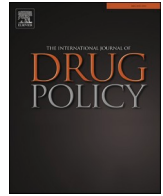


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Research Paper

Influencing the global governance of alcohol: Alcohol industry views in submissions to the WHO consultation for the Alcohol Action Plan 2022-2030

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ABSTRACT

Background: In 2020, the Secretariat of the World Health Organization (WHO) conducted an open consultation, with public submissions, for the purpose of developing an Alcohol Action Plan to “strengthen implementation” of the WHO’s 2010 Global Strategy to Reduce the Harmful Use of Alcohol. The consultation process and public submissions provided an opportunity to critically examine alcohol industry perspectives and arguments in relation to the global governance of alcohol.

Methods: 48 alcohol industry submissions to the WHO’s 2020 consultation were included for analysis. Directed content analysis was used to examine the policy positions and arguments made by industry actors. Thematic analysis was employed to further explore the framing of industry arguments.

Results: In framing their arguments, alcohol industry actors positioned themselves as important stakeholders in policy debates; differentiated “normal” drinking from consumption that merits intervention; argued that alcohol policy should be made at the national, rather than global, level; and supported industry self-regulation or co-regulation rather than cost-effective public health measures to prevent harms from alcohol.

Conclusion: The alcohol industry’s submissions to the WHO’s 2020 consultation could be seen as efforts to stymie improvements in the global governance of alcohol, and repeats several framing strategies that the industry has used in other forums, both national and global. However, their arguments appear to have had little traction in the creation of the Alcohol Action Plan. Changes from the Working Document to the adopted Action Plan show little acceptance by WHO of industry arguments.

Introduction

The World Health Organization (WHO) is the only global intergovernmental agency with a (mostly) continuing interest in alcohol and its associated problems, although it is operating in this area with meagre resources (Room, 2021). In 2010, alcohol caused an estimated 2.5 million deaths per year and was the third leading risk factor for poor health (World Health Organization, 2010). This consideration, amongst others, led the WHO to adopt the Global Strategy to Reduce the Harmful Use of Alcohol (World Health Organization, 2010) (Global Strategy). The WHO intended that the Global Strategy would “support and complement public health policies in Member States” (World Health Organization, 2010, p. 8). However, the Global Strategy assumed an

ambivalent attitude towards the alcohol industry by emphasizing its economic contribution to the community (World Health Organization, 2010, p.10, para. 6(d)).

Since adoption of the Global Strategy in 2010, extensive research has been conducted into the operations, strategies, and policy impacts of commercial actors—including those in the alcohol industry—to better understand “the systems, practices, and pathways through which commercial actors drive health and equity” (Gilmore et al., 2023). Driven by deep concern regarding the influence of commercial interests on alcohol policy development at national and global levels (Babor et al., 2022; Leung, 2021), the “commercial determinants of health” approach has included extensive study of the “political practices” (Gilmore et al., 2023) of the alcohol industry at a national level (see, e.g., Hawkins &

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Holden, 2014 (Scotland); Hawkins et al., 2021 (England); Hawkins & McCambridge, 2019 (England); Vallance et al., 2020 (Ireland); Lesch & McCambridge, 2022 (Ireland); Millot et al., 2022 (France); Zatoński et al., 2018 (Poland); Paixão & Mialon, 2019 (Portugal); Pinsky et al., 2022 (Brazil); Kyprilou et al., 2014 (New Zealand); Stafford et al., 2020 (Australia); Miller et al., 2021 (Australia)), and increasing attention to industry efforts in low- and middle-income countries (Jernigan & Babor, 2015 (Africa); Morojele et al., 2021 (Sub-Saharan Africa); Babor et al., 2015 (Sub-Saharan Africa); Juma et al., 2018 (Kenya, South Africa, Cameroon, Nigeria, and Malawi); Bakke & Endal, 2010 (Lesotho, Malawi, Uganda, and Botswana); Sornpaisarn & Kaewmunkun, 2014 (Thailand). In a systematic review of 20 such studies in 2018, McCambridge et al. identified common framings used by alcohol industry actors concerning “policy actors”, “policy problems” and “policy positions” (McCambridge et al., 2018). McCambridge et al. concluded that “[a]lcohol industry actors are highly strategic, rhetorically sophisticated and well organized in influencing national policymaking” (McCambridge et al., 2018), thereby shaping “norms” in the “interest of the commercial elite” (Gilmore et al., 2023).

There has, however, been considerably less research on the methods and arguments used by the alcohol industry to influence the “global governance” of alcohol. The main aim of this paper is therefore to better understand which industry actors are engaging at this level; the positions, arguments, and framing that they are adopting; and their impact on the development of alcohol-related norms in the WHO. “Global governance” can be defined as “the sum of laws, norms, policies, and institutions that define, constitute, and mediate relations among citizens, society, markets, and the state in the international arena” (Thakur & Weiss, 2010, p. 6). Alcohol has been called “global health’s blind spot” (Marten, Herrera Amul & Casswell, 2020); yet, until recently, global governance has also been a blind spot for alcohol researchers. This situation is starting to change, with researchers becoming more interested in the governance of alcohol at a global level (Jernigan & Trangenstein, 2020; Hepworth et al., 2021; O’Brien, 2021; Room, 2021; Slattery, 2021). After approval of the Global Strategy in 2010 (Babor et al., 2013), research began to emerge regarding how the alcohol industry operates in global governance forums: how it seeks to influence processes, deliberations, and outcomes in these forums (Zeigler & Babor, 2011); whether the industry’s involvement at a supranational level “may be importantly different” to that at a national level (McCambridge et al., 2018; McCambridge et al., 2020); and the appropriateness of that involvement (Monteiro, 2011). Commercial interests are not straightforward to study at a global level, due to the state-centric orientation of international law, and the lack of transparency requirements found in global governance compared to national legal systems. The research to date has concluded that the industry is active across inter-governmental organisations, including the WHO (Leung, 2019; Leung, 2021; Rinaldi et al., 2022), the World Trade Organization (WTO) (Barlow et al., 2022), and the UN Summit on non-communicable diseases (Zeigler & Babor, 2011; Cohen, 2011).

Industry actors are also parties to public-private partnerships (Buse & Walt, 2000; Parker et al., 2019), such as Heineken with the Global Fund (Marten & Hawkins, 2018) and Anheuser-Busch with the United Nations Institute for Training and Research (Hoe et al., 2020; Pinsky et al., 2020). Research has started to reveal the identity of actors involved in global governance forums (Leung, 2019; Leung, 2021), including the Distilled Spirits Council of the United States (Lesch & McCambridge, 2023; Zeigler, 2009). In 2022, Rinaldi et al. produced the first detailed analysis of the types of arguments being made by the alcohol industry in global governance forums, through a study of the WHO’s 2019 consultation on the operation of the Global Strategy (Rinaldi et al., 2022).

To achieve our study aims, we analysed alcohol industry submissions to an open consultation conducted by the WHO Secretariat in 2020 (2020 consultation) (World Health Organization, 2020a; World Health Organization, 2020b) for the development of a new global policy

instrument—an action plan to “strengthen implementation” of the 2010 Global Strategy (Alcohol Action Plan). Due to concerns about the slow progress being made with implementation of the Global Strategy, WHO’s Executive Board charged the WHO Secretariat with responsibility for creating a draft of the Alcohol Action Plan as a “public health priority” (World Health Organization Executive Board, 2020, p.1). The 2020 consultation was part of the WHO Secretariat’s process for the production of this new instrument—the public submissions to the consultation provided an opportunity for this study to examine the alcohol industry’s activities in the WHO. The Alcohol Action Plan was ultimately approved by the World Health Assembly in May 2022 (World Health Organization, 2022a).

Methods

In order to develop the Alcohol Action Plan, the WHO Secretariat embarked on a major program of work that involved preparing a “WHO Working Document” (in the nature of a zero draft of the Alcohol Action Plan), and multiple rounds of consultations with various stakeholders, including WHO Member States, United Nations organisations, civil society organisations, academia, and economic actors (World Health Organization, 2020a). There were two major consultation processes to develop the Alcohol Action Plan. The first took place from November to December 2020 in relation to the WHO Working Document (World Health Organization, 2020a); the second was held from August to October 2021 in relation to the first draft of the Alcohol Action Plan (World Health Organization, 2021). The submissions to the first consultation on the WHO Working Document are the only ones publicly available and are the subject of this study. The submissions to the second consultation have not been released by WHO.

The WHO received a total of 253 submissions¹ to the 2020 consultation on the WHO Working Document (World Health Organization, 2020b). The web-based consultation asked stakeholders to respond to a single prompt: “We have read the Working Document for development of an action plan to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol and have the following comments and suggestions for consideration” (World Health Organization, 2020b). The WHO Working Document proposed that the scope of the Alcohol Action Plan should be “specific actions and measures to be implemented at global level [by the WHO Secretariat], in line with key roles and components of global action as formulated in the Global Strategy” (World Health Organization, 2020a, p. 6). It “proposed actions for Member States, international partners and non-State actors to be considered for implementation at the national level” (World Health Organization, 2020a, p. 6). The WHO Working Document established six action areas, and proposed draft targets and actions for each area. These action areas included only limited roles for “economic operators” (i.e., alcohol industry actors) (World Health Organization, 2020a).

Our research team downloaded the submissions when these were made publicly available via the WHO website on 25 February 2021 (WHO provided two PDF volumes comprising all documents submitted to the 2020 consultation) (World Health Organization, 2020b; World Health Organization, 2020c; World Health Organization, 2020d). Submissions were received from a range of organisations and stakeholders, including WHO Member States (through, for example, government departments), academic organisations and institutions, non-government organisations (health, welfare, and economic), and alcohol industry actors (Centre for Alcohol Policy Research and La Trobe University, 2022). Table 1 shows the proportions of submissions received from various organisational types.

The research team identified all submissions made by “core” alcohol

¹ The WHO website states that 253 submissions were received; however, only 251 submitters are listed in the two available volumes (WHO, 2020c; WHO, 2020d).

Table 1

Submissions to the WHO consultation (Nov-Dec 2020) on the working document to develop the action plan to strengthen the Global Strategy (n=251).

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

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

industry actors (classified by WHO as “Private Sector Entities” and referred to in this article as “PSE-Alc”). These included alcohol industry trade associations, major alcohol producers, and alcohol retailers. Following a “supply chain” approach to the alcohol industry (Sayes et al., 2023), the research team also identified submissions from a range of non-state actors who gain economically from the alcohol industry (referred to in this article as “PSE-Other”), including public relations organisations directly funded by the alcohol industry (e.g., Drinkwise Australia; Educ'alcohol),² business associations, and advertising-media organisations.

Most alcohol industry actor submissions were readily identifiable as such (e.g., Hellenic Association of Brewers). Where the identity was less clear (e.g., names in languages other than English and names not immediately associated with alcohol), the research team confirmed connections to the alcohol industry through an examination of the organisation's website.

We initially identified a total of 60 alcohol industry actors who provided submissions to the 2020 web-based consultation. Table 2 presents characteristics of the submissions and the alcohol industry actors: language of the submission, the organisation's jurisdiction, its arena of operation, and associated beverage type. In composing the final dataset, Spanish-language submissions were excluded (n=10). A further two submissions were excluded as these were made by government-run monopoly alcohol retailers (Finland and Sweden), whom we considered not to represent the views of the broad alcohol industry sector.

After excluding these twelve submissions, our final dataset for analysis comprised 48 submissions from actors that we refer to as the “alcohol industry” or “alcohol industry actors”, being:

- 38 submissions made by “core” alcohol industry actors (i.e., producers, retailers, trade associations); and

² These organisations identify themselves as ‘Social Aspects Organisations’. In this article, we designate them as ‘Public relations’ organisations.

Table 2

Submissions from alcohol industry actors (n=60).

Submission and organisation characteristics	n	%
Language of submission		
English	49	81.6
English (first page) and French	1	1.6
Spanish	10	16.7
Jurisdiction		
Europe	31	51.2
UK & Ireland	5	8.3
Africa	1	1.7
North America	4	6.7
Caribbean	3	5.0
Central & South America	11	18.3
Asia (North-East; South-East; South)	1	1.7
Australasia	4	6.7
Arena of operation/remit		
National (includes 1 local)	48	80.0
Regional	4	6.7
Global	8	13.3
Beverage Type (PSE-Alc only, n=46)		
Beer	16	34.8
Wine	4	8.7
Spirits	14	30.4
Wine and Spirits	4	8.7
All beverage types	8	17.4

- 10 submissions made by “other” alcohol industry actors (i.e., organisations that directly gain, or stand to gain, from the alcohol industry, including public relations, media, advertising, and general business associations such as chambers of commerce).

Data management and coding

We converted the PDF files to readable text (saved as two MS Word files). Word files for each alcohol industry actor were then imported into NVivo 20 (QSR International, 2021) for data management and coding. An Excel spreadsheet was created to record general information about the submitting alcohol industry actor, including: name; purpose; organisational type (e.g., trade association, major producer); jurisdiction in which it was based; arena of operation (national, regional, global); and associated beverage type (see Supplementary Material 1). A summary of the key topics, arguments, and concerns raised in their submission was also recorded in the spreadsheet.

Analysis

We undertook a directed content analysis (as described by Hsieh & Shannon, 2005) and a thematic analysis (following the method described by Braun & Clarke, 2006), both of which entailed a process of deductive and inductive coding. We commenced with the development of a comprehensive deductive coding framework, drawing on coding frameworks from relevant theory and previous research (e.g., McCambridge et al., 2013; Stafford et al., 2020), and codes derived from aspects of the Working Document and the Global Alcohol Strategy which the submissions were expected to address. Inductive codes were added as analysis proceeded, and novel analytic categories and themes were identified. The final coding framework is provided in Supplementary Material 2. Deductive codes included those related to the Working Document's Action Areas and the Global Alcohol Strategy's Strategic Areas. Codes for the framing of arguments were based on theory and previous research (e.g., McCambridge et al., 2013; Stafford et al., 2020), and iteratively adapted to fit the data as the analysis progressed. Inductively generated codes covered arguments about global governance instruments.

Once key industry arguments and preferred strategies had been identified through coding in NVivo, we created additional fields in the Excel spreadsheet to record the presence/absence of this content in the

submissions of each alcohol industry actor. Simple descriptive statistics are presented from content analyses of the policy positions endorsed by the industry, and the types of arguments made in support.

A further stage of thematic analysis examined the data corpus for patterned responses regarding the framings of industry arguments and concerns, and grouped these into key themes. Themes were developed collaboratively in discussions between the research team members and informed by existing literature on policy-related strategies of alcohol industry actors (e.g., [McCambridge et al., 2013](#); [Stafford et al., 2020](#)). Four key themes were identified. These concerned:

- the positive role of industry in alcohol policy and its contributions to society;
- the framing of the alcohol problem as being about harms and not consumption;
- the rejection of global governance approaches to alcohol policy; and
- the rejection of the validity of WHO's preferred strategies for alcohol policy.

After providing some general descriptives on the industry actors who submitted to the consultation, we consider each of these themes in turn in the next section.

Results

Submitters

Submissions from alcohol industry actors constituted 23.9% of all submissions to the 2020 consultation. Submissions from health-focused non-government organisations formed the largest category of submitters, at 43.8% of submissions. Of note are the 10.8% of submissions from other entities, most of whom were free-market economic think tanks ([Leung, 2021](#)) (see [Table 1](#)).

[Table 2](#) presents characteristics of the 48 included submissions from the core alcohol industry actors [PSE-Alc] and other actors associated with the alcohol industry [PSE-Other]; the organisation's jurisdiction; its arena of operation; organisation type; and associated beverage type.

Of the 38 core alcohol industry actors, 60.5% (n=23) were from Europe. Three of the ten other alcohol industry actors were also from Europe. Most submitting organisations were national operations with 73.6% (n=29) of the core alcohol industry actors and seven of the ten other alcohol industry actors having a national-level remit. For producer types, brewers were the largest group, making up 39.5% of the core alcohol industry actors (n=15). Spirits manufacturers were also active submitters, comprising 31.6% of the core alcohol industry actors (n=12).

Submissions ranged in length from less than one to twelve pages. Six submissions (12%) comprised between one and two pages, and seven (15%) were between 10 and 12 pages. The median length of submissions was six pages. It should be noted that, due to the markedly varying formatting used in the submissions (e.g., inclusion of graphs, use of double spacing), the number of pages provides only an approximate sense of the length of submissions.

Key arguments

Having analysed the submissions, it was evident that several arguments featured prominently in the alcohol industry's submissions to the consultation. The arguments can be grouped as follows.

- (a) *Support for the role of the alcohol industry in alcohol policy development and as part of the "whole society"*

The most consistent and recurrent argument made across the industry's submissions relates to the industry's role in the development and implementation of the Alcohol Action Plan, and regarding alcohol

policy more generally. A significant majority (89.6%, n=43) of alcohol industry actors challenged the WHO Working Document for what they identified as its marginalisation of industry from global alcohol policy-making. For example, the Polish Spirits organisation concluded its submission with this statement:

To summarize economic operators should not be excluded from the [Action Plan] (World Health Organization, 2020d, p. 254).

In making their arguments, alcohol industry actors frequently quote the Working Document references to a "whole of society" approach ([World Health Organization, 2020a](#), p. 15) to argue that they should not be "isolated" or "limited" from contributing to efforts to reduce alcohol-related harm. This argument is illustrated by the following extract from the public relations organisation, International Alliance for Responsible Drinking:

[T]he [Action Plan] should not be used to [...] undermine the whole-of-society approach by isolating the role of economic operators, limiting economic operators' ability to positively and proactively engage with all stakeholders involved in a whole-of-society approach, or question the positive role that beer, wine, and spirits producers can play in efforts to reduce harmful drinking (World Health Organization, 2020c, p.677).

Almost two-thirds of the alcohol industry submitters (62.5%, n=30) rejected the notion that there is a conflict between the interests of industry actors and the public health interest in alcohol policy. For example, the European Committee of Wine Enterprises [CEEV] wrote:

The [Working Document] claims the existence of a conflict of interests arguing, without citing evidence, that "a significant proportion of alcoholic beverages are consumed in heavy drinking occasions and by people affected by AUD, illustrating the inherent contradiction between the interests of alcohol producers and public health". In addition, there are several references in the [Working Document] to "interference by commercial interests" (World Health Organization, 2020c, p. 292). [Quoted text is from the Working Document (World Health Organization, 2020a, p. 4).]

These submitters, therefore, challenged the idea of their exclusion from the policy space and the WHO's processes for developing the Alcohol Action Plan. The primary purpose of the industry's submissions to the 2020 consultation appears to have been assuring the industry's place in the WHO's ongoing work relating to the Alcohol Action Plan and the Global Strategy. Across many submissions, using different language and examples, the industry actors argued that they had important insights to share which would create a "win-win" alcohol policy for all (e.g., Association of Slovene Brewers: [World Health Organization, 2020c](#), p. 362). They also claimed that their exclusion would be inconsistent with the approach taken by the WHO in the Global Strategy, and in other UN contexts, including the UN Development Program (e.g., CEEV: [World Health Organization, 2020c](#), pp. 290-295). This is also evident in the following extract from the submission made by the Distilled Spirits Council US:

The Global Strategy acknowledged that the alcohol industry has a role in helping to secure the shared goal of reducing harmful use of alcohol, including through self-regulatory actions and initiatives. This role was reaffirmed in the 2018 Political Declaration of the Third High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (NCDs), and the Final Report of the WHO High-Level Commission on NCDs recommended further strengthening WHO's engagement with the private sector, including through public-private partnerships. This inclusive approach should be reflected in revisions to the [Working Document] (World Health Organization, 2020c, p. 399).

The industry further sought to buttress their claims about the importance of their inclusion in the processes by attempting to underscore their major contributions to public health efforts directed at reducing alcohol-related harms. Eighty-three per cent of all alcohol industry submissions (n=39) represented their specific industry (e.g.,

brewers), or the alcohol sector in general, as being socially responsible and committed to reducing harms associated with alcohol. For example, in a joint submission, the British Beer and Pub Association, the Society of Independent Brewers, and the Campaign for Real Ale listed their contributions as including:

Support for the Public Health UK Government Responsibility Deal (PHRD) via a specific, targeted pledge to remove alcohol units from the market.

Voluntary labelling of additional health related information on alcohol beverage labels, including alcohol unit indications, responsibility messaging (World Health Organization, 2020c, p. 255).

Drinks Ireland pointed to the industry's harm-reduction campaigns and programs, stating:

The drinks industry has made a positive contribution to reducing the harmful use of alcohol which has been done through its own expertise on analysing consumption behaviour. This [W]orking [D]ocument should acknowledge the industry's track record on executing campaigns and programmes designed to reduce alcohol related harm and not portray the drinks sector as a barrier to progress (World Health Organization, 2020c, p. 410).

The majority of industry actors (83%) also noted the "important contributions" that the industry made to society, which extended beyond interventions to address alcohol-related harm. These submissions regularly highlighted the important economic role that the alcohol industry played in society as an employer and contributor to the economy, especially to local communities in which manufacturers were based (e.g., Belgian Brewers: World Health Organization, 2020c, p. 208). In the context of Brazil, Sindicato Nacional da Indústria da Cerveja submitted that the beer industry is essential to the country's achievement of "sustainable development" (World Health Organization, 2020d, p. 364). The arguments went beyond the economic contribution of the alcohol industry and included their contribution to society more broadly. DrinkWise Australia argued:

[T]he alcohol manufacturing industry, wider retail and hospitality industries, advertising, broadcasting and sporting industries play a significant role in Australia's economy and social fabric (World Health Organization, 2020c, p. 418).

Submissions reinforced these arguments by referring to the COVID-19 pandemic and the role that the industry had played in responding to the pandemic. For example, the International Alliance for Responsible Drinking submitted that:

[O]ur beer, wine, and spirits producers have made numerous contributions to communities' efforts to fight the pandemic, including supplying of 700 million bottles of hand sanitizer, supporting the hard-hit hospitality industry of over \$125 million, and providing additional financial contributions totalling over \$40 million, with the majority directed towards community relief efforts, delivering healthcare, and new COVID-19 research (World Health Organization, 2020c, p. 681).

(b) *Insistence that alcohol policy should "focus on harm not consumption"*

A dominant argument across the alcohol industry actors' submissions was the insistence that the Alcohol Action Plan should focus on "reducing the harmful use of alcohol and not on consumption" (e.g., Alcohol Beverages Australia: World Health Organization, 2020c, p. 67). This argument was made in 79.5% (n=38) of the alcohol industry's submissions. The centrality of this framing for alcohol industry actors was evident in its positioning and emphasis within the submission—it was either noted on the first page, listed as the first of the submitting organisation's "concerns," or presented in a specific section within the submission through the use of subheadings or bold/underlined text. For example, on the first page of their submitted attachment, the Distilled

Spirits Council of US wrote:

[O]ur comments on the current [W]orking [D]ocument will focus on several key concerns:

I. The [W]orking [D]ocument uses terminology imprecisely and does not consistently reflect the Global Strategy's appropriate and specific focus on reducing "harmful use of alcohol" (World Health Organization, 2020c, p. 394).

To make the case for a focus on harm rather than consumption, alcohol industry actors employed two distinct but interrelated strands of argument. First, they argued for a clear differentiation between harm and consumption, noting that harm varied by both consumption patterns (heavy to light drinking) and beverage type, and emphasising that moderate or "responsible" drinking is possible and non-problematic. For example:

Total alcohol per capita consumption alone is not an adequate indicator of the harmful use of alcohol, as it does not differentiate among light, moderate, and heavy drinking [FIVS] (World Health Organization, 2020c, p. 477).

Drinking patterns of various types of alcohol determine the potential degree of related hazards and health risks. Alcohol policy should put the spotlight on eliminating at-risk and harmful drinking, which are directly responsible for damage to health and the society at large [Polish Brewers Association] (World Health Organization, 2020d, p. 248).

The alcohol industry's submissions characterised drinking that was not "excessive" as non-problematic. Indeed, in the case of wine drinking, it was even framed "as part of a healthy diet and lifestyle" [Federacion Española del Vino] (World Health Organization, 2020c, p. 465).

Secondly, many industry actors argued that the Working Document's shift to a focus on consumption contradicted the objectives of the Global Strategy, and was inconsistent with other WHO and UN agreements and declarations. Several alcohol industry submitters explicitly critiqued what they saw in the Action Plan document as the conflation of harm with consumption.

The conflation of harmful alcohol consumption and per capita consumption of alcohol is in contradiction to the title and primary objective of the Global Strategy to Reduce the Harmful Use of Alcohol [Drinks Ireland] (World Health Organization, 2020c, p. 410).

This shift in focus from the harmful use of alcohol to per capita consumption contradicts not only the GAS but also the Member State endorsed Global Action Plan on Non-Communicable Diseases (NCDs), the Political Declaration of the 2018 High Level Meeting on NCDs, and UN Sustainable Development Goal 3.5 [Distilled Spirits Council of the US] (World Health Organization, 2020c, p. 395).

(c) *Rejection of global governance approaches to alcohol policy*

A majority (62%) of alcohol industry submitters argued against alcohol being subject to global governance, instead arguing for national and sub-national responses to alcohol problems specific to the social and cultural circumstances at a country level. Multiple submitters emphasised that there cannot be a "one-size fits all" approach to alcohol policy, and insisted that social and cultural differences between countries mean that different approaches are required. For example:

The World Health Organization must cover the whole planet and its actions must be applicable on all continents and in all countries. Yet, we must all keep in mind that there are many contexts, many cultures, many legislations, many situations in the world and no [A]ction [P]lan can limit itself to a sweeping statement with "one-size-fits-all" measures [Educ'alcohol] (World Health Organization, 2020c, p. 426).

The identification of high impact policy options should be done at national or regional level to better adapt efficient solutions to the national or regional specificities including socio-economic and cultural. No “one size fits all” approach should be adopted [Comité Européen des Entreprises Vins] (World Health Organization, 2020c, p. 291).

Pernod Ricard similarly called for the WHO to allow “differentiated solutions to fit within the national context” (World Health Organization, 2020d, p. 240). The argument is that because social and cultural differences are so pertinent to the design of effective alcohol control measures, there would be limited utility in a multi-lateral global governance approach that focuses on cross-country, in both defining the problems of alcohol-related harm, and scoping the possible solutions to them.

(d) *Opposition to WHO's preferred strategies to address alcohol consumption and harm*

A substantial proportion of alcohol industry actors resisted the proposed focus on the five SAFER strategies prioritised by WHO:

- Strengthen restrictions on alcohol availability
- Advance and enforce drink-driving countermeasures
- Facilitate access to screening, brief interventions and treatment
- Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion
- Raise prices on alcohol through excise taxes and other pricing policies (World Health Organization, 2018).

Fifty per cent of the alcohol industry submitters (n=24) questioned a primary or sole focus on the SAFER initiatives to the exclusion of other policy options. For example:

The Working Document promotes and elevates over other possible interventions the SAFER initiative, a narrow and prescriptive approach which includes as policies, higher taxes, advertising bans, and increased restrictions on availability. SAFER has not been endorsed by Member States, and its positioning as a priority action invalidates the Global Strategy's flexible menu of policy options appropriate to national, cultural, regulatory and local context [Beer Canada] (World Health Organization, 2020c, p. 202).

Many submissions were concerned with the SAFER strategies relating to advertising and taxation. There was particularly strong opposition to banning or further government regulation of alcohol marketing. The common line across the submissions was that alcohol industry actors were responsible advertisers, who never marketed to children, and who had implemented highly effective self-regulatory advertising codes across many countries (e.g., Drinks Ireland: World Health Organization, 2020c, p. 412). There were also common claims of no link between alcohol advertising and consumption (e.g., Bundesverband der Deutschen Spirituosen: World Health Organization, 2020c, p. 261; Distilled Spirits Council: World Health Organization, 2020c, pp. 398-399). The International Alliance for Responsible Drinking further claimed that:

[R]ather than prohibiting the use of digital marketing, the [A]ction [P]lan should be used to highlight how the effective use of digital marketing can support the goals set out in the Global Strategy (World Health Organization, 2020c, p. 682).

There were also submissions about the use of pricing policies and strong opposition to the use of taxes. Multiple submitters claimed that increasing taxes on alcohol had no impact on the harmful use of alcohol, and that increased taxation fuelled the illicit trade in alcohol. For example:

An increase in excise duty on alcohol is a blunt instrument that is unlikely to have a long-term impact – especially in a country like Ireland which is

likely to see the standard of living and wealth of society increase in the coming years. There is little correlation between excise increases and the decline in alcohol related harm or reduction in per capita consumption [...] Whilst there has [sic] been no increases in excise in Ireland since 2013, consumption per capita has steadily declined. Excise increases are a regressive tax that tend to have a greater impact on those from a lower socio-economic background and moderate drinkers [Drinks Ireland] (World Health Organization, 2020c, pp. 412-413).

In Europe, increases in excise have often been accompanied by increases in parallel trade, spikes in consumption of illicit or unrecorded alcohol, a consumer practice which is “associated with significant health risks and challenges for regulatory and law enforcement sectors of governments” in [the WHO Working Document] [Spirits Europe] (World Health Organization, 2020d, p. 391).

Discussion

In this section of the paper, we discuss the similarities and differences in the alcohol industry's national and global advocacy practices, by comparing the alcohol industry positions, arguments, and framings used in the 2020 consultation, with those found in other studies on the alcohol industry in national policy contexts. We then examine the impact of the industry's submissions on the WHO's norms by scrutinising the extent to which the industry arguments were reflected in the final text of the Alcohol Action Plan.

Comparison of industry arguments at the global and national levels

The industry's desire for influence at a national level is evident in the 2020 consultation through industry efforts to be part of “the process of conceiving, framing, constructing and negotiating new norms [which] is long, complex, contingent and indeterminate” (Stoeva, 2020). To this end, the submissions to the 2020 consultation were made by a more diverse range of commercial actors (including alcohol producers, alcohol trade associations, chambers of commerce, and marketing organisations: see Lacy-Nichols et al., 2023), than those active at the time that the Global Strategy was approved (Monteiro, 2011; Zeigler & Babor, 2011). These actors deployed arguments that have been used in industry “political practices” (Gilmore et al., 2023) at a domestic level. Rinaldi et al. identified similar positions adopted by the industry in a 2019 consultation by the WHO on the implementation of the Global Strategy (Rinaldi et al., 2022). As discussed below, the submissions to the 2020 consultation reflect many of the “policy framing strategies” found in the systematic review of domestic alcohol policy-making by McCambridge et al. (2018), including those relating to (1) “policy actors,” (2) “policy problems,” and (3) “policy positions.”

Policy actors—industry as a key actor: Insistence on a central role for the alcohol industry in alcohol policy is a longstanding policy-framing strategy advanced in many different policy-making forums at the national level, along with related arguments that industry actors are responsible and significant economic actors (McCambridge et al., 2018). This framing strategy also featured in the industry submissions to the WHO 2019 consultation on implementation of the Global Strategy, with alcohol industry actors arguing that a wide array of stakeholders should work in partnership on alcohol policy-making, including industry (Leung, 2019; Rinaldi et al., 2022). It is therefore not surprising that these arguments were also advanced in the industry submissions to the 2020 consultation, with multiple submissions directly claiming that industry involvement in alcohol policy development and implementation presented no conflict of interest. What was surprising in our study, however, was the prominence of these arguments—they were consistent and recurrent, used by almost 90% of alcohol industry actors, and suggested that maintaining their seat at the table was the alcohol industry's primary concern in the consultation. This preoccupation in the industry submissions is consistent with Stoeva's idea that global norm formation

is a long-term process, involving multiple actors, at a global level (Stoeva, 2020). For industry, the submissions suggest that ensuring their continued place in WHO's processes for governing alcohol is a first-order priority, and a precondition to their engagement in other influencing activities.

Policy problems—"harmful use of alcohol" versus consumption: Previous studies have documented repeated use by the industry of arguments framing the policy problem in national policy forums as harmful use by a small subset of people who drink heavily, in contrast to "the moderate majority" (McCambridge et al., 2018). Leung (2019) and Rinaldi et al. (2022) observed this type of argument in the industry submissions to the 2019 WHO consultation on implementation of the Global Strategy, which urged WHO to emphasise the harmful use of alcohol by specific high-risk groups, or excessive alcohol use by those engaged in risky or "irresponsible" drinking behaviour (Petticrew et al., 2021). This framing then enables the industry to advocate for less effective policy solutions as discussed in the next section.

Policy positions—industry preference for ineffective strategies: A substantial proportion of alcohol industry actors opposed the proposed focus on the five SAFER strategies. By contrast, support for SAFER was common amongst civil society and governmental submitters, as found by Leung (2021). Although the precise tailoring of alcohol interventions to country and community contexts is critical, the general character of the SAFER interventions has universal purchase and points to the utility of global agreement and collaboration around alcohol policy. Consistent with findings from previous studies of alcohol industry lobbying in national settings (e.g., Cook et al., 2020; Hawkins & Holden, 2013; Hawkins and McCambridge, 2020; McCambridge et al., 2018; Miller et al., 2021; Rinaldi et al., 2022), industry actors in our study promoted individual harm reduction strategies (such as education and awareness campaigns, but not via health warning labels), industry self-regulatory mechanisms (Noel and Babor, 2017), and personal responsibility for alcohol consumption (Hawkins & Holden, 2013; McCambridge et al., 2018). McCambridge et al. (2018) suggest that this is because "[t]he policies regarded by the research community as most likely to be effective in reducing alcohol harms are those which regulate the behaviour of industry actors, such as controlling the availability and increasing prices of alcohol" (p. 1571). Gilmore et al. (2023) observe that corporations prefer interventions which "absolve" them (and governments) of blame, and which frame the solutions as "supposedly better choices" made by consumers.

Impact of the industry submissions on the WHO and the Alcohol Action Plan

The next question for our analysis relates to the impact of the industry's submissions on the norms articulated in the final version of the Alcohol Action Plan. No formal specific response to the 2020 consultation submissions was made by the WHO Secretariat to indicate how these had been understood, relied upon, or given weight. Instead, to gain some tentative insight into the impact that industry submissions had on the WHO's development of the Alcohol Action Plan, we adopted the following approach: (1) Studying how the contents of the Action Plan changed between the Working Document (which was a zero draft version of the Action Plan) and the final version of the Action Plan approved by the World Health Assembly; and (2) examining whether the industry made submissions on matters subject to change between the zero and final drafts of the Alcohol Action Plan. We acknowledge that drawing causal inferences about the industry's influence on the WHO is not possible, and that there may have been other interventions by industry (which were not publicly reported: see Leung & Casswell, 2022a), or other unrelated factors that influenced the WHO.

Taking into account these limitations, it could be concluded that the industry's submissions were not without impact on the drafting of the Action Plan. Although our findings suggest that the industry may not, at a global level in the WHO, be as "highly strategic, rhetorically

sophisticated and well-organised [as they are] in influencing national policy-making" (McCambridge et al., 2018). Our findings also point to the industry not being as influential in the WHO, in contrast to the findings of Barlow et al. (2022) in relation to the WTO, where considerable overlap was discerned in the positions taken by governments in the WTO, and those of industry in national policy processes, which pointed to the possibility of industry influence on government trade policy. Using the typology of "policy actors," "policy problems," and "policy positions" from above, we identify and discuss below several possible impacts of the industry's submissions on the WHO's Alcohol Action Plan, which we submit reveal the more muted influence of the industry in the WHO compared to national governance forums, where it is more overt.

Industry submissions on "policy actors"—industry as a key actor: It would appear that the industry submissions produced very meagre results in terms of the Action Plan being developed to better reflect industry positions and framings. So the question might be asked: why do they bother? Irwin and Smith (2019) interpret the proceedings of the World Health Assembly as a kind of "secular ritual," where participants tailor their performance "to fit into a global health liturgy." Perhaps something similar could be said of WHO's consultation and submission process, and the industry's perspective on it—it is worth the relatively limited effort involved, despite the lack of immediate payoff, to maintain a place at the table.

The industry was successful at maintaining a place for itself in global governance at the WHO, with the alcohol industry continuing to be part of the discussions relating to drafts of the Alcohol Action Plan, and being granted a role in each of the six action areas provided for under the Action Plan. There was considerable concern about the industry's conflict of interest in submissions made by other actors (WHO member states, NGOs, academia) to the 2020 consultation, as found by Leung (2021). Leung and Casswell (2022a) have argued that the WHO failed to adequately manage industry conflicts of interest in the processes associated with developing the Action Plan, thereby acting inconsistently with the WHO's Framework for Engagement with Non-State Actors (World Health Assembly, 2016). The WHO lacks an alcohol-specific policy on engagement with the private sector (cf tobacco and nutrition: see Collin, 2021), and the WHO Foundation has loosened its restrictions on accepting donations from the alcohol industry (Torjesen, 2019; Leung & Casswell, 2022b).

That said, the Alcohol Action Plan has greatly narrowed the role for industry compared to the Global Strategy, and now includes more warnings about the threats posed by industry interference in alcohol policy. In 2022, the Alcohol Action Plan highlighted "the inherent contradiction between the interests of alcohol producers and public health" (World Health Organization, 2022a, para. 14), arguing that "strong international leadership is needed to counter interference from commercial interests in alcohol policy development and implementation in order to prioritize the public health agenda in the face of the strong commercial interests associated with alcohol beverage production and trade" (World Health Organization, 2022a, para. 14). Action item 1 on "implementation of high-impact strategies and interventions" demands that economic actors "abstain from interfering with alcohol policy development and refrain from activities that might prevent, delay or stop the development, enactment, implementation and enforcement of high-impact strategies and interventions to reduce the harmful use of alcohol" (World Health Organization, 2022a, p. 14). These statements appear to signal a normative downgrade of the alcohol industry in the WHO, but the industry's exclusion is not complete—therefore, risks remain to alcohol policy making in the WHO (Severi, 2020).

Policy problems—"harmful use of alcohol" versus consumption: The fact that the title of the Global Strategy adopted in 2010 indicates that it was not about alcohol use as a whole, but rather "the harmful use of alcohol," was a substantial win for the industry and its position that public health action on alcohol should focus on the harmful consumption of alcohol, not alcohol per se (Room, 2005). However, this position is counter to

general public health prevention thinking and practice which prioritises preventive action before harm can occur, over remedial action when it has occurred (Jones et al., 2009). The common finding that the level of alcohol consumption in a population is related to, and indeed largely reflects, rates of problematic alcohol consumption (Room & Livingston, 2017) thereby justifies using per-capita consumption levels as an indicator for measuring change associated with the “harmful use of alcohol” in a population (Rehm et al., 2020).

The alcohol industry’s urgent reiteration in its submissions to the 2020 consultation that concern should be with harmful use, not use per se, suggests that the industry is losing ground in a public health context. Yet, the concept of “harmful use” was maintained in the Alcohol Action Plan in May 2022. In addition, the Working Document had included reductions in per-capita alcohol consumption as a “global target,” although it did not present this goal in percentage terms (World Health Organization, 2020a, p. 11). This target disappeared in the final version of the Alcohol Action Plan. However, the section on “Setting the Scene” inserted substantial discussion on the broad meaning attributed to “harmful use” by WHO, which included social and economic harms, and harms to others besides the person who drinks (World Health Organization, 2020a, pp. 2-3). Later in the Alcohol Action Plan, the WHO noted that “there is mounting evidence that any level of alcohol consumption is associated with health risks” (World Health Organization, 2020a, p. 5). Overall, it is unlikely that industry interests would consider the final Action Plan as an improvement, in terms of framing the problem of alcohol use.

WHO’s lukewarm reception of the industry’s argument arguably reflects broader changes in WHO’s position on alcohol, which were occurring at the time that the Action Plan was being drafted and finalised. By September 2022, the Regional Committee for WHO Europe had abandoned the formulation of “harmful use of alcohol” and adopted a “Framework for Action on Alcohol” (World Health Organization, 2022b; Movendi, 2022); a formulation that has been accepted by WHO’s headquarters in Geneva, and which may signal the future direction of alcohol policy at a global level.

Policy positions—industry preference for ineffective strategies: Despite the industry’s opposition to evidence-based measures, and its advocacy of ineffective strategies, the Alcohol Action Plan maintains a commitment to “high-impact policy options and interventions.” However, the SAFER initiative policies are no longer emphasised in the Alcohol Action Plan, although they are still mentioned. Furthermore, as found in research conducted by the Foundation for Alcohol Research and Education, some of the changes between the Working Document and the final version of the Alcohol Action Plan reduced the target for implementation and enforcement of high impact policies by the world’s countries from 80% to 70% (Foundation for Alcohol Research and Education, 2021). Between the drafts, reference to “legislative measures” being taken by countries to implement alcohol policies was also removed (Foundation for Alcohol Research and Education, 2021). The source and reasons for these changes are not known, but it is important for public health that legislation (a rule-making power only open to government) is used for alcohol policy, and that the trend in many countries to allow self-regulation by the alcohol industry is curbed, if negative commercial influences on health are to be properly constrained.

Limitations

We acknowledge that, as we did not review submissions in languages other than English, or submissions made to a further round of consultation by WHO in 2021 (which were not publicly available), we do not have a full picture of the submissions made by all alcohol industry actors interested in the WHO’s process of creating an Alcohol Action Plan. We also did not review submissions from other actors, such as WHO Member States and other entities, so we are not able to comment upon the similarities or differences between arguments made by the alcohol industry

and other submitters in this study. It is possible that some WHO Member States might have made similar arguments to the alcohol industry, given the convergence of commercial and governmental interests in alcohol production, sales, and export, as well as the influence and pressure that industry may bring to bear upon governments (Barlow et al., 2022; Miller et al., 2021). The submissions reviewed for this study only represent arguments placed on record by the industry, and do not include other arguments that may have made “off the record,” in written or verbal form, to the WHO.

We also acknowledge that, although we have offered some tentative insights into the impact of industry submissions on the final version of the Action Plan, we are not able to make claims about the causal relationship between the submissions and the final content of the Plan. The submissions provide some insight into the role of the alcohol industry in global governance, but further research is required to create a more complete picture of the strategies and methods deployed by the industry in global governance. These include which industry actors engage in global forums; how, when, and with whom they engage; the views of WHO officials on the proper role of industry and how the relationship with industry should be managed; the further impacts of engagement with industry on global governance; and the measures necessary to remove or regulate such engagement and influence.

Conclusion

The findings in this study reveal that commercial entities are active in the WHO and are intent upon shaping global norms on alcohol. In the context of the Alcohol Action Plan, the WHO has demonstrated some capacity to resist the influence of the alcohol industry. This resistance may reflect the dynamics that exist between Member States in the WHO. At the national level, single governments may find it more difficult to withstand the pressure applied by commercial actors. However, the strength in numbers that comes with membership of inter-governmental organisations may empower some Member States to better resist industry positions and arguments. In addition, Member States more likely to capitulate to industry in a national context may be influenced by fellow Member States who are adopting more public health-oriented policies. If these dynamics continue, the WHO may prove to be a productive forum for improving the global governance of alcohol in the interests of human health.

However, there are some challenges for the WHO in acting as the lead inter-governmental agency for alcohol policy. These are seen in the fact that, one year after the adoption of the Alcohol Action Plan by the World Health Assembly, WHO has still not published the Alcohol Plan or, to our knowledge, started to implement it for the period 2022-2030. This lack of action is presumably, at least partly, attributable to resourcing. Another major challenge for the WHO going forward will be to design a clearer, more conceptually sound model for determining the nature and extent of its engagement with the alcohol industry (Friel et al., 2023; Collin, 2021). Such a model should at least provide for greater transparency around WHO’s relationships with commercial actors. Strengthening these arrangements will be very important in the lead-up to 2030, when the WHO will review the Global Strategy, and reset the global governance arrangements for alcohol. There are many who hope that commitment to a treaty on alcohol—like the Framework Convention on Tobacco Control—will be supported by WHO Member States at that time (Room & Cisneros Örnberg, 2021). Any regulatory instrument of this nature—whether treaty, code, political declaration, or revised strategy, and whether it focuses solely on alcohol or adopts a broader frame to capture, for example, the commercial determinants of health (see Friel et al., 2023)—must be developed without interference from the alcohol industry and related commercial actors whose conduct is harmful to human health. The creation of such an instrument provides an opportunity to construct a stronger regulatory bulwark against further industry interference in future alcohol policy (O’Brien, 2022).

Ethics approval

The authors declare that the work reported herein did not require ethics approval because it did not involve animal or human participation.

CRedit authorship contribution statement

Paula O'Brien: Conceptualization, Investigation, Writing – original draft, Writing – review & editing, Project administration. **Robyn Dwyer:** Conceptualization, Formal analysis, Investigation, Methodology, Project administration, Writing – original draft, Writing – review & editing. **Deborah Gleeson:** Conceptualization, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing. **Megan Cook:** Conceptualization, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing. **Robin Room:** Conceptualization, Funding acquisition, Methodology, Writing – original draft, Writing – review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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