
Commentaries

THE HOW BUT NOT THE WHY; MORE CONTEXT NEEDED

Moo Joose is a great name and the paper tells a gripping story with some general elaboration about the dangers of working with the alcohol industry (Munro 2004). For me, it's a contemporary history case study, and, as a historian, I have two sets of comments. One concentrates on research methods; the other on the wider historical context.

If this were a student research project I would be scribbling queries all over it. The author sets out clearly what happened. A public health alcohol agency was drawn into a funding relationship with the drinks industry and ended up making some related policy decisions completely at odds with its previous stance on sales to young people. There are some missing links here both in terms of key questions being asked and the research materials. Although we learn about the 'what happened' side of things, there is almost nothing on the 'why', a key component of historical or any other research. It seems bizarre that an agency should have entered into a relationship on such disadvantageous terms and should have modified its stance so radically. The paper tells us nothing to help assess the change of stance. Why did the agency enter this relationship? What were the key issues from its point of view? Were particular personalities involved? Did the agency have financial problems and need industry funding? What was the perceived *quid pro quo*? Was it naïve in thinking it could influence industry? Why did it change its stance on sales to young people? The paper is quite silent on all these central historical questions. Interviews with key participants might have fleshed out the story if documents were not available.

The author, he tells us, has some documents in his possession which explain all. In historical analysis, it is axiomatic to set out the references to the evidence on which conclusions are based. Validation is provided by the open availability of sources which anyone can check and draw different interpretations from if necessary. Access through the author isn't the norm and smacks of selectivity. What do these documents tell us about the

question of motivation? If nothing, then, to coin a phrase, more research is needed.

This silence leads the paper to claim more for the case study than is warranted by the evidence. The author concludes that all such enterprises are bound to failure and to unacceptable compromise on the part of the public health participants. That may be the case, but to make this argument needs more evidence and context.

Context could be added in another way. Public health/industry relationships have a history which is often forgotten. The parent Society of this journal, the Society for the Study of Addiction, had a close funding relationship with the brewers in the 1940s (Berridge 1990). A recent historical study has argued that an alliance between the Trade and anti-drink interests after the First World War could have been a realistic way of capitalising on the war time restrictions which, in the event, had little impact post war. (Greenaway 2003). Alliances with industry, in other words, have been seen to have some potential advantages at some points in historical time. In assessing this case study that context should also be borne in mind.

VIRGINIA BERRIDGE

Professor of History

Centre for History in Public Health

Department of Public Health and Policy

London School of Hygiene and Tropical Medicine

Keppel Street

London WC1E 7HT

E-mail: Virginia.Berridge@lshtm.ac.uk

Web: <http://www.lshtm.ac.uk/history>

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WHO IS RESPONSIBLE FOR IRRESPONSIBLE DRINKING?

Alcohol advertisements in Spain have a statement at the bottom: 'Bebe con moderación. Es tu responsabilidad' (Drink in moderation. It's your responsibility). I must confess I've always thought this a tricky sentence, and when I read the *Moo Joose* case [1] that Spanish statement immediately returned to my mind.

Certainly, Munro's article raises the question of responsibility. This is a hot topic which everybody wants to keep a distance from. There is no doubt that alcohol is a major cause of concern from a public health point of view. Faced with this fact, the alcohol industry tends to place the responsibility on the drinker ('It's your responsibility' they say), the drinker tends to blame his or her fate, and health professionals tend to point to the industry. There is a lot of literature on the patient's responsibility and also on the industry's responsibility, but data on the responsibility of scientists and health professionals are sparse.

As stated in the introduction, there is striking evidence [2] that the alcohol (and tobacco) industry support all those preventive strategies that lack proven effectiveness, and fight against those which do have a real effect on consumption levels. Is the evidence good enough to confirm that the alcohol industry's behaviour is undermining public health goals? If so, what are the implications of this for the scientific community?

Addiction [3] has taken the risk of leading the publication of research on the industry's behaviour and this paper, even though a single case report, adds to previous ones that have raised interesting debates in earlier issues. This is a many-faceted problem but Munro implicitly raises the question of the scientist's responsibility. We would all probably agree that the scientist has the responsibility to be objective and neutral in his or her studies. But a scientist must also defend scientific evidence when confronted by opinions biased by economic, cultural or religious factors.

How neutral and objective is Munro in his analysis? How neutral can scientists remain in the face of the available evidence on the industry's practices? Certainly, the case study methodology is not considered the best level of evidence but the facts presented in the paper are clear and objective. On one hand, the *Moo Joose* case alone does not allow us to generalize and conclude that the alcohol industry always behaves in the same way; on the other hand, it is time for the scientific community to review the existing evidence and to submit it to the general public.

Many centuries ago Galileo was forced to deny the evidence, but his words 'E pure si muove' ('and yet it moves') can be seen as a paradigm of the impact of scientific evidence, even when it is just softly whispered. I hope that we can speak a bit louder now, at the beginning of 21st

century, even though the alcohol industry has demonstrated an enormous capacity to influence the media. This probably is one of our responsibilities.

ANTONI GUAL

Alcohol Unit

Institut of Psychiatry & Psychology

Clinic Hospital

Mejia Lequerica s/n

08028 Barcelona

SPAIN

E-mail: tgual@clinic.ub.es

Declaration of interest

Dr Antoni Gual has been involved in several clinical trials, and has received funding from the pharmaceutical industry to conduct those trials and also to give lectures at scientific meetings.

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THE BEVERAGE ALCOHOL INDUSTRY'S SOCIAL ASPECTS ORGANIZATIONS: A PUBLIC HEALTH WARNING

At a European Conference on Alcohol Policy convened by Eurocare (the European non-governmental organisation active in advocating for evidence-based alcohol policies – <http://www.eurocare.org>) in Poland during June 2004 [1], a puppet company was contracted to deliver sketches parodying the views of the alcohol industry on alcohol policy. The alcohol industry was described as producing a new alcoholic drink, *Chocolate Moo Pops*, aimed at the younger market. The puppet company was shocked to learn that their fictitious script was not so far from the truth, when the *Moo Joose* case was described to them [2]. The social aspects organizations of the beverage alcohol industry were also shocked by being parodied; so much so, that Helmut Wagner of the Amsterdam Group, who was in attendance at the conference, described the Loi Evin on alcohol advertising in France and the process of its implementation as 'outrageous'.

This illustrates the risks of partnering with the alcohol industry.

Over the last 20 years the beverage alcohol industry has set up and funded social aspects organizations to manage issues that may be detrimental to its business. Social aspects organizations operate at the global level, the European level and at the country level, in high, middle and low income countries [3]. They aim to manage issues by attempting to influence the alcohol policies of national and international governmental organizations; becoming members of relevant non-alcohol specific organizations and committees to broaden policy influence and respectability; recruiting scientists, hosting conferences and promoting high profile publications; creating social aspects organizations in emerging markets and low income countries; and preparing and promoting consensus statements and codes of practice.

Social aspects organizations hold five main viewpoints which on inspection confirm their overall aim, which is to benefit the beverage alcohol industry, rather than to benefit public health or the public good [3]. They view that: 1.) addressing patterns of drinking rather than volume of alcohol consumption is the best basis for alcohol policies; 2.) responsible drinking can be learned and that this should be the cornerstone of alcohol policy; 3.) they have an equal place at the policy table, even though the evidence that they bring to the table is not impartial; 4.) the marketing of alcoholic beverages should be self-regulated even though the industry blatantly, consistently and extensively breaks its own codes; and 5.) alcohol, despite its potential for 'abuse', confers a net benefit to society.

In relating to the beverage alcohol industry, Eurocare has made the following recommendations:

- 1 Governments need to implement evidence based policies to reduce the harm done by alcohol, with such policies formulated by public health interests, recognizing that the viewpoints of social aspects organizations are not impartial;
- 2 Governmental organizations should be concerned at spending public money on programmes put forward by the social aspects organizations, since such programmes lack evidence of effectiveness;
- 3 A proportion of alcohol taxes, hypothecated for the purpose, should be used to fund relevant independent non-governmental organizations to implement evidence based campaigns to reduce the harm done by alcohol;
- 4 Governments should support non-governmental organizations that are independent of the beverage alcohol industry;
- 5 Independent non-governmental organizations that have a specific role with regard to safeguarding effective alcohol policy should inform and mobilize civil

society with respect to alcohol-related problems, lobby for implementation of effective policy at government level, and expose any harmful actions of the beverage alcohol industry;

- 6 In discharging their role, non-governmental organizations mentioned in point 5 above should remain completely independent of social aspects organizations;
- 7 All independent scientists that are paid by or undertake work for social aspects organizations and the beverage alcohol industry should state their declarations of interest in their scientific publications;
- 8 Research scientists in high income countries should consider their ethical responsibility not to profit from or contribute to the beverage alcohol industry's actions in low income countries; and
- 9 Greater vigilance and monitoring of beverage alcohol industry behaviour is needed.

PETER ANDERSON

Independent consultant in public health

St Annastraat 286

6525HC Nijmegen

Netherlands

E-mail: PDAnderson@compuserve.com

Declarations of interest

The author is not currently in receipt of any financial support from private sector organizations, although has received finances from GlaxoSmithKline and Pharmacia (now Pfizer) for consultancy work in the past. He is contracted part-time as the policy advisor for Eurocare, a European non-governmental organization advocating for effective alcohol policy with member organizations in 26 European countries, a small number of which are Temperance organizations, for which his consultancy is covered by grants from the European Commission.

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MORE RESEARCH ON THE ALCOHOL INDUSTRY'S ATTEMPT TO INFLUENCE POLICY AND SCIENCE IS NEEDED

Public health often stands in conflict with industry interests. These conflicts may be ignored, settled or lead to

uncompromised wars. Recent decades have witnessed successful campaigns against the tobacco industry run by the public health sector, with significant commitment from the research side. On the other hand, the field of pharmaceutical drugs has increasingly been dominated by industrial interests supported by research funded almost exclusively by the private sector.

It is an open question how alcohol research ends up. Will it stay relatively independent and preserve its academic integrity or become increasingly dependent on funds from the alcohol industry which is very unlikely to promote studies undermining its economic position?

Tensions between the alcohol industry and public interests have increased since publication of the 'Purple Book' [1] which brought forward research evidence that means alcohol consumption is a question of crucial importance from the public health perspective. This statement has had far reaching consequences. Already in the beginning of the 1980s WHO (Euro) recommended significant reduction in mean alcohol consumption among the major targets of its Strategy Health for All in 2000 [2]. A number of countries adopted relevant policies while in others the concern over drinking increased. Although the low tide in alcohol consumption that followed in most industrial or post-industrial countries cannot fully be attributed to a single book or policy document, the interests of the alcohol industry happen to be endangered.

For decades alcohol research has mostly been funded from public sources. No matter how impartial the alcohol research world pretends to be, it has provided evidence that served public health interests more than those of the industry. In recent years, the alcohol industry, particularly supranational corporations have offered funds for research, conferences and prevention often under a slogan of public/private partnership. Most of us reject any funding from those sources, others are hesitant, and some do not see any conflict of interest.

Recent developments in the field, the establishment of the industry-funded International Center for Alcohol Policy in Washington DC, research and policy initiatives of the Portman and Amsterdam Groups in Europe, are of growing concern and cause of controversy in our research community. The professional debate led to a number of publications, many of which are briefly summarized in the introduction to the Munro's article [3]. More systematic analysis of this debate could become the subject of an important study in itself.

Munro, however, goes a step forward and makes an empirical contribution which shows that funding by the industry can lead or is likely to lead to subordination of public interests, at least as in his case study from Queensland, Australia. Similar studies should be encouraged to better understand the risks and consequences of accept-

ing research funding from the industry. Further reflections and perhaps investigations are also needed on to what extent public funding may produce a bias in response to the need to further the public good.

JACEK MOSKALEWICZ
Institute of Psychiatry and Neurology
 WHO Collaborating Centre
 9 Sobieskiego Str
 Warsaw 02-957
 Poland
 E-mail: moskalew@ipin.edu.pl

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INDUSTRY INFLUENCES: MORE CASE STUDIES NEEDED

The field of alcohol public health research is rich in anecdotes of collaborations between vested interests and public health advocacy organisations which have illustrated some of the results described in this paper, namely movement on the part of the health organisation towards more industry friendly policy positions. I have lost count of the number of times I have said to colleagues as they finished telling me the latest story from their own jurisdictions—'are you going to publish it as a case study?'

What is so refreshing then about reading this paper (Munro 2004) is to see the fruit of a carefully observed and documented process presented as a case study. We need more such examples, including a rigorous search for exceptions, if the notion of collaboration or partnership between organisations with conflicting interests is to be explored more thoroughly.

Alcohol Education Australia Ltd. (AEA), as described, is a quintessential social aspects organisation using the commonly found rhetoric: alcohol related harm becomes a lesser issue and the focus is on efforts to 'legitimise alcohol as a beneficial and useful commodity'. It positions itself at the more optimistic (if not naïve) end of the spectrum of social aspects organisations, when it sets itself the (worthy) goal of persuading the Australian alcohol

consumer to appreciate 'product taste and quality rather than intoxicating effects'. This in a drinking culture in which 61% of the alcohol consumed is drunk in heavier drinking occasions (Chikritzhs *et al.* 2003).

It is also interesting to note in the description of the AEA that, while it will be set up with and run with industry funds, it aims to seek public funding to its activities (which will include mass media campaigns, research, education and advice to industry). Despite the tremendous resources the global alcohol industry has at its disposal it aims to divert public funding for its industry friendly activities, thereby circumscribing even further public health activities which are wholly reliant on public funding.

This case study illustrates not only the formation of a new social aspects organisation but the shift in position which occurred in its parent organisation Alcohol and Drug Foundation-Queensland (ADFQ) which moved from a public health position and took on the job of defending *Moo Joose* and even supported the predictable industry line that education would serve to reduce youth consumption levels. The spread of liaison and communication between industry friendly organisations has been active internationally in recent years. It may be a measure of the depth and extent of the alcohol friendly world view among such organisations that ADFQ thought it likely that the appeal on *Moo Joose* would succeed.

Case studies such as this one are important, not just as interesting stories illustrative of the range of values found in the alcohol policy arena, but rather as indicators of the way in which the discourse changes in the alcohol policy arena once a public health oriented NGO moves to an industry friendly position. The alcohol field has few enough public health organisations internationally, and in our region in particular, making such a move of concern to those who monitor the discourse on alcohol and who hope for more public health outcomes in the alcohol field.

SALLY CASSWELL

Director

Centre for Social and Health Outcomes Research and Evaluation (SHORE)

Massey University

Auckland

New Zealand

E-mail: s.casswell@massey.ac.nz

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DON'T COVER UP DISTINCT RESPONSIBILITIES, BUT CO-OPERATE ON THE ACTION LEVEL UNDER CERTAIN CONDITIONS

Australia is far away from Germany, and public health issues there are not in the focus of daily concern here. Even that the topic of the paper – co-operation of the beverage alcohol industry with addiction agencies – is of international concern, the cultural and geographical distance makes it very difficult to understand all details of the *Moo Joose* case and to judge if Munro's paper (2004) is a fair description of the situation.

Keeping this uncertainty in mind, the co-operation of the Australian drinks industry and an addiction agency (Alcohol and Drug Foundation-Queensland - ADFQ) within a newly formed Alcohol Education Australia Ltd (AEA) indeed raises fundamental issues. Munro quotes some of the AEA statements which show that public health interests have been mixed with industries' economic interests (e.g. '... health and social outcomes together with good business outcomes for the industry'). This and other statements, as well as the handling of the *Moo Joose* case by ADFQ, clearly demonstrates the risk that fundamental duties are sacrificed for economic interests.

It is important to remind the two 'stakeholders' of their responsibilities: 1.) addiction agencies like ADFQ should promote a public-health based alcohol policy to prevent and reduce alcohol related harm, mobilise society and lobby for the implementation of effective actions at parliamentary and governmental level. 2.) Primarily, responsibility of the beverage alcohol industry is to guarantee or improve shareholder value. They also have a product liability for their beverages, which includes the obligation, among others, to inform customers about possible risks of their products, to protect minors and to avoid such marketing strategies including advertising, which bear the risk to increase harmful consequences for customers. Keeping these conflicting responsibilities in mind, an alcohol agency like ADFQ should never engage in actions to advise the alcohol industry how to win a licence for the marketing of a new alcoholic product like in the *Moo Joose* case. Even without considering the specific risks of an alcoholic milk drink, one might see such an activity as a perversion of alcohol agencies' responsibilities.

Two further stakeholders are mentioned only marginally, but play an important role in the game: gov-

ernmental agencies and scientists. Scientists, in this context, are responsible for the correct analysis of the amount and type of alcohol-related disorders, and the analysis of effective strategies to reduce these disorders in a society. To keep their independence, they should *not engage* in health-political actions for or against a specific strategy to reduce alcohol related harm and they should *not fight* for the interests of either beverage industry or alcohol agencies, as both groups have specific interests which are often not based on scientific evidence. They should fight for independent science, for good research *and* for promoting their research to responsible bodies in society, like media, parliament, government, NGO's and industry.

Governments have the responsibility to enhance public good. This means, under a public-health view, the prevention and reduction of alcohol-related harm. But often this is not the only criterion of the governments' definition of public good. Freedom of trade, deregulation or tax reduction might be much higher goods for governmental policy options. Final action plans are compromises of different definitions of public good and often the public health view is more or less lost in this procedure. Such compromises of government and parliament again demonstrate the need of alcohol agencies and scientists to keep their independence in the process of defining duties and handling responsibilities.

Given that all four stakeholders respect their responsibilities and formulate their targets and actions independently, restricted co-operations between industry and the other parties might be possible, given that they fulfil certain conditions. These conditions are discussed in many papers (e.g. Babor, Edwards & Stockwell 1996; Babor 2000; Lemmens 2000; Anderson 2002; Bühringer & Batra 2004).

GERHARD BÜHRINGER

Director IFT – Institut für Therapieforchung

Parzivalstr. 25

D-80804 München

Germany

E-mail: buehringer@ift.de

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DRINKS INDUSTRY ORGANIZATIONS SHOULD CARRY WARNING LABELS: A BRIEF REPLY TO COMMENTARIES

Commentators on 'An addiction agency's collaboration with the drinks industry: *Moo Joose* as a case study' (Munro 2004) agreed the partnership between the Alcohol and Drug Foundation-Queensland (ADFQ) and the liquor industry, in order to form a social aspects organisation, raises 'fundamental issues.' Those issues include the relationship between public health bodies and the beverage alcohol industry, and the funding and integrity of scientific research into alcohol. The arguments are covered very well in this set of commentaries (Anderson, 2004; Casswell, 2004; Bühringer, 2004; Gual, 2004 and Moskalewicz, 2004) and I believe that between them they make a significant contribution to the debate. There is little support for this collaboration among the commentators as their consensus finds ADFQ would have been better advised to heed the kind of warning this series of commentaries offer.

It would be redundant to summarise here the points made by each writer, but I would like briefly to reply to Berridge's useful input (Berridge 2004). She is rightly frustrated by the silence in this story, but the protagonist is yet to explain the thinking that lay behind the formation of AEA. The questions Berridge enumerates indicate possible fruitful areas for investigation, although interviewing the ADFQ principals is perhaps better left to someone who was not engaged in the courtroom. Ultimately, an examination of yet other contexts, such as the state of public health in Queensland and the deregulation of the industry, might also be valuable.

GEOFFREY MUNRO

Director

Community Alcohol Action Network

Australian Drug Foundation

PO Box 818

North Melbourne 3051

Australia

E-mail: munro@adf.org.au

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