

# Partners or Opponents? Alcohol Industry Strategy and the 2016 Revision of the U.K. Low-Risk Drinking Guidelines

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**ABSTRACT. Objective:** In 2016, the U.K. Chief Medical Officers published revised low-risk drinking guidelines, based on an updated evidence review. These guidelines advised that men and women drink no more than 14 units per week—a reduction for men—while emphasizing the dangers of drinking in pregnancy and as a risk factor for cancer. The aim of this study is to examine how the alcohol industry responded to the publication of the guidelines. **Method:** This article draws on 26 semi-structured interviews with civil servants, parliamentarians, and public health and civil society actors. Interviews were audio-recorded, transcribed, anonymized, and analyzed using thematic coding. **Results:** Following the publication of the new draft guidelines, the U.K. alcohol industry criticized their exclusion from the guidelines development

process. They then mounted a major public relations campaign that strongly criticized the guidance produced and rejected the association of drinking with cancer without recourse to evidence. The Portman Group, which was prominent in the industry response, did not recommend that members or other companies carry the revised content on product labels and sought to undermine them via high-level political lobbying. There was no formal campaign to communicate the guidelines to the public. **Conclusions:** The present case adds new insights into the political strategies of alcohol industry actors to undermine public health, providing evidence of confrontational tactics. It draws attention to the failure of self-regulatory regimes to incorporate basic public health messaging. (*J. Stud. Alcohol Drugs*, 82, 84–92, 2021)

IN 2012, THE U.K. CHIEF MEDICAL OFFICERS (CMOs) announced plans to revise the low-risk drinking guidelines, in place since 1995, based on an updated review of the evidence. These guidelines had advised that men drink no more than three to four and women drink no more than two to three units of alcohol per day (Department of Health, 1995). The CMOs convened a Health Expert Group to review the scientific evidence on the health effects of different levels of alcohol consumption, and a Behavioral Expert Group focused on effective ways to communicate the new guidelines to the public. A joint Guidelines Development Group, formed subsequently from members of the Health Expert Group and Behavioral Expert Group, recommended the adoption of a new low-risk weekly consumption level of not more than 14 units for both men and women, while emphasizing the dangers of heavy episodic drinking (Department of Health, 2016b). Pregnant women and those planning to conceive were advised to avoid alcohol altogether, and the association of drinking with cancer, particularly breast cancer, was highlighted prominently within the guidelines' overall narrative (Department of Health, 2016b).

In keeping with standard scientific practice, alcohol industry actors—and, with the exception of one freelance journalist, other actors outside the relevant scholarly disci-

plines—were excluded from the Guidelines Development Group (Department of Health, 2016a; Holmes et al., 2016, 2019). Their exclusion, however, represented a departure from the 1995 process, which had occurred in a policy context characterized by extensive industry involvement in, and influence over, decision making (Hawkins et al., 2012; Nicholls & Greenaway, 2015).

The draft guidelines were published for consultation in January 2016 (Department of Health, 2016b) and became the subject of immediate political controversy. Industry bodies—including the British Beer and Pub Association, the Wine and Spirits Trade Association, and the Portman Group, representing all sectors of the alcohol industry—were highly critical of the recommendations from the outset (British Beer & Pub Association, 2016; Gross, 2016; Portman Group, 2016; The Drinks Business, 2016). Public health actors, meanwhile, were concerned that the guidelines lacked high-level political support and adequate promotion via social marketing activity (Rosenberg et al., 2018). The final guidelines were published in August 2016 and included no major changes from the draft guidelines (Department of Health, 2016c).

This article examines the politics of the guidelines revision process and, in particular, attempts by the alcohol industry to shape the perceptions of, and undermine political support for, the guidelines during the public consultation and after final publication. As such, it does not seek to engage with the debates about the substance of, or rationale behind, the revised drinking guidelines. Instead, it builds on previous studies of alcohol industry influence in the United Kingdom (Katikireddi et al., 2014; McCambridge et al., 2014a) and beyond (McCambridge & Mialon, 2018; McCambridge et

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al., 2018; Mialon & McCambridge, 2018), and offers insights of relevance to public health policy-making in other contexts.

### *Political composition of the alcohol industry*

*Alcohol industry* is an umbrella term covering all actors involved in the production, distribution, sales, and marketing of alcoholic beverages (Jernigan, 2009). As such, in the United Kingdom, this category principally includes brewers and distillers as well as pubs, bars (the “on” trade), and supermarkets (the “off” trade). Although at times industry actors across sectors adopt similar policy positions and political objectives, based on shared underlying interests, the industry is not a monolith and policy cleavages emerge between, and even within, sectors (Holden et al., 2012). Within the producer sector, manufacturers of different types of drink (e.g., cider vs. beer producers on differential tax regimes) and, at times, even those within the same product categories (e.g., beer producers on minimum unit pricing) may adopt different positions and influencing strategies on certain policy issues (Holden et al., 2012). However, where policy developments affect collective interests, industry actors are able at times to work together in coordinated and highly strategic ways (Holden & Hawkins, 2012; Holden et al., 2012). As will be demonstrated below, this was not the case with the drinking guidelines revision since they are concerned with the inherent risk of alcohol consumption. For this reason, we focus on the collective industry actions to oppose the new CMO guidelines.

The alcohol industry includes not just companies but a range of industry bodies that seek to promote industry interests and shape policy. Such bodies include most obviously industry trade associations—such as the British Beer and Pub Association and the Wine and Spirits Trade Association in the United Kingdom—as well as third-party political lobbyists and consultants used widely by actors across policy domains. These associations include as members not only alcohol producers but also pub operators (in the case of the British Beer and Pub Association) and off-trade retailers such as supermarkets (in the case of the Wine and Spirits Trade Association) among their membership and, thus, represent a wide range of industry sectors.

A final category of industry body relevant to the policy debates surrounding the drinking guidelines revision is Social Aspects and Public Relations Organizations (SAPROs; Babor, 2009). These are industry-funded and industry-controlled organizations but occupy a deliberately ambiguous position that differs from trade associations, which exist for the overt purpose of representing industry interests (Anderson, 2004; Harkins, 2010; Miller & Harkins, 2010; Petticrew et al., 2018). Instead, SAPROs claim to be concerned with reducing alcohol harms (McCambridge et al., 2014b) and thus to be offering public goods rather than acting in private

sector interests. In the United Kingdom, the leading industry SAPRO, the Portman Group, was founded by, and represents the interests of, the leading alcohol producers. It takes its name from the location of the former offices of the brewer Guinness—now part of the world’s second largest alcohol producer, Diageo—in London’s Portman Square.

The specific functions of the Portman Group have varied over time and has included at different times the management of an age verification scheme for younger drinkers and public information and messaging on alcohol and health. The latter function has since been spun off to another industry SAPRO, Drinkaware, which emerged as a separate entity via a memorandum of understanding among the Portman Group, the United Kingdom Department of Health, The Home Office, and the devolved administrations in Scotland, Wales, and Northern Ireland in 2006 (McCambridge et al., 2014c). The Portman Group’s main function now consists principally of its self-regulatory code of practice for the responsible marketing of alcohol products (Harkins, 2010). It has featured prominently in U.K. alcohol policy debates for decades, being the only nongovernmental entity identified in the 2004 Alcohol Harm Reduction Strategy for England (AHRSE) (Room, 2004) and played a prominent role in the short-lived Public Health Responsibility Deal introduced as a co-regulatory regime under the 2010–2015 coalition government (Department of Health, 2011; Hawkins & McCambridge, 2019).

This consisted of a series of largely unfulfilled “pledges” on the part of the industry to adapt their business practices in ways they claimed would reduce harm associated with their products (Knafl et al., 2015a, 2015b; Petticrew, 2013; Petticrew et al., 2013). These pledges included a commitment to include health warnings, incorporation of the unit alcohol content of products, and the inclusion of previous CMO drinking guidelines. These pledges were used on 80% of product labels by the end of 2013 and were overseen by the Portman Group as part of its code of practice. As such, the 2016 revision to the CMOs’ guidance related directly to a key aspect of their self-identified remit.

### **Method**

This article emerges from a wider study of developments in U.K. alcohol policy after 2010, focusing on developments in London and Edinburgh, including the public health responsibility deal and pricing and promotions policy as well as the revision of drinking guidelines (Hawkins & McCambridge, 2019, 2020a, 2020b). This article draws on 26 semi-structured interviews (Rubin & Rubin, 2012) conducted as part of the wider study with civil servants ( $n = 8$ ), parliamentarians ( $n = 2$ ), public health bodies and health-related civil society organizations ( $n = 13$ ), and academics ( $n = 3$ ) undertaken by the first author between February and October 2018 in London and Edinburgh.

Industry actors were not interviewed because they had been in earlier studies of U.K. alcohol policy (see Holden et al., 2012). The decision was made at the outset not to undertake interviews with alcohol industry representatives for a number of reasons. These included uncertainties about both gaining access and the impact of previously published findings of interview studies on industry strategy—perceived by the industry to be detrimental to their interests—on the likely data generated by interviews. In particular, it was anticipated that interviews would be used by industry respondents as opportunities to frame perceptions about policy debates in ways similar to those that have led tobacco scholars to eschew such engagement with that industry (Hawkins & Cassidy, 2016). An important implication of this decision is that the analysis presented here is limited to other actors' perceptions of industry strategy in relation to the guidelines. This precludes a focus on internal industry dynamics and requires triangulation of perspectives from interviewees from different sectors with direct knowledge of industry activities.

Interviewees were recruited using purposive and snowball sampling based on earlier analyses of the U.K. alcohol policy context (Hawkins & Holden, 2013, 2014; Holden & Hawkins, 2012; Holden et al., 2012) and a preliminary stakeholder mapping of the U.K. and alcohol policy fields to identify the key actors involved in the above policy debates across the sectors identified (Brugha & Varvasovszky, 2000; Varvasovszky & Brugha, 2000). Interview recruitment was successful but we were unable to access nine potential respondents: civil servants ( $n = 3$ ), parliamentarians ( $n = 2$ ), public health bodies and health-related civil society organizations ( $n = 3$ ), and academics ( $n = 1$ ). In addition, in line with our consent procedure, one respondent withdrew from the study after interview, and that person's data were not included in study outputs.

The semi-structured interviews followed a protocol developed by both authors, which was organized around the key policy debates covered in the study. In keeping with aims of the method, this was used as a topic guide, and questioning was adapted in response to cues from respondents and to focus on their specific expertise and experience. All interviews were audio-recorded, transcribed, and anonymized. Respondents gave informed consent to participate in line with the ethics approval granted by the University of York.

Data from the interviews are presented anonymously. Given the highly politicized nature of alcohol policy and limited size of the policy community, particularly in Scotland, it is crucial to guarantee anonymity to facilitate the recruitment of and protect respondents. We have taken all precautions to protect the identity of speakers, for example by not attributing individual responses to specific individuals.

Analysis of the transcripts was led by the first author, based on the six phases of thematic analysis identified by Braun and Clarke (2006). Relevant sections of the transcripts that related to important events, processes, concepts, or

themes were coded in the text of transcripts using the highlighting tool and recorded in a separate document summarizing the emerging themes (Rubin & Rubin, 2012). Transcripts were reviewed "blind" by the second author, who noted emerging themes from each interview independently, without attempting to formally study differences in thematic content. These parallel analyses were compared and combined to form the basis of the main findings and study outputs. The first draft of the article was written by the first author and added to by the second across several drafts.

## Results

Alcohol industry bodies—including the British Beer and Pub Association, the Wine and Spirits Trade Association, and the Portman Group—responded immediately to the announcement of the draft guidelines and sought to challenge them on a number of fronts, articulated consistently across the different entities (British Beer & Pub Association, 2016; Gross, 2016; Portman Group, 2016; The Drinks Business, 2016). First, they questioned the evidence on which the guidelines were based, particularly the decision to offer identical advice for men and women and arguing that the guidelines were out of keeping with international standards and those in place in other comparable countries. Second, they argued that the guidelines were being introduced in the context of falling consumption, in which most people drink responsibly, and thus would not resonate with consumers who may be confused or simply ignore them. Finally, the Wine and Spirits Trade Association emphasized the success of previous co-regulatory regimes, such as the Public Health Responsibility Deal, and contrasted this with their exclusion from the guidelines development process (Gross, 2016; The Drinks Business, 2016). In the following, we present interview data on the debates surrounding the guidelines.

### *Challenging the guidelines*

In keeping with the cross-industry nature of the opposition to the guidelines, interviewees framed their analysis of the guidelines debate principally in terms of "the industry" collectively as opposed to individual companies or bodies. Respondents repeatedly suggested that the industry had not foreseen such a big cut in the recommended threshold drinking levels, particularly for men, or such a prominent association of drinking with cancer. For example, one interviewee reported the significance of the CMO for England as encouraging people to "think about cancer when they have a glass of wine" and advising that there was "no safe level of drinking." The industry public relations strategy sought to question the extent of the alcohol problems facing British society and to appeal to the self-perception of the majority of drinkers as unproblematic, reinforcing a narrative of personal responsibility. The debate surrounding revised guidelines

was a contest over the image of alcohol and the alcohol industry, as well as the risks of drinking, in the public mind. As one non-governmental organization (NGO) respondent commented:

[The industry strategy] was to directly and aggressively challenge the basic premise that it is a significant health harm [. . .] talk about the benefits of alcohol drinking as well—social interaction, pub industry, the stress relieving power of alcohol that type of thing—really championing their products and its role in British society. Drinking responsibly is a good thing, essentially, that’s kind of their message; [. . .] most people drink normally. So, yes, it’s quite an easy message for them really [. . .] because most people would not identify themselves with problem drinking.

According to multiple respondents, a key issue for the industry was the emphasis given to the association with cancer. As a researcher with knowledge of the guidelines development process commented:

It was the linking it to cancer that was really causing the concern among industry [. . .]. And you can understand why they’d be concerned about that, I mean, cancer has a special status as a disease, is uniquely evocative.

The industry response to this involved trying to shift the focus from alcohol as an established, direct cause of different types of cancer to the cancer risk of drinking and smoking in combination. The Portman Group, in particular, was identified by respondents as pushing this message in the debate. As an NGO respondent commented:

I think they were trying to focus in on particular aspects of risk with drinking [. . .] that a combination of drinking and smoking is particularly difficult, so they wanted to focus on that rather than just on drinking, so that it’s safe to drink and not smoke [. . .] something like a don’t drink and smoke campaign that they were talking about, which to us was just a diversion from a much more simple message that [. . .] drinking is a cause of cancer and is associated with thousands of cases a year.

### *Challenging the process*

Industry actors were excluded from the formal guidelines development process on the grounds that this was a scientific process in which they had significant potential conflicts of interest and no claim to be legitimate stakeholders in reviewing the scientific evidence. As one civil servant familiar with the revision process, speaking of the reaction to the publication of the draft guidelines, stated:

They felt they’d been excluded from the process. They criticised the membership of the guidelines develop-

ment group [. . .] and they disagreed with the interpretation of the evidence. Now I think our position would be, well this is a public health evidence process.

It is important to note that, although industry actors opposed the findings of the review, they did not do so by contesting the evidence itself but rather the process through which this had been reviewed and by highlighting apparent divergences in international safe-drinking thresholds. Industry protests at their exclusion were also identified as being part of their broader strategy to position themselves as stakeholders in the policy process and related scientific debates. As one NGO respondent commented:

I think that there’s the issue of the industry positioning itself as a legitimate health partner, and having a seat round the table, in partnership with the Department of Health, discussing medical issues, having medical experts. Drinkaware, for example—which is 96% funded by alcohol producers and alcohol bodies, has a Chief Medical Officer [sic] and comments in the media about evidence emerging on the health impacts of alcohol—[. . .] is endorsed by Government as the key vehicle to communicate health information on alcohol.

At the same time, the industry sought to undermine public health actors and alcohol NGOs involved in policy debates. As the previous respondent continued:

On the one hand, they’re trying to position themselves as legitimate commentators on scientific evidence. And, at the same time, [. . .] Industry were saying that they cannot accept the guidelines because they can’t have any confidence in the process because “temperance advocates” were supposedly involved. It was a really good way for the industry to reframe this debate and undermine the process because they would find it very challenging to undermine the science and, specifically, the evidence around alcohol and cancer.

### *Lobbying*

Industry actors undertook high-level political lobbying to manage the outcomes of the guidelines revision according to multiple respondents. As one NGO respondent commented:

After the guidelines were released, the industry were running up and down the corridors of Westminster, getting MPs to lobby against the guidelines, and completely discredit them. That has been a very effective strategy, because Government has, essentially, washed its hands of these guidelines.

Similarly, a participant in the process stated, they sought to link this issue to their wider corporate social responsibility (CSR) activities:

I understand there was a lot of very high level discussions going right up to David Cameron [the Prime Minister at the time] that the industry were threatening to withdraw co-operation in various ways [. . .] pulling funding from Drinkware [an industry funded public information body], withdrawing co-operation on the Responsibility Deal, refusing to put the drinking guidelines on product labels.

#### *Non-implementation of the guidelines*

As part of the widely criticized Public Health Responsibility Deal, alcohol companies had agreed that their products should carry health-warning labels, including the 1995 CMO guidance on low-risk levels of consumption. This aimed to include labels on 80% of alcohol containers other than glasses via a code of practice overseen by the Portman Group. After the drinking guidelines revision, the Portman Group revised its code to remove its advice that product labels should carry CMO consumption guidelines (Portman Group, 2019a). Although the revision to the guidelines is noted, inclusion is seen as optional and is in no way encouraged:

companies choosing to replace the previous guidelines should do so with the following text: ‘The UK Chief Medical Officers recommend adults do not regularly drink more than 14 units per week.’

In July 2019, the Portman Group issued new guidance advising its members to carry the revised CMO guidelines (Portman Group, 2019b). However, the delay in issuing this, along with the inclusion of the previous guidelines on previously manufactured packaging, meant that the outdated information was featured on many products for more than 3 years after the revised guidelines were first published, with obvious potential to create confusion amongst consumers.

The refusal to endorse the updated guidelines from the outset, although not offering any substantive evidential basis for so doing, was widely seen by interviewees as indicative of the power of the Portman Group’s position in policy debates. As one government respondent commented:

I think it shows just how confident they feel that they don’t have to take these things on board and that, so they can kick against it. So I think they must be feeling in a position of power. [. . .]. So from a public health point of view, and their engagement with Government, it just seems quite shocking that they would dismiss this evidence.

#### *High-level political support?*

The Guidelines Development Group had explicitly called for public information campaigns to promote the release of the guidelines, but, as the preceding quote suggests, this was

not forthcoming. A more widespread view was that little or nothing was done to promote the revised guidelines. An academic familiar with the process agreed:

Since the initial announcement, there has been very little done to actively promote the guidelines. [. . .] There’s been no large scale attempt to promote them, the government’s largely sort of taken a quiet line on defending the various criticisms that have come in for them. The newspapers have gone for them.

Some respondents attributed this to a lack of resources within the context of austerity. Others suggested that the vehemence of the industry response to the guidelines succeeded in placing pressure on the government. As this government actor commented:

I think that whole stink they managed to create probably put a lot of pressure on ministers. I know at the time the Public Health Minister seemed to feel under pressure, even though she supported [the guidelines]. She got pressure from her colleagues who were in Government in terms of, you know, I mean, what are the Government doing issuing these guidelines, and what have you?

Other respondents suggested that this might have to do with a lack of clarity about where responsibility for publicizing the guidelines lay between Department of Health and Public Health England. At the very least, the controversy fanned by the industry created a disincentive for high-level political actors to offer public support in an already difficult policy area. As another respondent commented, “the government felt unwilling to step into a highly politicized debate and preferred not to ‘rock the boat.’”

Public health actors were unable to offer adequate support at the time of the revised guidelines consultation because they had not been briefed sufficiently in advance of the announcement of the draft guidelines. Therefore, they did not have fully developed and coordinated political and media strategies in place to counter the extensive industry pushback against the guidelines, which occurred quickly. As one public health actor commented:

I honestly don’t know why we couldn’t have been told earlier, people like us, who might have supported it and made the ground [. . .]. We knew 24 hours before and we all went, what? [. . .]. So, there weren’t many friendly comments because nobody was prepared, nobody had done the groundwork, nobody had seen the research.

The lack of high-level political support created a political vacuum in which industry actors could seek to shape the implementation of the guidelines. In March 2017, the Department of Health produced an advice document on the communication of the CMO low-risk drinking guidelines in

liaison with industry actors, including the Portman Group, and that refers to their code of practice (Department of Health, 2017). This was seen by public health actors as a big concession to the industry, which further weakened the communication of the new guidelines, thwarting prospects that they may assist in developing public understanding. As one such respondent commented:

It was a really poor document, [. . .] it's just whittled down to the Drinkaware website. [. . .] So, in a way, [the industry] have won. They've won that war because, whilst the process of gathering evidence [. . .] was free from [. . .] the influence of the industry, the communicating of that, [. . .], the implementation, has been absolutely riddled with industry influence.

### Discussion

Industry responses to new U.K. guidelines studied here are in keeping with previous analyses of the political strategies of the alcohol industry in the United Kingdom and beyond, to shape regulatory environments and perceptions of their products and the problems they cause (McCambridge & Mialon, 2018; McCambridge et al., 2018) and to adopt confrontational tactics where the need arises in ways that closely mirror the tobacco industry (Hawkins et al., 2016; Hurt et al., 2009). The content of low-risk drinking guidelines has major symbolic significance and important implications for understanding of alcohol harms, and their acceptability to the public, for industry and other policy actors (Holmes et al., 2016). In addition, this study highlights the importance given to scientific debates by industry actors who were prepared to become involved in high profile, highly contentious debates that could potentially disrupt long-term relationships with policy makers. For public health actors, the present case underlines the need to insulate such processes from the influence of vested interests in order to promote the development of effective, evidence-informed interventions.

The analysis above supports existing studies, which suggest that alcohol industry actors, like “big tobacco,” are highly pragmatic political actors (Hawkins et al., 2018). As previously noted (Hawkins & Holden, 2014; McCambridge et al., 2018), the industry employs both long-term, proactive policy management strategies and reactive, targeted political lobbying strategies, including legal challenges and public relations campaigns, where necessary. The former are designed to keep unfavored measures off the policy agenda through relationship building with key decision makers and to position industry actors as key stakeholders in the policy process. As in this case, the latter aim to shut down those issues that threaten industry interests that do manage to make it onto the policy agenda.

The 2016 guidelines emerged in a highly politicized context in which industry actors were arguing that the guidelines

were not evidence based and were driven instead by a puritanical, “neo-prohibitionist” agenda by advocate academics within the public health establishment.

It was evident from their media interventions and from interview respondents how seriously all sectors of the industry actors took the new guidelines as a potential threat that required a major public relations response. This led to a strong response from industry trade associations and other bodies representing producer and retailer interests (the on trade via the British Beer and Pub Association and the off trade via the Wine and Spirits Trade Association) (Holden et al., 2012). In contrast to its much less visible role in the minimum unit pricing debates—compared, for example, to the Scotch Whisky Association—the Portman Group immediately intervened after the guidelines’ publication, alongside responses from other industry bodies and think tanks with links to industry (Gross, 2016; *The Drinks Business*, 2016). The prominence of the Portman Group here is partly indicative of the declared remit of the organization (i.e., on product labeling and self-regulation of marketing), which made this a more salient issue.

The stark reaction to the guidelines changes reflected the fact that the industry had failed to prevent the guidelines arising through its long-term policy management strategies and now needed to act quickly in order to manage the apparent threat they posed (Hawkins & Holden, 2014). This may have arisen from complacency on their behalf, having avoided any revision of the guidelines for almost 20 years, since 1995 (Hawkins et al., 2012). Even when the revision process was set in train, industry actors appeared not to fully appreciate and respond to the emerging risks to their interests, although it is impossible to know from the data examined here what precisely lay behind their response to this process. Following publication of the guidelines, they shifted to a more aggressive public relations strategy to discredit and undermine the new guidelines and high-level lobbying and a refusal to incorporate them in product labeling.

In recent years, there have been efforts by industry actors to claim legitimacy as evidence producers while highlighting the alleged partiality and bias of alcohol researchers as just another vested interest (Spirits Europe, 2014). This resonates with wider skepticism articulated about the motivations and insights of “experts” in political discourse more generally. This case underlines the need for additional measures to be put in place, in the alcohol field and beyond, to ensure that the independence of expert bodies is understood and respected, so as to reinforce the validity of scientific guidance in the minds of the general public.

The decision by the Portman Group to eschew evidence informed guidance on product labeling until mid-2019 exposes the limitations of self and co-regulatory regimes, despite the strong advocacy of these approaches by the industry (Hawkins & McCambridge, 2014; McCambridge & Mialon, 2018; McCambridge et al., 2013, 2014c). Members

of the Portman Group had previously committed to carry the CMO guidelines on product packaging as part of the voluntary product-labeling regime developed within the context of the “responsibility deal.” As with previous studies of the Public Health Responsibility Deal (Hawkins & McCambridge, 2019; Knai et al., 2015a, 2015b), the present case demonstrates that industry support for such regimes extends only to the point that they do not propose measures that run counter to business interests and profits, regardless of the consequences for public health.

This highlights that there are inherent conflicts of interest presented by self-regulation, which leads to highly circumscribed and suboptimal policy outcomes. Companies’ fiduciary responsibility to maximize profits means that they will be able to support policy regimes that serve industry interests. However, even abortive, short-lived, or failed co-regulatory regimes may be a highly desirable outcome for industry actors, if this absorbs time and resources and creates distraction from more effective policy measures (Hawkins & McCambridge, 2019). Given the incredible “stickiness” of partnership-based approaches, such failures seem to pose no barrier to their adoption in future initiatives (Hawkins & McCambridge, 2019). The prominence of Drinkaware in government guidance on communicating the guidelines demonstrates the interconnected and mutually supportive functions of different industry bodies within industry actors’ overall political strategy.

There are some limitations to this study that should be recognized. Because the interviews were conducted some years after the guidelines revision, there may be issues with interviewees’ recall. Similarly, responses may reflect actors’ own engagement in this process or may be tailored to what they think public health researchers may be expecting to hear. This underlines the need for triangulation across sources and actors. The data analyzed do not include interviews with industry actors for reasons explained above, so it is impossible to evaluate their perspectives on the process. More generally qualitative methods of the kind used here are not designed or able to provide definitive, unchallengeable accounts of policy events but plausible narratives of how and why specific events and processes occurred, and their consequences, in the terms expressed by relevant actors and commentators engaged with the processes in question. We suggest that the findings presented here are read with these issues in mind.

The analysis presented here has implications for processes of evidence-informed alcohol policy making in other national policy contexts and in other areas of public health policy in the United Kingdom and beyond. It highlights the need for scientific processes to be free from conflicts of interest and industry influence as they were in formulating the revised guidelines here, and the need for effective coordination among public health interests. Indeed, being able to demonstrate transparently the independence and rigor of the

scientific processes may be important in gaining public support and improving public health via interventions designed to promote the guidelines. Industry interference made the promotion of the guidelines more challenging to achieve, and any benefit to public health less likely to occur. Perhaps more broadly, this case identifies the need to safeguard the integrity of the scientific process and the synthesis and presentation of evidence to policy making and to the public.

#### Key points

- The 2016 U.K. low-risk drinking guidelines were a source of great controversy, which ran into implementation problems.
- Following their exclusion from the development process, the guidelines were vociferously criticized by the Portman Group and other alcohol industry actors, and the former refused to endorse their inclusion on product labels.
- The case of the drinking guidelines revision adds to evidence from previous studies, which suggest that alcohol companies, like “big tobacco,” are highly pragmatic political actors employing both long-term and short-term strategies, including the management of scientific evidence in public relations.
- The analysis presented here further calls into question the rationale for co-regulatory and partnership-based approaches with the alcohol industry.
- This study underlines the need for governmental support for scientific processes informing policy, and for public health guidance to be communicated effectively even in the face of criticism from powerful economic actors.

#### Conflict-of-Interest Statement

The authors have no conflicts of interest to declare.

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