Who is responsible for the public’s health? The role of the alcohol industry in the WHO global strategy to reduce the harmful use of alcohol

In this editorial the Editors of Addiction join over 500 public health leaders and 27 organizations in their endorsement of the ‘Statement of Concern’ addressed to the Director General of the World Health Organization. The Editors support the Statement’s contention that the global alcohol industry should have no role in the formulation of public health policies.

An epic struggle for the control of tobacco policy has been fought during the past half-century between the public health community and the tobacco industry. Although the industry has successfully delayed implementation of important public health measures for decades, significant progress has been made with the adoption of the global Framework Convention on Tobacco Control, a set of model policies that all parties to the treaty are expected to incorporate into their national policy frameworks [1].

A similar struggle is taking place for the heart and soul of alcohol control policy. The global alcohol producers have taken an active role in the formulation of alcohol policies, designed ostensibly to address the health and social impact of alcohol misuse. However, there has been a strong suspicion, reinforced by a considerable amount of circumstantial evidence [2,3], that these activities are mainly being taken to impede the development of effective alcohol control policies advocated by the public health community that would run counter to their commercial interests. In the middle of this gathering storm is the World Health Organization (WHO), which is charged with protecting global health.

With WHO’s Global Strategy on the Harmful Use of Alcohol [4], endorsed unanimously by all WHO member states in 2010, the public health community has been promoting the Strategy’s recommendations, including alcohol taxes, restrictions on availability and the cessation of marketing to adolescents and heavy drinkers.

An alternative strategy was announced with fanfare at a conference organized by the International Center for Alcohol Policies (ICAP) in October, 2012, when 11 of the world’s largest alcohol producers and two trade associations issued a list of ‘Commitments’ to reduce underage alcohol use, strengthen self-regulatory marketing codes, prevent driving under the influence of alcohol, act responsibly in the area of product innovation and encourage retailers to reduce harmful drinking [5]. In a document providing justification for these kinds of policy initiatives [6], ICAP claimed that ‘the adoption of the WHO Global Strategy . . . has legitimated industry’s ongoing efforts and has opened the door to the inclusion of producers as equal stakeholders’.

Some people in the public health community reacted with alarm to the industry’s announcement. Their response took the form of a ‘Statement of Concern’ [7] addressed to the Director General of WHO, Dr Margaret Chan. Drafted by an international coalition of 17 public health professionals, the Statement questions the alcohol industry’s unilateral assumption of public health responsibilities in the implementation of the WHO Global Strategy. The group argued that the producers’ proposed actions are weak, mostly lacking an appropriate evidence base, and are unlikely to reduce harmful alcohol use. Within a month the statement gained more than 500 endorsements from health professionals and academics from more than 60 countries and 27 organizations.

In March 2013, an article [8] in the British Medical Journal (BMJ) described the emerging controversy concerning the commitments. Responding to the BMJ article, Dr Chan [9] wrote a public letter to clarify the role of the alcohol industry in forming the WHO Global Strategy, stating that: ‘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.’

In a subsequent address to the 2013 Global Conference on Health Promotion, Dr Chan [10] pointed to big business as one of the most serious challenges to overcoming the problems associated with non-communicable diseases: ‘It is not just Big Tobacco any more. Public health must also contend with Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics.’ Chan also noted corporate use of front groups, lobbyists, promises of self-regulation, lawsuits, and industry-funded research that ‘confuses the evidence and keeps the public in doubt’, along with the use of gifts, grants and contributions that can reasonably be assumed are aimed at casting the industry as respectable corporate citizens.
What is the significance of this ongoing skirmishing involving the WHO, the global producers and the international public health community? Is this merely part of the radical agenda of a small group of ‘nanny-state’ health advocates, or the opening salvos in a battle for the control of alcohol policy country by country, region by region, stakeholder by stakeholder? The global alcohol producers know how high the stakes are. Billions have been invested, concentrating the world’s production into a small number of companies that are expanding their reach into the emerging economies of the world’s large population areas in Asia, Africa and Latin America [11]. Expansion of the producers’ markets depends upon minimum government regulation, especially in countries that currently have only fragmentary alcohol control policies. It also depends upon aggressive marketing strategies that make their products, heretofore uncommon commodities to the majority of these populations, more socially acceptable by associating them with western life-style images and modernity.

Consistent with the public health community’s ‘Statement of Concern’, the Editors of Addiction believe that the alcohol industry has an ethical responsibility to minimize the harm caused by its products at all stages of the production chain, including product design, pricing and marketing. This responsibility should be the starting-point for defining a role for the alcohol industry in the implementation of the WHO Global Strategy. However, as stated in the Global Strategy and reiterated by Dr Chan [9], ‘economic operators’ are restricted to their core roles as producers, marketers and sellers of alcohol and should have ‘no role in the formulation of alcohol policies’ related to public health. If the alcohol industry believes it has the licence and the competence to engage in public health policymaking as an ‘equal partner’, why not invite the public health community to become an equal partner in business decisions about brewing, distillation and winemaking? If the alcohol industry wants to make a genuine contribution, its trade associations and social aspect/public relations organizations could facilitate the Global Strategy by supporting effective, evidence-based alcohol policies, refraining from product innovations that have high abuse potential (e.g. alcopops) and stopping their marketing to youth and other vulnerable groups.

The emerging conflict between the public health community and the alcohol industry will determine who owns public health in so far as alcohol policy is concerned. If United Nations Member States ignore the wise council of the WHO and the public health community, it may take decades to reverse the epidemics of alcohol abuse that emerge when industry-favourable policies trump public health initiatives.

Declaration of interests

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Robert West has received travel funds and hospitality from, and undertaken research and consultancy for, pharmaceutical companies that manufacture or research products aimed at helping smokers to stop. These products include nicotine replacement therapies and Zyban (bupropion). This has led to payments to him personally and to his institution. He undertakes lectures and training in smoking cessation methods which have led to payments to him personally and to his institution. He has received research grants from medical charities and government departments.
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