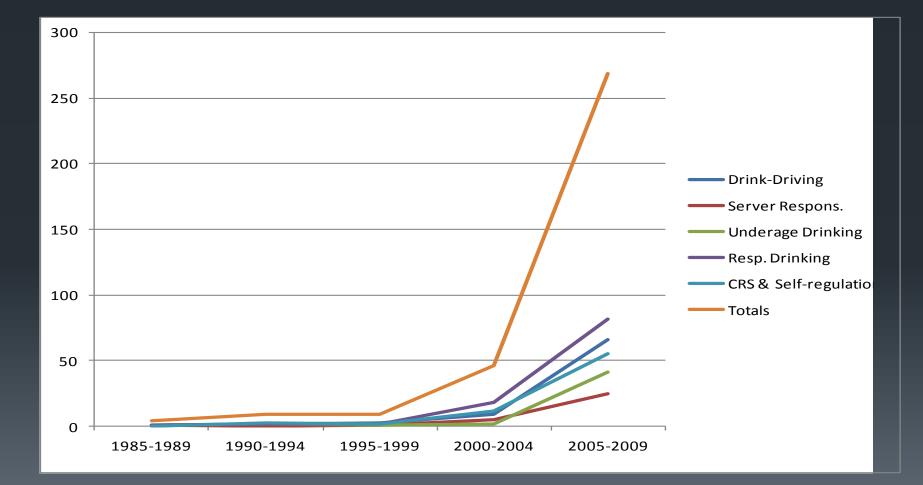
## Global Responses to the WHO Alcohol Strategy Public Health vs the Alcohol Industry

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## Some chronology

- 1975 Alcohol Control Policy in Public Health Perspective
- I 1994 Alcohol Policy and the Public Good
- 1994 Formation of International Center for Alcohol Policies
- 2000 Formation of GAPA
- Alcohol: No Ordinary Commodity (1<sup>st</sup> edition)
- 2008 WHA requests WHO strategy;
  - ICAP begins global initiatives
- 2010 WHO Global Strategy; ANOC (2<sup>nd</sup> edition)
- 2012 Global Alcohol Producers issue commitments; post 2,500 "Actions to Reduce Harmful Drinking"
- 2013 GAPA Statement of Concern; meeting with WHO Director General Margaret Chan

### The Alcohol Industry's Global Actions on Harmful Drinking: (1985-2009)



## From Beer Street to Priority Lane



## 2012: Global Producers' Commitments

In October 2012, 11 of the world's leading alcohol producers (and 2 trade associations) issued a set of commitments to help the World Health Organization implement its Global Alcohol Strategy

The Producers promised to:

- Reduce underage alcohol use
- Strengthen self-regulatory marketing codes
- Reduce driving under the influence of alcohol
- Act responsibly in the area of product innovation
- Encourage retailers to reduce harmful drinking

## GAPA's Statement of Concern

- In February, 2013 a group of health professionals, policy researchers and NGO representatives drafted a "Statement of Concern" about the Global Producers' involvement in public health policies designed to tackle alcohol harm
- With GAPA's help, more than 500 public health professionals, health scientists and NGO representatives from over 60 countries endorsed the Statement in less than a month
- Both the Statement and the endorsements were sent to WHO Director General Dr Margaret Chan to express global concerns about the conflict of interest between multinational alcohol companies and the public health community.

## **Objections to the Commitments**

- 1) The commitments are based on questionable assumptions
- 2) The commitments are weak, rarely evidence-based and are unlikely to reduce harmful alcohol use
- 3) The Global Producers are misrepresenting their roles and responsibilities with respect to the implementation of the WHO Global Strategy, which gave the Global Producers no authority to engage in public health activities on behalf of WHO or in support of the public health community
- 4) Prior initiatives advanced by the alcohol industry as contributions to the WHO Global Strategy have major limitations from a public health perspective

## Content analysis of commitments

- Effectiveness and Strength of Evidence of the Alcohol Industry's "Actions to Reduce Harmful Drinking"
- A Preliminary Report
- Thomas F. Babor, Katherine Robaina and Katherine Brown
- Summary
- A stratified sample of 215 of the global producers' initiatives proposed in support of the WHO Global Strategy were reviewed using an objective content analysis procedure to determine whether they include evidence-based practices recommended by the World Health Organization and public health authorities.

## Findings

- •45.1% did not fit into any area described in the Global Strategy and that another 19.1% were too vague to classify.
- •only 7.5% could be considered as "evidence-based" activities likely to have a positive impact on drinking behavior or alcoholrelated problems.
- Most of these programs represent training programs by a particular company, media campaigns to promote responsible drinking or safe driving, and other activities that have not been evaluated or have not been found to be effective in preventing or reducing harmful drinking.
- •39.5% of the actions were considered to have the potential to promote a brand or product;
- •50% were considered to pose a potential risk of harm; of the 13 Actions found to carry a high risk of harm, 69.2% (n=9) were in low and low-middle income countries.
- Almost all of the activities lacked a systematic evaluation to provide evidence of effectiveness.

# Examples of Global Producers' Actions to Help WHO's Global Strategy

- In Mozambique, SABMiller began production of "Impala" beer and negotiated a 30% lower excise tax
- Diageo launched a website that urged visitors to oppose California's attempt to reclassify alcopops as distilled spirits instead of beer. The change would have resulted in a higher tax rate for Diageo's Smirnoff Ice, the favorite choice of adolescent binge drinkers.
- The Alcohol Advisory Council of New Zealand partnered with a city council to "promote its light beer in three South Auckland hotels."
- In Mexico, the Foundation for Social Investigation supported a "moderate drinking promotion - aimed at middle and high school students."

## Top Ten List (continued)

- In Germany, "InBev supports driving lessons ...where young people, under the supervision of the police, drive twice round a fairly precarious circuit: once when they are sober, and a second time after they have drunk alcohol."
- In Thailand Smirnoff sponsored a campaign to collect bottle caps exchangeable for donations to the Prostheses Foundation - to promote its "Smirnoff doing good things to Thai society" program
- The Commercial Union for Viticulture and Wine of Slovenia holds <u>Wine</u> and Young People seminars for graduating secondary school students, which includes a lecture, *a* booklet and wine tasting
- In Mexico, radio and television programs informed consumers about the positive aspects of moderate consumption of beer and its beneficial effect on health
- In Denmark, a pamphlet distributed free to schools advises 14-15 year olds who are beginning to 'party' to focus "on how to use alcohol sensibly."
- Diageo USA launched a TV ad campaign that says "Boo to awkward social situations and Hooray to Red Stripe Beer"

## Other reasons to doubt the Global Producers commitments

1) The alcohol industry's Global Strategy to Increase Alcohol Availability

2) Growing evidence that alcohol problems are in part corporation-induced.

3) Self-regulation of alcohol marketing, the cornerstone of the alcohol industry's corporate social responsibility campaign, is not protecting young persons from exposure to harmful marketing practices.

# The alcohol industry's strategy to increase alcohol availability

- Financial: Increasing concentration of major producers
- Political: Delegation of policy activities to social aspects organizations and trade associations.

## Related actions by alcohol industry that could increase alcohol availability rather than reduce harm

- Marketing activities
- Product design
- Partnerships with NGOs and public health
- "Global actions" to support WHO's Global Strategy
- Lobbying activities, and use of legal action to stop public health measures
- Conferences, research, and scientific publications
- Promotion of self-regulation

Public Health Model of **Corporate-borne Diseases Agent: alcohol** industry

Environment: Where exposure occurs

Host: Vulnerable Populations

# Evidence that alcohol problems are corporation-induced

- A generic concept applied to diseases and other health conditions attributed to consumption of hazardous industrial products such as tobacco, alcohol, food, guns, and gambling machines
- Harm caused to consumers, workers, or community residents who have been exposed in the marketplace, work site or community, to disease agents that are part of the products of corporate activity
- Includes psychiatric isorders, physical disability and social harm

Jahiel, R. (2008) Corporation-induced diseases, upstream epidemiologic surveillance, and urban health. Journal of Urban Health. 85, 4, 517-531.

## Corporate Practices that Influence Alcohol Misuse

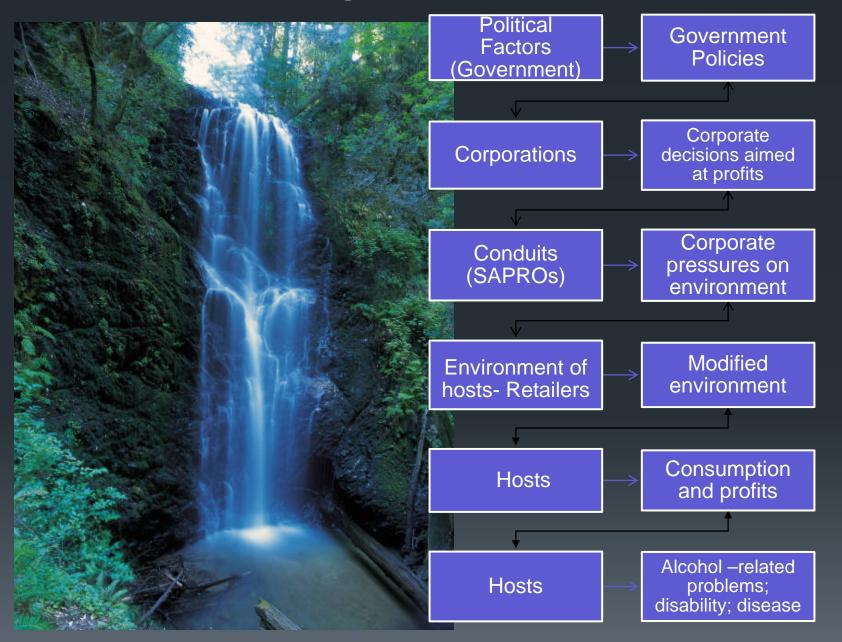
- Product design: increases alcohol content, "drinkability," sales to young people,
- Marketing: increase sales to vulnerable groups such as women and youth
- Retail distribution: makes alcohol more accessible to consumers
- Pricing: increases sales, profits, and market share
- Political influence: affect the policy environment

The Epidemiologic Cascade as an explanatory theory for how alcohol- related problem epidemics could be caused by the activities of corporations

See:

Jahiel, R. (2008) Corporation-induced diseases, upstream epidemiologic surveillance, and urban health. Journal of Urban Health. 85, 4, 517-531. Jahiel, R. and Babor, T.F. (2007) Industrial epidemics, public health advocacy and the alcohol industry: Lessons from other fields. <u>Addiction</u> 102:1335-1339.

#### The Epidemiologic Cascade Applied to Alcohol





## Research on Alcohol Industry Selfregulation Codes

- USA: Marin Institute (2008); Babor et al. (2010); Jernigan et al. (2008)
- European Union: ELSA Project (van Dalen et al., 2007)
- Brazil (Pinsky et al., in press)
- Canada (Fortin and Rempel, 2005)
- Ireland (Pope, 2002)
- UK (Hastings et al., 2010)
- Australia

Trends in Tobacco and Alcohol Brand Placements in Popular US Movies, 1996 Through 2009 Elaina Bergamini, MS; Eugene Demidenko, PhD; James D. Sargent,MD JAMA Pediatrics (2012)

- OBJECTIVE To examine recent trends for tobacco and alcohol use in.
- DESIGN Content analysis.
- SETTING Top 100 box-office hits released in the United States from 1996 through 2009 (N = 1400).
- CONCLUSIONS Tobacco brands in movies declined after implementation of externally enforced constraints on the practice, coinciding also with a decline in tobacco screen time and suggesting that enforced limits on tobacco brand placement also limited onscreen depictions of smoking. Alcohol brand placement, subject only to industry selfregulation, was found increasingly in movies rated for youth

## US Beer Ad Study

- All beer ads (N = 289) broadcast between 1999 2008 during the national collegiate basketball tournaments were evaluated for advertising code violations
- Ratings completed by 15 public health professionals using quantitative scales measuring the US Beer Institute code (e.g., perceived actor age, portrayal of excessive drinking).
- Depending on the code version, exclusion criteria and scoring method, expert raters found that between 35% and 74% of the ads had code violations. Anheuser-Busch showed more ads with violations than other producers.
- Guidelines most likely to be violated included the association of beer drinking with social success and the use of content appealing to persons under age 21.
- SOURCE: Babor et al. (2013) <u>American Journal of Public Health</u>

## MAMPA 12

#### Evaluating Compliance with Alcohol Industry Self-regulation Codes for Responsible Advertising in Four African Nations

Thomas F. Babor (1); Katherine Robaina (1), Carina Ferreira-Borges (2); Avalon de Bruijn (3),
Wim van Dalen (3), Donna Damon (1)
(1): University of Connecticut School of Medicine;
(2): World Health Organization, Regional Office for Africa; (3): Dutch Institute for Alcohol Policy (STAP)/ European Centre for Monitoring Alcohol Marketing

## MAMPA Supplement: Preliminary Findings

- Code violations of the ICAP Guiding Principles were prevalent in three of four countries
- Overall, 20.4% of the unique ads documented in the MAMPA survey were found to contain at least one violation.
- Because many ads were recorded more than once, the proportion of all ads with violations was 27.9%.
- Violation rates differed among media, with television ads having the highest proportion (50%) of violations and outdoor ads having the lowest (9.3%).
- Exposure density was lowest in Gambia, the only country with a statutory ban on advertising

### Looking upstream

Ultimately, the value of approaching alcohol problems within an industrial epidemic framework is that it draws attention to the 'upstream' sources of the damage as opposed to attributing alcoholrelated problems exclusively to the personal behavior of the individual drinker.



## Strategies and interventions to reduce alcohol-related harm upstream and downstream

#### Jpstream



# The Triangle that moves the mountain Relevant knowledge science

A Social Movement advocacy

Political support/ involvement

### The Future: Global Health Policy Networks (Schmitz, in press)

- Networks of individuals and organizations working at a global level and linked by a shared concern for a particular health issue (e.g., tobacco addiction, polio, TB, alcohol misuse)
- Includes scientists, health professionals, policymakers, victim groups, survivors, NGOs, faith groups, etc.
- Could play a crucial role in agenda-setting, issue framing, and translating science into policy

# What is needed to build a stronger global alcohol health policy network?

- A clear pro-active strategy to recruit new members, prioritize actions and frame campaign goals
- Mobilize powerful membership organizations (e.g., AA, treatment organizations, scientific societies, drink-driving groups, etc.)
- Frame issues in ways that can be understood by civil society and policymakers (i.e., prevention of fetal damage, domestic violence, youth binge drinking, and relapse in alcoholics)
- Build a broader coalition through strategic alliances with tobacco control, obesity prevention, NCDs, etc.
- Financial support for core activities
- A positive message and proactive strategy, rather than just responses to aggressive industry tactics that compromise or threaten public health globally

## Science and public policy

Visit <u>www.globalgapa.org</u> to endorse GAPA's Statement of Concern Visit <u>http://initiatives.global-</u> <u>actions.org/advance\_search.aspx</u> to view ICAP's global initiatives

Advocacy in the defense of public health is no vice! Moderation in the pursuit of effective policy is no virtue!

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