Feature

Alcohol

Doctors and the alcohol industry: an unhealthy mix?

BMJ 2013; 346 doi: http://dx.doi.org/10.1136/bmj.f1889 (Published 2 April 2013)
Cite this as: BMJ 2013;346:f1889

Recent Rapid Responses

Rapid Responses are electronic letters to the editor. They enable our users to debate issues raised in articles published on bmj.com. Although a selection of rapid responses will be included as edited readers’ letters in the weekly print issue of the BMJ, their first appearance online means that they are published articles. If you need the url (web address) of an individual response, perhaps for citation purposes, simply click on the response headline and copy the url from the browser window.

Re: Doctors and the alcohol industry: an unhealthy mix?

11 April 2013

Letter in reply to BMJ feature on the alcohol industry

The World Health Organization agrees with many, but not all, points made in the BMJ feature on the alcohol industry and the accompanying editorial.1-2 References
to the WHO Global Strategy to Reduce the Harmful Use of Alcohol require some clarification, particularly concerning claims that industry is simply doing “what WHO asked for in the strategy.” Not so.

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

WHO is grateful to the many researchers and civil society organizations that keep careful watch over the behaviour of the alcohol industry. This behaviour includes direct industry drafting of national alcohol policies, or drafting through the International Center for Alcohol Policies and other entities or “public health consultants”, which it funds. As documented in recent reports, some of the most effective policy options to reduce the harmful use of alcohol, as defined by WHO, are conspicuously absent in these policies.3,4

WHO appreciates the Statement of Concern issued by the Global Alcohol Policy Alliance and has invited representatives of the statement’s authors to meet senior WHO management to explore these concerns in greater detail. Conflicts of interest are an inherent risk in any relationship between a public health agency, like WHO, and industry; conflict of interest safeguards are in place at WHO and have recently been strengthened. WHO intends to use these safeguards stringently in its interactions with the alcohol industry.

2Grove, T. Promises, promises BMJ 2013; 346: f2114 (3 April).
4Jernigan, DH. Global alcohol producers, science, and policy: the case of the

Dr Margaret Chan
Director-General
World Health Organization

Competing interests: None declared

margaret chan, Physician/Director-General

World Health Organization, Avenue Appia 20, 1211 Geneva 27, Switzerland

Re: Doctors and the alcohol industry: an unhealthy mix?

11 April 2013

It is an over-simplification to say that the ‘ideological schism’ that divides the public health community is between those who are prepared to work alongside the industry in an effort to reduce harm, and those who are not. The public health and NGO community recognise that the alcohol industry is a stakeholder and can contribute to the reduction of harm in their role as producers and retailers of alcohol. Producing low strength products, labelling and server training are areas where it is legitimate for the industry to have a role. However, the alcohol industry seeks a role for itself in policy areas which extend far beyond their responsibilities as producers and retailers and in which they have no expertise. They are avid promoters of ‘partnerships’ because this provides an opportunity for them to influence the policy agenda in ways that favour their business interests at the expense of the public health interest [1].

Evidence clearly indicates that the most effective strategies involve the reduction of alcohol consumption at the population level [2]. Yet the global CMO of Diageo was quoted in a recent interview with Marketing Week saying “We need to tackle alcohol harm but population approaches don’t work.” [3]. In Scotland, the industry was enthusiastic about ‘partnership working’ when it resulted in alcohol awareness weeks and campaigns on responsible drinking. However, when the Scottish Government signalled its intention to introduce minimum pricing legislation with the full backing of the public health community and civil society, the industry immediately launched a lobbying campaign against the measure. When they were unable to prevent the successful passage of the legislation, they did what the tobacco industry
has done for the last fifty years and mounted a legal challenge. During the passage of the minimum pricing legislation, industry representatives frequently called on the Scottish Government to "drop minimum pricing and work together in partnership with the industry to tackle alcohol problems."

Marcus Grant says the industry cannot increase taxation or limit availability as these are government actions. But that doesn’t stop the industry from consistently lobbying against such measures in different jurisdictions all over the world [2]. In reality, what partnership working means for the alcohol industry is steering discussion away from effective measures like controls on price and availability and ensuring that less effective measures are adopted.

If the alcohol industry is serious about reducing the harm that alcohol causes then they should cease all lobbying against those measures that the evidence indicates will be most effective in reducing harm. It is entirely reasonable for the public health and NGO community to insist on this as a pre-condition for any ‘partnership’ working.


Competing interests: None declared

Evelyn Gillan, Chief Executive

AlcoholFocus Scotland, 166 Buchanan Street Glasgow

Re: Doctors and the alcohol industry: an unhealthy mix?

10 April 2013

The alcohol industry mirrors the tactics of big tobacco, keeping the focus on
individuals. They frame alcohol as a personal freedom and choice, emphasizing individual pleasure and social interaction and blaming a small minority of drinkers for alcohol abuse and harm.

The public health community need to ensure that policy-makers at all levels understand the full impact of alcohol on society, highlighting the economic, social, personal and health costs and how alcohol harm is disproportionately distributed, particularly affecting vulnerable groups.

The alcohol industry is not interested in that discussion nor promoting science based effective measures to reduce harm done by alcohol.

**Competing interests:** None declared

**Sven-Olov Carlsson,** President

*IOGT International, P.O. Box 12825 112 97 Stockholm, Sweden*

**Re: Doctors and the alcohol industry: an unhealthy mix?**

**4 April 2013**

Many doctors [1] and law makers [2] come to grief through their own use of alcohol. People surrounded by drinking, like publicans, are at high risk of developing alcohol-related illness. A common feature of habit-forming drugs that alter brain systems detecting 'rewards' is the growing 'entrainment' of one behaviour (like binge drinking) with other behaviours or situations.[3] Of major concern in Public Mental Health is the community link between entrenched drinking habits and violence (e.g. recurring domestic violence [4]) or impulsive self-harm (especially suicide [5]). Commercial interests in sales of alcohol go far beyond just the distillers and brewers, or even the pubs and supermarkets, but entrain the wider hospitality, leisure and travel sectors of the UK economy. Around 2001 that inter-connected web of financial interests thwarted our Regional efforts in London to reduce alcohol-related harm, inspite of the Metropolitan Police and Public Health being united in seeking to reduce alcohol use linked with high-risk times and places. Today, foreign currency earnings from the export of Scottish whiskey or entertaining tourists here seem easily to outweigh Health factors in deciding public policy.
Over the last 30 years I have met decent individual brewers, hoteliers and off-licence managers. They were probably typical of their sectors. But in all that time, I cannot remember a single industry-led initiative that actually reduced alcohol consumption or harm at a population level. Good publicans took up medical suggestions to use plastic beer glasses and transport managers took up police demands to stop passengers drinking on underground trains. Public Health can work with all local organisations to promote healthier communities.

But it is wise and honest for all parties to recognise the conflict of interest between the business of supplying a legal drug and reducing use of that unhealthy drug across the population.


**Competing interests:** Founder member of a Special Interest Group for 'Alcohol & Violence', and teacher on alcohol & public health e.g. a seminar this week for FY2 trainees.

Woody Caan, Editor

*Journal of Public Mental Health, Duxford, Cambridgeshire CB22 4PA*