.¹⁰ This new evidence is of particular relevance to Māori, Pacific and other communities who experience disproportionate harms from alcohol.^{11, 12}

Revisions to low-risk drinking advice

Ensuring the public has access to clear, accurate evidence on alcohol-related harm supports informed choices about drinking. Providing clear, evidence-based LRDA is one way the Crown can exercise kāwanatanga responsibly, while recognising Māori tino rangatiratanga in health and wellbeing under Te Tiriti o Waitangi. LRDA provides the public with guidance on how much alcohol they can drink before the risk of harm increases.¹³ As evidence on alcohol-related harm has grown over the past two decades, several countries have updated their LRDA. Current recommendations advise no more than 14 drinks in the UK,¹⁴ no more than 10 in Australia,¹⁵ and no more than two in Canada.¹⁶

Aotearoa New Zealand's LRDA, introduced in 2011, recommends weekly limits of no more than 15 drinks for men and 10 drinks for women, and single-occasion limits of no more than five drinks for men and four for women.¹⁷ Given the age of our LRDA and the accumulating evidence about alcohol's harm, Health New Zealand Te Whatu Ora initiated a review of our LRDA in 2024. While this review is a positive step, the public may not be aware of a major threat to its integrity: interference from the alcohol industry.

Evidence of alcohol industry interference

Alcohol use is often described as a 'blind spot' in health policy,¹⁸ partly because the alcohol industry uses tactics similar to those once employed by the tobacco industry to confuse the public and delay action on alcohol harm.¹⁹ These actions are well recognised within the commercial determinants of health, where powerful industries shape policy, research and public understanding in ways that protect commercial interests at the expense of population health. These tactics tend to operate across three specific areas.

First, the alcohol industry seeks to influence global and national governance of harm reduction approaches. They argue against coordinated global approaches to reducing alcohol harm and instead promote localised, industry-friendly solutions.^{20, 21} They also work to weaken the regulation of alcohol marketing,²² lobby government officials to act in their interests,²³ reframe alcohol harm as an issue of personal responsibility,²⁴ create 'independent' public relations organisations that promote industry narratives to influence policy discussions,^{25, 26} and have even drafted government alcohol policies.²⁷

Second, the alcohol industry attempts to shape or obscure the evidence on alcohol harm. Strategies include co-opting government-funded research initiatives,²⁸ funding their own research,²⁹ supporting researchers who minimise evidence of harm and promote purported benefits of alcohol use,³⁰ creating 'controversies' in the academic literature to undermine scientific consensus,³¹ and promoting 'solutions' that will not reduce alcohol-related harms.³²

Third, the alcohol industry tries to influence public understanding of alcohol harm. They fund or create charities and non-profit organisations that omit or misrepresent evidence on alcohol-related harm,³³ including links to cancer³⁴ and pregnancy-related risks.³⁵ They also provide 'alcohol education' programmes in schools that normalise alcohol use, omit or misrepresent evidence, and shift blame onto individual drinkers,^{36, 37}

The alcohol industry has a clear commercial interest in maintaining or increasing alcohol consumption, and it actively works to disrupt efforts to reduce alcohol harm. Alcohol policy in Aotearoa New Zealand is already at serious risk of industry influence,³⁸ and recent revelations of a 'revolving door'³⁹ and close relationships⁴⁰ between industry and government decision makers only heighten this concern.

Reducing the influence of the alcohol industry on public health practice

We can minimise alcohol industry influence – and better support evidence-based alcohol policies and public health advice by:

- Advocating for a Framework Convention on Alcohol Control,⁴¹ replicating the WHO Framework Convention on Tobacco which has successfully supported policy implementation, reduced tobacco use and harm and limited tobacco industry

influence globally.⁴²

- Implementing stricter controls and transparent monitoring of political lobbying and donations from private industry, including ‘cooling off’ periods to reduce the ease of movement between government roles and industries with vested interests.⁴³ These measures help ensure alcohol policy serves the public interest, rather than commercial profit.
- Preventing industry misinformation by prohibiting alcohol industry involvement in school-based education programmes,³⁶ and by tightening regulation of the alcohol marketing and public-facing ‘education’ initiatives.^{36, 37, 44}
- Updating Aotearoa New Zealand’s LRDA to reflect growing evidence that any level of alcohol use carries health risks to individuals and to communities.

What this Briefing adds

- Research now shows that there is no safe level of alcohol consumption and that health harm occurs even at low levels of consumption.
- Aotearoa New Zealand is reviewing its low-risk drinking advice (LRDA) following similar moves by several other countries that have recently updated their advice.
- The alcohol industry’s influence across governance, research, and policy poses a risk to the integrity and outcomes of the LRDA review if left unchecked.
- This influence can be reduced by introducing tighter rules on political access and lobbying, preventing industry involvement in education and public information on alcohol harm, and recognising the growing evidence that alcohol harms both individuals and communities.

Implications for policy and practice

- Aotearoa New Zealand should update its LRDA to reflect current international evidence and align with global best practice.
- The alcohol industry should be excluded from influencing policymakers and health policy, and prevented from delivering education or information to children and the public about alcohol harm.

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