Centre for Alcohol Policy Research,
La Trobe University, Bundoora

REPORT FOR THE FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION [FARE]
January 2022

Alcohol industry submissions to the WHO 2020 Consultation on the development of an Alcohol Action Plan: A content and thematic analysis

Robyn Dwyer[1] , Robin Room[1,2], Paula O'Brien[3], Megan Cook[1] & Deborah Gleeson[4]

Affiliations: [1]Centre for Alcohol Policy Research, La Trobe University, Melbourne; [2]Centre for Social Research on Alcohol & Drugs, Department of Public Health Sciences, Stockholm University, Stockholm, Sweden; [3]Melbourne Law School, University of Melbourne, Melbourne; [4]School of Psychology and Public Health, La Trobe University, Melbourne

Table of contents

List of Tables

Executive Summary

INTRODUCTION AND AIMS

In November and December 2020, the World Health Organization (WHO) conducted an online consultation seeking comment and suggestions on a Working Document for the 'development of an action plan to strengthen implementation of the Global [Alcohol] Strategy'.

The Action Plan Working Document (hereafter Working Document) proposes that the scope of the Alcohol Action Plan should be: 'specific actions and measures to be implemented at global level, in line with key roles and components of global action as formulated in the Global Strategy… [and] proposed actions for Member States, international partners and non-State actors to be considered for implementation at the national level'. The Working Document contains specific targets, indicators and proposed actions for all stakeholders and establishes six Action areas, with various particular actions to be taken by Member States, the WHO Secretariat, and international partners and non-State actors. Very limited roles are proposed for 'economic operators' (i.e. alcohol industry actors) in view of the potential for conflicts of interest undermining effective public health policy-making. The six Action areas are:

- Action area 1: Implementation of high-impact strategies and interventions (which is primarily directed to implementation of the SAFER initiative)
- Action area 2: Advocacy, awareness and commitment
- Action area 3: Partnership, dialogue and coordination
- Action area 4: Technical support and capacity-building
- Action area 5: Knowledge production and information systems
- Action area 6: Resource mobilization

In this Report, we critically examine the views expressed, and arguments made, by alcohol industry submitters to the 2020 Consultation in relation to global alcohol governance and the reduction of alcohol-related harm. Specifically, the analysis addresses the following questions:

1. What strategies and actions for global alcohol governance and the reduction of harm do alcohol industry actors propose, endorse and resist?
2. What arguments are made by alcohol industry actors about these strategies and actions and how are these arguments framed?
3. What evidence do alcohol industry actors use in their written submissions? How do they use this evidence?

METHOD

Submissions (n=251) to the 2020 Consultation were received from a range of organisations and stakeholders, including WHO Member States, government departments, academic organisations and institutions, non-government organisations, alcohol industry actors and civil society organisations. We identified a total of 60 alcohol industry actors who provided submissions. These constituted 24% of all submissions received. Ten of these submissions were in Spanish and were excluded from further analysis. Two additional submissions were excluded as they were made by government-run monopoly alcohol retailers with a substantial public health orientation. Our final dataset comprised 48 submissions made by alcohol industry actors (n=38) and organisations that directly gain, or stand to gain, from the alcohol industry (n=10).

The full text of each alcohol industry submission was saved in a MS Word file and imported into NVivo 20 release 1.4 (QSR International) for data management and coding. An Excel spreadsheet was also created to record general information about the submitting alcohol industry actor, including name, purpose, organisational type, jurisdiction where it was based, arena of operation (national, regional, global) and associated beverage type. In addition, a summary of the key topics, arguments and concerns raised was recorded in the spreadsheet.

Analysis

We undertook directed content analysis and thematic analysis. Once key industry arguments and preferred strategies had been identified through coding in NVivo, we created additional fields in the spreadsheet to record for the presence or absence of this content in the submissions made by each alcohol industry actor. Simple descriptive statistics are presented from content analyses of the strategies and actions endorsed by industry actors, the types of arguments they made, the types of evidence used and the ways in which evidence is deployed. The thematic analysis examined the data corpus for patterned responses in the framings of industry arguments and concerns. Four key themes were identified. These concerned: 1) the role of industry actors in the development of the Action Plan and in global alcohol policy; and alcohol industry actors' 2) views on the policy problem (in particular, a focus on harm rather than consumption); 3) views on various strategies and actions; and 4) views on the appropriate focus of alcohol policy.

KEY FINDINGS

Characteristics of submitters

Of the 38 alcohol industry submitters:

- 23 (60%) were from continental Europe;
- 29 (76%) were national operators;
- 35 (92%) were trade associations;

- 15 (39%) were from the brewing industry and 12 (32%) from the spirits industry.

Of the ten submissions from actors associated with the alcohol industry:

- 3 (30%) were from continental Europe and 3 were from the UK & Ireland;
- 6 (60%) were from public relations organisations.

Two primary concerns articulated by alcohol industry actors

1. **The primary focus and purpose of alcohol industry submissions to the 2020 Consultation was to respond strongly to proposed actions that would further limit industry's role and participation in global (and regional/national) alcohol governance**.

In support of their arguments, alcohol industry actors strongly challenged the conception of a fundamental conflict of interest between economic operators and public health and they adopted and reflected the language of the Working Document and other UN documents around the need for 'whole of society' approaches and partnerships between stakeholders across society (i.e. government, health, civic society *and* economic operators).

2. **A second central argument across a majority of submissions was the insistence that the Global Strategy and the Alcohol Action Plan should remain focused on the reduction of harm rather than aiming to reduce consumption *per se*,** and that the two should not be conflated. Drinking that was not 'excessive' was constituted as non-problematic.

- **90% of alcohol industry actors challenged perceived exclusion of industry.**
- **62% explicitly rejected a framing of an inherent conflict of interest between public health and alcohol industry.**
- **55% argued that alcohol policy should be made at a 'whole of society' level.**
- **50% argued that the Action Plan exceeds or contradicts the Global Strategy and/or WHO's remit.**
- **80% argued that the focus of alcohol policy should be on the reduction of harm rather than consumption *per se*.**

Strategies and actions endorsed and resisted by alcohol industry actors

Half the alcohol industry submissions questioned a primary or sole focus on the SAFER initiative, with substantial proportions resisting specific SAFER initiatives, namely, advertising restrictions, availability restrictions and pricing and taxation measures.

Alcohol industry actors strongly promoted or endorsed education and awareness activities to inform consumers about moderate or responsible consumption. The promotion of low- or no-alcohol products was also a feature of a substantial proportion of alcohol industry actor submissions.

- **60% resisted advertising restrictions (SAFER initiative); none endorsed.**
- **52% resisted pricing and taxation regulations (SAFER initiative); none endorsed.**
- **46% resisted measures regulating alcohol availability (SAFER initiative); none endorsed.**
- **65% resisted health warnings on alcohol product labels.**
- **81% endorsed moderate consumption information and education programs.**
- **73% endorsed promoting personal responsibility and consumer choice.**
- **44% endorsed promotion of low or no alcohol products.**

Framings of arguments

Consistent with a review by McCambridge, Mialon and Hawkins (2018), alcohol industry actors deployed three central and interconnected strands of argumentation. These were framed around 'policy actors', 'policy problems' and 'policy positions'.

Policy actors

Alcohol industry actors made efforts to ensure they were positively regarded. They positioned themselves as important stakeholders in policy debates and key partners to governments in policy formation and implementation.

- **83% represented industry as socially responsible.**
- **83% highlighted important contributions of industry in reducing alcohol-related harms.**
- **66% emphasised the important insights that only industry can provide.**

Policy problems

Alcohol industry actors framed alcohol problems in particular ways so as to 'play down the scale of the problem', differentiate 'normal' drinking from problematic drinking and shift attention away from population-level understandings to individual-level framings. A substantial majority highlighted regional and cultural differences in consumption patterns and alcohol-related harms. A third of submitters observed that most people consume alcohol in moderation or 'responsibly', thereby differentiating 'normal' drinking from drinking that merits intervention. A similar proportion commenting on the 'positive achievements' of the Global Strategy to date.

- **73% emphasised regional, cultural or social differences in consumption practices.**
- **67% highlighted that alcohol-related harm is declining.**
- **56% highlighted that consumption is declining.**
- **36% noted the positive achievements of the Global Strategy.**

Policy positions

Alcohol industry actors' framings of the policy problem underpin and shape their preferred remedies and policy approaches. A substantial majority of submitters argued against *global* alcohol governance and insisted that alcohol policy should be made at the national, or sometimes regional, level. The related catch-cry of 'no one size fits all' was commonly repeated across submissions. Large majorities of alcohol industry actors argued that remedies require partnership approaches with economic operators and proposed industry self-regulation or co-regulation approaches.

- **81% argued that remedies require partnership approaches with economic operators.**
- **81% proposed industry self-regulation or co-regulation approaches.**
- **62% argued that policy should be at the national and/or regional level.**
- **49% argued an Alcohol Action Plan should include a 'full menu' of policy options.**
- **45% emphasised complexity of the issues, that 'no one size fits all'.**

Use of evidence

In general, alcohol industry actor submissions were primarily focused on challenging their exclusion from policy making. Consequently, the use of evidence within the submissions was limited. A large majority did make reference to 'evidence', e.g., making statements such as 'scientific evidence shows…' or 'growing evidence indicates'. However, these statements were infrequently supported with references to any specific evidence.

- **79% made reference to 'evidence'.**
- **65% asserted 'facts' without providing/citing supporting evidence.**
- **37% stated they supported evidence-based actions and approaches.**
- **17% stated there was a lot of evidence but did not provide this evidence.**

Only 17 (35%) of submissions referenced or cited specific evidence. Most (n=11) cited just one or two peer-reviewed journal articles, although one submission cited ten journal articles and another submission cited 18 peer-reviewed articles. Other evidence drawn on by alcohol industry actors were non-peer reviewed articles or reports, WHO documents or reports and analyses from statistical agencies within their jurisdictions, and industry reports.

In using this evidence, some of these alcohol industry actors often misinterpreted or misrepresented the peer-reviewed scientific evidence. Others promoted weaker evidence through the articles they chose to cite or emphasised selective evidence.

- **10 submitters misinterpreted or misrepresented evidence.**
- **9 promoted weak evidence.**
- **10 emphasised selective evidence, 'cherry-picking'.**
- **7 directly quoted evidence, with 6 of these accurately quoting, 5 quoting in a misleading way and 4 selectively quoting.**

DISCUSSION AND CONCLUSION

Our analysis of 48 alcohol industry submissions to the WHO 2020 Consultation has highlighted two primary concerns held by alcohol industry actors in relation to global alcohol governance. Additionally, it has illuminated the ways in which these alcohol industry actors frame their arguments in relation to policy actors, policy problems and preferred policy positions. Our analysis also contributes further insights into the forms of evidence used by alcohol industry actors and the ways in which this evidence is used, although it is by necessity more limited in scope than previous research on this topic.

The key finding of this analysis was the strength of the reaction from alcohol industry submitters to the firm stance adopted in the Working Document of limiting the role of industry in global alcohol policy making, underpinned by the Working Document's explicit framing of an inherent conflict of interest between alcohol economic operators and public health. While this can be understood as a reactive response to this specific policy debate, the framing of alcohol industry actors as important stakeholders with a legitimate place in policy making has been identified as a consistent strategy in several studies and reviews (Casswell, 2019; McCambridge, Mialon & Hawkins, 2018; Rinaldi et al., 2021).

Our findings around the strategies and actions endorsed by alcohol industry actors and the ways in which their arguments were framed in the 2020 Consultation closely correspond to findings from other studies that have examined industry influence in various policy debates and policy making contexts (e.g., Cook et al., 2020; Hawkins & Holden, 2013; Hawkins & McCambridge, 2021; McCambridge, Mialon & Hawkins, 2018; Miller et al., 2021; Rinaldi et al., 2021). In their submissions, alcohol industry actors framed themselves as socially responsible, socioeconomically important, and as legitimate policy actors. They also framed the policy 'problem' in specific ways that have similarly been identified in other research. Notable here was the insistence across most submissions that the proper focus of alcohol policy should be the reduction of harm rather than consumption per se, coupled with the repeated assertions that most people consume moderately or 'responsibly'. This

framing allows alcohol industry actors to downplay the magnitude of the problem and simultaneously redirect attention away from population-level approaches and interventions. The ways in which alcohol industry actors constitute the problem, in turn, imply particular preferred policy positions. As we found, alcohol policy actors emphasise complexity (in problem causes and, therefore, problem remedies) and argue for localised contextually-tailored policy options against global governance regulations and goals.

Given the strong focus on challenging the exclusion of industry, it seems that these alcohol industry actors understood the Working Document as having the potential to be a turning point in their participation in global alcohol governance, at least in the WHO context – a turning point that could see alcohol industry actors operating from a significantly diminished position compared to the position allowed in the Global Strategy. Such a diminished role at the global level could, in turn, have implications for the role of industry in domestic policy making processes as well. The concern with legitimising their voice in the processes of developing global alcohol governance will undoubtedly be a continued priority in the advocacy strategies of alcohol industry actors in the WHO and beyond. It may even be their central goal for this WHO process, to be achieved by whatever means available.

Introduction

Public health advocates and researchers have long drawn attention to the influence of alcohol industry actors on policy development and implementation (Hawkins & McCambridge, 2013; McCambridge, Mialon & Hawkins, 2018; McCambridge, Kypri et al., 2020; Room, 2006). There is a growing body of scholarly literature examining the views and arguments made by alcohol industry actors in policy submissions and judicial reviews at the national level – for instance, work in Australia (Miller et al., 2021; Stafford et al., 2020; Cook et al., 2020) and work in the UK (McCambridge, Hawkins & Holden, 2013; Hawkins & Holden, 2013; Hawkins & McCambridge, 2021). However, scholars have paid less attention to alcohol industry actors' engagements and interventions in policy at the international/global level (although see, e.g., Casswell, 2019; O'Brien, 2020; Petticrew et al., 2017; Rinaldi, van Schalkwyk, Egan & Petticrew, 2021; Room, 2006).

In 2019, the World Health Organization (WHO) hosted an online consultation on the 2010 *Global Strategy to Reduce the Harmful Use of Alcohol* (hereafter, the Global Strategy). Submissions were invited from Member States, United Nations (UN) and other international organisations and non-State public and private actors, the latter including alcohol industry actors. Submitters were invited to comment on the implementation of the Global Strategy during the first decade of its endorsement and to consider 'ways forward'. Based on the report of this consultative process (WHO, 2019), in February 2020, the WHO Executive Board requested the WHO Director-General to develop an action plan (2022-2030) to more effectively implement the Global Strategy. In November and December 2020, the WHO conducted a further online consultation seeking comment and suggestions on a Working Document for the 'development of an action plan to strengthen implementation of the Global Strategy' (WHO, 2020a). The Consultation asked stakeholders to respond to one statement only: 'We have read the working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol and have the following comments and suggestions for consideration.'

In this Report, we critically examine the views expressed, and arguments made, by alcohol industry submitters to the 2020 Consultation in relation to global alcohol governance and the reduction of alcohol-related harm. The aim of the analysis is to generate insights into the political strategies and evidence-making practices employed by alcohol industry actors at the global level and to consider the implications of these strategies and practices for international and domestic alcohol policy-making.

Specifically, the analysis addresses the following questions:

1. What strategies and actions for global alcohol governance and the reduction of harm do alcohol industry actors propose, endorse and resist?

2. What arguments are made by alcohol industry actors about these strategies and actions and how are these arguments framed?
3. What evidence do alcohol industry actors use in their written submissions? How do they use this evidence?

BACKGROUND TO THE WHO CONSULTATION ON THE ACTION PLAN WORKING DOCUMENT

The Global Strategy was agreed by the World Health Assembly in 2010 (WHO, 2010). It is a political document with no binding legal force, one of more than 20 'soft' public health Strategies that have been adopted since 1948 by a majority vote in the World Health Assembly, WHO's governing body (Solomon, 2013). Adopted within the framework of Article 23 of the WHO Constitution and the WHA's 'recommendatory authority' (Solomon, 2013, p.190), the status of such instruments comes from the normative power which they carry, which is usually accrued over time. The Global Strategy sets out objectives, principles and areas for policy action for reducing harms from alcohol. Its ten policy focus areas are: (a) leadership, awareness and commitment; (b) health services' response; (c) community action; (d) drink-driving policies and countermeasures; (e) availability of alcohol; (f) marketing of alcoholic beverages; (g) pricing policies; (h) reducing the negative consequences of drinking and alcohol intoxication; (i) reducing the public health impact of illicit alcohol and informally produced alcohol; and (j) monitoring and surveillance. The Global Strategy is not prescriptive about the actions to be taken by states in respect to alcohol control.

The Action Plan Working Document (hereafter Working Document) proposes, for consideration in the Consultation, the scope, goals and principles to underpin the Alcohol Action Plan. It suggests the scope should be: 'specific actions and measures to be implemented at global level, in line with key roles and components of global action as formulated in the Global Strategy… [and] proposed actions for Member States, international partners and non-State actors to be considered for implementation at the national level. The goal of the Action Plan is to enhance 'effective implementation of the Global Strategy as a public health priority and considerably reduce morbidity and mortality due to alcohol use … as well as associated social consequences' (Working Document, 2020, p.7). This goal is underpinned by eight 'guiding principles' that include an emphasis on the primacy of public health interests in formulating policy, multisectoral action, evidence-based and equity-based approaches and protection from commercial interests (see Box 1).

Box 1. Guiding principles (Working Document, 2020)

Principle 1	Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence.
Principle 2	Policies should be equitable and sensitive to national, religious and cultural contexts.
Principle 3	All involved parties have the responsibility to act in ways that do not undermine the implementation of public policies and interventions to prevent and reduce harmful use of alcohol.
Principle 4	Public health should be given proper deference in relation to competing interests and approaches that support that direction should be promoted.
Principle 5	Protection of populations at high risk of alcohol-attributable harm and those exposed to the effects of harmful drinking by others should be an integral part of policies addressing the harmful use of alcohol.
Principle 6	Individuals and families affected by the harmful use of alcohol should have access to affordable and effective prevention and care services.
Principle 7	Children, teenagers and adults who choose not to drink alcoholic beverages have the right to be supported in their nondrinking behaviour and protected from pressures to drink.
Principle 8	Public policies and interventions to prevent and reduce alcohol-related harm should encompass all alcoholic beverages and surrogate alcohol.

The Working Document contains specific targets, indicators and proposed actions for all stakeholders, developed on the basis of lessons learned from implementation of the Global Strategy over the last 10 years, and it establishes six Action areas:

- Action area 1: Implementation of high-impact strategies and interventions (which is primarily directed to implementation of the SAFER initiative[1])
- Action area 2: Advocacy, awareness and commitment
- Action area 3: Partnership, dialogue and coordination
- Action area 4: Technical support and capacity-building
- Action area 5: Knowledge production and information systems
- Action area 6: Resource mobilization

Under each Action Area, the Working Document includes specific actions to be undertaken by alcohol industry actors (in the document, referred to as 'economic operators'). These are largely framed in terms of actions which industry actors should avoid (see Box 2). It was prepared in accordance with

[1] The SAFER initiative includes the following policy options and interventions: **S**trengthen restrictions on alcohol availability; **A**dvance and enforce drink-driving countermeasures; **F**acilitate access to screening, brief interventions and treatment; **E**nforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; **R**aise prices on alcohol through excise taxes and other pricing policies (Working Document, 2020, p.15).

WHO's 2016 Framework of Engagement with Non-State Actors (FENSA), which does not exclude engagement with non-government bodies from or representing industries which affect public health commercial interests[2] so long as such engagement provide clear public health benefits, protects WHO from any undue 'influence', does not compromise its 'integrity, independence, credibility and reputation, and where possible avoids conflict of interest' (Rodwin, 2020). Accordingly, WHO, which meets annually with alcohol industry interests, accepted and included in the publicly-available collection of submissions those submitted by alcohol industry-connected organisations.

The Working Document proposes very limited roles for economic operators (i.e. alcohol industry actors) in view of the potential for conflicts of interest undermining effective public health policy-making. While the Global Strategy notes a need to 'balance different interests' (2010, p.7) and identifies 'competing interests' (p.9), the language around economic interests in the Working Document (2020) is considerably stronger and more explicit. In the Global Strategy, economic interests are noted four times and they are framed as having a 'possible conflict with public health objectives (p.21). The Working Document, by contrast, notes economic or commercial interests 18 times throughout, refers to 'interference' by economic interests six times and a 'conflict of interest' (p.22) is assumed.

[2] Other than the tobacco industry, excluded by the Framework Convention on Tobacco Control.

Box 2. Action Plan Working Document Action Areas and specific actions for economic operators

ACTION AREA 1: IMPLEMENTATION OF HIGH-IMPACT STRATEGIES AND INTERVENTIONS

Proposed actions for international partners and non-State actors

Action 3. Economic operators in alcohol production and trade are invited to focus on their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and refrain from activities that may prevent, delay or stop the development, enactment and enforcement of high-impact strategies and interventions to reduce the harmful use of alcohol. Economic operators in alcohol production and trade, as well as economic operators in other relevant sectors (such as retail, advertisements, social media and communication), are encouraged to contribute to the elimination of marketing and sales of alcoholic beverages to minors and targeted commercial activities towards other high-risk groups (p.12).

ACTION AREA 2: ADVOCACY, AWARENESS AND COMMITMENT

Proposed actions for international partners and non-State actors

Action 3. Economic operators in alcohol production and trade as well as operators in other relevant sectors of the economy are invited to take concrete steps, where relevant, towards eliminating the marketing and advertising of alcoholic products to minors, refrain from promoting drinking, eliminate and prevent any positive health claims, and ensure, within co-regulatory frameworks, the availability of easily-understood consumer information on the labels of alcoholic beverages (including composition, age limits, health warning and contraindications for alcohol use) (p.14).

ACTION AREA 3: PARTNERSHIP, DIALOGUE AND COORDINATION

Proposed actions for international partners and non-State actors

Action 3. Economic operators in alcohol production and trade are invited to focus on their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and abstain from interfering with alcohol policy development and evaluation (p.16).

ACTION AREA 4: TECHNICAL SUPPORT AND CAPACITY-BUILDING

Proposed actions for international partners and non-State actors

Action 3. Economic operators in alcohol production and trade are invited to implement capacity-building activities within their sectors of alcohol production, distribution and sales, and refrain from engagement in capacity-building activities outside their core roles that may compete with the activities of the public health community (p.18).

ACTION AREA 5: KNOWLEDGE PRODUCTION AND INFORMATION SYSTEMS

Proposed actions for international partners and non-State actors

Action 3. Economic operators in alcohol production and trade are invited to disclose, with due regard of limitations associated with confidentiality of commercial information, data of public health relevance that can contribute to improvement of WHO estimates of alcohol consumption in populations, such as data on production and sales of alcoholic beverages and data on consumer knowledge, attitudes and preferences regarding alcoholic beverages (p.20).

ACTION AREA 6: RESOURCE MOBILIZATION

Proposed actions for international partners and non-State actors

Action 3. Economic operators in alcohol production and trade are invited to allocate resources for implementation of measures that can contribute to reducing the harmful use of alcohol within their core roles, and to refrain from direct funding of public health and policy-related research to prevent any potential bias in agenda-setting emerging from the conflict of interest, and cease sponsorship of scientific research for marketing or lobbying purposes (p.22).

Source: Working Document [WHO]. (2020). *Working Document for the development of an Action Plan.* WHO: Geneva.

Method

The WHO received a total of 251[3] submissions to the 2020 web-based consultation on the "working document for development of an action plan". Submitters had two options for making their submission: they could make their full written submission online or could submit a written abstract online and attach a full written submission as a PDF or doc file. The WHO compiled all submissions to the 2020 Consultation into two PDF volumes (WHO, 2020b; 2020c). The research team downloaded the submissions when these were made available on the WHO website on 25th February 2021. Submissions were received from a range of organisations and stakeholders, including WHO Member States, government departments, academic organisations and institutions, non-government organisations, alcohol industry actors and civil society organisations. Notably, as observed in a blog by Maik Dunnbier from Movendi (2021), 'a novel development' is that '18 submissions' were made by 'neo-liberal, "free market" think tanks'. All of these are organisations which had been identified in a 2019 article in The Guardian newspaper as taking '"positions helpful to the tobacco industry" or having "accepted donations" from the tobacco industry' (Glenza, 2019)[4]. Table 1 presents the proportions of submissions received from various organisational types.

The research team identified all submissions made by alcohol industry actors (classified by WHO as 'Private Sector Entities'). These included alcohol industry trade associations and major producers and/or retailers (designated in this report as PSE-Alc), as well as a range of actors who gain economically from the alcohol industry (designated here as PSE-Other). The latter comprised organisations directly funded in part or wholly by the alcohol industry[5] (e.g., Drinkwise Australia; Educ'alcool), business associations and advertising-media organisations. Most alcohol industry actor submissions were readily identifiable as such (e.g., Hellenic Association of Brewers). Where the identity was less clear (e.g., names in languages other than English, names not immediately associated with alcohol), the research team confirmed connections to the alcohol industry via examination of the organisation's website.

[3] The WHO website states that 253 submissions were received. However, only 251 submitters are listed in the two available volumes.
[4] An argument could be made to include the 'free-market' think tanks as alcohol industry actors in this analysis. However, while we had questions about the number of submissions from these actors, at the time we were selecting submissions for inclusion, we were unaware of the prior links between these organisations and the tobacco industry. Furthermore, we have no knowledge that these organisations gain directly from the alcohol industry. For these reasons, we do not include these actors in our dataset. It would be of benefit for future work to investigate whether there are direct economic links between these organisations and alcohol industry actors.
[5] These organisations identify themselves as 'Social Aspects Organisations'. In this report, we designate them as 'Public relations' organisations (Petticrew et al., 2018).

Table 1. Submissions to the WHO consultation (Nov-Dec 2020) on the action plan to strengthen the Global Alcohol Strategy (N=251)

Submitting organisation type	n	%
Member States/Governments [MS or Govt]	**23**	**9.2**
Government – health oriented	22	8.8
Government – other orientation (*Govt embassy in Geneva*)	1	0.4
UN bodies or other intergovernmental orgs [UN or IGOs]	**4**	**1.6**
UN-IGO – health oriented	3	1.2
UN-IGO – other orientation (vine & wine standards)	1	0.4
Academic organisations [Academ]	**27**	**10.8**
Academic – health oriented	26	10.4
Academic – other (*Labour relations & Social Work)*	1	0.4
Health-focused non-government organisations [NGO-Health]	**110**	**43.8**
NGO-Health - policy focused	67	26.7
NGO-Health – service focused	37	14.7
NGO-Health – other focus (*social welfare, justice*)	6	2.4
Private Sector Entity – Alcohol Industry [PSE-AIc]	**46**	**18.3**
Trade Association	41	16.3
Major producer-retailer	5	2.0
Private Sector Entity – Other [PSE-Other][a]	**14**	**5.6**
Public relations	8	3.2
Advertising-Media	3	1.2
Business Associations (*Chambers of Commerce*)	3	1.2
Other entity/organisation [Other]	**27**	**10.8**
Economic (*free market think tanks, legal firms*)	26	10.4
Community services (*Girl Guides*)	1	0.4

a PSE-Other were defined as organisations that either directly gain economically from alcohol or stand to gain economically from the alcohol industry (e.g., Drinkwise is funded by alcohol industry; advertisers or sports groups gain from alcohol industry money).

We identified a total of 60 alcohol industry actors who provided submissions to the 2020 web-based consultation. These constituted 24% of all submissions received. Table 2 presents characteristics of the submissions and the alcohol industry actors: language of the submission, the organisation's jurisdiction, arena of operation and associated beverage type.

Table 2. Submissions from Alcohol Industry Actors (N=60[a])

Submission and organisation characteristics	n	%
Language of submission		
English	49	81.7
English (first page) and French	1	1.7
Spanish	10	16.7
Jurisdiction		
Europe	29	48.3
UK & Ireland	5	8.3
Africa (*South Africa*)	1	1.7
North America	4	6.7
Caribbean	3	5.0
Central & South America	13	21.7
Asia (*Japan*)	1	1.7
Australasia	4	6.7
Arena of operation/remit		
National (includes 1 local)	48	80.0
Regional	4	6.7
Global	8	13.3
Beverage Type		
Beer	17	28.3
Wine	4	6.7
Spirits	14	23.3
Wine and Spirits	4	6.7
All beverage types	7	11.7
Not applicable *(primarily PSE-Other orgs)*	9	15.0

a 27 of these actors also submitted to the WHO 2019 Consultation

In composing the final dataset for analysis, the research team excluded the Spanish-language submissions (n=10). A further two submissions were also excluded. These were made by government-run monopoly alcohol retailers (Finland and Sweden) and we considered these submissions were not representative of the views of the broad alcohol industry sector, since these monopolies have a substantial public health orientation (Ekström & Hanssen, 2011). Our final dataset comprised 48 submissions made by alcohol industry actors (n=38) and organisations that directly gain, or stand to gain, from the alcohol industry (n=10). The full list of alcohol industry actor submissions analysed in this report is presented in Appendix 1, Table 14).

DATA MANAGEMENT AND CODING

We converted the two PDF volumes to readable text and saved them as two MS Word files. Once a submitter was identified as an alcohol industry actor, we copied the full text of their submission and saved this to a new Word file. Word files for each alcohol industry actor were imported into NVivo 20 Release 1.4 (QSR International) for data management and coding.

At the same time, a spreadsheet was created to record general information about the submitting alcohol industry actor, including name, purpose, organisational type (e.g., trade association, major producer), jurisdiction where it was based, arena of operation (national, regional, global) and associated beverage type (see Appendix 1, Table 14). In addition, a summary of the key topics, arguments and concerns raised was recorded in the spreadsheet.

Analysis

We undertook both a directed content analysis and a thematic analysis (Braun & Clarke, 2007; Silverman, 2011). These entailed a process of deductive and inductive coding in NVivo. We commenced with the development of a comprehensive deductive coding framework, drawing on coding frameworks from relevant theory and previous research (e.g., McCambridge, Mialon & Hawkins, 2018; Stafford et al., 2020). Inductive codes were added as analysis proceeded and novel analytic categories and themes were identified by the research team. The final coding framework is presented in Appendix 2.

Once key industry arguments and preferred strategies had been identified through coding in NVivo, we created additional fields in the Excel spreadsheet to record for the presence or absence of this content in the submissions made by each alcohol industry actor. Simple descriptive statistics are presented from content analyses of the strategies and actions endorsed by industry actors, the types of arguments they made, the types of evidence used and the ways in which evidence is deployed.

The thematic analysis (Braun and Clarke, 2007) examined the data corpus for patterned responses in the framings of industry arguments and concerns. Themes were developed collaboratively in discussions between the research team members and informed by our readings of the data in relation to existing literature on policy-related strategies of alcohol industry actors (e.g., McCambridge et al., 2013, Stafford et al., 2020). Four key themes were identified. These concerned: 1) the role of industry actors in the development of the Action Plan and in global alcohol policy; and alcohol industry actors' 2) views on the policy problem (in particular, a focus on harm rather than consumption); 3) views on various strategies and actions; and 4) views on the appropriate focus of alcohol policy.

Findings

Of the alcohol industry actor submissions analysed in this report (n=38), 60% were from organisations based in continental Europe. Among submissions from actors associated with the alcohol industry, 30% were from continental Europe, with a further 30% from the UK and Ireland (see Table 3). Most submitters were national operations, with 76% of the alcohol industry actors and 70% of actors associated with the alcohol industry having a national-level remit. The substantial majority of alcohol industry actors were trade associations. Among associated alcohol industry actor submissions, six were from public relations organisations, three from advertising-media organisations and one was from a Chamber of Commerce. Regarding beverage type, organisations associated solely with beer and brewing were the largest group of submitters (39% of alcohol industry actors and one Chamber of Commerce), closely followed by organisations solely associated with spirits (32%). Detailed characteristics of the submitting actors are presented in Table 3.

Some actors made only brief general comments while others provided detailed responses. Submissions ranged in length from a single page[6] to 12 pages. Six submissions (12%) comprised 1-2 pages and seven (15%) were between 10 and 12 pages (see Table 3). The median length of submissions was six pages. However, owing to the markedly varying formatting used in the submissions (e.g., inclusion of graphs, use of double spacing), the number of pages provides only an approximate sense of the word lengths of submissions.

[6] One submission comprised a single, two-line sentence.

Table 3. English-language submissions from alcohol industry actors [PSE-Alc] and actors associated with the alcohol industry [PSE-Other] (n=48)

	PSE-ALC (N=38)		PSE-OTHER (N=10)	
Submission and Organisation characteristics	**n**	**%**	**n**	**%**
Jurisdiction				
Europe	23	60.5	3	30.0
UK & Ireland	3	7.9	3	30.0
Africa (*South Africa*)	1	2.6	-	-
North America	2	5.3	2	20.0
Caribbean	2	5.3	-	-
Central & South America	3	7.9	1	10.0
Asia (*Japan)*	1	2.6	-	-
Australasia	3	7.9	1	10.0
Arena of operation/remit				
National (includes 1 local)	29	76.3	7	70.0
Regional	4	10.5	-	-
Global	5	13.2	3	30.0
Organisation Type				
Trade Association	35	92.1	-	-
Major producer-retailer	3	7.9	-	-
Public relations	-	-	6[a]	60.0
Advertising-media	-	-	3	30.0
Chamber of Commerce	-	-	1	10.0
Beverage Type				
Beer	15	39.5	1	10.0
Wine	4	10.5	-	-
Spirits	12	31.6	-	-
Wine and Spirits	2	5.3	-	-
All beverage types	5	13.2	-	-
Not applicable	-	-	9	90.0
Submission page lengths				
0.1 to 2 pages	6	15.8	-	-
3 to 4 pages	8	21.1	2	20.0
5 to 6 pages	12	31.6	3	30.0
7 to 9 pages	7	18.4	3	30.0
10 to 12 pages	5	13.2	2	20.0

a This includes the Portman Group – an alcohol industry marketing and labelling self-regulatory body. Classified here as 'Public relations' as they also define themselves as a 'social responsibility body and regulator'.

Alcohol industry submissions addressed a range of specific alcohol governance and harm reduction strategies. In doing so, they utilised many of the arguments previously identified in policy advocacy and influence activities of alcohol industry actors at the domestic level, and adopted most of the 'policy framing strategies' identified in a systematic review of alcohol industry in policymaking by McCambridge et al. (2018). The specific arguments and framings made in submissions will be examined in further detail in the sections below. However, it was evident from analysis that the primary intent of the majority of submissions was to respond strongly to the possibility of their exclusion from global alcohol policymaking. As detailed previously, the Action Plan Working Document proposes substantially firmer limits on the role of industry than does the Global Strategy and strongly intimates there is an inherent conflict of interest between alcohol industry actors and public health. Alcohol industry actors used their submissions to speak strongly against these elements of the Working Document. In so doing, they sought to legitimise a place for industry at the global alcohol governance policy table and, in the immediate context, to secure a place for industry beyond the 2020 Consultation and into the next stages of developing the WHO Alcohol Action Plan. A second dominant argument in the alcohol industry submissions was to challenge what they asserted was an unwarranted shift in global alcohol governance from a focus on harm to a concern with consumption. These concerns and arguments were present in the majority of alcohol industry submissions and given prominence in the submissions in which they were made.

Consequently, we begin our analysis with an examination of these two dominant foci of the submissions. Following this, we present findings relating to the alcohol policy strategies and actions endorsed or resisted by alcohol industry actors, the arguments they make and how these are framed, and the ways in which they use evidence in support of their arguments.

KEY CONCERNS ARTICULATED BY ALCOHOL INDUSTRY ACTORS

Limiting the role of alcohol industry actors in the Alcohol Action Plan

As shown in Table 4, a significant majority (90%) of alcohol industry actors challenged the Action Plan Working Document for what they identified as its exclusion of industry from global alcohol policy making. In making their arguments, alcohol industry actors frequently quoted the Action Plan's references to a 'whole of society' approach (Working Document, 2020, p.15) to argue that they should not be 'isolated' or 'limited' from contributing to efforts to reduce alcohol-related harm. This argument is illustrated in the following extract from the public relations organisation, International Alliance for Responsible Drinking:

> *the action plan should not be used to […] undermine the whole-of-society approach by isolating the role of economic operators, limiting economic operators' ability to positively and proactively engage with all stakeholders involved in a whole-of-society approach, or question the positive role that beer, wine, and spirits producers can play in efforts to reduce harmful drinking.*

Table 4. Key concerns articulated in submissions from alcohol industry actors (N=48)

Key concerns	n	%
Challenge perceived exclusion of industry as a stakeholder/partner in harm reduction and policy making	43	89.6
Emphasise a focus on reduction of harm rather than consumption *per se*	38	79.2
Explicitly reject framing of inherent conflict of interest between public health and alcohol industry	30	62.5
Argue that alcohol policy should be made at a 'whole of society' level	26	55.3
Argue that the Action Plan exceeds/contradicts the Global Strategy and/or WHO's remit	24	50.0
Argue that the Action Plan is inconsistent with other UN strategies/declarations	23	47.9

Interconnected with alcohol industry actors' challenges to their exclusion, 62% of their submissions also explicitly contested the framing within the Working Document of a fundamental conflict of interest between economic operators and public health (Table 4). For example, the European Committee of Wine Enterprises [CEEV] write:

> *The working document claims the existence of a conflict of interests arguing, without citing evidence, that "a significant proportion of alcoholic beverages are consumed in heavy drinking occasions and by people affected by AUD, illustrating the inherent contradiction between the interests of alcohol producers and public health". In addition, there are several references in the working document to "interference by commercial interests".* [quoted text is from p.4 of the Working Document]

Fifty percent of alcohol industry actors argued that the Action Plan exceeded or contradicted the Global Strategy (GAS) and/or the remit of WHO. Some of these arguments were made in relation to the specific actions proposed in the Working Document, but alcohol industry actors also asserted that the exclusion of economic operators itself exceeded the principles of the Global Strategy. Just under half of submitters (48%) also argued that their exclusion would be inconsistent with the approach taken by the WHO in the Global Strategy, in other United Nations contexts, including the UN Development Program and in previous agreements made by Member States at the World Health Assembly (Table 4). This can be seen in the following extract from the submission made by the Distilled Spirits Council U.S.

> *The Global Strategy acknowledged that the alcohol industry has a role in helping to secure the shared goal of reducing harmful use of alcohol, including through self-regulatory actions and initiatives. This role was reaffirmed in the 2018 Political Declaration of the Third High- Level*

> *Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (NCDs), and the Final Report of the WHO High-Level Commission on NCDs recommended further strengthening WHO's engagement with the private sector, including through public-private partnerships (https://www.who.int/ncds/management/time-to-deliver/en/). This inclusive approach should be reflected in revisions to the working document.*

Additional strategies used by alcohol industry actors to support their arguments for inclusion at the policy table were to highlight the socioeconomic importance of, and contributions made by, alcohol industry organisations and to frame themselves as socially responsible and committed to 'evidence-based' harm reduction actions (see Table 6). These tactics are discussed in further detail below.

Alcohol strategy should 'focus on harm, not consumption per se'

The second dominant argument apparent across the alcohol industry actor submissions was an insistence that global alcohol strategy should focus on 'the harmful use of alcohol and not on consumption per se' (Alcohol Beverages Australia). This argument was made in 79% of submissions (see Table 4). The centrality of this framing for alcohol industry actors was evident in its positioning and emphasis within the submission – being noted on the first page, listing as the first of the submitting body's 'concerns', presenting in a specific section within the submission, and through the use of subheadings or bold or underlined text. For example, on the first page of their submitted attachment, the Distilled Spirits Council U.S. writes:

> *Our comments on the current working document will focus on several key concerns:*
>
> *I. The working document uses terminology imprecisely and does not consistently reflect the Global Strategy's appropriate and specific focus on reducing "harmful use of alcohol" (emphasis added).*

In making the case for a focus on harm rather than consumption *per se*, alcohol industry actors employed two distinct but interrelated strands of argument. Firstly, they argued for clear differentiation between harm and consumption, noting that harm varied by both consumption patterns (heavy versus light drinking) and beverage type, emphasising that moderate or 'responsible' drinking is possible, and critiquing the Working Document's 'conflation' of the two. For example:

> *Total alcohol per capita consumption alone is not an adequate indicator of the harmful use of alcohol, as it does not differentiate among light, moderate, and heavy drinking.* (FIVS)
>
> *Drinking patterns of various types of alcohol determine the potential degree of related hazards and health risks. Alcohol policy should put the spotlight on eliminating at-risk and harmful drinking, which are directly responsible for damage to health and the society at large.* (Polish Brewers Association)

> *The working document refers both [to] reducing harmful use of alcohol and reducing per capita consumption, and they are sometime used in mixed manner.* (Japan Spirits & Liqueurs Makers Association)

> *The conflation of harmful alcohol consumption and per capita consumption of alcohol is in contradiction to the title and primary objective of the Global Strategy to Reduce the Harmful Use of Alcohol.* (Drinks Ireland)

Drinking that was not 'excessive' was constituted in the alcohol industry submissions as non-problematic. Indeed, in the case of wine, it was even framed 'as part of a healthy diet and lifestyle' (Federacion Española del Vino – FEV).

The second strand of argument made in the submissions was to critique the Working Document's focus on consumption as contradicting the objectives of the Global Strategy and as being inconsistent with other UN strategies and declarations. An extract from the submission made by the World Spirits Alliance provides a good illustration of this line of argumentation and of the specific UN strategies and declarations cited by many of the alcohol industry actors.

> *This shift in focus from the harmful use of alcohol to per capita consumption contradicts not only the GAS but also the Member State endorsed Global Action Plan on Non-Communicable Diseases (NCDs), the Political Declaration of the 2018 High Level Meeting on NCDs, and UN Sustainable Development Goal 3.5.*

In sum, given the strong stance taken in the Working Document regarding industry involvement in policy making, the primary focus and purpose of alcohol industry submissions to the 2020 Consultation was to argue against proposed actions that would further limit industry's role and participation in global (and regional/national) alcohol governance. A clear example of this is provided by the Polish Spirits organisation, who concluded their submission with the statement: 'To summarize, economic operators should not be excluded from the action plan.' In making their arguments for inclusion, industry actors adopted and reflected the language of the Working Document and other UN documents around the need for 'whole of society' approaches and partnerships between stakeholders from all parts of society (i.e. government, health, civic society *and* economic operators). In addition, they strongly challenged the conception of a fundamental conflict of interest between economic operators and public health. A second argument consistently made across most submissions was the insistence that the Global Strategy and the Alcohol Action Plan should remain focused on the reduction of harm rather than aiming to reduce consumption, and that the two should not be conflated. We turn now to examination of the specific alcohol policy strategies and actions endorsed or resisted by alcohol industry actors.

STRATEGIES AND ACTIONS ENDORSED OR RESISTED BY ALCOHOL INDUSTRY ACTORS

Substantial proportions of alcohol industry actors resisted the proposed focus on the five SAFER strategies (Table 5). Fifty per cent of the submitters questioned a primary or sole focus on the SAFER initiatives to the exclusion of other policy options. For example:

> *The Working Document promotes and elevates over other possible interventions the SAFER initiative, a narrow and prescriptive approach which includes as policies, higher taxes, advertising bans, and increased restrictions on availability. SAFER has not been endorsed by Member States, and its positioning as a priority action invalidates the Global Strategy's flexible menu of policy options appropriate to national, cultural, regulatory and local context. (Beer Canada)*

Just over half (56%) of the submissions explicitly discussed at least one of the SAFER strategies. In particular, alcohol industry actors argued against bans or comprehensive restrictions on advertising and actions around raising pricing through excise taxes (the framings of the arguments made against the SAFER strategies are discussed in the next section). An exception was industry support for drink-driving campaigns, though few explicitly endorsed enforcement of drink-driving countermeasures. Indeed, several submissions provided lengthy examples of national drink-driving campaigns with which they had been involved.

Other alcohol industry actors who challenged the focus on the SAFER initiatives argued that these initiatives were not necessarily the most effective strategies for their region. This was notably the case in submissions from organisations based in middle- or low-income countries. For instance:

> *We note that the WHO and PAHO have promoted almost exclusively, the three so-called 'best buys' as being the most cost-effective interventions to reduce the harmful of alcohol, viz: regulating availability; restricting/banning advertising & promotion; and increased taxation. We agree that there is room for improvement on regulatory and other aspects of availability and advertising in many of our territories. […] While increasing regulation around marketing, taxation and availability are recognized policy options, they are not the only policy options that may work effectively in our region.* (West Indies Rum & Spirits Producers Association)

Table 5. Strategies and actions endorsed and resisted by alcohol industry actors (N=48)

Strategies and actions	Endorse		Resist		Not noted	
	n	**%**	**n**	**%**	**n**	**%**
SAFER – Advertising restrictions	-	-	29	60.4	19	39.6
SAFER – Availability measures	-	-	22	45.8	26	54.2
SAFER – Pricing and taxation	-	-	25	52.1	23	47.9
SAFER – Drink-driving campaigns	24	50.0	-	-	24	50.0
SAFER – Drink driving regulation/enforcement	6	12.5	-	-	42	87.5
SAFER – Facilitate treatment, screening and brief intervention	4	8.3			44	91.7
Global targets for Action Area 1 (per capita consumption target)	-	-	11	22.9	37	77.1
Global targets for Action Area 6 (earmarked tax)	-	-	9	18.7	39	81.3
Health warnings on alcohol product labels	-	-	31	64.6	17	35.4
Moderate consumption information and education programs and initiatives	39	81.3	-	-	9	18.8
Low or no alcohol products	21	43.8	-	-	27	56.3
Responsible service/provision of alcohol	10	20.8	-	-	38	79.2
Promoting personal responsibility and consumer choice	35	72.9	-	-	13	27.1
Promoting specific/targeted approaches *(e.g., targeting teenagers; RSA in venues; pregnant women)*	20	41.7	-	-	28	58.3
Taxation/pricing/availability to 'nudge' consumers to low/no alcohol products[a]	12	25.0	-	-	36	75.0

a This action was proposed only by brewer organisations.

Just under a third (29%) of alcohol industry actors specifically commented on the proposed 'global targets' for the Action Areas. Challenges to the proposed targets were made in relation to proposed targets for per capita consumption in Action Area 1 ('At least a x% relative reduction in alcohol per capita', with the specific target to later be defined by WHO, Working Document, 2020, p.11) and the proposed target in Action Area 6 of an increased number of countries with 'earmarked funding from alcohol tax revenues for reducing the harmful use of alcohol' (ibid, p.21). The following examples illustrate the arguments made against these proposed global targets.

> *The use of an overall per capita alcohol consumption target on a regional level for the entire WHO Europe Region as an indicator for success of the Global Strategy to Reduce the Harmful Use of Alcohol therefore seems methodologically undifferentiated and questionable and must be reconsidered and refined. [bold text in original].* (SpiritsEurope)

> *The working document proposes a target for increasing the number of countries that have earmarked tax revenue for reducing the harmful use of alcohol. This is despite previous WHO documents stating that there is an "active debate over the potential advantages".* (Brazilian Institute of Cachaca – IBRAC)

Two thirds of alcohol industry actors also resisted health warnings on alcohol product labels (Table 5). Only a few explicitly stated they did not agree with such warnings. An example is provided from the submission made by Drinks Ireland:

> *Drinks Ireland does not support the inclusion of misleading and sensationalist health warnings on any alcohol product and in particular a statement linking alcohol consumption to fatal cancers. The link between alcohol and cancer is complex and cannot be simply summarised on a label.*

The majority, instead, resisted health warnings on labels by highlighting their 'voluntary' inclusion of 'nutrition' and 'calorie' information on alcohol products. A minority of these stated they agreed with or supported labelling messages advising against drinking in some circumstances. For instance, the South African organisation, SALBA, BASA and VinPro write:

> *We support warning messages on beverage alcohol products that cautions against drink-driving, underage consumption and drinking during pregnancy.*

Consistent with findings in previous analyses (Hawkins & Holden, 2013; McCambridge et al., 2018), alcohol industry actors strongly promoted and endorsed education and awareness campaigns to inform consumers and educate young people about 'responsible' or 'moderate' alcohol consumption. As shown in Table 5, 81% of submissions promoted such initiatives as important and effective ways to reduce harm from alcohol. Relatedly, 73% of submissions discussed the importance of promoting personal responsibility and consumer choice for alcohol consumption.

Another substantial feature of alcohol industry submissions was the promotion of low- or no-alcohol products as a policy option to reduce alcohol-related harm. These products were referred to in 44% of submissions. Notably, it was an argument made in every one of the 16 submissions from alcohol industry actors involved in beer and brewing. Here, the industry emphasised its crucial role in bringing these products to market and noted that consumption of lower alcohol strength products was increasing. They also called on governments to do more to support the uptake of these products. For example, the Nederlandse Brouwers stated:

> *We think it is a missed opportunity that the Working document does not mention the availability of non-alcoholic alternatives to alcoholic drinks as part of the strategy to reduce alcohol abuse. ... Breweries have invested a lot of time and effort in improving the taste of non-alcoholic beer*

> *and in brewing more varieties of non-alcohol beers. Acceptance by consumers of non-alcoholic beer (and wine and spirts) as a full alternative to alcoholic drinks, and the greater availability of non-alcoholic beer, is an important asset in nudging consumers from alcoholic drinks to non-alcoholic alternatives. We urge the WHO to include non-alcoholic beer (and wine and spirts) in its strategy.*

Examination of submissions from brewers also suggested collaborations between at least some of the brewer organisations (see also, Holden, Hawkins & McCambridge, 2012 on 'ad-hoc cooperation' among alcohol industry actors on 'specific issues' (p.483)). Six of the 16 brewer organisations repeated the exact same text, while a further six paraphrased the message. The Nederlandse Brouwers cited above provides an example of the paraphrased text in relation to the 'missed opportunity' and the notion of 'nudging consumers' towards non-alcoholic opportunities. Among most of the European-based brewers, submissions commonly reproduced the text presented below from the Polish Brewers Association.

> *Polish authorities, as in all other European countries, treat different alcoholic beverages differently, whether it be through the fiscal system, or marketing freedoms. The Working Document is a missed opportunity to reflect this reality and act on the evidence that alcohol policies in the areas of taxation, availability, and marketing can be adjusted to nudge consumers toward lower-alcohol-strength beverages and non-alcoholic beer, significantly reducing alcohol-related harms.*

ARGUMENT FRAMINGS BY ALCOHOL INDUSTRY ACTORS

McCambridge, Mialon and Hawkins (2018) identified three central and interconnected strands of argumentation followed by alcohol industry actors in their policy framing strategies. These are arguments around 'policy actors', 'policy problems' and 'policy positions'. Analysis of the submissions to the 2020 Consultation on the Working Document showed these three strands of argumentation were similarly deployed.

Policy actors

As identified by McCambridge and colleagues (2018, p.1574), in their engagements with policy processes, alcohol industry actors make efforts to ensure they are positively regarded, and position themselves as important 'stakeholders in policy debates and key partners to government in policy formulation and implementation' in order to legitimise 'their interventions in policy debates'. These practices were apparent in submissions to the 2020 Consultation.

Eighty-three per cent of submissions represented their specific industry (e.g., brewers), or the alcohol sector in general, as socially responsible and committed to reducing harms associated with alcohol (Table 6). Examples can be seen in statements such as, 'FEVS shares and supports the commitment of the entire alcoholic beverage sector to fight against alcohol abuse', in the International Alliance for Responsible Drinking including themselves in the category of '[r]esponsible and progressive economic operators – such as IARD members' who 'make positive contributions to reducing the harmful use of alcohol', and in the BSI [Bundersverband der Deutschen Spirituosen-Industrie und Importeure]

asserting, 'The members of BSI have been facing up to their responsibility through various institutions for decades'. Interestingly, 20 submitters (42%) made reference to their actions during the COVID-19 pandemic to position themselves as socially responsible more broadly. This can be seen in the following extract from the Regional Beverage Alcohol Alliance submission:

> *The Industry has leveraged its marketing and communication competence to public service messaging on COVID-19. In Barbados and Trinidad and Tobago, major beverage brands have carried out effective advertising messages on electronic and social media aimed at educating the society, thereby reducing the 'risk of spread'.*

Table 6. Policy actors – views and arguments (N=47[a])

Views and arguments on policy actors	n	%
Represent industry as socially responsible	39	83.0
Highlight important contributions of industry in reducing alcohol-related harms	39	83.0
Emphasise they are vital stakeholders with important insights only they can provide	31	66.0
Highlight the socioeconomic importance of alcohol industry	26[b]	55.3

a One submission was primarily written in French. We were unable to examine in-depth the views of this submitter.

b One of these was from an advertising organisation and argued only for the socioeconomic importance of the advertising industry.

To further support claims to legitimacy as alcohol policy stakeholders, the majority of submitters (83%) referenced and highlighted the 'important contributions' they had made in reducing alcohol-related harms. This was frequently achieved through descriptions of various information campaigns, voluntary regulation initiatives or other harm reduction activities in which they had been involved. For example, the British Beer and Pub Association listed their contributions as including: 'support for the UK government Public Health Responsibility Deal', 'active and ongoing reduction of the [alcohol] strength of key brands', increasing 'production of low- and no-alcohol beers', supporting 'independent groups' (specifically, the public relations organisations, Drinkaware and Portman Group) and support for a wider EU initiative to 'voluntarily roll out ingredients and calorie labelling'. Similarly, Drinks Ireland stated:

> *The drinks industry has made a positive contribution to reducing the harmful use of alcohol which has been done through its own expertise on analysing consumption behaviour. This working document should acknowledge the industry's track record on executing campaigns and programmes designed to reduce alcohol related harm and not portray the drinks sector as a barrier to progress.*

Two-thirds of submissions also emphasised that the alcohol industry is a vital stakeholder with important and unique insights (Table 6). For instance, CEEV noted their 'unique expertise, and resources', Alcohol Beverages Australia proposed that industry 'should use their relationships with consumers to provide useful and meaningful information around harm reduction', while the British Beer and Pub Association wrote:

> *Brewers also have important insights that are important to the decision-making of governments and support the "whole of society" approach championed by the WHO and its leadership.*

A final element in alcohol industry arguments to legitimise their place as policy actors was to highlight the socioeconomic importance of, and contributions made by, the alcohol industry. Just over half the submissions (55%, Table 6) made such claims, as illustrated in the following two submission extracts.

> *It is important that the strategy recognises the economic benefits of the manufacturing, distribution, marketing, advertising and sale of alcohol for both markets and governments. Across many countries, the Liquor industry makes a positive contribution to local economies, particularly in rural areas.* (SALBA, BASA and Vinpro)

> *The rum and spirits producers of the Caribbean Forum are primarily indigenous companies which have ownership and strong roots in the communities they serve, and are significant employers as well as active exporters, earning much needed foreign exchange.* (West Indies Rum & Spirits Producers Association)

Policy problems

Alcohol industry actors have also been identified as framing alcohol policy 'problems' in particular ways so as to 'play down the scale of the problems', differentiate 'normal' drinking from problematic drinking, and shift attention away from population-level understandings to individual-level framings (McCambridge, Mialon & Hawkins, 2018, p.1574; see also Rinaldi et al., 2021). Substantial proportions of submissions to the 2020 consultation included comments about declines in alcohol consumption and alcohol-related harms over the preceding decade (i.e. the ten years following the implementation of the Global Strategy). These remarks were made in regard to the submitter's national context, the regional context or sometimes the global context. Submitters provided statistics to support their statements, often citing the *WHO Global Status Report on Alcohol and Health 2018* or reports from their national or regional statistics agencies. Around one third of submitters similarly made statements noting the 'positive achievements' of the Global Strategy to date (Table 7).

Table 7. Policy problems – views and arguments (N=47[a])

Views and arguments	n	%
Comment on positive achievements from the Global Strategy	17	36.2
Highlight that alcohol consumption is declining	27	56.3
Highlight that alcohol-related harm is declining	32	66.7
Highlight that most people consume moderately/responsibly	16	33.3
Emphasise regional, cultural or social differences in consumption practices	35	72.9
Argue that alcohol consumption is traditional/cultural practice	12	25.0

a The submission primarily written in French is excluded.

One-third of alcohol industry actors also observed that most people consume alcohol in moderation or 'responsibly'. This served to challenge and downplay the Working Document's framing of the magnitude of the problem, and simultaneously reinforced their strategy of differentiating 'normal' drinking from drinking that merits intervention (a point we previously discussed in the section on 'focusing on harms not consumption *per se*'). For example, the Polish Spirits Industry wrote:

> *For example in Poland 18.6 % of citizens consume around 70% of consumed alcohol, meaning over 6 l[itres of] 100% alcohol per capita annually (source PARPA). 81.4% of Poles, the vast majority, behave responsibly. Consequently policies should focus on the small group – 18.6%, that need support from the state to change their behaviour, meaning tackle harmful alcohol consumption.*

One quarter of alcohol industry actors framed alcohol consumption as a traditional cultural practice in their jurisdiction and nearly three-quarters of submitters emphasised differences in consumption practices (Table 7). These differences were highlighted at the levels of regional, cultural and socioeconomic differences. For instance, the Japan Spirits & Liqueur Makers Association noted, '[t]he challenges to tackle harmful use of alcohol vary by region and country or even by cultural groups and generations within them', while the West Indies Rum and Spirits Producers Association highlighted the challenges in recording 'true per capita [alcohol] consumption' in 'heavily tourism dependent countries'. On cultural differences, Federvini, the Italian wine, spirit and vinegar industries national federation, remarked on the long tradition of moderate consumption in Italy:

> *Federvini is proud to be part of an historical region – the Mediterranean region – which has been repeatedly studied for its positive food & drinks consumption habits.*

Finally, Drinkaware provides an example of an emphasis on socioeconomic differences when they drew attention to inequality, noting that 'there are numerous health inequities with regard to alcohol harm that need to be addressed'.

Policy positions

The final strand of argumentation identified by McCambridge and colleagues (2018) concerned alcohol industry 'policy positions'. Here, alcohol industry actors' framings of the problem, in turn, underpin and shape their preferred remedies and policy approaches. At a general level, a majority (62%, Table 8) of alcohol industry submitters to the 2020 Consultation argued against *global* alcohol governance regulations and goals, insisting rather that alcohol policy should be made at the national, or sometimes regional, level. An example can be seen in the following extract from the submission by CEEV:

> *The identification of high impact policy options should be done at national or regional level to better adapt efficient solutions to the national or regional specificities including socio-economic and cultural. No "one size fits all" approach should be adopted.*

Also evident in this example is the interconnected and reinforcing emphasis on 'complexity' and the rejection of actions constituted by alcohol industry actors as 'one size fits all' approaches. A substantial proportion (45%, Table 8) of the alcohol industry actors highlighted the complexity of problems of alcohol-related harm to argue against, in particular, a primary focus on the SAFER initiatives. As Sindicato Nacional da Industry da Cerjeva put it:

> *we share the same understanding of the working document that alcohol harmful use isa complex theme, with multi factorial causes and this characteristic makes tackling the situation much more difficult.*

The Scotch Whisky Association and Educ'alcool, the public relations organisation based in Quebec, Canada, similarly emphasised the complexities of alcohol governance at a global level.

> *Tackling harmful consumption is a complex issue; such issues are not solved by a one size fits all approach. A balanced, multi- component approach sensitive to national context and culture is the way forward. (The Scotch Whisky Association)*

> *The World Health Organization must cover the whole planet and its action plans must be applicable on all continents and in all countries. Yet, we must all keep in mind that there are many contexts, many cultures, many legislations, many situations in the world and no action plan can limit itself to a sweeping statement with "one-size-fits-all" measures. (Educ'alcool)*

The related catch-cry of no 'one size fits all' was commonly repeated across submissions. For example, it was deployed in the submission from CEEV and also in the submission from Spirits New Zealand/Brewers Association of New Zealand/New Zealand Winegrowers, who used the subheading:

'A "one-size-fits-all" approach is not supported'. The emphasis on the complexity of problems is consistent with previous research (e.g., McCambridge, Mialon & Hawkins, 2018; Petticrew et al., 2017).

Table 8. Policy positions – views and arguments (N=47[a])

Views and arguments on policy-making	n	%
Policy should be at the national and/or regional level	29	61.7
Emphasising complexity of the issues/policy-making, 'no one size fits all'	21	44.7
Highlight adverse effects of proposed actions	18	38.3
Highlight risks of increasing illicit production of alcohol	16	33.3
Argue an Alcohol Action Plan should involve a 'full menu' of policy options (as did the Global Strategy)	23	48.9
Remedies require partnership approaches with economic operators	38	80.8
Propose industry self-regulation/co-regulation approaches	38	80.8
Argue against a Framework Convention[b]	7	14.9

a The submission primarily written in French is excluded.

b Only 7 submitters made comment on the reference in the Working document to the possibility of a Framework Convention for alcohol modelled on that developed for tobacco.

As discussed previously, strategies and actions endorsed by alcohol industry actors were predominantly individual-level initiatives such as information and education programs (81%, Table 5), promotion of personal responsibility (73%, Table 5) and specific targeted approaches (42%, Table 5). Relatedly, alcohol industry actors were more likely to resist population-level approaches such as the proposed SAFER initiatives (Table 5) and, in line with this, to highlight potential adverse effects of proposed actions. Just over one-third of submissions drew attention to various adverse or unintended consequences of proposed strategies (Table 8). These included cultural and tourism appeal losses (n=6), financial hardships for businesses (n=5), impositions on 'responsible or moderate drinkers (n=9), encouragement of illicit drug use (n=7) and a shifting of risk or problems (n=16). Notable was the proportion of submitters (33%) who argued that increased excise taxes and pricing risked increasing the illicit or unrecorded alcohol market (Table 8). These arguments are illustrated by examples from SpiritsEurope and the Brazilian Institute of Cachaca, respectively:

> *In Europe, increases in excise have often been accompanied by increases in parallel trade, spikes in the consumption of illicit or unrecorded alcohol, a consumer practice which is "associated with significant health risks and challenges for regulatory and law enforcement sectors of governments" in this report.*

> *Abusive consumers are least responsive to tax policies for price increase, especially in a country like Brazil with a huge inequality in personal income. This kind of consumer in Brazil, as a low-income country where an illicit product is 70% cheaper than a legal product, finds 'unrecorded' alcohol their sole option to continue their harmful consumption. Definitely, it does not attack the problem. To the contrary, it also stimulates the illicit alcoholic beverage market.*

Connected to arguments around complexity, just under half the alcohol industry actors (49%, Table 8) argued that the Global Strategy and the developing Alcohol Action Plan should involve a 'full menu of policy options' (Regional Beverage Alcohol Alliance [Trinidad & Tobago]) which would allow for adjustments according to local and national differences. For instance, the West Indies Rum and Spirits Producers Association called for a 'broad set of policy options and actions' that could be 'adjusted as necessary to take into account national circumstances (religious and cultural contexts, national public health priorities and resources)'. The World Spirits Alliance similarly argued against:

> *The narrow focus on 'one-size-fits-all' universal policy approaches such as the SAFER initiative package [which are] inconsistent with the flexible menu of policy options provided for in the [Global Alcohol Strategy].*

As McCambridge and colleagues (2018) observe, alcohol industry preferred policy positions also include 'partnerships' with economic operators. A substantial proportion of submissions (81%) argued strongly for such collaborative approaches. Examples include the statement from STIVA that 'public private partnership is key to the positive developments in combatting problematic alcohol consumption' and the Belgian Brewer's assertion that, '[c]ollaboration is critical for creating "win-win" situations'.

Alcohol industry actor submissions also commonly proposed and endorsed policy positions involving industry self-regulation or co-regulation (79% of submissions, Table 8). Many submissions cited various industry regulatory codes which they had 'voluntarily' signed onto as evidence both of their good industrial citizenship and responsibility, and of the extent of harm reduction already achieved through industry efforts and contributions. This practice is illustrated in the submission from the UK-based Portman Group, who write:

> *The Portman Group Code of Practice is a prime example of how voluntary action, with wide industry buy-in across the supply chain from producers to retailers, can have a demonstrable impact in protecting the most vulnerable in society. […] The industry continues to voluntarily provide consumers with health-related information above and beyond that which is required by Government regulation. […] Our members, who produce over 50% of the drinks in the UK, have committed to voluntarily place the latest UK Chief Medical Officer guidelines on their packaging. The vast proportion of the industry are also voluntarily placing calorie and nutrition information on-pack and online as part of Europe-wide agreements.*

Finally, as noted earlier in our Background section, the Working Document briefly raises the possibility of a legally binding instrument for alcohol governance, 'modelled on the WHO Framework Convention on Tobacco Control' (Working Document, 2020, p.4). As Table 8 shows, only seven alcohol industry actors[7] made some response to this policy option (we are not able to assess whether other submitters were unaware of this text or whether they were aware and chose to ignore it). The consistent response across these submissions was to point out that the World Health Assembly/Member States had 'rejected' or 'not supported' such an initiative. As the Distilled Spirits Council U.S. stated:

> *It is particularly troubling that the WHO Secretariat continues to suggest potential need for a "global normative law on alcohol at the intergovernmental level" without clearly stating that such a model was explicitly not supported by Member States during the 2020 World Health Assembly (to cite only the most recent example).*

None of the seven submitters raised any specific arguments against a global, legally binding instrument.

USE OF EVIDENCE

As discussed, in general, alcohol industry actor submissions were primarily focused on challenging their exclusion from policy making. Consequently, the use of evidence within the submissions was limited. As shown in Table 9, a large majority (80%) did make general reference to 'evidence' in their submissions. For instance, common across submissions were statements beginning, 'Scientific evidence shows…' (CEEV), 'Growing evidence indicates that …' (Beer Canada) or 'Empirical observation shows' (Pernod Ricard). However, such statements were rarely supported with references to any specific evidence. Indeed, almost two-thirds of alcohol industry actors asserted multiple 'facts' within their submissions without citing or providing any supporting evidence (Table 9). This was despite nearly two-fifths of submitters (37%) stating they supported 'evidence-based' actions and approaches. For example, the Regional Beverage Alcohol Alliance wrote:

> *The BAS [Beverage Alcohol Sector] in CARICOM [Caribbean Community] fully support a balanced approach to taxation that is evidence-based, and which considers national, religious and cultural contexts.*

[7] The seven submitters were: CCEV; Alcohol Beverages Australia; Distilled Spirits Council U.S.; SpiritsEurope; Spirits New Zealand/Brewers Association of New Zealand/New Zealand Winegrowers; Worldwide Spirits Alliance; The Scotch Whisky Association.

Previous research (Stafford et al., 2020; Petticrew et al., 2021) has likewise identified these general evidence-making practices in alcohol industry policy interventions.

Table 9. General evidence making practices within submissions (N=47[a])

		n	%
Refer to 'evidence'		38	79.2
Assert facts without providing/citing supporting evidence		31	64.6
State they support evidence based actions and approaches		18	37.5
State there is a lot of evidence but provide none[b]		8	17.0
State there is a lack of evidence[b]		5	10.6

a The submission primarily written in French is excluded.

b We coded for these practices as they were identified in the analysis conducted by Stafford et al., 2020 on industry use of evidence. Stafford and colleagues found 22% of the submissions they analysed stated there was a lack of evidence, while 12% stated there was 'lots of evidence' but provided none.

The primary focus of the industry submissions on challenging their exclusion from the policy table also meant that relatively few submitters directly engaged with challenging specific initiatives and actions for which there is strong evidence of effectiveness. As Table 10 shows, just over one-third of alcohol industry actors questioned the evidence on taxation and pricing – with several highlighting risks of illicit alcohol production arising from increased excise taxes or alcohol prices. Eleven questioned evidence on the effectiveness of population approaches; here arguments were made primarily in relation to reductions in per capita consumption not resulting in meaningful reductions in rates of harm. Ten questioned evidence on availability, nine presented education approaches as demonstrably effective and six questioned evidence on advertising. Only four alcohol industry actors misrepresented evidence on health effects of alcohol. Three illustrative examples from submissions are presented below.

> *Moreover, recent research has called into questions the effectiveness of a number of the policies in the SAFER package the so called 'best buys'; namely increasing tax, banning or restricting advertising and reducing availability, in low- and middle- income countries.* (The Scotch Whisky Association)

> *If the majority of the population who now enjoy alcoholic beverages responsibly drinks less, little is gained in terms of health policy. More effective than bans are measures to strengthen risk competence and concrete offers of help for those who have problems in dealing responsibly with alcoholic beverages.* (BSI)

> *Alcohol is no ordinary commodity, no question about that. Yet alcohol is no evil either. And if it is true that 3 million people die every year as a result of harmful use of alcohol; it is also true that 3 billion people enjoy the pleasure of drinking and don't experience any harm.* (Educ'alcool)

In making their arguments, a substantial proportion (42%, Table 10), employed practices of what we have termed, inspired by Stafford et al. (2020), 'modelling practices of scientific critique'. Thus, alcohol industry actors used scientific terminology, identified limitations in research, highlighted the complexities of research evidence, challenged causal inferences, pointed to uncertainty in research findings or noted the contested nature of research findings (see Table 10). The most common tactic employed was to highlight the complexity of research findings (30%), with fewer alcohol industry actors employing other practices modelling scientific critique.

Other evidence-using practices engaged in by alcohol industry actors were to emphasise research (or a need for research) and interventions that addressed regional, cultural or socioeconomic differences and complexities (30% of submissions, Table 10). For instance, the Distilled Spirits council U.S. write:

> *Studies have shown that alcohol availability and alcohol outlet density are not tied to alcohol abuse. The relationship between neighborhood alcohol outlet density and alcohol related harms may differ due to variance in social, economic, demographic, and cultural factors as opposed to availability.*[8]

Likewise, the public relations organisation, Drinkaware observed:

> *Alcohol use has multiple social, economic and environmental determinants, and all dimensions and determinants need to be considered because the accumulative benefit of doing so will have the greatest impact on people's drinking and their physical and mental health and wellbeing.*

[8] The Distilled Spirits Council US provided references here to two peer-reviewed articles, one from Livingston (2010) and the other from Yu et al. (2009). Both do note variation by sociodemographic and other differences. Yu et al., however, find a positive relationship remaining after controlling for these effects and later work by Livingston, which DISCUS does not cite, similarly confirms the positive relationship holds even after controlling for such differences.

Table 10. Other practices of alcohol industry actors using evidence (N=47[a])

	n	%
Question or misrepresent strong evidence on taxation/pricing[b]	16	34.0
Question or misrepresent strong evidence on population approaches[b]	11	23.4
Question or misrepresent strong evidence on availability[b]	10	21.3
Misrepresent strength of evidence on education approaches[b]	9	19.1
Question or misrepresent strong evidence on advertising[b]	6	12.8
Question or misrepresent strong evidence on health effects[b]	4	8.5
Model practices of scientific critique *(e.g., modelling methods of scientific peer review, using scientific terminology, as well as the specific methods listed below)*	20	42.5
Highlight complexity of research evidence	14	29.8
Challenge causal inferences	7	14.9
Highlight uncertainty in research findings	4	8.5
Highlight a lack of consensus among scientists/researchers	2	4.2
Emphasise research/interventions on regional or socioeconomic differences/complexities	14	29.8
Promote positive evaluations of education approaches	12	25.5
Emphasise research/interventions on individual characteristics	8	17.0
Emphasise research/interventions on effects of parents or peers	3	6.4

a The submission primarily written in French is excluded.

b These codes were developed based on practices identified by Stafford et al., 2020.

One-quarter of alcohol industry actors promoted positive evaluation reports on education approaches, though notably often without referencing the sources of these evaluations. An example from BSI, discussing five specific information and awareness campaigns, is illustrative:

> *These initiatives are also helping to ensure that more and more people in Germany deal responsibly with alcoholic beverages. This is shown by relevant **evaluations**. The measures are mainly networked with a large number of external **scientists**, but also with the Federal Drug Commissioner in Germany [emphasis in original].*

A small number of alcohol industry actors also emphasised research and interventions addressing individual characteristics (n=8, Table 10) or influence of parents and peers (e.g., social norms) on drinking practices (n=3, Table 10). For example, Drinkaware, stated:

> *Actions to reduce harm should include and maximise known protective measures such as knowledge of harms, self-awareness & self-regulation, parental role modelling, etc. The known protective and buffer factors, including those with evidence-based behaviour change logic, need to be amplified and utilised. […] This requires deep understanding of the social conventions, norms, language as well as attitudes, motivations and behaviours of the target population groups.*

While few submitters cited evidence to support their challenges to specific actions and policy options, as noted previously, a substantial proportion (55%) of submissions did include figures for consumption and harms, citing the WHO Global Status Report or national data from their own countries. Some also referred to their own, or regional and global, industry data on alcohol sales (Table 11).

Table 11. Types of evidence mentioned or referenced in submissions (N=47[a])

Number of submissions mentioning or referencing:	n	%
Other evidence (*e.g., WHO reports, national statistics, non-peer reviewed articles*)	26	55.3
Industry data *(including market research)*	20	42.5
Scientific evidence - quantitative	16	34.0
Expert opinion	6	12.8
Opinion polls	5	10.6
Scientific evidence - qualitative	1	2.1

a The submission primarily written in French is excluded.

However, despite mentioning or making reference to these various types of evidence, only 17 submissions (36%) referenced or cited specific evidence to support their arguments. We turn now to a closer examination of the evidence used by these submitters and the ways in which they used this evidence.

Types of evidence used by alcohol industry actors

Of the 17 submissions citing evidence, all but two cited peer-reviewed journal articles (a full list of cited journal articles is given in Appendix 3). Most cited just one peer-reviewed article, with one submission citing ten journal articles and another submission citing 18 peer-reviewed articles (Table 12). Other types of evidence that alcohol industry actors drew on to support their claims were non-peer reviewed articles or reports (e.g., three submitters cited the same published conference abstract, while two cited an article published on the MOVENDI website). As discussed, submissions also cited various WHO documents, such as the Global Status Report, or reports and analyses from statistical and other agencies within their jurisdictions (e.g., in Australia, the AIHW's National Drug Strategy Household Survey reports). The final type of evidence cited by submitters was industry reports, including market research reports, trade statistical reports or opinion poll research conducted by public relations organisations.

Even though these submitters did cite some evidence, they did not consistently do so within their submissions. The Belgian Brewers, for example, do cite a peer-reviewed article by Rehm et al.[9] (2016) but also make reference to 'our data' (i.e. inaccessible industry data) and to 'several polls,' for which they provide no references. The BSI, similarly, does reference industry data from the IWRS in regard to consumption of spirits in Europe, but also asserts that 'various scientific studies confirm the lack' of a 'causal link between advertising and abusive alcohol consumption', without citing one of these scientific studies.

[9] Notably this same article, and indeed quoted text, is referenced by four other brewers association actors.

Table 12. Types and numbers of evidence cited (N=17)

Submitting organisation	Peer-reviewed	Industry data & reports	Statistics, other gov't reports & analyses	Non-peer reviewed	Non-sourced evidence
Belgian Brewers	1				4 instances
BSI [Bundesverband der Deutschen Spirituosen-Industrie und -Importeure]	0	1		2	2 instances
Distilled Spirits Council of the U.S.	18	1	7	3	
International Alliance for Responsible Drinking	1	1	2	1	
Spirits New Zealand/Brewers Association of New Zealand/New Zealand Winegrowers	2				
West Indies Rum & Spirits Producers Association (WIRSPA)	0		1	1	
Worldwide Brewing Alliance	10	3	2		
Brazilian Institute of Cachaça - IBRAC	1	5	2	3	1 instance
Brazilian National Beer Chamber – Ministry of Agriculture, Livestock and Supply	1	1	2	1	
Brewers Association of Australia	2	3	4		
British Beer and Pub Association	1				2 instances
Chamber of Agricultural and Food Enterprises, Chamber of Commerce and Industry Slovenia	1		1		2 instances
Advertising Information Group	2	1			2 instances
Portuguese Brewers Association	1	2	1		2 instances
Sindicato Nacional da Indústria da Cerveja	7	1	7	1	1 instance
The Scotch Whisky Association	1	2	3	1	1 instance
Beer Canada	4	2	4	2	

WAYS IN WHICH EVIDENCE IS DEPLOYED

In using evidence, alcohol industry actors often misinterpreted or misrepresented the peer-reviewed scientific evidence they cited (10 submissions, Table 13). Review of the cited evidence highlighted that, at times, alcohol industry actors selected a small element from an article and in so doing, misrepresented the main focus, argument or conclusions. As several brewers organisations made the same argument, using the same quotation from an article by Rehm and colleagues (2016), the following extract from the Belgian Brewers' submission is illustrative of this practice of misrepresentation:

> *Collaboration is critical for creating "win-win" situations like the expansion of low- and no-alcohol products. Reflecting on the potential of the brewers' ability to reduce alcohol content without changing the quality of beer, Jurgen Rehm found that "reduction of alcoholic strength might constitute a unique situation, whereby the interests of public health (in reducing overall consumption of alcohol) and the alcohol industry (in achieving profit) coincide."*

The quote is verbatim (Rehm et al., 2016, p.81). However, the key word in the quoted sentence is 'might'. The sentence that follows the quoted sentence in the article is 'If there are convincing data that an increase in alcohol-free and low-alcohol products succeeds in reducing the harmful use of alcohol, overall policy options would increase and it would add a model that could be used by many economic operators.' Rehm and colleagues (2016, p.78) point out that there are many uncertainties and that 'much will depend on actual implementation' and that 'only an independent assessment will be able to identify effects on harmful drinking'. Much of the article is focused on the need for further quantitative and qualitative assessment to be undertaken to establish whether increasing alcohol-free and low alcohol products actually reduces harm in different regions and contexts, and it sets out the way that quasi-experimental studies should be designed to test a causal relationship between increasing alcohol free and low alcohol products and a reduction in alcohol related harm. This complexity, and the need for further research to establish causality, is not reflected in the way the quote is used in the submission. Furthermore, there is nothing in the article that supports the submission's claim that, 'Collaboration is critical for creating "win-win" situations'. In fact, Rehm and colleagues point out that a shift to lower alcohol products can be achieved through either or both industry initiatives, or taxation and regulation. Collaboration is not suggested or discussed.

Table 13. Use of cited evidence (N=17)

	n
Misinterpret or misrepresent the evidence	10
Promote weak evidence	9
Emphasise selective evidence, 'cherry pick'	10
Submitters directly quoting evidence (n=7)	
Accurate direct quote	6
Misleading quote	5
Selectively quote	4
Misquote	0

Other examples of misrepresenting or misinterpreting cited evidence included instances where the particular article cited was not relevant to, or did not ultimately support, the claims made by alcohol industry actors. The IARD, for instance, argue:

> *an exclusive focus on the SAFER initiative would require [Member States]to implement measures previously identified as the "best buys", despite researchers having identified a lack of evidence in low- and middle-income countries regarding the effectiveness of these policies[1,2] It is critical that the action plan does not promote a "one size fits all" policy approach.*

The references IARD provide are, respectively, Siegfried & Parry (2019) and Allen et al. (2017). The article from Siegfried and Parry does indicate a 'lack of evidence', that is, the authors were not able to find any studies from low or lower-middle income countries to include in their systematic review of alcohol control policies. However, the reference from Allen and colleagues – a published conference Abstract about a systematic review on the effectiveness of 'best buys' for non-communicable diseases in low- and middle-income countries – does not address alcohol interventions at all.

Nine alcohol industry actors also promoted weaker evidence in the references they chose to cite. Such evidence included non-peer-reviewed articles, articles on public media websites or industry market research reports. The published conference Abstract discussed above was one example (cited by two submitters). Other examples are an opinion piece by a Bloomberg News commentator and a market research report for two brewing companies (Uganda and Honduras), authored by Kapstein, Kim and Ruster (2009).

Also evident in the ways alcohol industry actors used evidence was the practice of emphasising selective evidence, or 'cherry-picking' evidence to cite. This practice was identified in ten of the submissions (Table 13). An extract from the Distilled Spirits Council US (DISCUS) is illustrative of cherry-picking practices:

> *In the United States, which has expanded availability greatly in the last 10 years, there has been no increase in the harmful use of alcohol. A review of 14 states that began to allow Sunday alcohol sales between 1995 and 2008 showed no increase in alcohol related traffic fatalities in 13 out of 14 states.[20] One study analyzed five Californian communities at the neighborhood level and did not find a relationship between outlet densities and consumption.[21]*

The two references they cite are, respectively, Stehr (2010) and Gruenwald et al. (2000). The submission is accurate in its representation of Stehr's findings (13 of 14 states showed no increase in fatalities) although the submission fails to acknowledge the extensive effect modifiers discussed by Stehr (e.g., the extent to which Sunday sales bans are enforced, the total amount of driving undertaken by state residents, the willingness of state residents to drive while intoxicated). In terms of the Gruenwald et al. (2000, p.190) reference, the submission is also accurate, although it erases the complexities identified by these researchers who identified a relationship between outlet densities and consumption that was 'eroded when sociodemographic covariates were included in the model'. However, cherry picking practices are still apparent. Firstly, the selection of articles that are more than a decade old means this cited evidence does not serve to support the submitter's claim of no increases in harmful use of alcohol 'in the last 10 years' (i.e. 2010 to 2020). The selections also exclude a wide body of relevant contemporary analyses that might show different effects. Secondly, the narrow focus on alcohol-related traffic fatalities in the article from Stehr elides consideration of relations between availability and other alcohol-related harms.

Direct quotations were used by only seven alcohol industry actors. As Table 13 shows, most quotations were accurate. However, as illustrated above in relation to the Belgian Brewers, alcohol industry actors were selective in what they chose to quote and this selectivity could mislead about the arguments and conclusions of the cited evidence.

Discussion and conclusion

Our analysis of 48 alcohol industry submissions to the WHO 2020 Consultation on the development of an Action Plan to strengthen implementation of the Global Strategy has highlighted two primary concerns held by alcohol industry actors in relation to global alcohol governance. Additionally, it has illuminated the ways in which these alcohol industry actors frame their arguments in relation to policy actors, policy problems and preferred policy positions. Our analysis also contributes further insights into the forms of evidence used by alcohol industry actors and the ways in which this evidence is used, although it is by necessity more limited in scope than previous research on this topic.

The key finding of this analysis was the strength of the reaction from submitters to the firm stance adopted in the Working Document of limiting the role of industry in global alcohol policy making, underpinned by the Working Document's explicit framing of an inherent conflict of interest between alcohol economic operators and public health. As we argue, the primary intent of the majority of alcohol industry submissions to the 2020 Consultation appeared to have been to legitimise the industry being at the table when alcohol policy is being created. While the emphasis alcohol industry actors gave to arguing against their exclusion can be understood as a reactive response to this specific policy debate, the framing of alcohol industry actors as important stakeholders with a legitimate place in policy making has been identified as a consistent strategy in several studies and reviews (Casswell, 2019; McCambridge, Mialon & Hawkins, 2018; Rinaldi et al., 2021). As McCambridge and colleagues observe, this framing approach constitutes both the short-term and long-term influencing strategies of alcohol industry actors.

Our findings around the strategies and actions endorsed by alcohol industry actors and the ways in which their arguments were framed in the 2020 Consultation closely correspond to findings from other studies that have examined industry influence in various policy debates and policy making contexts (e.g., Cook et al., 2020; Hawkins & Holden, 2013; Hawkins & McCambridge, 2021; McCambridge, Mialon & Hawkins, 2018; Miller et al., 2021; Rinaldi et al., 2021). In their submissions, alcohol industry actors framed themselves as socially responsible, socioeconomically important, and as legitimate policy actors. They also framed the policy 'problem' in specific ways that have similarly been identified in other research (see the review by McCambridge, Mialon & Hawkins, 2018). Notable here was the insistence across most submissions that the proper focus of alcohol policy should be the reduction of harm rather than consumption per se, coupled with the repeated assertions that most people consume moderately or 'responsibly'. This framing allows alcohol industry actors to downplay the magnitude of the problem and simultaneously redirect attention away from population-level approaches and interventions. The ways in which alcohol industry actors constitute the problem, in turn, imply particular preferred policy positions. As we found, alcohol policy actors emphasise complexity (in problem causes and, therefore, problem remedies) and argue for localised

contextually-tailored policy options against global governance regulations and goals. They also emphasise having available a 'full menu' of policy actions and regulations, a situation that would presumably allow alcohol industry actors to endorse approaches to alcohol governance that are likely to have the least impact on their business. The specific strategies and actions endorsed by alcohol industry actions are, relatedly, directed towards individual-level initiatives such as information and awareness, or treatment approaches (for the small proportion, they concede, whose drinking is problematic). In the 2020 Consultation, submitters tended to resist the proposed (population-level) SAFER initiatives and endorse 'promotion of personal responsibility' and 'moderate drinking' campaigns. Submitters also widely endorsed self- or co-regulatory approaches. The preferred policy position of partnerships and collaboration with economic operators emphasised by submitters is similarly entwined with their framings of themselves as important policy actors. It was also notable that only seven submitters responded to the possibility of a legally binding instrument for alcohol governance, with each of the submitters strongly rejecting this as a policy option.

In terms of evidence use, our analysis identified alcohol industry actors employing similar practices of misrepresentation, misinterpretation and promotion of weak evidence over stronger evidence as identified by Stafford and colleagues (2020) and more recently by Rinaldi and colleagues (2021). It needs to be acknowledged, however, that our findings are limited in this regard as few submitters used evidence in their responses, focused as they were on making a case for their ongoing participation in alcohol policy making processes at the global level.

Given the strong focus on challenging the exclusion of industry, it seems that these alcohol industry actors understood the Working Document as having the potential to be a turning point in their participation in global alcohol governance, at least in the WHO context – a turning point that could see alcohol industry actors operating from a significantly diminished position compared to the position allowed in the Global Strategy. Such a diminished role at the global level could, in turn, have implications for the role of industry in domestic policy making processes as well.

It is worth a reminder that the submissions we analysed only represent the arguments put on the record by alcohol industry actors. They do not reveal other arguments they may make off the record, in written or verbal form, in the WHO or other related contexts. As Room (2006, p.390) observed, '[f]or alcohol, what happens behind closed doors has been less visible', yet there are suggestions of alcohol industry actors' successfully lobbying the 'politically powerful' to achieve their strategic goals. Indeed, this is hinted at by Rinaldi and colleagues in their analysis of all submissions to the WHO 2019 Consultation on the Global Strategy. They found that two Member States (the USA and the Permanent Representation of Italy) 'consistently adopted framing that mirrored that identified among private actors' (Rinaldi et al., 2021, p.8). If the exclusion of the alcohol industry from public policy making is effected in the ways that the Working Document (2020) intimates, this does raise questions of whether they might respond by increasing their activities in the 'hidden game' of policy influence.

There are limitations to our analysis that should be acknowledged. As we did not review the submissions which were in languages other than English, we do not have a full picture of the submissions made by all alcohol industry actors who are interested in the processes of the WHO. We also did not review the submissions from other actors, such as WHO Member States and other entities, so we are not able to see the similarities or differences, between the arguments made by the alcohol industry actors and other submitters. In particular, examination of submissions made by the neo-liberal think tanks would likely be of considerable benefit in generating a fuller picture of the strategies and methods deployed by the alcohol industry in this space.

The submissions from alcohol industry actors that we analysed were concerned with legitimising their voice in the process of developing the Alcohol Action Plan in the face of the Working Paper proposing their exclusion. This will undoubtedly be a continued priority in the advocacy strategies of alcohol industry actors in the WHO and beyond. It may even be their central goal for this WHO process, to be achieved by whatever means available.

References

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

Casswell, S. (2019). Current developments in the Global Governance arena: Where is alcohol headed? *Journal of Global Health*, 9(2): 020305 (1-5).

Cook, M., Livingston, M., Wilkinson, C., Shanthosh, J. & Morrison, C. N. (2020). Alcohol industry vs. public health presentations at judicial reviews of liquor licence applications in Australia. *International Journal of Drug Policy*, 82, 102808.

Dunnbier, M. (2021). *Big Tobacco's Strategic Ally Interferes in WHO Alcohol Policy Consultation*. Movendi Blog. 9 Mar 2021. https://movendi.ngo/blog/2021/03/09/big-tobaccos-strategic-ally-interferes-in-who-alcohol-policy-consultation/. Accessed 10 Mar 2021.

Ekström, K. & Hansson, L. (2011) Establishing a healthy drinking culture: Systembolaget alcohol monopoly and public health in Sweden. In: Cheng, H., Kotler, P. & Lee, N.R., (Eds.), *Social Marketing for Public Health: Global Trends and Success Stories*, pp. 171-198. Boston, etc.: Jones & Bartlett.

Glenza, I. (2019). *Tobacco: A deadly business. Revealed: The free-market groups helping the tobacco industry*. The Guardian. 23 Jan 2019. https://www.theguardian.com/ business/ng-interactive/2019/jan/23/free-market-thinktanks-tobacco-industry. Accessed 7 May 2021.

Hawkins, B. & Holden, C. (2013). Framing the alcohol policy debate: industry actors and the regulation of the UK beverage alcohol market. *Critical Policy Studies*, 7(1), 53-71.

Hawkins, B. & McCambridge, J. (2013). Industry actors, Think Tanks, and alcohol policy in the United Kingdom. *American Journal of Public Health*, 104)8): 1363-1369.

Hawkins, B. & McCambridge, J. (2021). Partners or opponents? Alcohol industry strategy and the 2016 revision of the U.K. Low-Risk Drinking Guidelines. *Journal of Studies on Alcohol and Drugs,* 82(1): 84-92.

Holden, C., Hawkins, B. & McCambridge, J. (2012). Cleavages and co-operation in the UK alcohol industry: a qualitative study. *BMC Public Health*, 12(1), 1-11.

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 Med*, 10(4), e1001431.

McCambridge, J., Mialon, M. & Hawkins, B. (2018). Alcohol industry involvement in policymaking: a systematic review. *Addiction*, 113(9), 1571-1584.

McCambridge, J., Kypri, K., Sheldon, T. A., Madden, M. & Babor, T. F. (2020). Advancing public health policy making through research on the political strategies of alcohol industry actors. *Journal of Public Health*, 42(2), 262-269.

Miller, M., Wilkinson, C., Room, R., O'Brien, P., Townsend, B., Schram, A. & Gleeson, D. (2021). Industry submissions on alcohol in the context of Australia's trade and investment agreements: A content and thematic analysis of publicly available documents. *Drug and Alcohol Review*, 40(1), 22-30.

O'Brien, P. (2021). Missing in action: The Global Strategy to Reduce the Harmful Use of Alcohol and the WTO. *European Journal of Risk Regulation,* 12(Special Issue 2): 477-498.

Petticrew, M., Katikireddi, S. V., Knai, C., Cassidy, R., Hessari, N. M., Thomas, J. & Weishaar, H. (2017). 'Nothing can be done until everything is done': the use of complexity arguments by food, beverage, alcohol and gambling industries. *Journal of Epidemiology & Community Health*, 71(11), 1078-1083.

Petticrew, M., Hessari, NM., Knai, C. & Weiderpass, E. (2018). The strategies of alcohol industry SAPROs: Inaccurate information, misleading language and the use of confounders to downplay and misrepresent the risk of cancer. *Drug and Alcohol Review*, 37, 313–315.

Rinaldi, C., van Schalkwyk, M.C., Egan, M. & Petticrew, M. (2021). A framing analysis of Consultation Submissions on the WHO Global Strategy to Reduce the Harmful Use of Alcohol: Values and interests. *International Journal of Health Policy and Management*. In press: 1-12. http://www.ijhpm.com/article_4068.html

Rodwin, M. A. (2020). WHO's attempt to navigate commercial influence and conflicts of interest in nutrition programs while engaging with non-state actors: Reflections on WHO guidance for nation states. *International Journal of Health Policy and Management*, early view. DOI: 10.34172/IJHPM.2020.162.

Room, R. (2006). Advancing industry interests in alcohol policy: the double game. *Nordic Studies on Alcohol and Drugs*, 23: 389-392.

Silverman, D. (2011). *Qualitative Research. issues of Theory, Method and Practice. 3rd Edition.* SAGE: London.

Solomon, S.A. (2013). Instruments of global health governance at the World Health Organization. In: Kickbusch, I., Lister, G., Todd, M. & Drager, N. (Eds.). *Global Health Diplomacy: Concepts, Issues, Actors, Instruments, Fora and Cases* (pp. 187-199). New York, etc: Springer.

Stafford, J., Kypri, K. & Pettigrew, S. (2020). Industry actor use of research evidence: critical analysis of Australian alcohol policy submissions. *Journal of Studies on Alcohol and Drugs*, 81(6), 710-718.

Ulucanlar, S., Fooks, G.J., Hatchard, J.L. & Gilmore, A.B. (2014). Representation and misrepresentation of scientific evidence in contemporary tobacco regulation: A review of tobacco industry submissions to the UK Government consultation on standardised packaging. *PLoS Medicine*, 11, e1001629.

Working Document [World Health Organization]. (2020). *Working document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol*. World Health Organization, Geneva.

World Health Organization. (2010). *Global strategy to reduce the harmful use of alcohol*. World Health Organization, Geneva.

World Health Organization. (2019). *Web-based consultation on the implementation of the WHO global strategy to reduce the harmful use of alcohol since its endorsement, and the way forward.* World Health Organization. 4th November 2019. https://www.who.int/news-room/articles-detail/web-based-consultation-on-the-implementation-of-the-who-global-strategy-to-reduce-the-harmful-use-of-alcohol-since-its-endorsement-and-the-way-forward. Accessed: 2 Feb 2021.

World Health Organization. (2020a). *Developing a Global action plan to reduce the harmful use of alcohol 2020 Web based consultation on a working document.* https://www.who.int/news-room/articles-detail/global-action-plan-to-reduce-the-harmful-use-of-alcohol. Accessed: 22 Feb 2021.

World Health Organization. (2020b). *Received submissions from a web-based consultation on the working document Volume 1.* World Health Organization. 16th November 2020. https://cdn.who.int/media/docs/default-source/alcohol/alcohol-action-plan/volume-i-received-submission-to-the-working-document.pdf. Accessed: 22 Feb 2021

World Health Organization. (2020c). *Received submissions from a web-based consultation on the working document Volume 2.* World Health Organization. 16th November 2020. https://cdn.who.int/media/docs/default-source/alcohol/alcohol-action-plan/volume-ii-received-submission-to-the-working-document.pdf. Accessed: 22 Feb 2021.

Appendix 1. List of alcohol industry actor submitters

Table 14. Alcohol industry actor submitters to the WHO 2020 consultation (n=48)

Submitting Organisation	Org Category	Submission language	Jurisdiction	Jurisdiction Group	REMIT	Beverage type
Alcohol Beverages Australia	Trade Association	English	Australia	Australasia	National	All
AssoBirra	Trade Association	English	Italy	Europe	National	Beer
Beer Canada	Trade Association	English	Canada	Nth America	National	Beer
Belgian Brewers	Trade Association	English	Belgium	Europe	National	Beer
Brazilian Institute of Cachaça - IBRAC	Trade Association	English	Brazil	Central/ Sth America	National	Spirits
Brewers Association of Australia	Trade Association	English	Australia	Australasia	National	Beer
Brewers of Romania Association	Trade Association	English	Romania	Europe	National	Beer
British Beer and Pub Association	Trade Association	English	UK	UK & Ireland	National	All
BSI [Bundesverband der Deutschen Spirituosen-Industrie und -Importeure e. V.]	Trade Association	English	Germany	Europe	National	Spirits
CEEV, Comité Européen des Entreprises Vins	Trade Association	English	Brussels	Europe	Regional	Wine
Slovene Brewers Association (Chamber of Agricultural and Food Enterprises, Chamber of Commerce and Industry Slovenia)	Trade Association	English	Slovenia	Europe	National	Beer
Distilled Spirits Council of the U.S.	Trade Association	English	USA	Nth America	National	Spirits
Drinks Ireland	Trade Association	English	Ireland	UK & Ireland	National	All
FEDERACION ESPAÑOLA DEL VINO - FEV	Trade Association	English	Spain	Europe	National	Wine
Federvini	Trade Association	English	Italy	Europe	National	Wine and Spirits
FIVS	Trade Association	English	France	Europe	Global	All
French Association of Wine and Spirits Exporters (FEVS)	Trade Association	English	France	Europe	National	Wine and Spirits

Submitting Organisation	Org Category	Submission language	Jurisdiction	Jurisdiction Group	REMIT	Beverage type
Hellenic Association of Brewers	Trade Association	English	Greece	Europe	National	Beer
Instituto Nacional de Vitivinicultura	Trade Association	English	Mexico	Central/SthAmerica		Wine
Japan Spirits & Liqueurs Makers Association (JSLMA)	Trade Association	English	Japan	Asia	National	Spirits
Nederlandse Brouwers	Trade Association	English	Netherlands	Europe	National	Beer
Pernod Ricard	Major producer or retailer	English	France	Europe	Global	Spirits (Pernod)
Polish Brewers Association - ZPPP Browary Polskie	Trade Association	English	Poland	Europe	National	Beer
Polish Spirits Industry	Trade Association	English	Poland	Europe	National	Spirits
Polish Vodka Association	Trade Association	English	Poland	Europe	National	Spirits (Vodka)
Portuguese Brewers Association	Trade Association	English	Portugal	Europe	National	Beer
Regional Beverage Alcohol Alliance	Trade Association	English	Trinidad & Tobago	Caribbean	National	All
Ruffino srl	Major producer or retailer	English	Italy	Europe	Global	Wine
SALBA, BASA and Vinpro	Trade Association	English	South Africa	Africa	National	Beer
Sindicato Nacional da Indústria da Cerveja	Trade Association	English	Portugal	Europe	National	Beer
Spirits New Zealand/Brewers Association of New Zealand/New Zealand Winegrowers]	Trade Association	English	New Zealand	Australasia	National	All
spiritsBULGARIA	Trade Association	English	Bulgaria	Europe	National	Spirits
spiritsEUROPE	Trade Association	English	Belgium	Europe	Regional	Spirits
The Brewers of Europe	Trade Association	English	Belgium	Europe	Regional	Beer
The Scotch Whisky Association	Trade Association	English	UK	UK & Ireland	National	Spirits (Whisky)
West Indies Rum & Spirits Producers Association (WIRSPA)	Major producer or retailer	English	Barbados	Caribbean	Regional	Spirits
World Spirits Alliance	Trade Association	English	Belgium	Europe	Global	Spirits
Worldwide Brewing Alliance	Trade Association	English	Switzerland	Europe	Global	Beer
Advertising Information Group	Advertising-media	English	UK	UK & Ireland	National	N/A

Submitting Organisation	Org Category	Submission language	Jurisdiction	Jurisdiction Group	REMIT	Beverage type
Brazilian National Beer Chamber – Ministry of Agriculture, Livestock and Supply	Business association	English	Brazil	Central/SthAmerica	National	Beer
Drinkaware	Public relations	English	Ireland	UK & Ireland	National	N/A
Drinkwise Australia	Public relations	English	Australia	Australasia	National	N/A
Educ'alcool	Public relations	English	Quebec, Canada	Nth America	Local	N/A
International Alliance for Responsible Drinking	Public relations	English	USA	Nth America	Global	N/A
International Council for Advertising Self-regulation	Advertising-media	English	Belgium	Europe	Global	N/A
Portman Group	Public relations	English	UK	UK & Ireland	National	N/A
STIVA (Stichting Verantwoorde Alcoholconsumptie)	Public relations	English	Netherlands	Europe	National	N/A
World Federation of Advertisers	Advertising-media	English	Belgium	Europe	Global	N/A

Appendix 2. Coding Framework

Name	Description
Action Area 1 - High impact strategies and interventions (SAFER)	This higher level node include strategies and interventions not listed in the WHO working document
AA1 Action for Economic Operators	Economic operators invited to refrain from activities that may prevent, delay or stop the development, enactment and enforcement of high-impact strategies and interventions to reduce the harmful use of alcohol. Economic operators encouraged to contribute to elimination of marketing and targeting high risk groups
AA1 SAFER Advertising bans	Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion
AA1 SAFER Availability	WHO SAFER Initiative - Strengthen restrictions on alcohol availability
AA1 SAFER Drink driving	Advance and enforce drink driving countermeasures
AA1 SAFER Pricing	Raise prices on alcohol through excise taxes and pricing policies
AA1 SAFER-SBIT	Facilitate access to screening, brief interventions, and treatment
Action Area 2 - Advocacy	Advocacy, awareness and commitment
AA2 Action for Economic Operators	invited to take concrete steps, where relevant, towards eliminating the marketing and advertising of alcoholic products to minors, refrain from promoting drinking, eliminate and prevent any positive health claims, and ensure, within co-regulatory frameworks, the availability of easily-understood consumer information on the labels of alcoholic beverages
Action Area 3 - Partnerships	Partnership, dialogue and coordination
AA3 Actions for Economic Operators	invited to focus on their core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages, and abstain from interfering with alcohol policy development and evaluation.
Action Area 4 - Tech support capacity build	Technical support and capacity-building
AA4 Actions for Economic Operators	Invited to implement capacity-building activities within their sectors of alcohol production, distribution and sales, and refrain from engagement in capacity-building activities outside their core roles that may compete with the activities of the public health community.
Action Area 5 - Knowledge and info	Knowledge production and information systems
AA5 Actions for Economic Operators	invited to disclose, with due regard of limitations associated with confidentiality of commercial information, data of public health relevance that can contribute to improvement of WHO estimates of alcohol consumption in populations, such as data on production and sales of alcoholic beverages and data on consumer knowledge, attitudes and preferences regarding alcoholic beverages.
Action Area 6 - Resource mobilisation	Resource mobilization
AA6 Actions for Economic Operators	invited to allocate resources for implementation of measures that can contribute to reducing the harmful use of alcohol within their core roles, and to refrain from direct funding of public health and policy-related research to prevent any potential bias in agenda-setting emerging from the conflict of interest, and cease sponsorship of scientific research for marketing or lobbying purposes.
Action Plan Guiding Principles	
AP P.1 Pub Health interests goals and evidence	Action Plan Guiding Principles - Principle 1: Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence
AP P.2 Equitable and culturally sensitive	Principle 2. Policies should be equitable and sensitive to national, religious and cultural contexts.
AP P.3 Responsibility not to undermine	Principle 3. All involved parties have the responsibility to act in ways that do not undermine the implementation of public policies and interventions to prevent and reduce harmful use of alcohol.

Name	Description
AP P.4 Deference to public health	Principle 4. Public health should be given proper deference in relation to competing interests and approaches that support that direction should be promoted.
AP P.5 Protection of popns at high risk of alc-related harm	Principle 5. Protection of populations at high risk of alcohol-attributable harm and those exposed to the effects of harmful drinking by others should be an integral part of policies addressing the harmful use of alcohol.
AP P.6 Access to services	Principle 6: Individuals and families affected by the harmful use of alcohol should have access to affordable and effective prevention and care services.
AP P.7 Support non-drinking	Principle 7. Children, teenagers and adults who choose not to drink alcoholic beverages have the right to be supported in their nondrinking behaviour and protected from pressures to drink.
AP P.8. Policies should cover all alcohol beverages	Principle 8. Public policies and interventions to prevent and reduce alcohol-related harm should encompass all alcoholic beverages and surrogate alcohol.
Covid-19	Noting covid effects/impacts beyond covid-related effects on consumption
Framing of arguments	Arguments not identified as subcodes
Arguing for no additional strategies to those in the GAS	Including arguments that Action Plan exceeds the GAS and is therefore outside WHO remit
Emphasising complexity of the issue	E.g., noting unintended consequences, 'wicked problems', need to balance competing (but equally valid) interests
Emphasising regional differences	Need for regional specificity - note cultural differences, against 'one-size fits all' approaches
Focus on harm not consumption per se	
Highlight socioeconomic importance	Noting the socioeconomic importance/contribution of the alcohol industry
Industry inclusion as an equal stakeholder	Advocating for equal rights in decision-making, protesting perceived exclusions
Representation of industry bodies as civil society	e.g., Drinkwise is an independent charity/NGO (civil society)
Global Alcohol Strategy - Strategic areas	Submitters reference the GAS objectives (listed in the Action Plan draft): Awareness of probs and commitment to address; Strengthen knowledge base; Increase tech support and capacity to prevent harmful alcohol use; Strengthen partnerships and coordination, mobilise resources; Improve monitoring and surveillance. Also, code here if submitters note 'the GAS is working well/has been successful'
GAS 1 Leadership	2010 Global Alcohol Strategy Leadership, awareness and commitment
GAS 10 Monitoring	Monitoring and surveillance
GAS 2 Health services	Health services response
GAS 3 Community action	Community action
GAS 4 Drink driving	Drink-driving policies and countermeasures
GAS 5 Availability	Availability of alcohol
GAS 6 Marketing	Marketing of alcoholic beverages
GAS 7 Pricing	Pricing policies
GAS 8 Reduce harm	Reducing the negative consequences of drinking and alcohol intoxication
GAS 9 Illicit alcohol	Reducing the public health impact of illicit alcohol and informally produced alcohol
Governance instruments	Code here if submitters reference governance instruments not detailed below (e.g., the UN Political Declaration 2018)
Other national-regional instruments	Submitters note national or regional legislative/governance instruments as alternatives to global governance instruments
Treaty	
WHO Code	
WTO and other global forums	

Name	Description
Highlighting adverse effects of strategies	
Closures of businesses	Closures or potential closures of businesses
Cost to government	
Cultural losses	
Economy	Noting adverse effects on the 'economy' (local/national/regional)
Encourage illicit drug use	
Excessive regulatory burden	
Financial hardship for business	
Financial hardship for community groups	Charities and community groups
Imposition on responsible drinkers	
Increase or shift risk of problems	Policy actions/strategies will simply increase or shift the risks of problems (e.g., to other areas/population groups)
Job losses	
Loss of residents	
Loss of tourism appeal	
Other adverse effect	
Unfair imposition of burden	Arguing that action/strategy imposes unfair burden, or unfairly penalises
Promoting alternatives to the action plan	Promoting, endorsing strategies and actions other than those proposed in the WHO docs
Arguing for the status quo	
Industry self-regulation	or co-regulation
Promoting personal responsibility	
Promoting specific approaches	
Design elements	
Education	
Law enforcement	
Liquor accords	
Promotion of low or no alcohol products	
Responsible service alcohol	
Surveillance and monitoring	
Transport options	
Treatment and interventions	
Use of evidence	Any instance of using evidence in the submission
Excluding relevant evidence	E.g., only present evidence of drinking having positive health effects; omitting relevant industry evidence; cherry picking;
Quoting of evidence	Code here for any instance of quoting from research. Also, code to the child nodes if able to do so.
Misinterpretation	
Misquoting	
Selective quoting	
Misrepresentation of the strength of the evidence	Industry misrepresents the strength of the existing research evidence in each of the subcode areas

Name	Description
Advertising	
Availability	
Education	Here misrepresents the relative weakness of the existing evidence
Health effects	
Other	
Population-level approaches	
Price	
Modelling modes of scientific critique	Methods of critique that industry might adopt (e.g., similar to scientific peer-review, using scientific terminology)
Adopting litigation model	Industry privileges views of a single expert rather than using the scientific model of consensus, also critique each individual study rather than employing synthesis
Insisting on methodological uniformity	Applying narrow standards for acceptable research methodologies; and from McCambridge et al. - that industry will assess all evidence against a single methodological convention - in their analysis this was the convention of market research.
Lack of rigour	A lack of rigour in critiques made by industry (e.g., incorrect reading/interpretation of studies, double standards, lack of clarity)
Non-linearity of associations	Industry asking for thresholds where e.g., outlets would be considered an acceptable public health risk (Cook et al., 2020)
Questioning causal inference	Industry questions whether associations were causal (Cook et al., 2020)
Seeking methodological perfection	Industry rejecting anything other than RCTs (Ulucanlar et al., 2014)
Stating lack of evidence	
Other evidence making practices	
Asserting facts without any evidence	
Emphasising complexity of research findings	Emphasising complexity specifically in regard to research findings/interpretations
Emphasising uncertainty	
Promoting a lack of consensus among stakeholders	
Stating support for evidence-based approaches	
Promoting alternative evidence	Emphasising research on other elements that influence substance use; promoting evidence of alternative causes/influences on substance use and harms
Drugs	
Education programs	
Gender, class, ethnicity	
Individual characteristics	
Parents and peers	
Socio-economic status	
Promotion of weak evidence	Industry draws on weaker evidence to support their positions
Stating lots of evidence but presenting none	
Types of evidence used	

Name	Description
Expert opinion	
Industry data	Includes published and not publicly available
Opinion polls	Include here surveys organised by industry/orgs funded by industry
Other type of evidence	
Scientific evidence	i.e. research published in peer review journals
Qual evidence	
Quant evidence	
Views on consumption	What does industry say about consumption
Consumption patterns during COVID-19	
Global or regional consumption	
Local consumption	
National consumption	
Views on harms	What does industry say about alcohol-related harms

Appendix 3: Scientific evidence cited in alcohol industry actor submissions

While many submitters provided well-formatted and complete references, a substantial proportion provided limited detail (e.g., 'Meier, 2010.'). Consequently, the references listed below may not accurately reflect all the citations intended by the alcohol industry actors.

Allen, LN., Pullar, J., Wickramasinghe, K., Williams, J., Foster, C., Roberts, N., et al. (2017). Are WHO 'best buys' for non-communicable diseases effective in low-income and lower-middle-income countries? A systematic review. The Lancet Global Health, 5, S17.

An, R. & Sturm, R. (2011). Does the response to alcohol taxes differ across racial/ethnic groups? Some evidence from 1984- 2009 Behavioral Risk Factor Surveillance System. *The Journal of Mental Health Policy and Economics*. 14(1):13-23.

Anderson, P., Chisholm, D. & Fuhr, DC. (2009). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *The Lancet*. 373(9682):2234-2246.

Anderson, P., Llopis, EJ. & Rehm, J (2020) Evaluation of alcohol industry action to reduce the harmful use of alcohol: Case study from Great Britain. *Alcohol and Alcoholism*, 55(4): 424-432.

Angus, C., Thomas, C., Anderson, P. Meier, PS & Brennan, A. (2017). Estimating the cost-effectiveness of brief interventions for heavy drinking in primary health care across Europe. *European Journal of Public Health*, 27(2): 345–351.

Byrnes, J., Shakeshaft, A., Petrie, D. & Doran, C. (2012). Can harms associated with high-intensity drinking be reduced by increasing the price of alcohol? *Drug and Alcohol Review*, 32(1): 27-30.

Cronce, JM. & Larimer, ME. (2011) Individual-focused approaches to the prevention of college student drinking. *Alcohol Research & Health*, 34(2): 210-221.

Gius, MP. (1996). Using panel data to determine the effect of advertising on brand-level distilled spirits sales. *Journal of Studies on Alcohol,* 57(1):73-76.

Griffith, R., O'Connell, M. & Smith, K. (2019). Tax design in the alcohol market. *Journal of Public Economics*, 172: 20-35.

Gruenewald, PJ., Millar, AB., Ponicki, WR., Brinkley, G. (2000). Physical and economic access to alcohol: The application of geostatistical methods to small area analysis in community settings. In Wilson, R. & DuFour, M. (Eds). *Small Area Analysis and the Epidemiology of Alcohol Problems. NIAAA Monograph* (pp.163-212). Rockville, MD: NIAAA.

Hallgren, M., Leifman, H. & Andreasson, S. (2012). Drinking less but greater harm: Could polarized drinking habits explain the divergence between alcohol consumption and harms among youth? *Alcohol and Alcoholism*, 47(5): 581-590.

Hingson, R. & White, A. (2014). New research findings since the 2007 Surgeon General's Call to Action to Prevent and Reduce Underage Drinking: a review. *Journal of Studies on Alcohol and Drugs,* 75(1): 158-169.

Korotayev, A. , Khaltourina, D., Meschcherina, K. & Zamiatnina, E. (2018). Distilled spirits overconsumption as the most important factor of excessive adult male mortality in Europe. *Alcohol and Alcoholism*, 53(6): 742-752.

Kueng, L & Yakovlev, E. (2021). The long-run effects of a public policy on alcohol tastes and mortality. *American Economic Journal*, 13(1): 294-328.

Kunzmann, AT., Coleman, HG., Huang, WY. & Berndt, SI. (2018). The association of lifetime alcohol use with mortality and cancer risk in older adults: A cohort study. *PLoS Med*, 15(6): e1002585.

Lachenmeier, DW., Neufeld, M. & Rehm, J. (2021). The impact of unrecorded alcohol use on health: What do we know in 2020? *Journal of Studies on Alcohol and Drugs*, 82(1): 28-41.

Li, Y., Pan, A., et al. (2018). Impact of healthy lifestyle factors on life expectancies in the US population. *Circulation*, 138: 345-355.

Livingston, M. (2010). The ecology of domestic violence: the role of outlet density. *Geospatial Health*, 5(1): 139-149.

McKee, M. (1999). Alcohol in Russia. *Alcohol and Alcoholism*, 34(6): 824-829.

Martinau, F., Tyner, E., Lorenc, T, Petticrew, M. & Lock, K. (2013). Population-level interventions to reduce alcohol-related harm: An overview of systematic reviews. *Preventive Medicine*, 57: 278-296.

Meier, PS. (2010). Polarized drinking patterns and alcohol deregulation. *Nordic Studies on Alcohol and Drugs*, 27: 383-408.

Nelson, JP. (2013). Robust demand elasticities for wine and distilled spirits: Meta-analysis with corrections for outliers and publication bias. *Journal of Wine Economics*, 8(3): 294-317.

Nelson JP. (2015). Binge drinking and alcohol prices: a systematic review of age-related results from econometric studies, natural experiments and field studies. *Health Economics Review*. 5(1): 6.

Nelson, JP. & Moran, JR. (1995). Advertising and US alcoholic beverage demand: System-wide estimates. *Applied Economics*. 27(12): 1225-1236.

Partaken, J. (1993). Failures in alcohol policy: lessons from Russia, Kenya, Truk and history, *Addiction*, 88(s1): 1295-1345.

Rehm, J. & Hasan, OSM. (2020). Is burden of disease differentially linked to spirits? A systematic scoping review and implications for alcohol policy. *Alcohol*, 82: 1-10.

Rehm, J., Kanteres, F. & Lachenmeier, DW. (2010). Unrecorded consumption, quality of alcohol and health consequences. *Drug and Alcohol Review*. 29(4):426-436.

Rehm, J., Lachenmeier, DW., Llopis, EJ., Imtiaz, S., & Anderson, P. (2016). Evidence of reducing ethanol content in beverages to reduce harmful use of alcohol. *The Lancet Gastroenterology and Hepatology*, 1: 78-83.

Reynolds, GS. & Bennett, JB. (2015). A cluster randomized trial of alcohol prevention in small businesses: a cascade model of help seeking and risk reduction. *American Journal of Health Promotion*, 29(3): 182-191.

Ronksley, PE., Brien, SE., Turner, BJ., Mukamal, KJ & Gjali, W. (2011). Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis. *BMJ*, 342:d671.

Siegfried, N. & Parry, C. (2019). Do alcohol control policies work? An umbrella review and quality assessment of systematic reviews of alcohol control interventions (2006-2017). *PLOS One*, 14(4), e0214865.

Stehr, MF. (2010). The effect of Sunday sales of alcohol on highway crash fatalities. *The BE Journal of Economic Analysis & Policy*, 10(1): Article 73.

Vandenberg, B., Livingston, M. & O'Brien, K. (2020). When the pubs closed: Beer consumption before and after the first and second waves of COVID-19 in Australia. *Addiction*, 116(7): 1709-1715.

Vieira, BA., Luft, VC., et al. (2016). Timing and type of alcohol consumption and the metabolic syndrome - ELSA-Brasil. *PLOS One*, 11(9): e0163044.

Wilcox, GB., Kang, EY. & Chilek LA. (2015). Beer, wine, or spirits? Advertising's impact on four decades of category sales. *International Journal of Advertising*, 34(4):641-57.

Yu, Q., Li, B. & Scribner, RA. (2009). Hierarchical additive modeling of nonlinear association with spatial correlations - An application to relate alcohol outlet density and neighborhood rates. *Statistics in Medicine*, 28: 1896-1912.

Zaigrev, G. (2004). The Russian model of noncommercial alcohol consumption. In Haworth, A. & Simpson, R. (Eds). *Moonshine Markets. Issues in Unrecorded Alcohol Beverage Production and Consumption* (pp. 29-38). New York: Routledge.