

## Commentaries on McCambridge et al. (2014)

### BIG ALCOHOL: THE VECTOR OF AN INDUSTRIAL EPIDEMIC

This paper clearly outlines the role of Drinkaware as a front organization, used by the alcohol industry to influence British alcohol policy while concurrently undermining evidence-based public health efforts. The authors invite 'vigorous debate' about the role of such bodies and they propose that 'similar industry bodies should be carefully studied in other countries' [1].

Recently, Dr Margaret Chan, the World Health Organization (WHO) Director General, stated: 'It is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics' [2]. These transnational corporations have elsewhere been likened to vectors, the drivers behind non-communicable diseases, which are the industrial epidemics of the 21st century [3].

There is no doubt that the industry and its accompanying industries (retailers, advertisers, public relations firms and sponsored organizations such as premium national and global sporting teams) have learned much from the negative public perceptions of the tobacco industry. By insinuation and lobbying through social aspects/public relations organizations (SAPROs) and other industry representative bodies, they insist that they are part of the solution, rather than part of the problem, and that they have a legitimate part to play in the determination of alcohol policy.

As pointed out by McCambridge and colleagues in this paper, the alcohol industry and its front organizations have a profound conflict of interest, which is (as for tobacco) fundamentally irreconcilable with the interest of the public's health.

Another major concern for global health is the aggressive expansion of Big Alcohol into the emerging markets in Africa, Asia and Latin America. This is where the large transnational alcohol corporations are targeting their efforts, as they have seen that this is where market growth will occur. According to Stuckler & Nestlé, the growth rate of alcohol consumption in low- and middle-income countries from 1997 to 2009 was 2.9% per year compared to 1.1% in high-income countries [4].

The tactics and approaches of the alcohol industry have been compared unfavourably to those of the tobacco industry [5]. This is not surprising, given that there is considerable overlap and interchange of the members of their boards and key staff in these companies [6]. Their

tactics include biasing research findings; co-opting policy makers and health professionals; lobbying politicians and public officials to oppose public regulation; influencing voters to oppose public health regulation and blatantly ignoring their own codes of conduct. In Australia, little progress in alcohol policy has occurred since the recommendations of the National Preventative Health taskforce in 2009 [7], a contributing factor being the power of the industry to both cajole and frighten politicians, while taking every opportunity to undermine evidence-based policy [5].

Given the lack of progress in many countries and the major expansions of the large transnational alcohol corporations into low- and middle-income countries, it is time for a new, dedicated branch of public health surveillance and research capacity to develop. The purpose of this would be to monitor and understand the activities

of the unhealthy commodity industries, such as alcohol.

As Dr Chan has outlined, tactics include front groups, lobbies, promises of self-regulation, lawsuits and industry-funded research that 'confuses the evidence and keeps the public in doubt. This is formidable opposition. Market power readily translates into political power. Few Governments prioritize health over big business. As we learned from experience with the tobacco industry, a powerful corporation can sell the public just about anything' [2].

What is needed is a much deeper and clearer understanding of the formidable power of these industries. This includes the ownership and governance of the corporations themselves as well as their front organizations such as Drinkaware and Drinkwise; their corporate social responsibility (often an oxymoron) activities; the funding they provide for research and results of industry-sponsored research; donations to political parties; and monitoring of the growth and influence within low- and middle-income countries.

In other disease models we constantly monitor the vectors of disease—surely the same should apply for the alcohol-related harm and the alcohol industry?

#### Declaration of interests

I have previously published on the methods the alcohol industry uses to undermine public health.

**Keywords** Alcohol industry, Drinkaware, Drinkwise, front organizations, industrial epidemics, industrial vector.

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## PROTECTING THEIR PAYMASTERS

Three fundamental questions arise from this excellent paper [1]: how independent is independent; who should be responsible for providing health information about harmful products to the community; and is there any role for organizations such as Drinkaware and Drinkwise beyond promoting the interests of the alcohol industry?

First, independence.

Both Drinkaware and Drinkwise proclaim repeatedly that they are 'independent' [2,3]; but both organizations were established and are funded by the alcohol industry. Their Boards include substantial alcohol company membership. They support approaches that cause the alcohol industry no discomfort, and appear to avoid positions or policies that research has shown over the years might harm the industry's sales or interests—no support, for example, for the kind of action on tax recommended by health authorities, curbs on alcohol advertising and promotion, effective health warnings, strong, hard-hitting public education or measures that significantly reduce

access. They imply medical support, naming a few doctors and researchers who are willing to participate in their committees. Drinkwise refers to committee members as 'community representatives' [4], although these are simply individuals chosen through methods that are opaque (an issue common to both organizations in relation to committee membership), usually in receipt of substantial fees, and representing nobody other than themselves.

These organizations are not independent. Their repeated claims of 'independence' fit well with the principles of the 'Big Lie'—'when one lies, one should lie big, and stick to it' [5].

Second, responsibility for providing health information about harmful products.

Alcohol and tobacco companies (like their junk food counterparts) increasingly seek to present themselves—both directly and through funded organizations—as objective providers of health information about their products, and appropriate sources of educational resources for both adults and children.

Tobacco has a long history of lying about health, and yet again has recently been stepping up its efforts to play a role in health information, education and policy. Alcohol companies develop, produce and promote products for the youth market; junk food companies are even more overt about targeting children; and all three industries are closely linked. They all want to be seen as reliable sources of health information through their own websites, materials and programmes and industry organizations such as Drinkaware ('Our aim is to be a leading provider of information and education on alcohol for consumers, parents, professionals and other stakeholders'; 'We've got the answers') [2]; and Drinkwise ('Get the Facts—Drinkwise.com.au') [3].

The education programmes run by these groups are clearly intended to pre-empt the kind of hard-hitting campaigns that have worked so well in tobacco as part of a comprehensive approach—especially in the absence of tobacco promotion.

The last people who should be given any responsibility for education on alcohol or tobacco are the very companies that spend billions of dollars marketing their products to potential consumers of all ages and seeking to avoid any curbs on their promotional activities. Governments that support such exercises know perfectly well that they are conniving in a pretence. Health information and messages should come from health authorities, not the 21st century's most successful drug peddlers.

Third, the role of Drinkaware and Drinkwise.

Nobody—governments, health authorities, consumers—should have any doubt that these organizations

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