



ALCOHOL RISKS TO HEALTH For every-body

To the Chairman F&NZ,

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We wish to bring to your notice our grave concerns over Guidelines (extracts) relating to alcohol consumption and health advice which took the form of posters and coasters which were released to the Australian public soon after the Australian Alcohol Guidelines were completed after October 2001. These bore the NHMRC imprimatur and emanated from the Government in Canberra containing advice on alcohol from the book 'Australian Alcohol Guidelines' (*National Health & Medical Research Council*).

As a Consumers' Health Forum Representative on the Working Party which formulated the production of this book over a two year period, I have been very worried indeed about what I knew to be glaring errors and omissions in selected extracts which were disseminated Australia-wide, free on demand and which we consider were dangerous to health.

These posters and coasters recommending increased drinking levels advised that the new rate of alcohol consumption was to be no more than 6 drinks on any one day for men and no more than 4 standard drinks on any one day for women.

The following exemption categories of men and women for whom the above drinking advice DOES NOT APPLY are listed below. Unfortunately they were not included in either posters or coasters. Why not, as we also claim that they are an integral part of the drinking advice in the Guidelines Book which says that:

Alcohol intakes should be lower for the following groups of people – (described in 2001 Guidelines as "crucial")

- Women who are pregnant
 - Women who are planning to become pregnant
 - Women who are breastfeeding
 - Persons below average body size
 - Who are about to undertake any activity involving physical risk or a degree of skill, such as driving, flying, water sports, skiing, using complex or heavy machinery or farm machinery
 - Those on any medication or other drugs
 - With a family history of alcohol-related problems
 - With a health condition that is made worse by drinking.
- DONALD CAMERON People Against Drink Driving Inc.

The non-inclusion of this significant list of exemptions from the guidelines drinking levels is a great risk to health;—the omissions show that there is an urgent need for Health Warning Labels on beverage alcohol containers, especially as the majority of Australians are in favour of such labelling.

PLEASE NOTE The liquor interests in their submission to the former ANZFA omitted any reference to the above crucial exemptions, which gave their claims a very exaggerated emphasis (erroneous) that alcohol is a health drinks, & i: (2) persuaded it to reject application for labels

THE GLOBE

Submission No. A576 TO CHAIRMAN,
FSANZ. P.O. BOX 7186, CANBERRA, B.C. ACT
PART B of a 2-PART SUBMISSION 2610

(This report written by a doctor of medicine)

"A PUBLIC HEALTH WARNING"

The beverage alcohol industry's social aspects organizations: A public health warning

FOR PADD.

DONALD CAMERON

- Public Speaker
- Artist & Art Teacher
- State Director of
People Against Drink Driving

"WE'RE TRYING TO SAVE LIVES"

Global Alcohol Policy Alliance

P.A.D.D. inc.

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January 22, 2008

1. Introduction: a public health warning

Over the last twenty years the beverage alcohol industry has set up and funded social aspects organizations to represent the industry in the alcohol policy debate and in the social and public discourse about the harm done by alcohol. Although apparently acting with a view to benefit or improve the condition of society, it should be remembered that the beverage alcohol industry's primary focus is to maximize profits¹:

"Every action taken by management is guided by one overriding objective – enhancing shareholder value."

In setting up social aspects organizations the beverage alcohol industry has aimed to create an image of a socially concerned business, whilst at the same time attempting to diffuse criticism and to manage public debate on issues that are sensitive to its business. Among the issues that the beverage alcohol industry would like to manage are alcohol policies that are effective in reducing harm, such as taxation and limitations on the availability of beverage alcohol, phrases such as 'the harm done by alcohol', and marketing practices in low income countries and to young people.

Social aspects organizations attempt to manage issues by gaining representation in a wide range of national and international governmental and non-governmental organizations²; by working with national and international civil servants to create regulations that legitimize their marketing practices and opportunities; by diverting public attention and controversy through focusing on issues of secondary importance; by sponsorship of respected academics to engage in research whose agenda is specified by the beverage alcohol industry; by refocusing public controversy by initiating dialogues with the public that are needed to sustain industry viability; by inviting carefully selected supporters and critics to participate in

consensus-orientated dialogues and then using their participation to enhance the image of their own industry; and by discrediting critics by stereotyping them with such labels as anti-alcohol, anti-business or prohibitionist.

Whilst it may be very appealing for governmental and non-governmental sectors and for educational, professional and scientific bodies to partner with the beverage alcohol industry through its social aspects organizations, it should be remembered that these organizations are not impartial. Such partnerships can compromise the independence of public health with a risk of damaging the public good and of impairing the trust of civil society in its public institutions. A high level of human health protection should be ensured in the definition and implementation of governmental policies and activities. Science based evidence should carry greater weight in the formulation of public health policies concerning alcohol than that of the special pleading of the beverage alcohol industry. Unfortunately, this does not often happen.

Five standpoints advanced by social aspects organizations confirm their overall aim, which is to benefit their funding body, the beverage alcohol industry, rather than to benefit public health or the public good.

Standpoint one – individual responsibility

The notion of individual responsibility put forward by the social aspects organizations and the consequent individual based policy options favoured by them ignore the social environment in which the use of alcohol takes place and are thus positioned to fail in reducing the harm done by alcohol.

Standpoint two – changing the climate around drinking

The funding and implementation of educational programmes by social aspects organizations creates a conflict of interest, and

such programmes all too easily merge into marketing campaigns for the use of the beverage alcohol industry's products. The role of social aspects organizations in low income countries, with a clear objective of changing the social climate around drinking, is an affront to the vast majority of people in such countries who choose not to drink alcoholic products and a disregard for the harm that alcohol can add to the problems of already impoverished individuals, families and communities.

Standpoint three – a place at the policy table

Although believing that they have an equal place at the policy table, social aspects organizations bring to the table a misrepresentation of the evidence base for effective policy, supporting only those policy options for which the evidence is of no or very limited impact in reducing the harm done by alcohol.

Standpoint four – industry self-regulation

The beverage alcohol industry has consistently demonstrated that it is unable to be impartial in its self-regulation. It has blatantly, consistently and extensively broken its own advertising codes in all areas of the world and there is no evidence that this has changed over recent years. Self-regulation is inherently unlikely to work, since the essence of self-regulation in most countries and in most media is that compliance with codes is voluntary, and subject to changes and revision by the beverage alcohol industry itself. Most self-regulatory codes also do not account in their content for the way successful advertising actually works.

Standpoint five – elimination of negative drinking patterns

It is not in the beverage alcohol industry's economical interests to eliminate negative

1 Anheuser-Busch Co. Inc. Annual Report 1997, p. 3.

2 Richter, J. (1998) *Engineering of Consent: uncovering corporate PR* (Dorset, UK, The Corner House).

drinking patterns. The industry makes its profits from negative drinking patterns. If social aspects organizations were successful in their objectives in eliminating negative drinking patterns they would substantially minimize the profits of their sponsors.

Whilst many of the practices of the social aspects organizations could be viewed as legitimate and sincere attempts by the beverage alcohol industry to be a good corporate citizen,

irresponsible industry behaviour, such as aggressive product marketing to vulnerable populations, has not changed. If anything, the industry has accelerated its control over the manufacture, distribution and marketing of alcohol in low income countries, and has been active in high income countries in programmes ranging from the promotion of alcohol to young people to the sponsorship of research that fits its own agenda.

This position paper will identify a number of social aspects organizations, describe and discuss the five main standpoints that the organizations stand for, describe their five main methods of working and conclude by discussing how governmental organizations, non-governmental organizations and scientific and public health bodies might respond and relate to them.

2. What are social aspects organizations?

Nearly twenty years ago, Tim Ambler of Grand Metropolitan set out what he considered to be the principal dangers facing the beverage alcohol industry³:

- "excise duties to be raised faster than inflation;
- more vigorous measures to be taken to reduce drunken driving;
- restrictions on retail hours, licenses etc.;
- funding rehabilitation for those suffering the effects of alcohol abuse;
- advertising and other marketing restrictions;
- warning labels on alcoholic drinks and posters for all retail establishments; and
- ingredient labelling."

He stated:

"It is generally agreed that the tobacco

industry reacted to not dissimilar threats in a passive, inadequate manner and most of all too late dead customers ring no tills profit and social responsibility are entirely compatible."

Over the subsequent years, organizations were set up and funded by the beverage alcohol industry to consider the social aspects of its product. Although the first such organization was the Dutch group STIVA, it was not until the creation of the United Kingdom based Portman group in 1989 that social aspects organizations began to raise their profile. Today, such organizations operate at the global level (International Center for Alcohol Policies), the European level (The Amsterdam Group), and at the country level, in high, middle and low

income countries (see the annex).

The aim of these organizations is to appear socially responsible and public health friendly. However, a number of questions need answering. Is there common ground between public health and the beverage alcohol industry, and, if so, where is it to be found and where does control of the policy agenda lie? Can social aspects organizations be trusted and, were this to be the case, is some form of partnership possible? The answers to these questions can best be determined by an examination of the industry's standpoints and statements and its responses to different aspects of alcohol policy.

3. What do social aspects organizations stand for?

Social aspects organizations advance five main standpoints, which have been most clearly articulated by the International Center for Alcohol Policies⁴:

- Patterns of drinking are the best basis for alcohol policies;
- Responsible drinking can be learned;
- Public/private partnerships will increasingly influence alcohol policy development;
- The beverage alcohol industry will strengthen self-regulatory mechanisms; and

- Alcohol – despite its potential for abuse – confers a net benefit to society.

Each of these standpoints will be described and the difficulties associated with them outlined.

3.1 Standpoint 1

Patterns of drinking are the best basis for alcohol policies

Although it can include levels of drinking, the term patterns of drinking is usually taken to refer to how people drink and the circumstances in which they drink. The first volume in the

International Center for Alcohol Policies Series⁵ on Alcohol and Society is Drinking Patterns and their Consequences⁵. This publication advanced the standpoint that patterns of drinking are the best predictor of whether an individual will experience positive or negative consequences of alcohol consumption.

The standpoint led to the view of the Amsterdam Group⁶ that:

"The prevalence of alcohol-related problems is not directly related to the average per capita consumption, but rather to problematic patterns of drinking."

3 Ambler, T. 1984. Quoted in Rutherford, D. Social Aspects groups. Towards a global alcohol policy. The Globe. <http://www.ias.org.uk>.

4 Grant, M. A New Force for Health. International Center for Alcohol Policies. <http://www.icap.org/>.

5 Grant, M. & Litwak, J. Eds. Drinking Patterns and their Consequences London, Taylor & Francis. 1998.

6 The Amsterdam Group Report 2001. www.amsterdamgroup.org.

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and to the view of the International Center for Alcohol⁷ policies that:

"Policy makers should shift their focus to the elimination of negative drinking patterns by targeted strategies and to the promotion of beneficial patterns of drinking".

The Amsterdam Group continued:

"Policies aimed at the reduction of overall per capita consumption (in the form of limiting the overall sales of alcoholic beverages through marketing and production restrictions and high taxation) do not address those who abuse the product. The notion of individual responsibility for drinking behaviour needs to be stressed and that no collective regulation can ever replace individual responsibility".

The standpoint that patterns of drinking are the best basis for alcohol policies fails on three main counts: the purpose of alcohol policy is to reduce the harm done by alcohol and the effectiveness of alcohol policy needs to be judged in the light of its impact on harm; alcohol related harm is determined by the volume of alcohol consumption, as well as by how it is drunk; and the notion that alcohol policy should be a matter of individual responsibility alone is a false choice.

Count one

The purpose of alcohol policy is to reduce harm and the effectiveness of alcohol policy needs to be judged in the light of its impact on harm

The purpose of alcohol policy is to reduce the harm done by alcohol. The European Alcohol Action Plan of the World Health Organization, which has been endorsed by its Member States, has been criticized by the beverage alcohol industry for being a prohibitionist document. However, the Action Plan is specific in its aim⁸:

"to prevent and reduce the harm that can be done by alcohol throughout the European

region"

The Action Plan supports the achievement of Target 12 of the health for all policy framework for the WHO European region, also endorsed by its Member States, which states that⁹:

"By the year 2015, the adverse health effects from the consumption of addictive substances such as tobacco, alcohol and psychoactive drugs should have been significantly reduced in all Member States."

Alcohol policy should be judged by its impact in reducing harm. And the evidence is that those policy options that address the economic and physical availability of alcoholic products are effective in reducing harm, whereas those policy options that address the responsibility of the individual, through programmes such as education, are largely ineffective¹⁰. (This is discussed in more detail in standpoint 3 below).

Count two

Alcohol related harm is determined by the volume of alcohol consumption, as well as by how it is drunk

For the individual drinker, the harm done by alcohol is related to both the volume of alcohol consumed and to how the alcohol is consumed¹¹. For almost all of the physical conditions related to alcohol, including cirrhosis of the liver and alcohol-related cancers, the level of alcohol consumption is a more important determinant of harm than how the alcohol is consumed. The risk of these conditions increases with increasing levels of alcohol consumption, and there is no clear cut off point between use, hazardous use and harmful use. For conditions related to alcohol intoxication, (including accidents, road traffic accidents, intentional violence both towards self and others, suicide, family violence, violent crime, engaging in criminal behaviour, and victimization, including robbery and rape) both the level of alcohol consumed and how it

is consumed are related to the risk of harm. For these conditions, the risk increases with increasing levels of alcohol consumption and is influenced by different patterns of drinking.

At the societal level, there is a direct relationship between levels of per capita consumption and alcohol related harm. The European Comparative Alcohol Study reviewed the post-war experience of alcohol and mortality in the countries of the European Union¹². Time series analysis demonstrated that there is a positive and significant relationship between changes in alcohol consumption and changes in both overall and alcohol related death for both men and women. The relationship applies to all types of alcohol related harm, and is stronger in countries with lower overall alcohol consumption than in countries with higher overall alcohol consumption. For example, an extra litre of alcohol per person would result in a 12.4% increase in homicides in northern Europe, but only a 5.5% increase in southern Europe. However, since consumption levels are generally higher in southern Europe, the actual number of deaths attributable to alcohol is roughly equal in the northern and southern regions.

The drinking population in general has been found to behave as a collectivity. Increases or decreases in overall consumption are likely to result in shifts across the entire spectrum of drinkers, except when alcohol is rationed¹³. To be effective, policy that reduces the harm done by alcohol will have an impact on both the volume of alcohol consumed as well as on how the alcohol is consumed.

Count three

The notion that alcohol policy should be a matter of individual responsibility alone is a false choice

Social aspects organizations imply that individual responsibility should be at the core of alcohol

7 Grant, M. A New Force for Health. International Center for Alcohol Policies. <http://www.icap.org/>.

8 European Alcohol Action Plan 200-2005. Copenhagen, World Health Organization Regional Office for Europe.

9 Health 21 – health for all in the 21st century. Copenhagen, World Health Organization Regional Office for Europe.

10 Edwards G., et al. Alcohol Policy and the Public Good. Oxford, Oxford University Press, 1994.

11 Edwards G., et al. Alcohol Policy and the Public Good. Oxford, Oxford University Press, 1994.

12 Norstrom, T. and Skog, O.-J. Alcohol and mortality: methodological and analytical issues in aggregate analysis. Addiction 2001 96(Supplement 1), S5-S17.

13 World Health Organization. Alcohol and Health - implications for public health policy. Report of a WHO working Group, Oslo October 1995. Copenhagen; World Health Organization Regional Office for Europe.

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policy. Social aspects organizations use the term abuse, implying that this is an irresponsible use of the beverage alcohol industry's product and is the cause of harm. Social aspects organizations imply that it is the individual drinker who is responsible for whether or not the product is abused. The World Health Organization has considered the term abuse as potentially pejorative and emotionally laden, and because of its ambiguity no longer uses it in its ICD 10 classification of mental and behavioural disorders when referring to drugs of dependence¹⁴. The terms intoxication, harmful use and dependence take preference.

Harmful use is a pattern of alcohol use that is causing damage to health. The damage may be physical (as in cases of liver cirrhosis) or mental (for example, episodes of depressive disorder secondary to heavy consumption of alcohol). Alcohol is classified by the World Health Organization as a dependence producing drug, with dependence on alcohol being a recognized disorder.

Approaches centred on individual responsibility and individual change fail to consider the social factors governing behaviour, including the various environmental constraints and pressures that limit individual choice. Individual based strategies are far less effective than strategies aimed at controlling or altering relevant factors within the individual's immediate environment, such as the physical and economic availability of alcohol, formal social controls on alcohol-related behaviour and initiatives aimed at changing alcohol-related practices in the drinking environment through broad-based community action. Effective policy to reduce the harm done by alcohol is about shaping the individual's drinking environment to enable the healthy choices to be the easy choices.

3.2 Standpoint 2

Responsible drinking can be learned

The fifth book in the International Center for Alcohol Policy's Series on Alcohol and Society

is *Learning about Drinking*¹⁵. The publication advanced the standpoint that drinking is a learned behaviour, much like learning to drive. It is proposed that, if what influences this learning is better understood, programs that seek to reduce harm are likely to be more effective.

This standpoint led to the view of the Portman Group in the United Kingdom that¹⁶ *"Education is the key to tackling alcohol abuse and that responsible attitudes should be encouraged at a young age."*

The International Center for Alcohol Policies has emphasized the importance of responsibility and stated that¹⁷ it *"Works with industry and public health partners to promote responsible lifestyles in industrialized and developing countries", [noting that] "the concept of responsibility differs widely depending on a range of cultural factors. As consumption patterns change – especially in countries where drinking is not necessarily a traditional part of the culture – it is important to constantly redefine responsibility in culturally sensitive ways."*

Social aspects organizations implement and fund a number of programmes to support their understanding of responsible lifestyles, including, for example, educational programmes at school and designated driver campaigns to reduce drink driving.

In the field of education, the United Kingdom based Portman Group, for example, has published resource materials for use in schools¹⁸. 'We've Seen People Drinking' is a publication for use in primary schools and 'Finding Out About Drinking Alcohol' is for use by pupils in secondary schools. The Portman group states that 'Discussing Drinking With Your Children' is its most popular leaflet. It is promoted as a general guide for parents who would like information on talking to their

children about alcohol. The Portman Group states that although it is mainly aimed at parents of teenagers, much of it is also relevant for parents of younger children.

In low income countries, the International Center for Alcohol Policies has promoted learning about drinking through its Growing Up Life Skills Education programme¹⁹, which was developed for all seven grades of selected primary schools in South Africa and Botswana, during the period from 1996-1999. Rather than providing health education by pointing out the dangers of certain behaviours, Life Skills Education introduces children to a number of skills such as decision-making skills, communication skills and how to handle emotions. The program included, but did not focus primarily upon, issues related to beverage alcohol. The International Center for Alcohol Policies took the view (although provided no evidence for this) that:

"It is unlikely that primary school children will be applying these skills immediately to drinking alcohol beverages. Nevertheless a Life Skills Education programme at this early age will provide the necessary foundation skills in ways that will enable them, as they get older, to apply the skills in situations that do involve drinking".

Designated driver campaigns, such as the Arnoldus Group's Bob campaign are common initiatives²⁰. The United Kingdom Portman Group's designated driver campaign promotes the message 'If you drink, let others drive'²¹. The campaign is aimed particularly at 18-40 year old male drivers who are the group most at risk of being involved, injured or killed in a drink-drive accident. The campaign was launched with support from professional football, supported by a series of regional promotions delivered in partnership with local communities, and supported by radio and bus advertising. In the Netherlands, the beverage alcohol industry itself partnered with the

14 World Health Organization. *The ICD-10 Classification of mental and behavioral disorders*. Geneva, World Health Organization, 1992.

15 Houghton, E. & Roche, A.M. Eds. *Learning about Drinking* London, Taylor & Francis, 2001.

16 The Portman Group www.portman-group.org.uk.

17 Grant, M. A New Force for Health. International Center for Alcohol Policies. <http://www.icap.org/>.

18 The Portman Group www.portman-group.org.uk.

19 International Center for Alcohol Policies. *Life skills education in South Africa and Botswana 2000*. www.icap.org.

20 The Arnoldus Group. belgian.brewers@beerparadise.be.

21 The Portman Group www.portman-group.org.uk.

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Ministry of Transport to launch a designated driver campaign which was criticized because the non-drivers were clearly intoxicated and there was no scientific research on the effectiveness of the campaign.

These initiatives are wrongly conceived on two counts: the educational initiatives proposed by the social aspects organizations have minimal or no impact in reducing the harm done by alcohol and there is little or no evidence for the effectiveness of designated driver campaigns, the cornerstone of social aspects organizations' policy to reduce alcohol-related traffic accidents and; learning responsible drinking as promoted by social aspects organizations can be interpreted as a marketing tool in all societies and as a way to influence the beliefs about alcohol in those societies where drinking is not necessarily a traditional part of the culture.

Count one

The educational initiatives proposed by the social aspects organizations have minimal or no impact in reducing the harm done by alcohol and there is little or no evidence for the effectiveness of designated driver campaigns, the cornerstone of social aspects organizations' policy to reduce alcohol-related traffic accidents

The evidence is that whilst school-based educational initiatives can change knowledge and attitudes about alcohol, they are generally ineffective in changing behaviour in the use of alcohol or preventing the harm done by alcohol²². This is hardly surprising since school-based education competes against a barrage of messages that promote the use of alcohol. The primary source of pro-alcohol messages is social reality itself, the widespread and visible availability of alcoholic beverages, and the presence and acceptability of alcohol in a variety of everyday situations and contexts. The influence of experience on people's conceptions of alcohol issues tends to be more

powerful than that of any alcohol information provided.

Unfortunately, there has been very little research to test the effectiveness of the designated driver campaigns that are supported by social aspects organizations to reduce alcohol-related traffic accidents. From the limited evidence that is available, it appears that designated driver campaigns are largely ineffective and certainly not as effective as a measure to prevent alcohol-related traffic accidents as originally envisioned²³. Whilst the public may be aware of the designated driver concept and there is an increased use of designated drivers, a large proportion of those familiar with the term do not require a designated driver to be identified before the planned drinking event or to avoid consuming alcohol during the event. Many who agree to serve as designated drivers renege after drinking, even though it means becoming an intoxicated driver. Further, there is some evidence that the presence of a designated driver encourages the non-drivers to drink more than they would otherwise, making them a greater danger if either they or the designated drivers changed their minds. Unfortunately, the social aspects organizations are generally opposed to those initiatives, such as reducing blood alcohol concentration (BAC) levels permitted for driving or high visibility random breath testing that have been demonstrated to be effective in saving deaths from alcohol related road traffic accidents. Norway reduced its legal blood alcohol concentration limit to 0.2g/L in 2001. Police data from road side tests showed a 22% drop in violations of the limit compared with the year 2000, with the decrease across the entire range of illegal blood alcohol levels²⁴.

Count two

Learning responsible drinking as promoted by social aspects organizations can be interpreted as a marketing tool in all societies and as a way to influence the

beliefs about alcohol in those societies where drinking is not necessarily a traditional part of the culture

Education on alcohol is one aspect of public communication, which is connected with alcohol advertising and other media representations of alcohol²⁵. Although education as a means of reducing the harm done by alcohol has limited success, this does not mean, however, that communication about alcohol plays no role in shaping people's beliefs and perceptions. As the range of most people's direct experience with alcohol is limited, many of people's views and notions are based on what is learnt from other people or from the mass media. The media convey a steady flow of images and views on alcohol and drinking. These images mainly represent alcohol consumption as a harmless practice, playing down the potential health risks and other negative consequences. When the media do depict negative social, economic or health consequences, they tend to present these as occasional afflictions rather than as risks inherent in alcohol use. It is not surprising, therefore, that educational initiatives rarely succeed in bringing about behavioural change in the direction of reducing the harm done by alcohol. They are simply swamped by the massive flow of messages conveying the social acceptability and high level of prevalence of alcohol use. A large part of these messages are commercial advertisements that portray the use of alcohol as an essential component of desirable lifestyles. When alcohol education funded and implemented by the beverage alcohol industry is viewed within this context, it is very difficult to avoid the blurring between education, advertising and the media portrayal of the use of alcohol. In other words, it is very easy for such alcohol education to be interpreted as a part of a marketing strategy by the beverage alcohol industry.

It is estimated that the growth areas for the use of alcoholic beverages are the same emerging markets that are considered in the second

22 Midford, R. & McBride, N. Alcohol education in school. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 785-804, 2001.

23 McKnight, A.J. & Voas, R.B. Prevention of alcohol-related road crashes. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 741-770, 2001.

24 Eurocare Newsletter: June 2002. www.eurocare.org

25 Hill, L. & Caswell, S. Alcohol advertising and sponsorship: commercial freedom or control in the public interest. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 823-846, 2001.

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volume of the International Center for Alcohol Policies' Series on Alcohol and Society, Alcohol and Emerging Markets²⁶, that is Asia, Central and Eastern Europe, Latin America and sub-Saharan Africa. The International Center for Alcohol Policies²⁷ is actively promoting what it calls 'balanced alcohol policies based on partnerships between the public and private sectors' in a number of low income countries and emerging markets, introducing the 'concepts of responsible drinking in countries where drinking is not necessarily a traditional part of the culture'. The balanced alcohol policies that the International Center for Alcohol Policies proposes are responsible promotional and advertising practices and alcohol education to promote sensible drinking, both of which are known to lack effectiveness. The effective environmental strategies are not adequately addressed. The involvement of social aspects organizations in emerging markets and low income countries can be understood as a marketing tool which shows little respect for the vast majority of individuals in such countries who choose not to consume alcohol, and with little regard for the harm that alcohol can add to the problems of already impoverished individuals, families and communities²⁸.

3.3 Standpoint 3

Public/private partnerships will increasingly influence alcohol policy development

Social aspects organizations were set up and funded by the beverage alcohol industry to represent the industry in policy debate. Therefore, it is no surprise, that social aspects organizations regard themselves as having an equal place at the policy table.

The International Center for Alcohol Policies²⁹ believes that social aspects organizations are: *"Public health organizations that should be partners in influencing alcohol policy development."*

In promoting its role in policy development, the International Center for Alcohol Policies has

"Set in motion a process of finding a less emotional and value-laden way of communicating as a basis for a more effective partnership."

The common language the International Center for Alcohol Policies promotes is pleasure, the social aspects organizations' brand and means of policy influence, and the theme of the Center's third book in its Series on Alcohol and Society, Alcohol and Pleasure: a Health perspective³⁰.

There is simply one problem with this approach: social aspects organizations are neither public health bodies nor scientific organizations, but beverage alcohol industry organizations which misrepresent the evidence base for effective policy to reduce the harm done by alcohol.

Problem one

Social aspects organizations are beverage alcohol industry organizations which misrepresent the evidence base for effective policy to reduce the harm done by alcohol

The social aspects organizations' misrepresentation of alcohol policy is demonstrated in the table, which summarizes the evidence for the impact of policy options in reducing the harm done by alcohol (classified as effective or ineffective), based on scientific reviews of the evidence, and the positions taken by the social aspects organizations (classified as not supportive or supportive), based on their publications and web-sites.

It is clear that there is a mismatch between the evidence for effective alcohol policy and the policy options supported by the social aspects organizations. In general, policy options that have been demonstrated to be effective in reducing the harm done by alcohol are not supported by the social aspects organizations, whereas policy options that have been demonstrated to be ineffective in reducing the harm done by alcohol (or policy options for

which there is no evidence either way) are supported by the social aspects organizations.

3.4 Standpoint 4

The drinks industry will strengthen self-regulatory mechanisms

The social aspects organizations take the view that there is insufficient evidence to support an association between advertising and levels or patterns of drinking. They are opposed to legislative marketing restrictions and believe that the marketing of alcoholic products should be regulated by the beverage alcohol industry itself.

The International Center for Alcohol Policies summarizes the view of social aspects organizations in the following way³¹:

"the right [of beverage alcohol industry organizations] to advertise their brands is a most important commercial freedom, but [beverage alcohol industry organizations] recognize that they must safeguard this freedom by advertising in a responsible manner. [Beverage alcohol industry organizations] believe that industry self-regulation through voluntary codes of practice is the most efficient means of regulating drinks advertising and promotional activities, while at the same time protecting the rights of individual companies to communicate with their consumers and to compete for market share"

The International Center for Alcohol Policies also takes the view that self-regulation applies to all markets, including that of low income countries:

"Emerging markets, especially in developing countries, provide an opportunity for the industry to work with the public health community to set new standards for abuse prevention and responsible marketing. Although the social environment may vary enormously from country to country, the International Center for Alcohol Policies identifies common factors that can be used pro-actively around the world."

26 Grant, M. Ed. *Alcohol and Emerging Markets* London, Taylor & Francis, 1998.

27 Grant, M. *A New Force for Health*. International Center for Alcohol Policies. <http://www.icap.org/>.

28 Saxena, S. *Alcohol, Europe and the developing countries*. Copenhagen, WHO Regional Office for Europe, 1995 (document EUR/ICP/ALDT 94 03/CN 01/32).

29 Grant, M. *A New Force for Health*. International Center for Alcohol Policies. <http://www.icap.org/>.

30 Peele, S. & Grant, M. *Alcohol and Pleasure: a Health perspective* London, Taylor & Francis, 1999.

31 International Centre for Alcohol Policies. *A suggested Framework for responsibility*, 1998 www.icap.org.

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Thus, the International Center for Alcohol Policies encourages:

- "Strict industry compliance with all existing legislation or self-regulatory codes of practice relating to the advertising and promotion of alcohol beverages;
- Initiatives aimed at establishing self-regulatory codes in countries where they do not already exist;
- Efforts to ensure that such codes of practice adequately reflect local culture and values; and
- The development of appropriate enforcement mechanisms to ensure that such codes are adhered to."

With the assistance of the European Advertising Standards Alliance, the International Center for Alcohol Policies has prepared a toolkit on self-regulation and alcohol for emerging markets and the developing world, which includes a model Code of Practice for the marketing and promotion of alcoholic beverages³².

Some social aspects organizations were set up specifically to deal with self-regulation. For example, the Dutch organization, STIVA was founded in response to alcohol policy developments. The first task of STIVA was to manage the new self-regulation system as part of a political compromise to prevent an advertising ban. In subsequent years, its function was reformulated to broader issues.

There are two arguments against self-regulation as a response to the marketing of alcoholic beverages: the beverage alcohol industry is unable to regulate itself and its self-regulatory codes are persistently and consistently broken; and advertising of alcoholic products does have a small but contributory effect to individual drinking and levels of alcohol-related harm.

Argument one

The beverage alcohol industry is unable to regulate itself and its self-regulatory codes are persistently and consistently broken

Source:
www.barmoist.co.uk

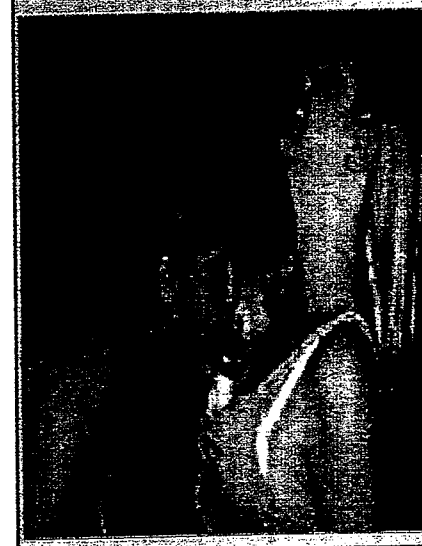


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Source: www.clubbersguide.co.za



Source: www.clubbersguide.co.za



beverage alcohol industry members of the social aspects organizations have blatantly, consistently and extensively broken their own advertising codes in all areas of the world³³ and there is no evidence that this has changed over recent years.

The Amsterdam Group produced its first set of *Guidelines for Commercial Communications on Alcoholic Beverages* in 1994³⁴, which were updated in 2002³⁵. There are very many examples in which the member organizations of the Amsterdam have broken and continue to break the Group's self-regulatory codes, including for example, Bacardi and Heineken³⁶. Diageo, a member organization of the Amsterdam Group, has its own code to define responsible marketing activities, which according to Diageo has "proved to be particularly helpful in countries where national laws or self-regulatory codes are not sufficiently detailed to give an effective framework for the regulation of alcohol beverages"³⁷. The Diageo code, like many of the national and international codes, states that the "packaging of alcoholic products should not suggest sexual success or prowess", and "advertising and promotional

activities should not give the impression that social acceptance or sexual success cannot be achieved without consuming alcohol beverages". Yet despite this code, and despite an emphasis expressed by the beverage alcohol industry at a joint meeting of the Member States Working Group on Alcohol and Health of the European Commission and representatives of interest groups that was held in June 2001 that it can regulate itself, the launch of Diageo's brand, Archers Aqua, clearly uses sexual words and sexual imagery that is

32 International Centre for Alcohol Policies. *Self-regulation and alcohol. A toolkit for emerging markets And the developing world* May 2002 www.icap.org.

33 *Marketing alcohol to young people*; Eurocare, London, 2001.

34 The Amsterdam Group. *Guidelines for Commercial Communications on Alcoholic Beverages*. 1994.

35 *Commercial Standards for Commercial Communication* 2002 www.amsterdamgroup.org.

36 www.alcoholreclame.nl

37 *Code of marketing practice for alcohol beverages*. www.diageo.com.

difficult to interpret other than an association between the use of the product and sexual success. This is illustrated with its "Come out to Play" "Moist theme" in the United Kingdom and through its club promotions in, for example, South Africa.

Self-regulation is inherently unlikely to work, since the essence of self-regulation in most countries and in most media is that compliance with codes is voluntary, and subject to changes and revision by the beverage alcohol industry itself³⁸. In theory, a voluntary code can be monitored by the public and non-governmental organizations, but the effectiveness of this will depend on widespread knowledge of the code, a sufficiently independent complaints body with powers of sanction, and sufficient funds to monitor marketing practices and implement litigation if necessary. Most advertising campaigns are designed as short bursts to avoid saturation effects, so complaints decisions must be fast. "Pre-vetting" may increase effectiveness, but beverage alcohol industry self-regulation against its own interests not infrequently leads to under-regulation and under-enforcement. Bodies that judge adherence to the codes tend to restrict their judgements to the intentions of the advertisers, rather than to the real effects of the advertisements on, for example, young people, even when the evidence shows that young people perceive the advertisements as being directed at them.³⁹

Most self-regulatory codes also do not account in their content for the way successful advertising actually works⁴⁰. For example, codes on advertising standards commonly state that actors in alcohol advertisements

must be adults. This part of the content of the codes has little meaning, since studies of advertising for other products show that children generally desire what they see being enjoyed by an older person. Similarly, while codes explicitly prohibit the portrayal of intoxication, research suggests that advertisements do communicate the concept of intoxication and young recipients perceive intoxication as a beneficial effect.

Argument two

Advertising of alcoholic products does have a small but contributory effect to individual drinking and levels of alcohol-related harm

In a number of European countries, about 10% of drinkers drink between one third to two thirds of the total alcohol consumed; it is this sector that contributes most to the alcohol producers' markets⁴¹. Young males are most likely to be recruited to be these heavy drinkers and are disproportionately represented in the statistics for the harm done by alcohol, including intentional and unintentional injuries and premature death. As young males age, the levels of alcohol consumption reduce. The logical implication is that the beverage alcohol industry continually needs to recruit new generations of young heavy drinkers in order to maintain its profitability. The beverage alcohol industry spends heavily on advertising. Seven alcohol companies rank amongst the world's 100 leading advertisers, and their total advertising expenditures exceeded US\$4.5 billion in 2000⁴². Probably this same sum is spent again on forms of promotion other than direct

advertising. Most effective among these is marketing through sporting activities that attract young males, the group most likely to be heavier drinkers.

A considerable body of research has attempted, using a variety of methodologies, to investigate whether there is a discernible link between advertising and consumption at either the aggregate or the individual level⁴³. A comparison of 17 high income countries for the period 1970-1983 found, for example, that the countries with a ban on spirits advertising had 16% lower consumption and 10% lower motor vehicle fatalities than countries with no such ban⁴⁴. Broadening the analysis to 20 OECD countries over the years from 1970 to 1995, including prohibitions on print as well as radio and television broadcasting, and studying all classes of alcoholic beverages concluded that an advertising ban would lead to a reduction in alcohol consumption of between 5% and 8%. A comparison of local data from 75 metropolitan areas in the United States using quarterly data from 1986-1989 and controlling for numerous other relevant variables, found an impact of advertising on motor vehicle fatalities which was significant, although smaller than the impact of increasing the price of alcoholic products.

At the individual level, two analyses of longitudinal data have found an impact of response to advertising on consumption in New Zealand⁴⁵. In the first, the numbers of alcohol advertisements recalled at age 15 years in response to a question about the portrayal of alcohol in the media significantly predicted heavier drinking among young men aged 18 years. In the second analysis, liking for

38 Hill, L. & Caswell, S. *Alcohol advertising and sponsorship: commercial freedom or control in the public interest*. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 823-846, 2001.

39 Van Dalen, W. *Alcohol marketing in the Netherlands*. Paper prepared for the WHO international technical meeting on Marketing and Promotion of Alcohol to Young People, Valencia, Spain, 7-9 May 2002.

40 Hill, L. & Caswell, S. *Alcohol advertising and sponsorship: commercial freedom or control in the public interest*. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 823-846, 2001.

41 Hill, L. & Caswell, S. *Alcohol advertising and sponsorship: commercial freedom or control in the public interest*. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 823-846, 2001.

42 Jernigan, D.H. *Marketing alcohol to young people: Effects, responses, evaluations and prospects* Paper prepared for the WHO international technical meeting on Marketing and Promotion of Alcohol to Young People, Valencia, Spain, 7-9 May 2002.

43 Wagenaar, A.C. & Komro, K.A. *Marketing Alcoholic Beverages to Youth: Study Designs and Research Needs*. Paper prepared for the WHO international technical meeting on Marketing and Promotion of Alcohol to Young People, Valencia, Spain, 7-9 May 2002.

44 See Jernigan, D.H. *Marketing alcohol to young people: Effects, responses, evaluations and prospects* Paper prepared for the WHO international technical meeting on Marketing and Promotion of Alcohol to Young People, Valencia, Spain, 7-9 May 2002.

45 Hill, L. & Caswell, S. *Alcohol advertising and sponsorship: commercial freedom or control in the public interest*. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 823-846, 2001.

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advertising measured at age 18 years predicted heavier drinking and experience of more alcohol-related problems at age 21 years.

An Irish study found that that alcohol advertising has a strong attraction for teenagers, as it portrays lifestyles and images which are part of their social setting⁴⁶. Most believed that the alcohol advertisements were targeted at young people as the advertisements depicted dancing, clubbing, lively music and wild risqué activities which they consider synonymous with their social activities. The younger age group (12-14 years) perceived the advertising messages as saying that alcohol can help them have fun, make friends and become popular and those that don't drink are missing out. The message from the alcohol advertisements for the older age group (15-17 years) was that social success and a good time results from alcohol use.

A basic strategy of alcohol promotion is not to rely on a single message or a single campaign, but on a synergy created by a variety of messages and channels. Direct advertising through mass media channels is only one example of the range of promotional activities. Other methods used to secure the visibility of alcohol products include sponsorship of cultural and sports events, on-site promotion in alcohol outlets, drinking paraphernalia and other products carrying brand names or symbols, and product placement in the entertainment media.

Marketing of beverage alcohol products is not just about recruiting new drinkers, but also about promoting a public discourse in which alcohol is "normalized" as part of everyday life and drinking is seen as a matter of individual choice and responsibility⁴⁷. This choice is informed and created by direct and indirect means: not only advertisements and promotions but the unproblematic portrayal of

drinking in television, radio, film and print. In these ways the beverage alcohol industry acts as a "drug educator", reaffirming drinking cultures and creating an environment supportive of the beverage alcohol industry when policy decisions are taken on the regulation of beverage alcohol products and on public health strategies.

3.5 Standpoint 5

Alcohol – despite its potential for abuse – confers a net benefit to society

Alcohol and Pleasure: a Health perspective, the third book in the International Center for Alcohol Policies' Series on Alcohol and Society, promoted the view that for most people most of the time alcohol can confer considerable benefits, although it carries some risks⁴⁸. The fourth book in the Series, *Drinking occasions: Comparative Perspectives on Alcohol and Culture*, an anthropological review of global drinking habits, put forward the view that most drinking occasions are normal parts of daily life and not associated with problems or excess⁴⁹.

Both of these publications are part of the International Center for Alcohol Policies' strategy⁵⁰ to:

"demonstrate that moderate drinking is likely to provide a net gain to society and thus rehabilitate pleasure so that it can take its legitimate place in human affairs"

arguing that alcohol is an essential component of a productive life:

"as quality of life indicators will be increasingly used to determine health status, a balanced lifestyle – which can for most people include moderate drinking – will probably prove the best predictor of a long and healthy life. Both for developed and developing countries, the key issue may be the redefinition of what constitutes a productive life and alcohol's place in it".

There are three problems with this approach: despite what the beverage alcohol industry states, it is not in its economical interests to promote what it terms responsible drinking; alcohol ranks as one of the highest causes of disease burden in the world; and drinking alcoholic products is neither a pre-requisite, nor a necessity for a balanced lifestyle or a long and healthy life.

Problem one

Despite what the beverage alcohol industry states, it is not in its economical interests to promote what it terms responsible drinking

Whilst the social aspects organizations propose that their objectives are to promote moderate and responsible drinking, it should be remembered that alcohol is essentially an intoxicating and dependence producing drug⁵¹. It is drunk for its intoxicating effects, even by those who are light or moderate consumers of wine. Many drinkers, and in particular younger men, deliberately and self-consciously use alcohol to pursue intoxication, i.e. to get drunk. Thus the pleasures of moderate or responsible drinking occur in spite of, not because of, the basic nature of the substance. The beverage alcohol industry is aware of alcohol's intoxicating effects. An examination of alcohol advertising especially that aimed at young people shows that its ability to intoxicate, and the glamour and excitement with which intoxication is associated is the product's main selling point. A small percentage of the population is responsible for a greatly disproportionate amount of the total alcohol consumed. Ten per cent of the population may consume between 30% and 60% of the total amount consumed in a society⁵². In the United States, hazardous drinking, defined as 5 drinks or more per day, accounts for more than half the beverage alcohol industry's market and 76 per cent of the beer

46 Dring, C & Hope, A. (2001). *The Impact of Alcohol Advertising on Teenagers in Ireland*. Department of Health and Children, Dublin.

47 Hill, L. & Caswell, S. *Alcohol advertising and sponsorship: commercial freedom or control in the public interest*. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 823-846, 2001.

48 Peele, S. & Grant, M. *Alcohol and Pleasure: a Health perspective* London, Taylor & Francis, 1999.

49 Heath, D.B. *Drinking occasions: Comparative Perspectives on Alcohol and Culture* London, Taylor & Francis, 2000.

50 Grant, M. *A New Force for Health*. International Center for Alcohol Policies. <http://www.icap.org/>.

51 Heather, N. *Pleasures and pains*. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 5-14, 2001.

52 Lemmens, P. *Relationship of alcohol consumption and alcohol problems at the population level*. In Eds. Heather, N., Peters, T.J. & Stockwell, T. *International Handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd. pp 395-412, 2001.

market⁵³. Thus if all hazardous drinkers and drinkers currently drinking above medically recommended levels were somehow transformed into moderate or responsible drinkers, the beverage alcohol industry's profits would be considerably minimized.

Problem two

Alcohol ranks as one of the highest causes of disease burden in the world

Alcohol use causes significant harm to the physical, psychological and social health of individuals, families and communities in both high and low income countries. It was estimated to account for 3.5% of the disability-adjusted life years (DALYs) lost in 1990, more than tobacco at 2.6%⁵⁴. It is a risk factor to global health on the same level as measles, tuberculosis and malaria combined. Twenty five per cent of all deaths of young people aged between 15 and 29 years are attributable to alcohol, with 55,000 alcohol-related deaths occurring among young people in Europe in 1999. Alcohol use can cause or contribute to physical, psychological and social harm for both drinkers and non-drinkers, and can damage nearly every tissue and system in the body⁵⁵. Harm to the drinker includes alcoholic psychosis, alcohol dependence syndrome, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, alcoholic liver cirrhosis, ethanol toxicity and methanol toxicity. The risk of dependence increases with increasing levels of alcohol consumption⁵⁶ and its prevalence is considerable. It is estimated that globally there are 140 million people suffering from alcohol dependence at any one time⁵⁷. In the United States (a middle ranking country in terms of worldwide

per capita alcohol consumption) it has been estimated that 1 in 4 men and 1 in 20 women will experience at least one episode of alcohol dependence in their lifetime⁵⁸. Alcohol use increases the risk of cancers of the oral cavity, pharynx, larynx, oesophagus, liver and breast, as well as certain types of heart disease, high blood pressure and stroke and pancreatic inflammation, atrophy and fibrosis. For non-drinkers, the harm from alcohol use may begin prenatally in the form of foetal alcohol syndrome and foetal alcohol effects. Both drinkers and non-drinkers may suffer from the consequences of alcohol use, for example by traffic crashes, burns, drowning and suicide. While the causal connection of alcohol to criminal behaviour is complex, crimes of violence consistently show strong relationships with alcohol use. Alcohol use may also be related to a variety of other social problems including marital breakdown, loss of productivity and high rates of absenteeism, family violence and child abuse, and homelessness.

Alcohol imposes a high economic cost to society⁵⁹. One estimate puts the yearly economic cost of the harm done by alcohol in the United States at US\$148 billion, including US\$19 billion for health care expenditure. In Canada, the economic costs of alcohol amount to approximately US\$18.4 billion, representing 2.7% of the gross domestic product. In European countries, the total costs arising from the harm done by alcohol lie between 2% and 5% of gross domestic product. In a research study in The Netherlands, it was estimated that 9% of the adult population drink at hazardous levels – a total of 1.1 million problem drinkers. These drinkers cost the economy 2.6 billion.

Problem three

Drinking alcoholic products is neither a pre-requisite nor a necessity for a balanced lifestyle or a long and healthy life as proposed by social aspects organizations

In the estimates of pleasure and a long and healthy life, much emphasis is placed on the cardio-protective effects of alcohol. Although there is evidence that alcohol use at levels as low as one drink per week may offer some degree of protection against coronary heart disease and ischaemic stroke, it is an effect reported mostly from high income countries, where there has been considerable debate on the size of the reduction in risk⁶⁰. Since coronary heart disease primarily affects men aged over 35 years and postmenopausal women, the effect has been primarily confined to older age groups. However, while numerous studies have found an effect, several have not, and the former may have had methodological failings. Any protective effect of drinking is likely to be very small in the many cultures in low income countries with low rates of coronary heart disease. In terms of years of life lost the adverse effects of drinking outweigh any protection against coronary heart disease, even in the most vulnerable national populations. Globally, the estimate of 3.5% of disability-adjusted life years lost is a net figure allowing for the possible protective effects of alcohol consumption. A long and healthy life amongst those who consume small amounts of alcohol may well be due to other factors, such as a healthier diet, greater physical activity and less cigarette smoking⁶¹.

53 Rogers, J. & Greenfield, T. Beer drinking accounts for most of the hazardous alcohol consumption reported in the United States. *Journal of Studies on Alcohol* 60(6): 732-739. 1999.

54 Murray CJL, Lopez AD, eds. *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020*. Cambridge, MA, Harvard School of Public Health on behalf of the World Health Organization and the World Bank, 1996 (*Global Burden of Disease and Injury Series*, Vol. I).

55 Towards a global alcohol policy: alcohol, public health and the role of WHO Jernigan D.H., Monteiro M., Room, R. & Saxena S. *Bulletin of the World Health Organization*, 2000, 78 491-499.

56 Midanik L.T. et al (1996). Risk functions for alcohol-related problems in a 1988 US national sample. *Addiction* 91 1427-1437.

57 Murray CJL, Lopez AD, eds. *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020*. Cambridge, MA, Harvard School of Public Health on behalf of the World Health Organization and the World Bank, 1996 (*Global Burden of Disease and Injury Series*, Vol. I).

58 Edwards G et al. *Alcohol policy and the public good*. Oxford, Oxford University Press, 1994.

59 World Health Organization. *New Understanding New Hope. The World Health Report*. Geneva, 2001.

60 Towards a global alcohol policy: alcohol, public health and the role of WHO Jernigan D.H., Monteiro M., Room, R. & Saxena S. *Bulletin of the World Health Organization*, 2000, 78 491-499.

61 Barefoot, J.C., Grønbaek, M., Feaganes, J.R., McPherson, R.S., Williams, R.B. & Siegler, I.C. Alcoholic beverage preference, diet, and health habits in the UNC Alumni Heart Study *Am J Clin Nutr* 2002;76:466-72.

4. How do social aspects organizations work?

Social aspects organizations manage issues that may be detrimental to the beverage alcohol industry in five main ways:

- 1 Attempting to influence the alcohol policies of national and international governmental and integrational organizations;
- 2 Becoming members of relevant non-alcohol specific organizations and committees to broaden policy influence and respectability;
- 3 Recruiting scientists, hosting conferences and promoting high profile publications;
- 4 Creating social aspects organizations in emerging markets and low income countries; and
- 5 Preparing and promoting consensus statements and codes of practice.

Each of these methods of working will be illustrated with examples, in turn.

4.1 Attempting to influence the alcohol policies of national and international governmental and integrational organizations

Since social aspects organizations were set up by the beverage alcohol industry to represent the industry in policy debate and in social and public discourse about the harm done by alcohol, it is not surprising that one of their priority methods of work is to attempt to influence the alcohol policies of national and international governmental and integrational organizations. Key targets for influence are the World Health Organization, and within Europe, the European Commission.

The European Office of the World Health Organization was one of the first offices of the organization to develop a strategy to reduce the harm done by alcohol, the European Alcohol

Action Plan, endorsed by its Member States in 1992⁶². In the preparation of the second Action Plan, which runs from 2000 to 2005, the relations with the beverage alcohol industry were a concern, since the Plan contains some references to the role of industry and commerce⁶³. It proposes, for example, that the beverage alcohol industry and the hospitality sector develop and implement programmes to reduce alcohol-related problems in the drinking environment. After the World Health Organization held a meeting with the Amsterdam Group, the Group delivered an extensive critique of the Plan, explaining the industry's standpoint and offering suggestions for incorporating this into the text⁶⁴.

The Amsterdam group proposed, for example changing the terms 'the harm done by alcohol' into 'alcohol misuse' and 'the risk of alcohol related problems' into 'consequences of misuse'. They proposed to delete the statement 'alcohol is a psychoactive drug'. They proposed to delete the sentence 'Alcohol use and alcohol related harm, such as drunkenness, binge-drinking and alcohol related social problems are common among adolescents and young people in Western Europe' and to delete the phrase 'place restrictions on the sponsorship by the drinks industry on sports'. They proposed that the heading 'Responsibilities of the beverage alcohol industry and hospitality sector' should be rephrased as 'Industry-society partnerships to reduce alcohol misuse'. They were against high visibility random breath testing, but favoured drink driving educational campaigns.

At the global level, the World Health Organization has put forward proposals for a global alcohol policy⁶⁵. The International Center for Alcohol Policies noting that the Director General of the World Health

Organization has established an alcohol policy scientific advisory committee, whose mandate includes being a forum for dialogue with the industry, suggested that⁶⁶:

"The World Health Organization consider inviting the International Center for Alcohol Policies to interact with members of their alcohol policy scientific advisory committee, to prepare relevant documents for their consideration, and to be invited to participate in discussions on relevant topics at one or more future meetings of the committee so that the International Center for Alcohol Policies could contribute in a positive and collegiate way to other and wider alcohol policy discussions."

In attempting to influence the policy of the European Commission through developing common standards for commercial communication, as part of the beverage alcohol industry's response to a European Parliament Green Paper Sales Promotion in the internal market and to the Draft Proposal for a European Council recommendation on the drinking of alcohol by Children and Adolescents, the Amsterdam Group laid down the following principles for alcohol policy⁶⁷:

- Recognise the limitations of regulation and that individuals need to take responsibility for their drinking behaviour;
- Address the particular needs of young people to enable them to make informed choices about drinking;
- Recognise the social, cultural and historical diversity of European societies, and therefore permit European countries to develop and implement alcohol strategies that meet their own particular needs, consistent with the principle of subsidiarity;
- Be proportionate, i.e. that the planned measures must be necessary for the

62 The European Alcohol Action Plan 1992-1999. Copenhagen, World Health Organization Regional Office for Europe.

63 The European Alcohol Action Plan 2000-2005. Copenhagen, World Health Organization Regional Office for Europe.

64 Quoted in Rutberford, D. The Amsterdam Group. The Globe. Alcohol industry's social aspects groups exposed. www.ias.org.uk.

65 Towards a global alcohol policy: alcohol, public health and the role of WHO Jernigan D.H., Monteiro M., Room, R. & Saxena S. Bulletin of the World Health Organization, 2000, 78 491-499.

66 International Center for Alcohol Policies. Industry Views on beverage Alcohol Advertising and Marketing, with Special Reference to Young People. www.icap.org.

67 Commercial Standards for Commercial Communication 2002 www.amsterdamgroup.org.

achievement of the intended aim and should not go beyond that which is necessary to achieve their objective; and

- Involve all relevant stakeholders in both the public and private sectors, including the drinks industry, health professionals and governments.

4.2 Becoming members of relevant alcohol and non-alcohol specific organizations and committees to broaden policy influence and respectability

An important method of working is for officials and members of social aspects organizations to become members of relevant alcohol and non-alcohol specific organizations and committees. Such membership gives social aspects organizations the appearance of respectability and credibility and broadens their policy influence.

The Global Compact

The International Center for Alcohol Policies is a member of the Global Compact, which was launched by the United Nations Secretary-General at the World Economic Forum in January 1999⁶⁸. The Global Compact invited the world's business leaders to help build the social and environmental pillars required to sustain the new global economy and make globalization work for the entire world's people. The Global Compact is a value-based platform designed to promote institutional learning. It utilizes the power of transparency and dialogue to identify and disseminate good practices based on nine universal principles drawn from the Universal Declaration of Human Rights, the International Labor Office's Fundamental Principles on Rights at Work and the Rio Principles on Environment and Development.

In accepting its invitation to join the Global Compact, the International Center for Alcohol Policies listed the following good practices⁶⁹:

- "The Dublin Principles, setting out ethical standards for cooperation in alcohol research;
- The Global Charter on Alcohol, which seeks to balance the responsibilities of business, government, and academic and research bodies as they relate to individual freedom and choice;
- First Vice Chairmanship of the Global Road Safety Partnership;
- A life skills education project for primary schools in South Africa and Botswana;
- Dialogue with the UN Special Rapporteur on Violence Against Women; and
- Collaboration with the International Labor Office and the International Council on Alcohol and Addictions to train workers in the hospitality industry."

The Global Road Safety Partnership

The President of the International Center for Alcohol Policies is the First Vice Chairmanship of the Global Road Safety Partnership⁷⁰, a joint World Bank and Federation of Red Cross and Red Crescent Societies initiative under the coordination of the United Kingdom's Business Partners for Development (BPD) project to reduce the number of lives lost unnecessarily in traffic accidents, with the developing world being a special priority.

However, in its report number 11, *Blood Alcohol Concentration Limits Worldwide*, the International Center for Alcohol Policies argues that, since most drinking drivers have blood alcohol concentrations below the legal limit in their jurisdiction, lowering the limits could be perceived as an unwelcome policy change, infringing on the established drinking behaviour of a great many people⁷¹. The report argues that focused measures aimed at those drivers whose drinking patterns may result in reckless behaviour are the effective measure for harm reduction that should be implemented, including increased public education on the risks associated with drink-driving, training staff at licensed premises to

recognize intoxication among patrons, and the availability of alternatives to driving, such as free taxi service. As noted above, though, these policy measures are those for which the evidence has been shown to be ineffective, whereas the effective policy measures, such as high visibility random breath testing and lowering the legal limit of blood alcohol concentrations are not proposed by the International Center for Alcohol Policies.

4.3 Recruiting scientists, hosting conferences and promoting high profile publications

A key work of social aspects organizations is to gain credibility and respectability through recruiting scientists and national and international public health officials as partners, contributors to their publications, members of their conferences and signatories to their policy statements. The institutional affiliations of recruited scientists are promoted by social aspects organizations to their best advantage.

Scientists are used by social aspects organizations to promote their standpoints, ideologies and viewpoints and to discredit scientific findings inconsistent with these standpoints. When the landmark publication *Alcohol Policy and the Public Good* was published, scientists were offered £2000 by the United Kingdom's Portman Group to "rubbish" the report and to permit their criticisms to be published with or without their names⁷².

Considerable emphasis is placed on the role of the World Health Organization and the recruitment and involvement of its staff members in the conferences and publications of social aspects organizations. Taking stock in 2000, when the International Center for Alcohol Policies (ICAP) was five years old, its founder and president (and ex-staff member of the World Health Organization (WHO) responsible for alcohol policy) wrote⁷³:

68 www.unglobalcompact.org.

69 www.icap.org.

70 <http://www.grsroadsafety.org/>.

71 International Center for Alcohol Policies. *Blood alcohol concentration limits worldwide*. ICAP Reports 11. www.icap.org.

72 *Rows over drinks industry attempt to rubbish alcohol report*, *Alcohol Alert*, April 1995, 20, 2-3.

73 Grant, M. *A New Force for Health*. International Center for Alcohol Policies. <http://www.icap.org/>.

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"I believe that I have contributed more to public health in my five years at ICAP than in double that time with WHO. This is not an empty boast. Nor is it intended in any way to diminish the impressive contribution which WHO makes to international health. Rather, it is because I am now privileged to have the opportunity to bring together all those who are willing to work together but have simply never before had a legitimate context within which to explore the extent of their capacity to cooperate. And what they find is that they can achieve much more together than any of them could in isolation. Which is why I see ICAP as a new force for public health."

4.4 Creating social aspects organizations in emerging markets and low income countries

It is no accident that Alcohol and emerging markets, the second volume in the International Center for Alcohol Policies' Series on Alcohol and Society reviewed patterns of alcohol consumption, problems and responses in the emerging markets of Africa, Asia, central and eastern Europe and Latin America⁷⁴. The publication provided a sound platform for the marketing of alcoholic products in emerging markets by the beverage alcohol industry, which has been followed through by the creation of social aspects organizations in, for example, India and China (Taiwan).

The example of India

Article 47 of the Constitution of India⁷⁵ incorporates prohibition among the directive principles of state policy:
"The state shall regard the raising of the level of nutrition and the standard of living of its people as among its primary duties and, in particular, the state shall endeavour to bring about prohibition of the use except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health".

Although many individual states do not follow prohibition, annual per capita alcohol consumption remains very low, no more than about 1.5 litres of absolute alcohol per capita⁷⁶. Approximately 60% of the male population and almost all of the female population do not drink alcoholic beverages. With a view to changing the culture of consuming alcoholic beverages and to be involved in the development of alcohol policy in India, the International Center for Alcohol Policies supported the creation of a social aspects organization, the Society for Alcohol and Social Policy Initiative.

In the words of the International Center for Alcohol Policies⁷⁷:

"Prohibition is enshrined as an aspiration in the Constitution of the country, yet there is now a vast emerging middle class eager to extend their opportunities to drink. Here, the social aspects organizations' first attempt to replace that climate with mutual trust was apparently less than successful. A small group of Indian public health experts, who had initially expressed cautious interest in dialogue with the social aspects organization, quickly realized how forcefully some of their colleagues disapproved of it. The industry, too, remained sceptical of what might be achieved, and local Indian companies in particular were reluctant to become involved. Yet now, four years after the first attempt to create dialogue in India, there is a functioning Social Aspects Organization (SAO) supported by the industry and numbering as advisors some of those same public health experts. What the social aspects had done was to demonstrate the possibility of dialogue and to help people to start thinking in terms of partnership".

In India, the Society for Alcohol and Social Policy Initiative (SASPI)⁷⁸ is:
"Undertaking a project to gauge the perspectives on alcohol held by a diverse cross section of society in order to design and implement education programmes that will

help prevent the abuse of alcohol. Education programmes will be aimed at various levels so that they address the disparity between urban/rural, rich/poor, literate/illiterate divides that exist in India as well as address the differing issues that will be prevalent amongst them. SASPI plans to work in the area of advocacy to bring about an environment of trust and responsibility between policy makers, the industry and society towards the common goal of preventing alcohol abuse in the long run, without adversely affecting the economy."

4.5 Preparing and promoting consensus statements, codes of practice and standards

An important area of work for social aspects organizations is the preparation and promotion of consensus statements, codes of practice and standards.

The Dublin Principles

In 1997, the president of the National College of Ireland, a non profit higher education college established in 1951 to facilitate access to education for all groups, published the Dublin Principles of Cooperation among the Beverage Alcohol Industry, Governments, and Scientific Researchers together with the International Center for Alcohol Policies⁷⁹. The Dublin principles cover both alcohol and society and alcohol research. Item 1c of the Principles deals with the harm done by alcohol and the measures to reduce the harm:

"Consumption of alcohol is associated with a variety of beneficial and adverse health and social consequences, both to the individual and to society. Governments, intergovernmental organizations, the public health community, and members of the beverage alcohol industry, individually and in cooperation with others, should take appropriate measures to combat irresponsible drinking and inducements to such drinking. These measures could include

74 Grant, M. Ed. *Alcohol and Emerging Markets* London, Taylor & Francis, 1998.

75 Arora, M. *Alcohol in India The Globe Special Issue 4*, 2001-02 www.ias.org.uk.

76 *Global status report on alcohol*. Geneva, World Health Organization, 2000.

77 Grant, M. *A New Force for Health*. International Center for Alcohol Policies. <http://www.icap.org/>.

78 www.education.usnl.com/saspi.

79 *The Dublin Principles of Cooperation Among the Beverage Alcohol Industry, Governments, Scientific Researchers, and the Public Health Community*. www.ncir.ie/info/dubprin/welcome.html.

research, education, and support of programs addressing alcohol-related problems."

It should be noted that the National College of Ireland, an educational and scientific body, proposes in its Principles those policy options known to be ineffective and fails to include those policy options known to be effective in reducing the harm done by alcohol.

The Geneva Partnership on Alcohol

The International Center for Alcohol Policies brought together "specialists from the alcohol industry, the field of public health and others

involved in policy making" to draft a global charter, the Geneva Partnership on Alcohol, in 2000⁸⁰. The Charter is

"intended as a policy tool to assist in alcohol policy development at the international, national and local level".

The Geneva Partnership on alcohol emphasizes the need to bring people together to forge a common language.

Its preamble states:

"There is a growing recognition of the importance of establishing stronger relations between the public and private sectors at the international level. In this context, ICAP has taken the initiative to develop an agenda for

partnership as a contribution to the global debate on alcohol policy. This document breaks new ground by identifying and promoting the complementary interests of the public health and scientific communities, the beverage alcohol industry, governments and the non-governmental sector. It builds upon the Dublin Principles and acknowledges the efforts of international organizations to develop alcohol policy. In its preparation, which has involved an extensive process of consultation, including regional and global meetings, input has been sought from a wide range of people involved in alcohol policy development, with the objective of formulating general principles mutually acceptable to all parties."

5. Conclusions - Relating to social aspects organizations

In representing the beverage alcohol industry in policy debate and in social and public discourse about the harm done by alcohol, social aspects organizations will seek partnerships and joint activities with governmental and non-governmental sectors and scientific, research and professional bodies. How should these different sectors and bodies relate to such organizations?

5.1 Governmental sector

In formulating their overall alcohol policies, a wide range of different government departments at the national and international levels will need to receive information from and have dialogue with the beverage alcohol industry. However, in developing their policies, government institutions need impartial information of the evidence for effective alcohol policy and impartial information on the costs and benefits of different policy options. It should be noted that the information government institutions receive from social aspects organizations is not impartial and is inconsistent with the evidence base for effective policy that reduces the harm done by alcohol.

Governments will need to decide the extent to which they are partners or co-sponsors of the initiatives and programmes of social aspects organizations, such as school based educational programmes and designated driver campaigns. When considering partnership and co-sponsorship, it should be noted that the programmes and policy options put forward by the social aspects organizations lack evidence of effectiveness and are not impartial to the interests of the beverage alcohol industry. Governmental organizations should be concerned at spending public money on ineffective programmes. An alternative means for these activities is to use a proportion of alcohol taxes, hypothecated for the purpose, to fund relevant non-governmental organizations to implement independent evidence based programmes and campaigns.

Governmental organizations need to be cognisant of their obligations for alcohol policy. The European Member States of the World Health Organization are signatories to the European Alcohol Action Plan⁸¹ and the European Charter on Alcohol⁸² both of which call for the implementation of evidence based

policies to reduce the harm done by alcohol. European Member State signatories to the 2001 Stockholm Declaration on Young people and Alcohol⁸³ agreed that:

"Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests".

Article 152 of the Treaty on European Union states that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities⁸⁴. The public health functions of governments have a responsibility to ensure independence in their assessments of the impact of the policies of other governmental departments on health. When that independence is compromised, trust in public bodies is lost. Unfortunately, all too often it seems that public health policies concerning alcohol are compromised by the commercial interests of the beverage alcohol industry.

The government of the United Kingdom, which had been mindful to reduce the drinking driving limit from 0.8g/L to 0.5g/L changed its position in 2002. Commenting on the change,

80 International Center for Alcohol Policies. The Geneva partnership on alcohol. Towards a global charter. www.icap.org.

81 European Alcohol Action Plan 2000-2005. Copenhagen, World Health Organization Regional Office for Europe.

82 The European Charter on Alcohol. 1995. Copenhagen, World Health Organization Regional Office for Europe.

83 The Stockholm declaration on young people and alcohol 2001. Copenhagen, World Health Organization Regional Office for Europe.

84 ARTICLE 152 of the Treaty on European Union. <http://europa.eu.int/eur-lex/en/index.html>.

85 See Report of House of Lords European Committee 2002. Quoted in Alcohol Alert. www.ias.org.uk.

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the House of Lords European Union Committee noted that⁸⁵:

"The Department of Transport's position [on the drinking driving limit] coincides with that of the alcohol industry but is opposed by local authorities, the police, the British Medical Association, the Automobile Association, the Royal Society for the Prevention of Accidents, the Transport Research Laboratory and the Parliamentary Advisory Council for Transport safety".

Thus in one country at least it would seem that drink driving policy is being formulated by the commercial interests of the beverage alcohol industry, rather than by independent public health interests and the views of experts in road safety, law enforcement and alcohol policy, with, the consequence of failing to save unnecessary drink driving related deaths.

In his foreword to "Alcohol - Less is Better"⁸⁶, the report of the 1995 World Health Organization ministerial conference on alcohol held in Paris, Dr. Asvall, the then Regional Director of the organization's European Office expressed the opinion that taking up the challenge of dealing with alcohol problems requires "political courage". In mobilizing "political opinion" and the "political will" Dr Asvall recognized the important role of non-governmental organizations:

"A particularly important role can be played by enlightened non-governmental organizations, which can often speak with passion and insight on the true impact of alcohol on individuals, families and communities. Such organizations can also bring the commitment of energy to work even in the face of political risks."

In discharging their role, non-governmental organizations are bound to look to governments for adequate financial support and they should not be expected to seek financial support from the beverage alcohol industry. The health and social departments of governments ought to be flexible and mature enough to recognize that critical appraisal of

government policy should not call financial support of non-governmental organizations into question.

5.2 Non-governmental sector

A wide range of non-governmental organizations deal with issues of alcohol policy. The European Alcohol Action Plan called on countries to ensure that support is given to nongovernmental organizations and self-help movements that promote initiatives aimed at preventing or reducing the harm that can be done by alcohol; to nongovernmental organizations and networks that have experience and competence in advocating policies at international and country levels to reduce the harm that can be done by alcohol; and to organizations and networks that have a specific advocacy function within their remit, such as associations of health care professionals, representatives of civil society and consumer organizations.

Non-governmental organizations with a specific role with regard to alcohol policy have been charged with⁸⁷:

"informing and mobilizing civil society with respect to alcohol-related problems, lobbying for policy change and effective implementation of policy at government level, as well as exposing harmful actions of the alcohol industry."

In discharging their role, and in maintaining their respect with civil society, such specific non-governmental organizations would do well to remain completely independent of any association or partnership with social aspects organizations. Any communications, dialogues or meetings between non-governmental organizations and the social aspects organizations should be transparent, and placed in the public domain.

5.3 Scientific, research and professional organizations

Although there has been a considerable debate

about the relationship between public health science and the beverage alcohol industry⁸⁸, the International Center for Alcohol Policies was successful in recruiting a large number of scientists to contribute to the first five publications in its series on alcohol and society. All independent scientists that are paid by or undertake work for the social aspects organizations and the beverage alcohol industry should recognize their responsibility in stating their declarations of interest in their scientific publications. Research scientists in high income countries should also consider an ethical responsibility not to profit from or contribute to the beverage alcohol industry's actions in emerging markets in low income countries which often lack the infrastructure, resources and experience to respond to and effectively regulate the beverage alcohol industries' marketing practices⁸⁹

Writing in the year 2000, Babor proposed the following guidelines for public health and scientific bodies⁹⁰:

- First, we must resist industry attempts to manipulate public debate, and the crude attempts by some sources to legitimize the irresponsible promotion of beverage alcohol.
- Greater vigilance and monitoring of industry behavior is needed, especially their issues management activities, which are likely to include intelligence-gathering, image management actions such as industry-initiated dialogues, active agenda-setting in the areas of research or publishing; and the real or intended image transfer effect of industry connections with reputable scientists and public health organizations.
- Promotion of a freedom of information principle that calls for the sharing of corporate data that deal with marketing, distribution and sales research.
- Taking steps to prevent industry from enhancing its image by token amounts of funding for irrelevant research and prevention activities. If these activities are

85 See Report of House of Lords European Committee 2002. Quoted in Alcohol Alert. www.ias.org.uk.

86 Alcohol Less is Better. Copenhagen, World Health Organization Regional Office for Europe, 1996.

87 European Alcohol Action Plan 2000-2005. Copenhagen, World Health Organization Regional Office for Europe.

88 Editorial Science and the drinks industry: cause for concern *Addiction* (1996) 91(1), 5-9

89 Jernigan, D.H. & Mosher, J.F. Permission for profits *Addiction* (2000) 95(2), 190-191

90 Babor, T.F. Partnership, profits and public health *Addiction* (2000) 95(2), 194-195

to be supported, this should be done through dedicated tax levies or unrestricted grants that contain no limits on the types or topics of research or prevention.

- Development of more broad-based coalitions of health, scientific and social organizations that are concerned about irresponsible industry behavior in marketing, product design, product safety and advertising, and which can pool resources to monitor adherence to international codes of conduct.
- Guidelines for disclosing conflicts of interest and the marketing of alcoholic beverages in the developing countries.
- Research on such issues as conflict of interest, publication bias and bias in choice of topic or study design. There is now enough evidence from the sponsorship of research by the pharmaceutical industry and the tobacco companies to suggest the possibility of bias.
- Finally, it is time to declare a moratorium on further dialogues with industry sources until alcohol scientists and the public health community can agree to what is in their legitimate interests, and how to avoid compromising our well-earned integrity. It is time for our addiction journals and professional societies to take the lead in examining their own connections with industry sources, and develop clear positions on the need for strict codes of ethics regarding the design and marketing of alcohol products. If industry sponsors do not adhere to them, then there can be no dialogue with, or support from, their third-party organizations. Although we do not by nature make it our business to engage in conflict and controversy, neither do we have a duty to engage in dialogue with organizations whose activities are inimicable to public health. Let the public debate clearly represent both sides of an issue, instead of having our issues managed by third party organizations whose agenda is approved by only one of the parties. ■

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for PADD.