Unpacking assertions made by the alcohol industry and how they make them: An analysis of submissions into Australia’s National Alcohol Strategy

Mia Miller | Michael Livingston | Damian Maganja | Cassandra C. J. Wright

Abstract

Introduction: Alcohol is a leading cause of morbidity and mortality globally. One significant barrier to the implementation of evidence-based alcohol policy is alcohol industry opposition. Making submissions to national policy processes is one way in which the industry exert influence. The aim of this study was to analyse alcohol industry submissions into Australia’s National Alcohol Strategy to determine key assertions made by the alcohol industry and the ways in which they use evidence and refute the effectiveness of public health policies to make their claims.

Methods: Submissions made by alcohol industry actors ($n = 12$) were analysed using content analysis to determine key industry assertions. A pre-existing framework on alcohol industry use of evidence was then applied to analyse the evidentiary practices used to make these assertions.

Results: Five common industry assertions were identified: ‘Drinking alcohol in moderation has health benefits’; ‘Alcohol isn’t the cause of violence’; ‘Targeted initiatives, not population level alcohol policies, are needed’; ‘Strong alcohol advertising regulations are not necessary’; and ‘Minimum unit price and pricing and taxation policies more broadly are not needed’. The industry systematically manipulated, misused and ignored evidence throughout their submissions.

Discussion and Conclusions: The alcohol industry is misusing evidence in their submissions to government consultations to make their assertions about alcohol policy. It is therefore essential that industry submissions are scrutinised and not accepted on face value. Additionally, it is suggested that the alcohol industry requires a distinct model of governance similarly to that which regulates the tobacco industry to prevent their attempts to undermine evidence-based public health policy.

Keywords
alcohol industry, alcohol policy, submission
1 | INTRODUCTION

Alcohol use is causally associated with more than 200 conditions, including cancer, cardiovascular disease and stroke [1], as well as short-term harms, such as injuries and accidents [2]. In Australia, alcohol is the sixth leading cause of disease with approximately 6000 alcohol-attributable deaths each year [3]. There are several evidence-based policy options available to reduce the harms from alcohol. The World Health Organization endorses a range of effective and cost-effective actions to reduce alcohol-related harm, such as excises, regulation of alcohol advertising, labelling, restrictions on the availability of alcohol, drink-driving laws and minimum unit pricing (MUP) [4].

Despite evidence on the effectiveness of these policies, many are not implemented at the national or state/county level, or when proposed have faced significant barriers, often due to opposition from the alcohol industry. One of the ways in which the alcohol industry aim to influence policy making processes is through submissions into national policy processes [5]. While this is only one avenue through which the industry exert influence [5], analysing industry submissions provides important insights into the priorities and framing approaches of the industry.

A growing body of research both in Australia and internationally has analysed publicly available submissions into policy consultation processes. This evidence demonstrates that the alcohol industry consistently ignore, misrepresent and misuse high-quality evidence and promote weak evidence for various alcohol policy issues, including drinking guidelines [6], alcohol advertising regulations [7], alcohol pregnancy warning labels [8] and taxation [9]. For example, the alcohol industry in Australia has claimed that industry self-regulation of pregnancy warning labels [8] and alcohol marketing is sufficient [10], and that other industry-led activities conducted by Social Aspect Public Relations Organisations (SAPRO) are effective [11], despite substantial evidence to the contrary [12–14]. This research, as well as a body of international work [15–18], has identified several common practices employed by the alcohol and tobacco industry regarding their use and misuse of evidence. Stafford and colleagues’ 2021 study collated these practices into a single framework when examining alcohol industry submissions into public consultations between 2013 and 2017 [19]. This framework identifies eight core practices commonly used:

- Making unsubstantiated claims about the adverse effects of policy proposals: Claiming that alcohol policies will have negative effects without providing sufficient evidence to support their claims.
- Promoting policy alternatives without population-wide policies: Promoting targeted measures over population-wide policies without providing sufficient evidence to support their approach.
- Emphasising complexity: Characterising the relationship between risk factors and outcomes as ‘complex’ to refute the need for population-wide policies.
- Misinterpretation of strong evidence: Providing a distorted view of strong evidence or questioning the credibility of strong evidence.

Key points

- Submissions into government inquiries and policy processes are one way in which alcohol policy can be influenced in Australia.
- The alcohol industry frequently contributes to such processes, with previous research demonstrating that they commonly misuse and obscure evidence to make their arguments.
- The present study analysed alcohol industry submissions into Australia’s National Alcohol Strategy to determine the content of these submissions and the ways in which evidence was used and misused.
- The study found that the alcohol industry consistently made five common assertions: ‘Drinking alcohol in moderation has health benefits’; ‘Alcohol isn’t the cause of violence’; ‘Targeted initiatives, not population level alcohol policies, are needed’; ‘Strong alcohol advertising regulations are not necessary’; and ‘Minimum unit price and pricing and taxation policies more broadly are not needed’. The industry also frequently misused and misrepresented evidence.
- Systematic scrutiny of submissions made into government policy processes is required to ensure that policy makers are aware of misinformation and poor-quality evidence when policy decisions are being made.
Promotion of weak evidence: Promoting non-peer reviewed or industry funded research.

Misleading quoting of evidence: Incorrectly quoting evidence or taking specific quotes from evidence out of context to try create an alternative meaning.

Mimicked scientific critique: Attempting to critique evidence through measures that appear, on the surface, to be valid and reliable, but are in fact non-scientific.

Evidential landscaping: Excluding relevant evidence and promoting only alternative evidence or evidence that supports their view or argument.

A recent alcohol consultation process in Australia informed a belated update of the National Alcohol Strategy, which had expired in 2011. The development of a new strategy was seen as an imperative by researchers and advocates who argued that existing policy approaches were incoherent, with a lack of role clarity between different levels of government [20]. Consultation for an updated strategy, including focus groups, key informant interviews, survey feedback and written submissions, began in 2015 and continued in 2018 with the public release of a draft strategy. The aim of the present study was to analyse submissions made by the alcohol industry to the 2018 National Alcohol Strategy consultation. Such research is important as the National Alcohol Strategy intends to guide both national and state alcohol policies until 2028. The strategy is also intended to examine all possible alcohol policy options, and thus analysing submissions enables an understanding of the policy issues for which the alcohol industry is most concerted in directing their efforts. A 2019 report from the Foundation for Alcohol Research and Education’s alcohol industry fingerprints: analysis of modifications to the National Alcohol Strategy found that key changes and deletions were made between the 2017 consultation strategy and the 2019 ‘revised strategy’ which benefitted the alcohol industry [21]. Thus, it is important to study these submissions and their use of evidence so that public health researchers and advocates can better understand how the industry craft their narratives.

2 | METHODS

Publicly available submissions into the draft National Alcohol Strategy were searched in December 2020 (n = 96). All submissions by an alcohol industry actor, including peak bodies representing the industry, producers and retailers, and industry-funded social aspects organisations, were included for analysis (n = 12). A list of the included submissions is provided in Table 1.

2.1 | Data analysis

We used a qualitative thematic approach [22] to analyse industry submissions to identify the key assertions made by industry and the practices used to make these
TABLE 2 Practices identified by Stafford et al. [20].

<table>
<thead>
<tr>
<th>Practice</th>
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<tr>
<td>Making unsubstantiated claims about adverse effects of policy proposals</td>
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<td>Promoting alternatives without evidence</td>
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<td>Emphasising complexity</td>
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<td>Misrepresentation of strong evidence</td>
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<td>Promotion of weak evidence</td>
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<tr>
<td>Mimicked scientific critique</td>
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<td>Evidential landscaping</td>
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assertions. One author (MM) reviewed a random subset of submissions (n = 4) and developed an initial set of codes that captured the industry assertions and a second author (DM) then trialled these codes with a second random set of submissions (n = 4). The thematic codes were discussed and agreed upon between the two authors, and both authors then coded all submissions with any discrepancies resolved in consultation with a senior author (CW). Codes were included in the study if at least two submissions addressed them. To reflect the nature of these codes, they will from hereon in be referred to as ‘industry assertions’. Each time reference to evidence was made within a submission, the industry statement and the accompanying references were entered into an Excel spreadsheet. The authors then reviewed each included reference alongside the statement made by the industry to determine if any of the practices identified in the framework (Table 2) were used.

3 | RESULTS

We identified five common industry assertions made in submissions to the National Alcohol Strategy. Table 3 summarises the key assertions, the number of submissions that included the assertion and who these submissions were made by. Stafford and colleagues’ [19] identified practices were used extensively throughout the submissions to make these assertions.

3.1 | Industry assertion 1: ‘Drinking alcohol in moderation has health benefits’

Three submissions discussed the health effects of alcohol, focusing primarily on alcohol’s putative benefits. While some submissions used weak, out of date evidence to make their claims, many did refer to peer-reviewed, recent research. However, the submissions used evidential landscaping to provide a one-sided view of the evidence. For example, they oversimplified the link between alcohol and heart disease by excluding evidence that moderate drinking’s ostensible beneficial effects are only for ischemic heart disease and stroke, and as well as evidence that low levels of consumption have detrimental impacts on hypertensive heart disease, atrial fibrillation and haemorrhagic stroke [23]. The Alcohol Beverages Australia and Brewers Association submissions also ignored the body of evidence which demonstrates that even ‘moderate’ drinking increases the risk of seven types of cancers [24, 25]. Additionally, submissions selectively quoted from the findings of studies that showed some protective effects while discounting those same studies’ broader findings that the harms from alcohol significantly outweigh any potential benefits. For example, the Australian Wine Research Institute quoted a study stating that there was a cardioprotective effect for ischaemic heart disease for drinkers consuming one or two drinks per day, but ignored the conclusion of the paper which stated that: ‘the picture is clear: alcohol consumption should be as low as possible, no amount of consumption is safe’ [26].

Additionally, peer-reviewed evidence was misquoted and misrepresented by the Australian Wine Research Institute, who claimed that a multi-country study showed that ‘the net effect of alcohol consumption was to reduce adverse health outcomes’ whereas the study concluded that drinking is ‘not associated with a net health benefit’ [27]. While the Australian Wine Research Institute included a number of studies regarding the purported health benefits of alcohol, they did not substantiate these claims with traceable citations so it could not be determined whether they appropriately used these studies in their submission.

3.2 | Industry assertion 2: ‘Alcohol isn’t the cause of violence’

Three submissions argued that alcohol is not a causal factor for violence. The Brewers Association of Australia’s submission used evidential landscaping by claiming that the issue of a causal link between alcohol and violence is of ‘significant academic debate’, citing both an industry-funded review of the anthropological literature and a 25-year old meta-analysis to support their view [28]. They selectively quoted parts of this meta-analysis which highlighted the gaps in the literature due to the methodological weaknesses of some studies in the field [28]. Crucially, the submission failed to acknowledge the more recent, high quality literature which unequivocally demonstrates that alcohol contributes to violence [29, 30]. Additionally, the submission from Alcohol Beverages
Australia uses data from only one state, New South Wales, and one type of violent-related crime, domestic violence, thus further demonstrating evidential landscaping. The Australian Wine Research Institute’s submission claimed that alcohol is not a contributing or secondary factor in violent behaviour, but used no references to support their claims.

### 3.3 Industry assertion 3: ‘We need targeted initiatives and not population level alcohol policies’

Eight submissions argued against the need for population-wide alcohol policies. Many of these submissions claimed that alcohol consumption and alcohol-attributable deaths were declining, meaning that population-wide policies were not required. Several industry submissions appropriately used indicators from the National Drug Strategy Household Survey to show that alcohol consumption in Australia in the general population and amongst youth has declined. However, these submissions selectively quoted from this national survey by failing to acknowledge increasing consumption amongst middle-aged and older adults, and the continuing high proportions of adults consuming alcohol at levels that increase their risk of lifetime and short-term harm [31, 32].

Industry submissions also misrepresented strong evidence and mimicked scientific critique to make their claims. The Alcohol Beverages Australia submission refuted that alcohol is responsible for 5500 deaths in Australia by attempting to discredit the study that produced the figure [33], claiming it was flawed as it ‘departed from using ABS [Australian Bureau of Statistics] figures for overall per capita consumption’. This assertion, however, is false; the study did use Australian Bureau of Statistics data for consumption and supplemented it with state-level sales data, where available, as an important and rigorous methodological approach to ensure that drinking levels and patterns are not

<table>
<thead>
<tr>
<th>Industry assertion</th>
<th>Number of submissions</th>
<th>Submitters</th>
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<tbody>
<tr>
<td>Industry assertion 1: ‘Drinking alcohol in moderation has health benefits’</td>
<td>3</td>
<td>Alcohol Beverages Australia, Australian Wine Research Institute, Brewers Association</td>
</tr>
<tr>
<td>Industry assertion 2: ‘Alcohol is not the cause of violence’</td>
<td>3</td>
<td>Alcohol Beverages Australia, Australian Wine Research Institute, Brewers Association of Australia</td>
</tr>
<tr>
<td>Industry assertion 3: ‘We need targeted initiatives and not population level alcohol policies’</td>
<td>8</td>
<td>Alcohol Beverages Australia, Australian Vignerons, Australian Wine Research Institute, Brewers Association of Australia, DrinkWise, Murray Valley Wine Growers, NSW Wine Industry Association, Riverina Wine Grapes Marketing Board</td>
</tr>
<tr>
<td>Industry assertion 4: ‘Strong alcohol advertising regulations are not necessary’</td>
<td>8</td>
<td>Alcohol Beverages Australia, Australian Wine Research Institute, Brewers Association of Australia, Drinkwise, NSW Wine Industry Association, Riverina Wine Grapes Marketing Board, Winemakers’ Federation of Australia, Wines of Western Australia</td>
</tr>
<tr>
<td>Industry assertion 5: ‘Minimum unit price and pricing and taxation policies more broadly are not needed’</td>
<td>8</td>
<td>Alcohol Beverages Australia, Australian Vignerons, Brewers Association, Murray Valley Winegrowers, NSW Wine Industry Association, South Australian Wine Industry Association, Winemakers’ Federation of Australia, Wines of Western Australia</td>
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underestimated (as is widely known to occur in self-reported alcohol use data) [34]. Furthermore, the results are now in line with the Australian Institute of Health and Welfare estimate of 5039 deaths from alcohol in 2011 [35] which is not referenced in the submission.

Many submissions claimed, without substantiating references, that population measures are ineffective at reducing consumption or harm. To argue their claim, the Alcohol Beverages Australia submission promoted weak evidence in the form of a cross-sectional study [36] that has been subsequently exposed to be scientifically flawed [37], while also ignoring the larger body of evidence demonstrating the effectiveness of population policies [4]. Additionally, the Brewers Association of Australia mimicked scientific critique by creating a graph that took results from the 2011 European School Survey Project on Alcohol and Other Drugs report [38] and overlaying it with a ‘control policies’ variable in an attempt to demonstrate that heavy episodic drinking amongst students is more prevalent in countries with strong alcohol policies; this data is not contained in the European School Survey Project on Alcohol and Other Drugs report and no supporting references were provided.

In fact, peer-reviewed, scholarly articles have consistently found that countries with higher scores on the Alcohol Policy Index (indicating that national alcohol policies are more comprehensive) have lower rates of adolescent drinking [39] and per-capita consumption [40].

The Brewers Association of Australia and the NSW Wine Industry Association claimed that targeted measures implemented by the alcohol industry, particularly through their SAPRO DrinkWise, have been effective at reducing alcohol consumption and harms in Australia. However, no evidence was provided to support this assertion, while studies show that SAPRO initiatives are significantly less effective at reducing motivations to consume alcohol and alcohol consumption itself [41] and are perceived to be more ambiguous and open to interpretation [42] than public health driven initiatives.

3.4 Industry assertion 4: ‘Strong alcohol advertising regulations are not necessary’

Eight submissions addressed alcohol advertising. A number of these submissions stated that alcohol advertising, sponsorship and promotions are not strong predictors of alcohol consumption, particularly amongst youth. The Brewers Association of Australia and Winemakers’ Federation of Australia emphasised complexity by presenting evidence on other factors that influence youth alcohol consumption, such as parental attitudes and peer pressure. While the findings of some of the individual papers cited were accurately reported, the submitters used them to argue that alcohol advertising is not an important factor in youth drinking. However, few of the cited papers included alcohol advertising as a variable, meaning that this assertion could not be tested or reported. The DrinkWise and Winemakers’ Federation of Australia submissions mimicked scientific critique by proposing that advertising cannot be an important factor because youth drinking is trending down while advertising has proliferated. These trends and the apparent links between them are simply presented as self-evident, however no evidence supporting this purported association was cited.

Several submissions also referred to weak evidence and selectively quoted evidence to argue against the link between alcohol advertising and consumption. For example, the Brewer’s Association of Australia refuted the findings of a systematic review by Anderson and colleagues [43] by claiming that a commentary by Nelson [44] examining the same issue found that the evidence is ‘inconclusive’. This commentary, however, did not involve a systematic search of the literature, with the included studies handpicked by the author, and as such is an example of weak evidence.

Additionally, the Brewers Association of Australia misrepresented evidence from another systematic review [45] by stating that the impact of advertising on alcohol consumption is a ‘matter of much debate’, whereas the authors actually concluded that ‘all seven studies demonstrated significant effects across a range of different exposure variables and outcome measures’ [45]. The Brewers Association also selectively quoted from a paper on exposure to alcohol advertisements and teenage alcohol related problems, stating that ‘causality cannot be verified’ without the full and necessary context: ‘Although causality cannot be verified in one observational study, the relevant theories and empirical evidence from the current prospective study and previous research are consistent with possible causal effects linking alcohol advertising to underage alcohol use and alcohol-related problems’ [46]. None of the industry submissions acknowledged the more recent systematic review of longitudinal studies which showed that youth who have higher exposure to alcohol advertising are more likely to engage in binge and hazardous drinking and initiate alcohol use [47].

Many of the submissions also stated that Australia’s current co-regulatory approach to alcohol advertising is sufficient, without providing any evidence to demonstrate that this approach is effective in reducing alcohol-related harms. The submitters made these claims despite the strong body of evidence demonstrating that quasi-regulatory, industry-led approaches to alcohol advertising, both in Australia and internationally, are ineffective at protecting consumers [15, 48–52].
3.5 | Industry assertion 5: ‘Minimum unit price and pricing and taxation policies more broadly are not needed’

Eight submissions addressed MUP. Alcohol Beverages Australia claimed that these policies are ineffective at reducing consumption and harms from alcohol, describing the Sheffield Alcohol Policy Model as ‘scientifically disproven and derided’ without substantiation for this claim. Alcohol Beverages Australia also misinterpreted strong evidence by claiming a study on MUP in British Columbia that adjusted for underlying trends, other policy changes and regional differences ‘manipulated’ the data, when the approach of adjusting for covariates and confounders is best scientific practice [53, 54]. Alcohol Beverages Australia also mimicked scientific critique by inappropriately using raw data to try and disprove the effectiveness of the MUP in British Columbia.

The Brewers Association of Australia, along with the Murray Valley Wine Growers, NSW Wine Industry Association and the Winemakers’ Federation of Australia, claimed that an MUP and taxation policies more broadly are regressive and unfairly impact those in lower socio-economic groups, without references to substantiate their claims. The Brewers Association ignored the broader literature which demonstrates that alcohol-related harm contributes significantly to inequalities [55] and that any pricing policy, even if regressive, will likely lead to improved outcomes in terms of reduced health inequity.

The Murray Valley Winegrowers and Winemakers’ Federation of Australia accurately used evidence when they claimed that alcohol consumption is more prevalent amongst those in higher socio-economic communities. They inappropriately argued, however, that this means Australia should not introduce pricing policies by ignoring evidence that drinkers from low socioeconomic communities experience the most harm, even when consuming alcohol at equal levels [56, 57]. Thus, these submitters engaged in evidential landscaping. Australia Vignerons also made unsubstantiated claims about MUP by suggesting that it would lead to beverage substitution, and the NSW Wine Industry Association and Murray Valley Wine growers made unsubstantiated claims that MUP would unfairly disadvantage moderate consumers.

4 | DISCUSSION

This study describes five common assertions made by the alcohol industry in their attempts to influence the development of the Australian National Alcohol Strategy. The content of alcohol industry submissions was largely consistent, including through the explicit endorsement of industry peak body submissions, thus demonstrating a level of coordination between industry stakeholders. Through identifying these assertions, our study provides an understanding of the policy issues for which the alcohol industry is most concerted in directing their efforts. Unsurprisingly, the industry consistently argued for individual-level policies and criticised those which restricted or impeded their capacity to advertise or sell their products, as these are the policies which have been found to be most effective in reducing consumption [4]. It is interesting to note that submissions to the National Alcohol Strategy came primarily from the wine industry, perhaps as wine is the most commonly consumed alcoholic beverage in Australia [58, 59] and as is also taxed differently to other beverages [60]. As such, this segment of the industry may be most impacted by population-wide policies.

We also found that the alcohol industry consistently used the eight practices identified in Stafford and Colleagues’ framework [19]. Our results build on the Australian evidence on the industry’s systemic misuse of evidence, and they also align with findings from the United Kingdom [9, 15, 61] and globally [18], demonstrating a consistency in industry practices. Our findings suggest that those reviewing submissions into consultations must take caution interpreting the evidence presented by the industry and review cited evidence to assess if data is accurately represented and interpreted and whether conflicts of interest are presented by study authors. This is further supported by recent evidence that analysed submissions into two alcohol advertising policy consultations and showed that the industry consistently emphasised industry-linked research rather than systematic reviews authored by individuals with no apparent conflicts of interest [62].

Overall, the alcohol industry’s use of a range of practices, such as mimicking scientific critique, misrepresenting strong evidence and evidential landscaping, can be seen as an attempt to position themselves as legitimate stakeholders in alcohol policy debates. By constructing an image of themselves as credible contributors to such debates, the industry then casts doubt on the effectiveness of evidence-based policies using the practices explored in this paper. Unsurprisingly, these tactics are borrowed directly from the tobacco industry, who claimed unintended consequences of tobacco policies without evidence [63], promoted weak evidence and misrepresented strong evidence [17, 64, 65], amongst other techniques, all with the aim of creating doubt and stalling government regulatory action [17, 64]. This demonstrates the need for tighter regulation of the alcohol industry, akin to the regulation of the tobacco industry under the Framework Convention on Tobacco Control [66, 67].
There are several limitations of our study. We only had access to publicly available submissions. Future studies could undertake interviews with key policy stakeholders to understand how the industry frame policy issues or otherwise influence policy in more private fora. Additionally, at the time of writing this paper, the consensus document used by previous studies analysing submissions, Alcohol, No Ordinary Commodity [15] was 11 years old, and thus we relied on our expert knowledge of the evidence-base, rather than a consensus document, which may pose a limitation.

Overall, our study demonstrates that the alcohol industry continue to manipulate, misuse and ignore evidence in attempts to influence policy. The submissions analysed here likely represent only a fraction of the total influence the alcohol industry has in public policy processes through, for example, lobbying, political donations and shaping public discourse. Understanding the policy issues raised by industry provides a useful starting point for developing a toolbox to categorise and scrutinise likely industry arguments, allowing the public health community to pre-emptively counter their claims with consistent and credible evidence.

**AUTHOR CONTRIBUTIONS**

Mia Miller and Michael Livingston conceptualised the study, and Cassandra C. J. Wright assisted with the development of the methodology. Mia Miller and Damian Maganja undertook the coding and data analysis. Mia Miller prepared the original draft, and Michael Livingston, Cassandra C. J. Wright and Damian Maganja reviewed and edited the paper. Each author certifies that their contribution to this work meets the standards of the International Committee of Medical Journal Editors.

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**CONFLICT OF INTEREST STATEMENT**

The authors declare no conflicts of interest.

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**REFERENCES**

29. Leonard K, Quigley B. Thirty years of research show alcohol to be a cause of intimate partner violence: future research needs to identify who to treat and how to treat them. Drug Alcohol Rev. 2017;36:7–9.
52. Australian National Preventive Health Agency. Alcohol advertising: the effectiveness of current regulatory codes in addressing community concern. 2014.
54. Pourhoseingholi MA, Baghestani AR, Vahedi M. How to con-
55. Probst C, Roerecke M, Behrendt S, Rehm J. Socioeconomic dif-
fferences in alcohol-attributable mortality compared with all-
58. Wine most popular, but beer most drunk [press release]. 2018.
flinders.edu.au/kb/alcohol/consumption-patterns/drinking-
habits-of-australians
60. Parliamentary Library. Alcohol taxation reform: consider-
63. Freeman B, Hagan K, Barnsley K, Winstanley M. The argu-

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