

Shining a light on international alcohol industry lobbying

Arguing against alcohol policy is big business. In a [new analysis](#) published in *The Lancet Global Health*, Pepita Barlow and colleagues reveal the global scale of alcohol industry attempts to disrupt national public health policies, deploying arguments—many employing motifs used for decades to fight tobacco control—in high-level World Trade Organization (WTO) discussions. The authors found that more than half (55.2%) of the 212 WTO member statements on ten national alcohol warning label policies, proposed by countries including India, Kenya, and South Africa, used industry arguments. Most statements were made by high-income countries, led by the EU (n=37) and the USA (n=34), and only seven (3.3%) were identified as being driven by industry. Proposed public health interventions were variously described in these statements as lacking in evidence, scientifically inaccurate, restrictive, or overly broad. A tactic of proposing ineffective alternative policies is also clear. For example, when Kenya proposed in 2010 to add large warning labels to alcoholic drinks amid high alcohol-related mortality, EU representatives repeatedly expressed “concerns”, stating that, given EU experience, “education and information activities seemed to be appropriate”. WTO challenges exert significant pressure, often forcing countries to abandon domestic regulations or design them with trade rules in mind. Such intrusions in the domestic public health policy of low-income and middle-income countries are motivated by concerns for market access, not health: public awareness campaigns had been in place in Kenya for many years.

Put in the language of lobbyists, taxpayers in many countries are being asked to pay not only for the rising costs of alcohol-related health and social harms but also the costs of public health messaging to soften the impact of pervasive and sophisticated marketing campaigns. Remarkably, tax systems in some countries incentivise advertising of alcohol: in 2017, the top 10 US alcohol producers were exempted from paying tax on \$1.5 billion of beer marketing, a deduction closed to the tobacco industry in 1998. As detailed by Barlow and colleagues, even factual warning labels, a comparatively cost-effective tool widely used in tobacco control, have been opposed. Proposed changes to labelling in South Africa, which were first challenged at the WTO in 2016, included enlarging warnings such as “Drinking during pregnancy can be

harmful to your unborn baby”, and “Alcohol reduces driving ability, don’t drink and drive”. In 2015, a [WHO report](#) found that 58% of road deaths in South Africa were attributable to alcohol consumption, the highest rate in the world. Signed into law in 2017, the labelling changes were repealed in 2020 after domestic and international industry pressure.

On Feb 16, the European Parliament voted to adopt the Beating Cancer plan, a key step in enacting future legislation designed to prevent cancers, improve outcomes, and equalise care. Despite a plea from stakeholders, including the European Liver Patients Association, last-minute amendments stripped out the most hard-hitting interventions. For instance, although mandatory nutritional information on alcoholic drinks is welcome, a call for health warning labels was replaced by a proposal for “moderate and responsible drinking information”, evoking well-worn industry lines. A call to ban alcohol sponsorship of sport, perhaps the highest impact alcohol-related policy, was cut entirely. While support for even the review of pricing and taxation legislation was removed, commitments for more awareness campaigns were untouched.

The burden of alcohol-related disease and death can be reduced by interventions targeted at industry, and it is rational for companies to attempt to deflect these regulations by advancing policies aimed at consumers. However, it is difficult to see how individuals are served by industry appeals to personal responsibility and informed consumer decision-making on the one hand and clandestine lobbying on the other. Prohibition is not an answer, but neither is one-sided promotion of products that have the potential to cause substantial harm.

Barlow and colleagues propose the involvement of WHO in WTO discussions related to alcohol policy, providing an authoritative voice to directly refute false information. Similar engagement by WHO was instrumental in supporting plain-packaging policies for tobacco products in many countries. Demanding transparency from lobbyists and politicians regarding corporate funders and sources of positions is also an overdue first step in mitigating industry influence and levelling the playing field. All consumers have a fundamental right to clarity, from the origins of political positions to the contents of their cans. ■ [The Lancet Gastroenterology & Hepatology](#)



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For more on alcohol industry influence at the World Trade Organization see [Articles Lancet Glob Health 2022; 10: e429–37](#)

For more on alcohol advertising tax breaks in the USA see <https://bit.ly/3uyof29>

For more on global road safety see <https://www.afro.who.int/publications/global-status-report-road-safety-2015>

For more on the repeal of the South African labelling regulations see <https://www.fas.usda.gov/data/south-africa-south-africa-repeals-contentious-regulations-relating-health-messages-container>

For more on the Beating Cancer plan see https://www.europarl.europa.eu/doceo/document/TA-9-2022-0038_EN.pdf

For more on WHO involvement in plain packaging regulations see [Bull World Health Organ 2019; 97: 846–48](#)