



# Alcohol industry fingerprints:

ANALYSIS OF MODIFICATIONS TO THE NATIONAL ALCOHOL STRATEGY

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## ABOUT FARE

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol. Alcohol harm in Australia is significant. Nearly 6,000 lives are lost every year and more than 144,000 people are hospitalised making alcohol one of our nation's greatest preventative health challenges.

As a leading advocate of evidence-based research, FARE contributes to policies and programs that support the public interest, while holding the alcohol industry to account. FARE works with leading researchers, communities, governments, health professionals and frontline service providers to bring about change and reduce alcohol harm.



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# INTRODUCTION

## ROAD TO A NEW NATIONAL ALCOHOL STRATEGY

There is a unified desire among medical and public health bodies to see the adoption of an effective national alcohol strategy to guide Australia's efforts to stop alcohol harm. The last National Alcohol Strategy expired in 2011.

A new National Alcohol Strategy has been under development for a number of years, with a draft strategy released for public consultation in December 2017. A previous report [analysed the content of alcohol industry submissions](#) on the draft strategy. It exposed false claims made by alcohol industry executives in their attempt to undermine the effectiveness of the strategy.<sup>1</sup>

The draft strategy echoed the position of the World Health Organization (WHO) that "the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests".<sup>2</sup>

Following the close of the public consultation, in March 2018 Minister for Health Greg Hunt arranged a roundtable with selected stakeholders, including alcohol industry executives, which took place on 24 July 2018. At this roundtable, the public health sector made a strong and unified statement to the Minister that the alcohol industry should be excluded from developing public health policy due to its inherent conflict of interest as businesses that profit from the sale of alcohol.

An updated draft of the National Alcohol Strategy was presented to the states and territories for approval in early 2019 (the 'revised strategy'). This report analyses the modifications made to the strategy since the 2017 consultation.

On the surface, the strategy appears largely unchanged. However, on close inspection, a number of key changes and deletions have been made to the draft strategy that benefit the alcohol industry. In comparison, no changes were made to strengthen measures to reduce alcohol harm, as recommended by public health and medical organisations. This National Alcohol Strategy has alcohol industry fingerprints all over it, and that is a serious problem for public health and evidence-based policy in Australia.

## INTERNATIONAL CONTEXT OF ALCOHOL INDUSTRY INTERFERENCE

Alcohol industry interference in public health policy has been well documented. This is part of a worldwide trend, which is easily understood in the context of the alcohol industry's vested interest in selling alcohol to make a profit. Recent studies have shown that the alcohol industry engages in the same tactics as the tobacco industry to prevent or delay government regulation and undermine good public policy.<sup>3</sup>

Concern about industry's derailment of public health has been expressed at the highest level. The immediate past Director General of WHO, Dr Margaret Chan, expressed her concerns stating that "when industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely. This, too, is well documented, and dangerous. In the view of WHO, the formulation of health policies must be protected from distortion by commercial or vested interests".<sup>4</sup>

The UN Secretary General's 2017 report *Progress on the prevention and control of non-communicable diseases* states "multinationals with vested interests routinely interfere with health policymaking, including by lobbying against the implementation of recommended interventions, working to discredit proven science and pursuing legal challenges to oppose progress". The report observes that "industry interference impedes the implementation of the 'best buys' and other recommended interventions, including the taxation of tobacco, alcohol and sugar-sweetened beverages".<sup>5</sup> The analysis in this report shows these patterns of behaviour being replicated all too clearly in Australia.

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## METHOD

The draft National Alcohol Strategy released for public consultation in December 2017 (the 'draft strategy') was compared with the revised version (the 'revised strategy') presented to the states and territories for approval in early 2019. All changes were identified and analysed.

## RESULTS

Analysis of the revised strategy revealed four main ways in which it had been modified: significant deletions have been made in relation to the role of the alcohol industry in contributing to public health policy; the language used to frame alcohol consumption has shifted; the imperative for government(s) to act on the strategy has been altered; and specific policy measures have been modified or removed. These changes are outlined in detail below.

### THE ROLE OF THE ALCOHOL INDUSTRY IN PUBLIC HEALTH POLICY

The draft strategy had a strong framework for managing conflict of interest with the alcohol industry.

Alcohol industry submissions to the consultation on the draft strategy heavily focused on its claim that it should be involved in developing public health policy, and that it should be eligible for membership of the Reference Group.<sup>6</sup> The Government's intention is for the Reference Group to guide implementation, monitor progress and undertake evaluation of the strategy.<sup>7</sup>

In the revised strategy, all of the safeguards to manage conflict of interest have been deleted. This makes it possible for alcohol industry executives to be involved in developing public health policy. This is in contradiction to the position of the WHO: "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".<sup>8</sup>

Two key deletions and one insertion were made:

- The comment that the alcohol industry "will not be eligible for membership of the Reference Group" has been deleted.<sup>9</sup>
- The comment "Australia does not support any ongoing role for industry in setting or developing national alcohol policy" has been deleted.<sup>10</sup>
- "Non-government organisations" has been added to the following sentence: "The Strategy has been developed with input from a wide range of stakeholders, including governments, non-government organisations, public health experts, police, community-based organisations, and researchers. As such it is important that each of these groups have an ongoing role in monitoring and overseeing implementation of the Strategy".<sup>11</sup>

#### DRAFT STRATEGY

**"Australia does not support any ongoing role for industry in setting or developing national alcohol policy."**

#### REVISED STRATEGY

[deleted]

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There was one other key modification that has implications for the role of the alcohol industry. The group responsible for deciding who is on the Reference Group has changed from the National Drug Strategy Committee (a group of senior public servants and area specialists) to the Ministerial Drug and Alcohol Forum (a group of politicians). This transfer of power, from technocratic appointment to political appointment, may make membership of the Reference Group vulnerable to political interference.<sup>12</sup>

## THE FRAMING OF ALCOHOL CONSUMPTION

There has been a notable re-writing of the 'alcohol-related harm' section of the strategy; alcohol has been depicted in a more positive light, and this section has been re-focused on addressing consumption that falls outside the National Health and Medical Research Council's *Australian guidelines to reduce health risks from drinking alcohol* (the Guidelines) as opposed to all consumption.

Despite there being no safe level of alcohol consumption,<sup>13</sup> the alcohol industry frames alcohol consumption as safe as long as it is 'moderate' and not 'excessive'.<sup>14</sup> The Guidelines do not take this approach; in fact the Guidelines state that "low level drinking is not safe", and that "the guideline does not represent a 'safe' or 'no-risk' drinking level".<sup>15</sup>

The alcohol industry deliberately uses positive and pro-drinking terms that are strategically ambiguous and avoid discussion of the actual amount of alcohol being consumed. Classic examples of this are 'moderate drinking' and 'responsible drinking'.<sup>16</sup> The revised strategy includes a new sentence: "According to the Guidelines, many drinkers consume alcohol responsibly".<sup>17</sup> References to 'responsible drinkers' and the 'responsible majority' are made frequently, and almost exclusively, by the alcohol industry.<sup>18,19</sup> The Guidelines do not use this terminology; in fact, they refer to the fact that 'responsible drinking' means different things to different people.<sup>20</sup> Indeed, evidence shows that the majority of people who drink above the Guidelines consider themselves 'responsible drinkers'.<sup>21</sup>

The strategy has been modified in line with the alcohol industry's framing of alcohol consumption, and now contains key words and phrases from the industry's preferred messaging that were not in the draft strategy.

## ALL CONSUMPTION VERSUS 'EXCESSIVE' CONSUMPTION

Priority 4, objective 1 of the strategy has been modified so that where it previously planned to challenge perceptions of 'safe' consumption, it now plans to educate people about 'safe' consumption in contrast to 'excessive' consumption. This has significantly distorted the meaning and application of the objective:

### DRAFT STRATEGY:

**"Challenge perceptions of risk among Australians about safe drinking levels, including in relation to health impacts (e.g. links with cancer, liver disease, violence and injury, weight gain, chronic diseases, substance dependence and mental illness)."**<sup>22</sup>

### REVISED STRATEGY:

**"Further educate Australians about safe drinking, including in relation to health impacts of excessive drinking (e.g. links with cancer, liver disease, violence and injury, weight gain, chronic diseases, substance dependence and mental illness)."**<sup>23</sup>

The risk of mouth, throat, oesophagus and breast cancer is increased with any amount of alcohol, and continues to increase with every drink.<sup>24</sup> Despite this, the strategy has been re-framed to address only 'excessive' consumption. The word 'excessive' does not appear in the draft strategy, but it appears three times in the revised strategy. In addition to the example above, it appears twice more:

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- Priority 2, objective 3: "Promotion of measures that support changing individual and community attitudes towards excessive alcohol consumption".
- Priority 4, objective 1: "Promote measures that facilitate and encourage cultural change by shifting attitudes towards excessive alcohol consumption and promoting messages of moderation or abstinence".<sup>25</sup>

## ALCOHOL IN AUSTRALIAN CULTURE

The strategy has been modified to re-frame alcohol consumption as a positive part of Australian culture. This is closely in line with alcohol industry rhetoric, but is at odds with the objective of the strategy which is to minimise harm from alcohol.

### DRAFT STRATEGY:

"Australia is regularly reported or casually referred to as having an "alcohol culture" where not consuming alcohol can be viewed as being "unAustralian". There are many Australians for whom this perception of the cultural norm contributes to increased risk of serious harm and the development of harmful drinking patterns. Examples of alcohol being embedded in the Australian culture include drinking to intoxication being seen as a rite of passage to adulthood, the perception that celebration and consuming alcohol are intrinsically linked, public figures are glorified for drinking alcohol, widespread alcohol availability and accessibility of cheap alcohol products, social and peer pressure/expectation to consume alcohol and exposure to alcohol advertising and promotion."<sup>26</sup>

### REVISED STRATEGY:

"Alcohol is an intrinsic part of Australian culture and it plays a central role in most people's social lives. Research clearly illustrates that whether people are celebrating, socialising, networking, relaxing, commiserating, or rewarding themselves—alcohol plays an integral role."<sup>27</sup>

## THE IMPERATIVE FOR GOVERNMENT(S) TO ACT

There has been further watering down of the imperative to act on the content of the strategy, with 'policy options' presented as being even more optional in the revised strategy than in the draft strategy.

A new sentence has been added which reads like a disclaimer: "The policy options identified throughout the strategy are provided as examples only of activities or initiatives that might be considered by the responsible jurisdiction/s and do not mean they are being actively pursued or considered".<sup>28</sup>

This has further weakened the imperative for the Commonwealth, state and territory governments to act on the content of the strategy and make any progress towards reducing harm and improving public health.

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## THE SPECIFIC POLICY MEASURES

Changes have been made to the most effective policy measures proposed in the draft strategy, concentrated in Priority 2 'managing availability, price and promotion'. WHO specifies that these are the most effective policy interventions to reduce the harm caused by alcoholic products.<sup>29</sup> These policy interventions were also the focus of the heaviest protest from alcohol industry executives in its submissions to the consultation<sup>30</sup> and are those that are most likely to harm the alcohol industry's bottom line.

### PRICE

Minimum unit pricing (MUP) of alcohol is gaining momentum both in Australia and internationally, with the introduction of MUP in Scotland in 2012, the Northern Territory in 2018, Ireland and Wales due to introduce one in 2020, and other Australian states and territories considering it.<sup>31</sup> The alcohol industry is nervous that MUP will gain further support because it is an effective measure for reducing alcohol consumption among the heaviest consumers.<sup>32,33,34</sup>

The alcohol industry relies on its heaviest consumers for the vast majority of its profit; 20 per cent of the adult population (nearly four million Australians) drink 74 per cent of all the alcohol consumed in Australia. These 'super' consumers are drinking on average 4.21 standard drinks a day, which is twice the maximum amount listed in the Guidelines to reduce long term harm. If these people consumed within the Guidelines, it would equate to a 39 per cent reduction in alcohol production and sales.<sup>35</sup>

It follows that in alcohol industry submissions to the consultation, the industry protested strongly about MUP as a policy measure.<sup>36</sup> Despite strong evidence that it targets the heaviest consumers<sup>37,38,39</sup>, alcohol industry executives frame the policy measure as "punishing the majority of the population who drink responsibly".<sup>40</sup>

While the strategy acknowledges that WHO has identified price reform as an effective harm reduction strategy, an insertion was made into the revised draft that undermines the inclusion of price reform as an effective policy intervention:

**"[...] such policy proposals affect all consumers, including the majority of the population that does not drink at levels that put them at risk of disease or injury."**<sup>41</sup>

This language is a notable departure from the draft strategy and is remarkably similar to alcohol industry rhetoric used frequently on the issue of price reform.

### ADVERTISING

Australians are growing increasingly sceptical about the activities of the alcohol industry, and in particular, alcohol advertising. There is strong community support for preventing the alcohol industry from marketing products to children, and a growing movement to stop alcohol advertising on television during children's viewing hours.<sup>42</sup>

The mechanism that currently allows alcohol advertising on television during children's viewing hours is an exemption for live sport and sport programs.<sup>43</sup> It is therefore notable that in objective 3 of Priority 2, 'sport' has been removed from the section on advertising to young people:

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#### DRAFT STRATEGY:

“Implement regulatory measures to reduce alcohol advertising exposure to young people (including in sport and online).”<sup>44</sup>

#### REVISED STRATEGY:

“Implement measures to reduce alcohol advertising exposure to young people (including online).”<sup>45</sup>

The draft strategy was positioned to make crucial reforms to start regulating alcohol advertising; currently, alcohol advertising is self-regulated by the alcohol industry. In the revised strategy, the language has shifted in such a way that it now recognises and legitimises the existing alcohol industry code of practice.

#### DRAFT STRATEGY:

“Align a single national advertising code which covers placement and content across all media which provides consistent protection of exposure to minors regardless of programming.”<sup>46</sup>

#### REVISED STRATEGY:

“Extend the single national advertising code to cover placement and content across all media which provides consistent protection of exposure to minors regardless of programming.”<sup>47</sup>

This is despite a government agency and a recent academic review declaring the current system to be inadequate at protecting children and young people from alcohol advertising.<sup>48,49</sup>

To illustrate the failings of the current self-regulatory system with a recent example, in August 2018 the alcohol industry self-regulator – Alcohol Beverages Advertising Code (ABAC) – dismissed a complaint about a New South Wales school bus covered in a beer advert including the slogan “BEERS BY THE BUSLOAD”, ruling that the advert broke no rules of its ‘responsible’ advertising code.<sup>50</sup>

## CONCLUSION

This analysis of modifications to the National Alcohol Strategy that occurred between the public consultation and the presentation of the revised strategy, shows that a number of key changes and deletions have been made. These changes were made in favour of the alcohol industry and at the detriment of the health and safety of Australians.

The draft National Alcohol Strategy should aim to provide the framework to prevent and reduce alcohol-related harm. This aim will not be achieved if unchecked corporate influence is permitted to alter and weaken key government policies.

While Australia waits for a new, effective strategy, alcohol continues to take a huge toll on the health and safety of Australians, with nearly 6,000 alcohol-related deaths and more than 144,000 alcohol-related hospitalisations each year.<sup>51</sup> Australia cannot afford to allow alcohol industry influence to distort health policies as it has done internationally. Until this behaviour is addressed, it should be recognised a serious threat to Australians’ health and wellbeing.

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