Perspectives

Alcohol Researchers Should Not Accept Funding From the Alcohol Industry: Perspectives From Brief Interventions Research

INEBRIA (the International Network on Brief Interventions for Alcohol & Other Drugs) is an organization of more than 500 researchers, policymakers, practitioners, and other stakeholders interested in the potential of brief interventions in health and other settings to reduce the harms produced by alcohol and other drug use. It aims to provide global leadership in the development, evaluation, and implementation of evidence-based practice in the area of early identification and brief intervention for hazardous and harmful substance use.

It is the INEBRIA view that the commercial activities of the alcohol industry pose a conflict of interest of such magnitude that any form of engagement with the alcohol industry may influence the independence, objectivity, integrity, and credibility internationally and pose risks to any researcher accepting any form of support for research activities. Any attention given by the industry to brief interventions is likely to be detrimental to evidence-based public health. Seeking or receiving funding from, and indeed having any relationships with, the alcohol industry, therefore, should be discouraged. This includes any organization that is industry funded, directly or indirectly, such as research funding bodies and public relations organizations that claim to be concerned with social aspects of alcohol in order to influence policy.

At its 2014 annual general meeting, INEBRIA decided to adopt a position statement with regard to the alcohol industry, whose interests are in conflict with its aims and objectives (International Network on Brief Interventions for Alcohol & Other Drugs, 2015). In the position statement, the alcohol industry is broadly defined to include producers, distributors, sellers, and marketers of alcohol, including any company that derives significant revenues from producing, selling, or marketing alcoholic products (Jernigan, 2009). The alcohol industry also includes beer, wine, and spirit trade associations and social aspects and public relations organizations (Babor, 2009). INEBRIA draws a distinction between alcohol industry activities within the state sector (e.g., alcohol retail monopolies), which are managed in the public interest, and those that are in the private sector, where the pursuit of profit motivates industry actions. The position statement is concerned with the latter.

Although the focus of INEBRIA is on brief interventions for hazardous and harmful substance use, one of the objectives of the organization is to promote integration of the study of brief interventions within the wider context of measures to prevent and reduce substance-related harm. From this perspective, the issue of industry relations and funding is considerably broader than brief interventions and is applicable to all forms of alcohol research, indeed to all research involving consumption of hazardous products, including dependence-producing substances, unhealthy food, or gambling.

Although membership in INEBRIA will not be contingent on nonreceipt of funds from the alcohol industry, all current members have been invited to endorse the position statement, as will individuals wishing to join INEBRIA in the future. All individuals wishing to present at an INEBRIA meeting will also be required to complete a conflict of interest declaration for the work being presented. Members of the Coordinating Committee will also sign a conflict of interest declaration and may not have worked with or received funding from the alcohol industry, directly or indirectly, in the 5 years before their election date, or during their term of office.

The position statement is based on a report of a working group of members and invited experts who convened to consider these issues in depth. The practical and ethical challenges associated with the acceptance of funding for clinical services and research are becoming increasingly complex in a context where research plays a greater role in the regulation and marketing of potentially addictive products. Since publication of the World Health Organization's *Global Strategy to Reduce the Harmful Use of Alcohol* (World Health Organization, 2010), the global alcohol producers have accelerated their corporate social responsibility activities, which in many cases conflict with the research and policy initiatives advocated by public health authorities (McCambridge et al., 2013). Such corporate social responsibility activities are used in lobbying for industry-favorable policies, involving less regulation, contrary to evidence-based policies that have a wider population reach. It is reasonable that society should define corporations' social responsibilities rather than simply accepting that corporations should do so in their own economic interests.

In addition to the potential for bias in the design, conduct, and reporting of research, industry funding for a particular topic may or may not be selected for scientific reasons. To the extent that funding for a particular research question is dictated by commercial reasons, it is likely to alter the research agenda of the recipient organization or an individual (McCambridge et al., 2014).

Although early identification and brief intervention show efficacy on the individual level, there is as yet no evidence that it can achieve a noticeable population-level reduction in per capita consumption or alcohol-related harm unless accompanied by more effective alcohol control measures (Heather, 2012). Therefore, it is possible that the industry may promote and fund brief intervention activities because they pose little threat to their profits, and this offers an approach with a stronger evidential tradition than other alternative policy measures favored by the industry, such as reliance on public education alone (Babor & Robaina, 2013; Stenius & Babor, 2010).

Concerns about industry attention to brief interventions were initially raised by industry-funded submissions to present at INEBRIA annual conferences and by an industry-funded program to train every employee assistance clinician in the United States in brief intervention (Diageo, n.d.). We were also aware of industry using support for brief interventions in its efforts to thwart the evidence-based policy of minimum unit pricing of alcohol in Scotland (McCambridge et al., 2014). There have been wider concerns that the main effects of the alcohol industry's cooperation with scientists and health professionals have been to improve their image with the public and with government policymakers, rather than to promote science (Babor & Robaina, 2013; Global Alcohol Policy Alliance, 2013).

Several arguments have been advanced against accepting industry funding for such programs. These arguments can be summarized within Peter Adams' (2012) moral jeopardy framework, which is designed to assess a variety of risks involved with accepting funding from dangerous consumption industries. The PERIL framework (Purpose, Extent, Relevant-harm, Identifiers, Link) assesses a variety of risks based on a continuum of moral jeopardy, from minor involvements to major conflicts (Adams, 2007). INEBRIA finds industry funding or other support for brief intervention activities incompatible with the aims of the organization. We encourage similar consideration of these issues among researchers in other fields, such as the gambling (Livingstone & Adams, 2016) or cannabis (Barry et al., 2014) fields, just to mention two areas of recent rapidly developing consumer interest following technological or policy changes, huge commercial interest, and lack of clear guidelines for researchers.

Consideration of industry funding for alcohol research is complicated by the argument that the industry should take some responsibility for the damage caused by alcohol. However, the amount of financial support and the nature of the programs supported in the area of brief intervention (e.g., time-limited, low-impact pilot programs) amount to a trivial contribution to address the damage caused by alcohol. To the extent that the industry is deriving political benefit and improved public perceptions through these generally minimal contributions, the risks far outweigh the benefits, and any association should be avoided.

Important lessons can be drawn from other fields in which industry-funded research produces industry-favorable results. Drug research sponsored by the pharmaceutical industry is more likely to end up favoring the drug under consideration than are studies sponsored by government grants or charitable organizations (Als-Nielsen et al., 2003). Similarly, nutrition research sponsored by the food industry is more likely to end up favoring the food under consideration than is independently funded research (Lesser et al., 2007). Wallace (2009) reported that interpretative bias played a role in the research funded by the tobacco industry claiming a genetic predisposition to lung cancer and that studies tended to overestimate genetic risk. Also, just as the tobacco companies have extensively used philanthropy as a political device (Chapman, 2011; Fooks & Gilmore, 2013; Tesler & Malone, 2008), there is emerging evidence that the alcohol industry is behaving similarly with the funding of charities (Hawkins & McCambridge, 2014; Lyness & McCambridge, 2014; Matzopoulos et al., 2012).

Brief intervention capable of initiating or supporting behavior change is an alluring idea, and the evidence base makes it attractive to scientists tackling other problems, as well as corporate vested interests seeking to influence science and policy, for reasons quite similar to those described here. For example, the gambling industry's National Center for Responsible Gaming has made SBIRT (Screening, Brief Intervention, and Referral to Treatment) a funding priority for 2015 (National Center for Responsible Gaming, 2015). This indicates that the implications of these issues, and of our handling of them, are much wider and deserving of attention. These issues are also complex and require careful handling and well-considered guidance. We know how useful expert advice has been, and we see much value in sharing our experience with other scientific organizations facing similar issues. We have already begun to do so with ICARA (the International Confederation of ATOD [Alcohol, Tobacco and Other Drug] Research Associations).

We will pay careful attention to further industry efforts to capture the science of brief intervention. For example, we note the recent endowment of a chair at Harvard Medical School in the name of Morris E. Chafetz, the founding father of brief intervention, by an alcohol industry body (with the agreement of the family) (Foundation for Advancing Alcohol

Responsibility, 2015). There is an obvious ethical risk in accepting support from sources that have aims that largely oppose those of the receiving organization. This is the core argument of the INEBRIA position statement. Accepting support from the alcohol industry sends a message that the industry is doing what it can to reduce alcohol-related harm and will inadvertently weaken wider efforts to reduce the damage done to population health and society.

Sven Andréasson, m.d., ph.d.
President,
INEBRIA (the International Network on Brief Interventions for Alcohol & Other Drugs)

Professor,
Department of Public Health Sciences,
Karolinska Institutet,
Stockholm, Sweden
sven.andreasson@ki.se

Jim McCambridge, ph.d.
INEBRIA President, 2012–2015,
Professor,
Department of Health Sciences,
University of York,
York, England
jim.mccambridge@york.ac.uk

Acknowledgment

INEBRIA is grateful for the evidence-based report produced by the independent working group that forms the basis of this commentary.

Conflict of Interest Statement

Sven Andréasson has received research grants from Systembolaget's (the Swedish state alcohol retail monopoly) Research Council for Alcohol Research. Sven Andréasson has served as a member of the board of Systembolaget, 2007–2014. Jim McCambridge has received research funding from U.K. charities to study alcohol industry influence on public health research and policy.

References

Adams, P. J. (2007). Assessing whether to receive funding support from tobacco, alcohol, gambling and other dangerous consumption industries. *Addiction, 102,* 1027–1033. doi:10.1111/j.1360-0443.2007.01829.x

Adams, P. J. (2012). Should addiction researchers accept funding derived from the profits of addictive consumptions? In A. R. Chapman (Ed.), *Genetic research on addiction: Ethics, the law, and public health* (pp. 122–138). New York, NY: Cambridge University Press.

Als-Nielsen, B., Chen, W., Gluud, C., & Kjaergard, L. L. (2003). Association of funding and conclusions in randomized drug trials: A reflection of treatment effect or adverse events? *JAMA, 290,* 921–928. doi:10.1001/jama.290.7.921

Babor, T. F. (2009). Alcohol research and the alcoholic beverage industry: Issues, concerns and conflicts of interest. *Addiction, 104, Supplement 1,* 34–47. doi:10.1111/j.1360-0443.2008.02433.x

Babor, T. F., & Robaina, K. (2013). Public health, academic medicine, and the alcohol industry's corporate social responsibility activities. *American Journal of Public Health, 103,* 206–214. doi:10.2105/AJPH.2012.300847

Barry, R. A., Hiilamo, H., & Glantz, S. A. (2014). Waiting for the opportune moment: The tobacco industry and marijuana legalization. *The Milbank Quarterly, 92,* 207–242. doi:10.1111/1468-0009.12055

Chapman, S. (2011). Health and philanthropy—The tobacco connection. *The Lancet, 377,* 11–13. doi:10.1016/S0140-6736(10)61036-7

Diageo. (n.d.). *The BIG initiative (Brief Intervention Group).* Retrieved from http://bigsbirteducation.webs.com/thebiginitiative.htm

Fooks, G. J., & Gilmore, A. B. (2013). Corporate philanthropy, political influence, and health policy. *PLoS ONE, 8*(11), e80864. doi:10.1371/journal.pone.0080864

Foundation for Advancing Alcohol Responsibility. (2015, July 15). *Foundation for Advancing Alcohol Responsibility establishes Morris E. Chafetz Professorship in psychiatry in the field of behavioral sciences at Harvard Medical School.* Retrieved from http://globenewswire.com/news-release/2015/07/15/752496/10141914/en/Foundation-for-Advancing-Alcohol-Responsibility-establishes-Morris-E-Chafetz-Professorship-in-psychiatry-in-the-field-of-behavioral-sciences-at-Harvard-Medical-School.html

Global Alcohol Policy Alliance. (2013). *Statement of Concern: February 8, 2013. The international public health community responds to the global alcohol producers' attempts to implement the WHO global strategy on the harmful use of alcohol.* Retrieved from file:///C:/Documents%20and%20Settings/Pat%20C/Desktop/WHO%252BStatement%252Bof%252BConcern%252Bby%252BGAPA.pdf

Hawkins, B., & McCambridge, J. (2014). Industry actors, think tanks, and alcohol policy in the United Kingdom. *American Journal of Public Health, 104,* 1363–1369. doi:10.2105/AJPH.2013.301858

Heather, N. (2012). Can screening and brief intervention lead to population-level reductions in alcohol-related harm? *Addiction Science & Clinical Practice, 7,* 15. doi:10.1186/1940-0640-7-15

International Network on Brief Interventions for Alcohol & Other Drugs. (2015). *INEBRIA Position Statement on the Alcohol Industry.* Retrieved from http://www.inebria.net/Du14/pdf/position_statement_on_the_alcohol_industry.pdf

Jernigan, D. H. (2009). The global alcohol industry: An overview. *Addiction, 104, Supplement 1,* 6–12. doi:10.1111/j.1360-0443.2008.02430.x

Lesser, L. I., Ebbeling, C. B., Goozner, M., Wypij, D., & Ludwig, D. S. (2007). Relationship between funding source and conclusion among nutrition-related scientific articles. *PLoS Medicine, 4*(1), e5. doi:10.1371/journal.pmed.0040005

Livingstone, C., & Adams, P. J. (2016). Clear principles are needed for integrity in gambling research. *Addiction, 111,* 5–10. doi:10.1111/add.12913

Lyness, S. M., & McCambridge, J. (2014). The alcohol industry, charities and policy influence in the UK. *European Journal of Public Health, 24,* 557–561. doi:10.1093/eurpub/cku076

Matzopoulos, R., Parry, C. D., Corrigall, J., Myers, J., Goldstein, S., & London, L. (2012). Global Fund collusion with liquor giant is a clear conflict of interest. *Bulletin of the World Health Organization, 90,* 67–69, discussion 70. doi:10.2471/BLT.11.091413

McCambridge, J., Hawkins, B., & Holden, C. (2013). Industry use of evidence to influence alcohol policy: A case study of submissions to the 2008 Scottish government consultation. *PLoS Medicine, 10,* e1001431. doi:10.1371/journal.pmed.1001431

McCambridge, J., Hawkins, B., & Holden, C. (2014). Vested interests in addiction research and policy. The challenge corporate lobbying poses to reducing society's alcohol problems: Insights from UK evidence on minimum unit pricing. *Addiction, 109,* 199–205. doi:10.1111/add.12380

National Center for Responsible Gaming. (2015). *Apply for NCRG funding.* http://www.ncrg.org/research-center/apply-ncrg-funding

Stenius, K., & Babor, T. F. (2010). The alcohol industry and public interest science. *Addiction, 105,* 191–198. doi:10.1111/j.1360-0443.2009.02688.x

Tesler, L. E., & Malone, R. E. (2008). Corporate philanthropy, lobbying, and public health policy. *American Journal of Public Health, 98,* 2123–2133. doi:10.2105/AJPH.2007.128231

Wallace, H. M. (2009). Big tobacco and the human genome: Driving the scientific bandwagon? *Genomics, Society and Policy, 5,* 1–54. doi:10.1186/1746-5354-5-1-1

World Health Organization (WHO). *Global strategy to reduce the harmful use of alcohol.* Geneva, Switzerland: WHO, 2010. Resolution of the Sixty-third World Health Assembly, WHA63.13.

Commentary on INEBRIA's Position Statement on the Alcohol Industry

We strongly support INEBRIA's position on members not accepting funding or support from alcohol industry sources. We see this as important step in preventing brief intervention researchers and professionals from being drawn in to supporting industry objectives in their engagements with policymakers.

The key messages industry players seek to advance with government policy and decision makers are (a) alcohol-related harm is the result of individual behavior, (b) industry initiatives are effective at reducing harm by promoting responsible drinking by individuals, and, accordingly, (c) there is no need for public health policy interventions.

Projects using the principles of brief intervention are highly attractive to industry because they fit in comfortably with the above messages and focus attention on the individual behavior of risky drinkers, thereby diverting attention away from the products and consuming environments. The industry is then able to profile these efforts and promote the public and highly political message that industry has the problems in hand and effective public health interventions, such as price increases or constraints on availability, are unnecessary.

The position statement also recognizes the variety of ways industry makes its funding available, including through direct funding of projects or indirect funding through industry research bodies, or via social aspects and public relations organizations (SAPROs). We have looked in more detail at how this plays out with gambling in a recent article (Livingstone & Adams, 2016). Initiatives funded by each of these routes typically turn into public relations exercises with high-profile media exposure of all those involved, as has occurred with many industry-supported health and public health initiatives (Babor & Robaina, 2013; McCambridge et al., 2014; Miller et al., 2011).

What the position statement does not discuss are situations where funding is channeled through government-administered mechanisms such as hypothecated levies on alcohol consumption. In our experience, this alternative indirect form of funding is prone to industry influence and can end up suiting industry interests in much the same way as funding through industry research bodies or SAPROs. The perils associated with hypothecated funding and how it enables industry to influence research initiatives and intervention options are discussed in detail in a recent book by the first author (Adams, 2016). We acknowledge that this is a common path for funding research in this field, including tobacco and gambling. It is very important to ensure that, if this path is followed, decision-making by such funding mechanisms is entirely independent of industry influence. Otherwise, they risk serving as a Trojan horse for industry interests.

We also wonder about the distinction drawn in the footnote between state-sector and private-sector enterprises and funding. State-owned alcohol enterprises (such as those in parts of Canada and Scandinavia) draw profits equally from people experiencing harm from their drinking and for this reason are motivated to protect profits by shaping policy and regulation. Indeed, the blurring of public and private roles could strengthen the links between industry and policy, as well as improve their capacity to reduce transparency. It may be useful to consider the extent to which public sector operators in this area are required to reduce harm and the extent to which independent oversight occurs in a way that ensures this is a priority for these operators. Unless this can be demonstrated unequivocally, we would be concerned that such operators may well be captured by the same logic that guides the behaviors of private-sector alcohol industry actors.

However, notwithstanding these minor reservations, we applaud the position statement as providing both leadership and improved clarity on this important research issue.

Peter J. Adams, ph.d.
School of Population Health
University of Auckland
Auckland, New Zealand
p.adams@auckland.ac.nz