In which ways has the alcohol industry attempted to influence the formulation of the World Health Organization's 2010 Global Strategy to Reduce the Harmful Use of Alcohol in the formal consultation process?

Andreas Filippou

MSc By Research

University of York

Health Sciences

June 2022

ABSTRACT

Aims: To describe which major transnational alcohol industry actors were engaged in the formal consultation process for the development of the World Health Organization's (WHO) 2010 *Global Strategy to Reduce the Harmful Use of Alcohol* and to analyse how they framed their arguments within their submissions in their attempt to influence the strategy's content.

Method: This study identified 14 of the 332 submissions contributed to WHO that fitted the inclusion criteria set of submissions containing a declaration of support or funding from the alcohol industry from organizations operating above the national level. Eight submissions were from global alcohol producers, one from the International Centre for Alcohol Policies (ICAP) and five from individuals directly affiliated to ICAP. These submissions were used as data for the thematic analysis and thematically coded and analyzed using NVivo12. Drawing on concepts from relevant framing analysis literature, the researcher enriched the thematic analysis by conceptualizing and identifying how these submissions operate as communicative documents.

Results: Industry actors used the consultation process to promote a harm reduction approach being incorporated in the Global Strategy instead of population-based consumption reducing policies. The central themes identified suggest that they sought to define the nature of the policy problem as a narrow in scope issue of irresponsible drinking patterns of specific sub-population groups causing harm; to propose and justify industry favourable solutions in alignment with their problem definition consisting of targeted responses as more appropriate than population-based regulatory measures; to identify and position the key policy actors in this process.

Conclusion: These findings suggest that, in line with previous studies, the submissions examined did not draw on the current evidence base but aimed to safeguard commercial interests at the expense of global public health and therefore future exclusion of industry participation in global health policymaking processes would be warranted.

List of contents

Abstract 2
List of Content 3
List of Tables……………………………………………………………………………5
List of Abbreviations 6
Acknowledgements 7
Declaration…………………………………………………………………………...8

1.0 Introduction and background literature review..9
1.1 Introduction...9
1.2 Policy responses 9
1.2.1 Regulating the price, physical availability and marketing of alcohol………………..10
1.2.2 The global level policy response-WHO's Global Strategy to Reduce the Harmful Use of Alcohol……………………………………………………………………11
1.2.3 National level policy responses ………………………………………………………11
1.3 An overview of the global alcohol industry…………………………………….......13
1.4 Alcohol industry involvement in policymaking……………………………………….13
1.4.1 Alcohol industry involvement in policymaking at the national level………………...13
1.5 Alcohol industry involvement in policymaking at the global level………………………14
1.6 The rationale for study of alcohol industry involvement in global policy making…….....17

2.0 Methodology and methods…………..17
2.1 Research aims and objectives 17
2.2 Research approach……..18
2.3 The literature on alcohol industry actors' framing of alcohol policy debates……………19
2.4 Methods……………………………………………………………………………..20
2.4.1 Document analysis: why focus on submissions to public consultations? ……………20
2.4.2 Data collection………………………… 21
2.4.3 Thematic analysis 27
2.4.4 Coding process and data analysis..28

3.0 Results: A thematic analysis of global alcohol producers' and ICAP's submissions to WHO's public hearing on harmful use of alcohol…………………………………………30
3.1 Overview…………..30
3.2 Thematic headings 31

4.0 Discussion and conclusion 57
4.1 Discussion 57
4.2 Limitations……………….. 59
4.3 Conclusions ………...60

References……………………………………………………………………………...62

Appendices……………………………………………………………………………..75

Appendix I. A summary of available alcohol policy approaches, the theoretical assumptions underpinning them and best practices according to Babor et al., (2010)…..75
Appendix II. Global strategy to Reduce the Harmful Use of Alcohol objectives and priorities for action (WHO, 2010) …………………………………………………………………..76
Appendix III. Descriptive summaries of analysed submissions ……………………………80
Appendix IV. Full list of excluded submissions……………..……………………………88
Appendix V. Thematic maps………………………………………………………………99

List of Tables

Table 1. Volume, category, number of contributions and number of contributions with declared alcohol industry funding to WHO's web-based public hearing.

Table 2. Title of submission, author's name, background and affiliation to ICAP, and number of words.

Table 3. Title of submission to WHO and title of ICAP book chapter (Grant and Leverton, 2009).

Table 4. Names of contributors and characteristics of selected documents from 2008 consultation.

Table 5. Themes and sub-themes identified within the dataset.

List of Abbreviations

CSR: Corporate Social Responsibility

DALY: Disability Adjusted Life Year

EB: Executive Board

FCTC: Framework Convention on Tobacco Control

GDP: Gross Domestic Product

GRSP: Global Road Safety Partnership

HIC: High Income Country

ICAP: International Center for Alcohol Policies

INT$: International Dollar

IGO: Intergovernmental Organization

LIC: Low Income Country

LMIC: Lower-Middle Income Country

MDG: Millennium Development Goals

MLDA: Minimum Legal Drinking Age

NCD: Non-Communicable Disease

SAO: Social Aspects Organization

SDH: Social Determinants of Health

SRO: Self-Regulatory Organization

TBT: Technical Barriers to Trade

UN: United Nations

WHA: World Health Assembly

WHO: World Health Organization

WTO: World Trade Organization

Acknowledgements

I would like to thank Professor Jim McCambridge for accepting me in the TRAPS programme, for his supervision and unwavering support in designing and writing up this thesis. It is much appreciated. I would also like to thank my second supervisor Associate Professor Mary Madden for her invaluable help in those particular areas of the thesis that were challenging for me. I would also like to acknowledge the input of Professor Catherine Hewitt and Dr. Elena Ratschen, Reader (Associate Professor), for conducting this study.

Many thanks to my beloved wife Amalia for always being by my side when I needed her the most and my two children Meropi and Thomas for sacrificing some of their playtime with me to help get the job done in chaotic and challenging circumstances. Last but not least, mom and dad, this is for you too.

Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as references.

1.0 Introduction and background literature review

1.1 Introduction

The latest World Health Organization's (WHO) Global Status Report on Alcohol and Health (WHO, 2018a) identifies that alcohol consumption is responsible for a 5.1% of the global burden of disease and injury as measured in Disability Adjusted Life Years (DALYs) or lost years of healthy life, and for approximately 3 million deaths per year, or 5.3% of global mortality. Alcohol is a component cause of more than 200 diseases, health related problems and injury conditions (WHO 2018a). Alcohol is a carcinogen and does not have any safe level of consumption (Connor, 2017).

The global economic burden of alcohol includes costs for healthcare systems, criminal justice systems and lost productivity and has been estimated in a recent systematic review to amount, on average, to 1.306 International Dollars (Int$) per adult or 2.6% of the Gross Domestic Product (GDP) in the countries examined (Manthey et al., 2021). The overall magnitude of alcohol's negative impact is likely to increase (Manthey et al., 2019). This systematic review and modelling study's data suggest that WHO's *Global Action Plan for the Prevention and Control of NCDs 2013–2020* (WHO, 2013) aiming to reduce the harmful use of alcohol by 10% by 2025, will not be achieved (Manthey et al., 2019).Total alcohol per capita consumption in the world's population over 15 years of age has increased since 1999 from 4.8 to 6.4 litres of pure alcohol per year in 2016 and is projected to further increase to 7.0 litres by 2025 (WHO, 2018a).

1.2 Policy responses

Experts within the alcohol research community widely agree that the most effective and cost-effective policy mechanisms for mitigating alcohol-related harm are population-based ones that regulate the price, physical availability and marketing of alcohol (Burton et al., 2017; Martineau et al., 2013; Babor et al., 2010; Anderson, Chisholm and Fuhr, 2009). These pose restrictions on alcohol industry operations (McCambridge, Mialon and Hawkins, 2018). The WHO endorses these approaches having termed them as "best buys" or the most effective and feasible for implementation interventions with an average cost-effectiveness ratio of ≤ Int$100 per DALY averted in Low Income Countries (LICs) and Lower-Middle Income Countries (LMICs) (WHO, 2017). Other policies and interventions include education and information campaigns to increase awareness on alcohol-related harm, interventions made in and around the drinking environment to modify it, screening and brief interventions delivered to at-risk drinkers and alcohol industry self-regulation. These are less likely to be effective in reducing alcohol related harm especially if they are implemented as stand-alone measures instead of regulatory ones (Babor et al., 2010). Such

measures are favoured by industry (McCambridge, Mialon and Hawkins, 2018) and are reflected in national alcohol policies (Babor, Robaina and Jernigan, 2015; Babor et al. 2013; Moodie et al., 2013). A summary of available alcohol policy approaches, the theoretical assumptions underpinning them and best practices can be found in the second edition of the influential alcohol policy evidence synthesis by Babor et al. (2010) (see Appendix I).

1.2.1 Regulating the price, physical availability and marketing of alcohol

Regulating alcohol prices results in consumers being able to afford lower volume of alcohol for a fixed price through price increases. Both moderate consumers and heavy drinkers are affected by price increases as these were found to be particularly effective and cost-effective where heavy drinking-of more than 5% of the adult population-is prevalent (Chisholm et al., 2006). Strong evidence from a methodologically robust systematic review suggests that excessive alcohol consumption can be reduced via taxation increases both among young people as well as among the whole population (Elder et al, 2010). Evidence of the effectiveness of alcohol taxation in decreasing whole population alcohol related harm has been thoroughly examined in various studies (Dhalwani, 2011; Xu and Chaloupka, 2011; Babor et al., 2010; Elder et al., 2010; Wagenaar, Tobler and Komro, 2010; Anderson, Chisholm and Fuhr, 2009; Wagenaar, Salois and Komro, 2009). Taxing alcohol has positive outcomes on public health, economy and society according to WHO's *Resource tool on alcohol taxation and pricing policies* (Sornpaisarn et al., 2017).

Regulating the physical availability of alcohol, which can happen at both the retail level with laws specifying where, when and by whom alcohol can be bought as well as at the production level by encouraging production of lower strength alcoholic beverages, can decrease the rates of alcohol consumption and related harm according to evidence from multiple research studies (Wilkinson, Livingston and Room, 2016; Bryden et al., 2012; Babor et al., 2010; Middleton et al., 2010; Anderson, Chisholm and Fuhr, 2009; Campbell et al., 2009; Duailibi et al., 2007). The most widely proposed measures are establishing Minimum Legal Drinking Age (MLDA) restrictions, limiting the days and hours of alcohol sales, and limiting the density of retail outlets (Babor et al., 2010).

Regulating alcohol marketing is a widely reported theme in the alcohol literature and recommended because it has been established that alcohol marketing directly increases alcohol consumption (Anderson et al., 2009; Smith and Foxcroft, 2009a; Brennan et al., 2008). Particular concern has been expressed regarding the expansion of marketing activities online and in digital social media, where there is little marketing regulation as the borderless nature of the internet allows even potential regulations imposed at national levels to be bypassed via off-shore hosted platforms (Kelsey, 2020 as cited in Room and O'Brien, 2021).

1.2.2 The global level policy response-WHO's Global Strategy to Reduce the Harmful Use of Alcohol

The WHO is an intergovernmental public health organization crucial for coordinating global public health policies and supporting Member States to develop national policies. On May 21, 2010 the World Health Assembly (WHA) approved the *WHO's Global Strategy to Reduce the Harmful Use of Alcohol* (from here on referred to as Global Strategy) (WHO, 2010). Its overall purpose is to provide guidance to Member States on the best ways to reduce the harmful use of alcohol by re-evaluating existing national alcohol policies in light of current evidence and recommendations, or by formulating new ones. It is supposed to function as "a portfolio of policy options and interventions that should be considered for implementation in each country as integral parts of national policy, as well as within broader development frameworks" (WHO, 2010).

WHO does not have a mandate to implement alcohol policies but promotes the Global Strategy as a guide to the formulation and improvement of national alcohol policies. The Global Strategy invites every country to identify and implement a clear and objective evidence-based national alcohol strategy with measurable targets that best fits national sociocultural conditions (Monteiro, 2011). It has set five overall objectives and includes the policy options and interventions for implementation at the national level that fall into ten complementary areas for reducing the harmful use of alcohol (see Appendix II). To support the delivery of the "best buys" and the Global Strategy WHO launched its SAFER alcohol control initiative and action package outlining five high-impact strategies that can help national governments prevent and reduce alcohol related harm and related health, social and economic consequences (WHO, 2018b).

Almost a decade after WHO endorsed the Global Strategy a 2019 WHO meeting of technical experts concluded that the Global Strategy had been unsuccessful in accomplishing its goals of reducing alcohol consumption (Room, 2020). A WHO Executive Board (EB) resolution passed in February 2020 ordering the development of an Action Plan for 2022-2030 to be considered at the 2022 WHA; more WHO resources to be allocated on alcohol issues; that a technical report to be produced on cross-border alcohol marketing and advertising and that a review of the Global Strategy would be made in 2030 (WHO, 2020b). The WHO EB approved the draft Action Plan (WHO, 2022a) after extensive consultations and it was adopted by the 75th WHA in 2022 (WHO, 2022b).

1.2.3 National level policy responses

According to WHO "the presence of a written national alcohol policy is a key indicator of a country's commitment to reducing alcohol-related harm" (WHO, 2018a). The latest *Global Status Report on Alcohol and Health* (WHO, 2018a) noted that 99 (57%) WHO Member States reported having some form of alcohol policy in 2016 compared to the 66

(39%) of those that had one in 2012 (WHO, 2014b). A WHO commissioned report has noted that progress in alcohol policies "has been skewed towards wealthier countries, with low- and middle-income countries having a tendency to experience increased challenges with alcohol consumption and alcohol control" (Jernigan and Trangenstein, 2017). It concluded that "with the exception of alcohol taxes, progress has been greatest in areas least likely to provoke opposition and also least likely to yield population-level reductions in the harmful use of alcohol" (Jernigan and Trangenstein, 2017). Notably, Africa has been denoted as 'beer's final frontier' (Euromonitor International, 2015) for global alcohol markets and has increasingly become a focal point for multinational alcohol corporations (Babor, Robaina, and Jernigan, 2015). Only 14 (30%) reporting African countries have implemented national alcohol policies (WHO, 2018a).

The most advanced examples of comprehensive evidence-based national alcohol policies are found in Ireland and the Russian Federation. In Russia the implementation of a series of evidence-based national alcohol policies within a comprehensive framework resulted in a decrease of total per capita alcohol consumption of 3.5 litres over a nine-year period (2007-2018) with corresponding reductions in measures of related harm (WHO, 2018a). The main provisions of the Irish Public Health (Alcohol) Act 2018 include a pricing threshold measure (Minimum Unit Pricing or MUP); health labelling of alcohol products; the regulation of certain aspects of the advertising and marketing of alcohol; separation and reduced visibility of alcohol products in mixed trading outlets; the regulation of the sale and supply of alcohol in certain circumstances (Irish Statute Book, 2018). These provisions are in the process of being implemented.

National alcohol policies do not automatically translate into a substantial reduction in the levels of alcohol-related harm if they do not include measures shown by research evidence as likely to be effective. Reducing these harms depends on reducing overall consumption in the whole population, adopting evidence-based measures and devoting resources in national alcohol policies that are implemented in practice. Former WHO Director-General noted that "alcohol consumption is expanding in precisely those countries that lack the regulatory and enforcement capacities to protect their populations" (Chan, 2017). She added that effective national alcohol policies are "feared and fought by the alcohol industry" (Chang, 2017) as evidenced by the persistent industry opposition to the implementation of MUP in Scotland.

Progress in reducing alcohol related harm has been more tangible in HICs than in LMICs respectively. A WHO Bulletin reported some policy progress achieved in the majority of countries in the areas of pricing, taxation and drink-driving countermeasures (Jernigan and Trangenstein, 2020). Countries were most active on alcohol taxes although 68% of them did not adjust taxes for inflation and rising incomes meaning that alcohol prices have actually decreased over time (Jernigan and Trangenstein, 2020). The least restrictive policies on alcohol marketing were most common (Jernigan and Trangenstein, 2020). With the exception of minimum age drinking laws, restrictive policies on the physical availability of alcohol such as restrictions on days/hours of sale and on licencing and density of retail outlets had diminished over time (Jernigan and Trangenstein, 2020).

Alcohol industry interference in national alcohol policies was reported by 10 countries (Jernigan and Trangenstein, 2020). Overall, the development and execution of effective alcohol control policies has not been even worldwide and not proportional to the harm alcohol use causes (Revke et al., 2019).

1.3 An overview of the global alcohol industry

The alcohol industry comprises "developers, producers, distributors, marketers and sellers of alcoholic beverages" (WHO, 2010). It also includes other alcohol industry actors such as trade associations organized at national, regional and global levels and Social Aspects Organizations (SAOs) working to promote common or sectoral industry interests via Corporate Social Responsibility (CSR) activities. Global alcohol retail sales were estimated at $1.5 trillion per year in 2017 (Euromonitor International, 2018 as cited in Jernigan and Ross, 2020) and are estimated to increase to over $2.2 trillion by 2025 (Statista, 2021a). The top ten brewing companies in 2016 controlled 67% of the global beer market, the ten leading spirits producers accounted for 50.5% of all spirits consumption, whereas the ten largest wine companies had a market share of only 13.3% (Jernigan and Ross, 2020).

Within the increasingly oligopolistic structure of the alcohol industry there is a trend of consolidation (Jernigan and Ross, 2020). The third largest merger in corporate history of the world's leading beer manufacturers ABInBev and SABMiller in 2015 resulted in sales of $46.881 billion in 2020 (Statista, 2021b). Other major global alcohol producers like Heineken, Diageo and Pernod Ricard were consolidated as a result of previous mergers and takeovers (IAS, 2018). These mergers are driven by prospects for expanding in developing countries and targeting new consumers (Collin, Hill and Smith, 2015). This goal is pursued in part by normalizing alcohol consumption, in LMICs where alcohol is not culturally embedded, with aggressive alcohol marketing that targets young people and women often in violation of industry self-regulatory codes (de Bruijn, 2011). Alcohol attributable DALYs have significantly increased on average in LMICs when compared to HICs although the bulk of alcohol related harm is located in HICs where alcohol per capita consumption remains the highest (WHO, 2018a).

1.4 Alcohol industry involvement in policymaking

1.4.1 Alcohol industry involvement in policymaking at the national level

Alcohol policy development is a complex process involving a number of diverse actors (Hawkins, Holden and McCambridge, 2012). According to a systematic review of alcohol industry involvement in public policymaking this is done mainly by:

> "framing policy debates in a cogent and internally consistent manner, which excludes from policy agendas issues that are contrary to commercial

> interests; and adopting short and long-term approaches to managing threats to commercial interests within the policy arena by building relationships with key actors using a variety of different organizational forms" (McCambridge, Mialon and Hawkins, 2018).

This systematic review included 19 primary qualitative studies plus 1 largely quantitative study, all focusing on national level policy influence largely in HICs. Its strength is its rigorous procedures for data collection, analysis and transparent reporting of all available evidence. The strategic nature of alcohol industry attempts to influence national policies despite the different contexts and time frames examined in the primary studies is an important finding. The primary studies focus on specific policy issues meaning that conclusions on long term influencing strategies may be more difficult to draw.

In a related systematic review by Mialon and McCambridge (2018) CSR initiatives were identified as an additional alcohol industry influencing channel on policy. That review included 21 primary studies and identified five types of alcohol related CSR initiatives of which policy involvement and the creation of SAOs were two. This review concluded that there is good evidence that alcohol industry actors use CSR initiatives to influence the framing of the nature of alcohol related issues in line with industry interests. Mialon and McCambridge (2018) noted though that the findings must be interpreted with caution because even the most theoretically informed primary studies included have been acknowledged by their authors to be preliminary or exploratory.

A systematic review by Savell, Fookes and Gilmore (2016) sought to investigate consistent alcohol industry attempts to influence alcohol policies on marketing. A total of 17 primary studies were included in the review and it was concluded that the alcohol industry's political activity is more varied than existing models of corporate political activity suggest. The industry promotes self-regulation as effective, it questions the effectiveness of statutory regulation and it emphasizes the importance of corporate social responsibility and individual responsibility for tackling alcohol harm. Despite the comprehensive and geographically diverse overview, this systematic review is not reported according to PRISMA guidelines and strengths and limitations of the individual reports are not discussed in detail. There is little overlap in included studies with the McCambridge, Mialon and Hawkins' (2018) systematic review but many similarities in findings on alcohol industry tactics applied to influence national alcohol law and alcohol marketing regulations. Both find the alcohol industry uses direct lobbying with legislators/policymakers combined with indirect lobbying through the use of third parties. It also tries to frame policy debates in a favourable way by providing and misinterpreting evidence.

1.5 Alcohol industry involvement in policymaking at the global level

In contrast to alcohol industry political activities at the national level, there is little data in the research literature regarding industry conduct at global level policymaking fora such as

for example the United Nations (UN), WHO or the World Trade Organization (WTO). There are indications of a high level of concern about alcohol industry influencing activities at the global level in various commentaries and discussion papers (Townsend, Miller and Gleeson, 2022; O'Brien et al., 2021; McCambridge, Kypri, Drummond and Strang, 2014; Casswell, 2013; Jernigan, 2012; Bakke and Endal, 2010; Miller and Harkins, 2010; Babor, 2009; Jernigan, 2009; Zeigler, 2009; Foxcroft, 2005; Room, 2005). Research attention to previous alcohol policymaking process at WHO is scarce consisting of commentaries and discussion papers but no dedicated studies (Jernigan and Trangenstein, 2020; Babor et al., 2013; Chick, 2011; Monteiro, 2011; Zeigler and Babor, 2011; Room, 2005; Room and Babor, 2005; Room, 1984). The limited evidence available is surprising because if alcohol industry actors are known to organize politically to defend their core interests at the national level, they might also be expected to attempt to gain access and influence in relevant global inter-governmental organizations.

At the global level the not-for-profit SAO, the International Center for Alcohol Policies (ICAP), has gained particular prominence in the concerns of the research community (Mitchell and McCambridge, 2022; Robaina and Babor, 2014; Babor, Jernigan and Tumwesigye, 2013; Babor and Robaina, 2013; Jernigan, 2012; Bakke and Endal, 2010; Foxcroft, 2005; Anderson and Rutherford, 2002; McCreanor, Casswell and Hill, 2000). This SAO was established in 1995 and funded by a consortium of multinational alcohol corporations although it claimed independence from the alcohol industry (Jernigan, 2012). ICAP's declared mission was "to encourage dialogue and pursue partnerships involving the beverage alcohol industry, the public health community and others interested in alcohol policy" (ICAP, 2010). In relation to WHO specifically, Jernigan (2009) suggested that ICAP's resources allowed it to gain access and express industry viewpoints within this organizations' structures.

Jernigan (2012) examined various ICAP documents and suggested that it appeared to be designed to counter WHO-led actions on alcohol "by essentially functioning like a WHO unit on alcohol, with certain key omissions" (Jernigan, 2012). He noted that ICAP had pre-empted certain WHO alcohol related public health initiatives, had published more outputs on alcohol than WHO recruiting in many cases people with ties to WHO to contribute to its book-length collections and had mirrored particular WHO publications (Jernigan, 2012). Also, he noted that during the deliberations over WHO's Global Strategy ICAP "was a leading voice in advocating a greater role for 'economic operators' in designing alcohol policies and programs" (Jernigan, 2012). How exactly this latter was done, however, was not elaborated nor were the specific publicly available submissions of ICAP or other industry actors to WHO during the consultation process of the Global Strategy formulation examined as this thesis has done. Therefore, Jernigan's (2012) paper should be treated as important, albeit preliminary, and pointing towards documentary material in need of further more in-depth investigation.

There are only four dedicated research studies of alcohol industry involvement at global level policymaking contexts to date (Barlow et al., 2022; Dwyer et al., 2022; Rinaldi et al.,

2021; Hoe et al., 2020). Two of these studies, which are the most relevant to this thesis, have been published on the most recent WHO policymaking process for developing an action plan to strengthen the implementation of the Global Strategy (Dwyer et al., 2022; Rinaldi et al., 2021). Dwyer et al's (2022)) study is a thematic and content analysis of 48 alcohol industry submissions to the 2020 WHO Consultation on the 2010 Global Strategy where submitters were asked to provide their views on how the Global Strategy had been implemented during the past decade and also consider what "ways forward" could be followed. The study suggested that alcohol industry actors' framing downgraded the magnitude of the problem redirecting it from population-based approaches towards their preferred targeted policy solutions. A major concern they expressed was the possibility that the alcohol industry might be excluded from the policymaking table. Most alcohol industry submitters understood that the Working Document (WHO, 2020c) for this consultation might potentially signify a turning point in their participation in global alcohol governance at WHO (Dwyer et al., 2022).

The Rinaldi et al., (2021) study is a comprehensive framing analysis of all 161 submissions made to the same WHO consultation process on the implementation of WHO's Global Strategy and presented the different types of framing inherited and promoted by the participating stakeholders. There were two opposing policy actors aiming to shape this policy debate. Those NGOs, IGOs, academic institutions and the majority of WHO Member States that advocate for the promotion of population-based alcohol control policies at both the national and the global level. The private sector entities, one NGO (UN Conference on Trade and Development) and five WHO Member States who frame the problem of alcohol misuse as an issue of individual responsibility; promote a partnership-based targeted approach to alcohol control that would entail enhancing individual responsibility and altering individual drinking behaviours as the means to decrease alcohol related harm suffered by a minority of excessive drinkers and particular sub-population groups; and present the alcohol industry as a key legitimate stakeholder in the policy process (Rinaldi et al., 2021).

These two studies relate to the work presented here in that they are studies that identified alcohol industry actors' engagement in alcohol policy formulation at the same global level policy context, specifically at the most recent of the two key WHO-led global health governance policy processes which they sought to influence. This study focuses on the initial 2008 policy process aiming to offer insights into alcohol industry actors' involvement in this which has not been investigated in any research study to date. It identifies the earlier use of particular framing tactics deployed by the alcohol industry at this initial WHO process that were regarded by the major alcohol companies as having been used successfully in the past and therefore re-used later on in the second. It aims to shed light on how exactly the alcohol industry actors involved framed their arguments in regards to the policy actors, the policy problem and their favoured policy solutions. It aims to confirm whether there is consistency in the way in which alcohol industry actors have framed alcohol consumption and alcohol regulation over the past decade in the same global level policy context.

1.6 The rationale for study of alcohol industry involvement in global policy making

There has been significant progress in the study of alcohol industry influence in alcohol policies at the national level (McCambridge, Mialon and Hawkins, 2018; Mialon and McCambridge, 2018; Savell, Fookes and Gilmore, 2016; Katikirredi et al., 2014; Hawkins and Holden, 2013; Bakke and Endal, 2010). In comparison, the influencing activities of the alcohol industry at the global level have generated concern within the alcohol research community expressed in commentaries and discussion papers but there has been little rigorous in-depth study with some recent notable exceptions above. McCambridge, Mialon and Hawkins (2018) have noted that notwithstanding the advances in understanding made in this particular area of research, at the national level predominantly, the subject is nonetheless "grossly understudied" in view of its possible importance to global health. This especially applies to the global policymaking level. Hence the need for a global policy level-oriented research. There are no studies of how the Global Strategy was formulated, and relatedly how alcohol industry actors sought to influence the process through their submissions to the formal consultation process. This thesis is concerned with the latter.

2.0 Methods

2.1 Research aims and objectives

The overarching aim of this thesis is:

> To describe which major transnational alcohol industry actors were engaged in the formal consultation process for the development of the World Health Organization's 2010 *Global Strategy to Reduce the Harmful Use of Alcohol* and to analyse how they framed their arguments within their submissions in their attempt to influence the strategy's content.

This has been one of only two key WHO led policy processes for reducing alcohol related harm at the global level and this thesis will examine it in depth. Informed by framing theory approaches (Hawkins and Holden, 2013; Rein and Schön, 1996; Entman 1993) it provides

documentary study of submissions to WHO's 2008 consultation on the *Global Strategy to Reduce the Harmful Use of Alcohol,* analysing these thematically. The aim of the thematic analysis is to describe how the alcohol industry actors involved in this global level policy process sought to frame (or in other words shape the understandings and perceptions of) the policy problem, the solution to the policy problem and perceptions of themselves as policy actors (McCambridge, Mialon and Hawkins, 2018).

The two following research questions have been developed to address the overarching aim of this documentary analysis of alcohol industry submissions:

1) Which alcohol industry actors were engaged in the 2008-2010 process?

2) How did these actors frame their arguments within their submissions to the process? What were the differences and similarities in the framing strategies that each distinct category of alcohol industry actors used in their submissions?

2.2 Research approach

This thesis is a thematic analysis of alcohol industry submissions to WHO but it is also informed by ideas deriving from framing without being a framing analysis per se. Via the thematic analysis the researcher was able to identify certain themes and subthemes within the data and the underlying shared meanings underpinning them. Drawing on concepts from relevant framing analysis literature outlined below, the researcher enriched the thematic analysis by conceptualizing and identifying how these submissions operate as communicative documents. Specifically, how they communicate alcohol industry actors' interpretation of the world in their attempt to influence a global level alcohol policy debate.

It is informed by framing theory approaches by Entman (1993), Rein and Schön (1996) and a framing analysis by Hawkins and Holden (2013). Entman's (1993) theory postulates that framing within the context of communication is used to serve four functions: define a problem, diagnose its causes, make moral judgements and suggest remedies. Rein and Schön (1996) argue in their account of policy framing that policy actors are inclined to framing debates in ways that are amenable to their interests and objectives and contend that frames are underlying structures of belief, perception and appreciation on which distinct policy positions depend (p.23). For Hawkins and Holden (2013) policy frames construct a particular view of social reality and while these frames help shape how certain individuals or groups perceive their interests, policy actors can be highly instrumental framing issues in ways that promote their specific interests. For them a policy analyst should attempt to understand how, under what conditions and through which processes specific frames emerged and were maintained because this can deepen an understanding of the processes through which specific policies have emerged.

These approaches on framing were selected by the researcher because they provided him with the conceptual tool that could help him deepen his understanding of how WHO's Global Strategy emerged during the official formulation process. Also, of how alcohol industry actors framed their arguments to influence its final content with the inclusion of particular frames they wanted to get across in order shape the global alcohol policy debate. When analyzing the submissions, the researcher had these approaches in mind to help him pinpoint extracts from the texts that he considered to constitute the industry friendly frames that aimed to communicate particular industry interpretations of the policy actors, the policy problem and the policy solution also identified in previous literature. For example, that the policy problem is restricted to an issue of alcohol harm reduction and not alcohol consumption reduction or that the solution cannot be based on a "one-size-fts-all approach" (Anheuser Busch, 2009) of alcohol control but on targeted interventions tailored to "the local cultural context" (Heineken, 2009) and "local drinking patterns" (Pernod Ricard, 2009).

Alcohol industry actors have been found in previous literature to actively and strategically construct and promote their frames and arguments in an attempt to shape debates around alcohol policies subsequently influencing their formulations by using submissions to consultations contributing to governmental bodies at the national level (McCambridge et al., 2018; Martino et al., 2017; Katikireddi et al., 2014; McCambridge, Hawkins and Holden, 2014; Hawkins and Holden, 2013) and one framing study at the global level (Rinaldi et al., 2021).

2.3 The literature on alcohol industry actors' framing of alcohol policy debates

McCambridge et al., (2018) reported that the primary studies of their systematic review had examined different policy debates at different times and within various national policymaking contexts. These authors found that alcohol industry actors strategically use three main logically interconnected objects of framing, the policy actors, the policy problem and the policy positions to frame policy debates in a convincing and internally consistent way, aiming to exclude from policy agendas issues that may undermine their core interests (McCambridge et al., 2018). They concluded that the arguments underpinning these actors' framings of policy issues can appear persuasive if there are no counterarguments made against them as they are "intuitively plausible, and highly nuanced" (McCambridge et al., 2018). Similarly, Rinaldi et al., (2021) argue that political actors use framing to get their ideas adopted as a given issues' 'common sense' understanding. For Hawkins and Holden (2013), "efforts by actors to frame issues are political acts which attempt to dictate the terms of a policy debate". The authors of this methodologically well-designed study which used a novel approach of combining document analysis and in-depth interviews with stakeholders examined the MUP debate in Scotland. They maintained that framing theory captures the strategic and purposive nature of policy actors' interventions in policy debates. Their findings suggested that the rhetorical framings developed by policy actors and advanced publicly through their consultation documents were used strategically with the goal of becoming predominant in the MUP

policy debate and consistently with their underlying corporate interests. As this is a case study investigating a single policy development within a particular policy context the generalizability of the findings to other policy areas or to global level contexts is limited

The Katikireddi et al., (2014) study analyzed 67 submissions contributed to a parliamentary committee and interview data from 36 semi-structured interviews with key stakeholders on MUP in Scotland. It is a sophisticated and theoretically informed data analysis and the process followed is described in detail (McCambridge et al., 2018). Informed by Fairclough's (2012) argumentation framework, which is specifically designed to help researchers relate frames to the presentation of arguments by policy actors in a policy debate, they aimed to discover how the components required for a "reasonable" argument were represented by different stakeholders. Their study goes beyond presenting the existence of competing framings of the MUP policy debate and emphasizes how the reframing of the MUP as a necessary alcohol policy measure for enhancing public health was an important component of its development in a specific national context.

2.4 Methods

2.4.1 Document analysis: why focus on submissions to public consultations?

The definition of 'document' adopted here is the one used by Bowen (2009): "Documents contain text (words) and images that have been recorded without a researcher's intervention" (p.27). Document analysis is considered any systematic procedure followed to review and evaluate documents in order to discover, choose, make sense of and synthesise data contained in documents of any kind be they printed or electronic (Bowen, 2009). To analyse documents the researcher follows an iterative process that includes an initial skimming of the selected documents, then a more thorough in-depth scanning of them and finally their interpretation. Document analysis is an overarching method that may include various types of methods such as content analysis, discourse analysis, thematic analysis and others. This study used thematic analysis which is meant to identify and interpret patterns of meaning within the data thus going beyond a simple description of it (Staller, 2015). Analysing documents facilitates understanding of past events, in this case how past alcohol industry influence was exerted on a global level policy debate. This is a study of publicly available documents submitted by alcohol industry actors to a WHO public consultation process.

Public consultations can be a useful tool during the information and evidence gathering phase of a policy formulation process for both governments and intergovernmental organizations. They provide interested parties with the opportunity to monitor and participate in policy processes that would otherwise be restricted to public bodies and professional lobbyists (Rinaldi et al., 2021). They can also be utilized by vested interests to attempt to influence the policy processes and outcomes in ways that may not necessarily be in line with public health interests (Stuckler et al., 2016). This has been observed in

relation to national level alcohol, tobacco and ultra-processed food policy issues (Martino et al., 2017; Avery et al., 2016; Evans-Reeves, Hatchard and Gilmore, 2015; Katikireddi et al., 2014; Kypri et al., 2014; Ulucanlar et al., 2014; Hawkins and Holden, 2013; McCambridge et al., 2013; Jenkin, Signal and Thomson, 2011; Miller et al., 2011). Also, on regional level tobacco policy (Costa et al., 2014) as well as at the global level on WHO guidelines on sugar intake (Stuckler et al., 2016), on a WHO proposed tool for preventing and managing conflicts of interest in nutrition policy (Ralston et al., 2021), on global health governance (Lauber et al., 2020) and on reducing the harmful use of alcohol globally (Dwyer et al., 2022; Rinaldi et al., 2021). The submissions selected for analysis will help to address an apparent knowledge gap on how transnational alcohol industry actors sought to influence the formulation of the 2010 WHO Global Strategy in the formal consultation process.

2.4.2 Data collection

The 2008 WHO consultation was open to Member States, government institutions, NGOs, IGOs, academia, private sector entities (alcohol producers, trade associations and industry funded NGOs, charities and SOAs), other interested parties and individuals. The 332 submissions contributed (WHO, 2009) are contained in six volumes (see below). There was a 2000-word limit although many contributors exceeded it. Participants were encouraged by WHO to focus on the three following questions:

1) What are your views on effective strategies to reduce alcohol-related harm?
2) From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?
3) In what ways can you or your organization contribute to reduce harmful use of alcohol?

The contributors were asked to declare whether they had received any funding or support from the alcohol industry. All submissions from any volume for which there was a declaration of alcohol industry funding or support are in Table 1:

Volume	**Category**	**Number of submissions**	**Number of submissions declaring alcohol industry funding**
Volume I	Received summaries of all contributions.	332	102
Volume II	Received contributions from	43	2

	WHO member states, government institutions, intergovernmental organizations and academia-research.		
Volume III	Received contributions from nongovernmental organizations.	113	18
Volume IV	Received contributions from alcohol industry, trade and agriculture.	67	67
Volume V	Received contributions from other entities and organizations.	22	6
Volume VI	Received contributions from individuals.	87	9
Total		332	102

Table 1. Volume, category, number of contributions and number of contributions with declared alcohol industry funding to WHO's web-based public hearing.

Eligible for inclusion in this analysis were submissions containing a declaration of support or funding from the alcohol industry from organizations operating above the national level. Submissions were additionally excluded as follows: 1. All non-English submissions; 2. All the documents that contained a declaration of not being funded or supported by the alcohol industry or provided no such information 3. The full list of excluded submissions is in Appendix IV.

Fourteen submissions fitted the inclusion criteria. One was from ICAP and a further five were from individuals directly affiliated to ICAP. Eight were from global alcohol producers. According to Jernigan's (2009) overview of the global alcohol industry, four of these were from multinational corporations which were at that time among the ten largest global beer marketers by volume (Anheuser-Busch, Heineken, InBev, SABMiller) and another four among the world's ten largest global distilled spirits and wine marketers by volume (Bacardi, Beam Global Spirits and Wine, Diageo, Pernod Ricard). These producers were among the establishers and funders of ICAP (Jernigan, 2012).

The five submissions from individuals directly affiliated to ICAP were on five issues: alcohol availability, alcohol distribution, alcohol marketing, pricing of beverage alcohol and alcohol production. A decision was taken to analyse these documents together with the ICAP submission titled *Reducing harmful drinking: Industry contributions* (Bivans and

Martinic, 2009) because of the close connections between them apparent from first reading. The initial paragraph of each is identical apart from the name of the author and title of submission. All six submissions were uploaded onto the ICAP website, which explained that they are “referenced versions of papers submitted on behalf of the ICAP sponsors about key areas of reducing harmful drinking where alcohol producers can demonstrate particular competence, legitimacy, and technical strength and where industry input has been welcomed by WHO” (ICAP, 2010). The uploaded versions are identical in title and content to the submissions sent to WHO except that at the end of each one, references are provided, along with an additional sub note stating that expanded versions of these commissions formed chapters of the ICAP book *Working together to reduce harmful drinking* (Grant and Leverton, 2009). For example:

> “This paper was submitted as a contribution to the WHO public hearing on ways of reducing harmful use of alcohol. It was expanded into a chapter, published in the 2009 book Working Together to Reduce Harmful Drinking: Chapter 5, “Pricing Beverage Alcohol,” by Godfrey Robson (ICAP, 2010).

The coordination in their creation of these submissions to WHO is evidenced in the following extract from the ICAP book *Working together to reduce harmful drinking* (Grant and Leverton, 2009):

> “Recognizing that we had a unique opportunity to bring together the views of major international alcohol producers and relate them to defined public health goals, ICAP commissioned individuals with extensive knowledge and expertise in relevant fields to work with representatives of our sponsoring companies to produce evidence-based papers in the areas of production, distribution availability, price and marketing…We also produced an additional paper looking at partnerships and targeted interventions” (Grant and Leverton, 2009).

The titles of each ICAP submission, the authors’ names and background information, and their affiliations to ICAP at the time of the submissions are found in the ICAP book *Working together to reduce harmful drinking* (Grant and Leverton, 2009) and can be viewed in Table 2:

Title of document	**Author name**	**Author background**	**Affiliation to ICAP**	**Number of words**
Reducing harmful drinking: Industry contributions	Brett Bivans	Specialist in private/public partnerships. Previous position: first Manager of the Global Road Safety Partnership (GRSP)	Vice President. Became ICAP staff member in February 2004 working as Director of partnership Development	2266

Reducing harmful drinking: Industry contributions	Marjana Martinic	Research Fellow at the University of Virginia School of Medicine and at the U.S National Institutes of Health.	Senior Vice President for Public Health having joined ICAP in 1996.	2266
Alcohol marketing	Roger Sinclair	Professor of Marketing at the University of Witwatersrand, Johannesburg, South Africa. Since September 2005, independent external Chair of the SABMiller code of responsible marketing compliance committee.	Board member	1808
Alcohol production	Ronald Simpson	25 years of experience in the food and beverage industries. Prior to retirement, Vice President of Corporate and Scientific Affairs at Joseph E. Seagram and Sons, one of ICAP's founding companies	Board member	1808
Pricing of beverage alcohol	Godfrey Robson	Chair of Scotland's largest independent company of management consultants, Frontline Consultants, a director of Lloyds TSB Bank Scotland, and a trustee of a major Scottish charity	ICAP senior consultant as of 2004 and co-editor of ICAP Blue Book Practical Guides to Alcohol Policy and Targeted Interventions (ICAP, 2005)	1726

		providing health advice and services to young people. Had been a senior UK civil servant and became Head of Economic and Industrial Affairs for Scotland and subsequently Director of Health Policy in the Scottish Government from 1999 to 2003. The first Scottish Executive Plan for Action on Alcohol Problems was drawn up under his direction (Scottish Executive, 2002)		
Alcohol availability	Adrian Botha	Formerly working for SABMiller. Executive Director of the Industry Association for Responsible Drinking, a South African SAO established by major alcohol manufacturers (SA Breweries, Heineken, Distell, Diageo, Pernod Ricard) in 1989	Board member	2077
Alcohol distribution	Graeme Willersdorf	Had been working for 25 years at Foster's Group until 2005. Chairman of the Australian Associated Brewers when they funded the	Consultant. From 2001 to 2004 he was a board member serving as ICAP chairman	1674

		University of Melbourne to develop a national alcohol education program for secondary school students		

Table 2. Title of submission, author's name, background and affiliation to ICAP, and number of words (Grant and Leverton, 2009).

How each submission to WHO appeared as a chapter of this ICAP book is presented in Table 3:

Title of document submitted to WHO	**Title of the extended chapter(s) published in ICAP's book "Working together to Reduce Harmful Drinking"**
Alcohol Production	Chapter 2: Producing Beer, Wine and Spirits
Alcohol Availability	Chapter 3: Understanding Alcohol Availability: Non-commercial Beverages
Alcohol Marketing	Chapter 4: Alcohol Marketing and Young People
Pricing of Beverage Alcohol	Chapter 5: Pricing Beverage Alcohol
Alcohol Distribution	Chapter 6: Selling and Serving Beverage Alcohol
Reducing Harmful Drinking: Industry Contributions	Chapter 7: Making Responsible Choices Chapter 8: Working Together

Table 3. Title of submission to WHO and title of corresponding ICAP book chapter (Grant and Leverton, 2009).

As all six submissions were commissioned by ICAP and later published in an ICAP book the researcher decided to handle them as one unique and 'extended' submission document within the data set. In contrast to the global alcohol producers' submissions, rather than directly answering WHO's three questions ICAP focused instead on specific issues. This led the researcher to think that the material contained in these documents may yield particularly important messages that ICAP and global alcohol producers wanted to get across.

In sum, the 14 documents contributed to the 2008 consultation selected for analysis and their characteristics can be viewed in Table 4:

Name of contributor	**Type of contributor**	**Level of operation**	**Length of document (2000-**	**Answered WHO's 3 questions**

			word limit)	
Anheuser-Busch	producer	global	2062	no
Bacardi	producer	global	1354	no
Beam Global Spirits and Wine	producer	global	1345	no
Heineken	producer	global	2418	yes
InBev	producer	global	2377	yes
Diageo	producer	global	2340	no
Pernod Ricard	producer	global	1972	yes
SABMiller	producer	global	3419	yes
International Centre for Alcohol Policies (ICAP)	SAO	global	2266	no
Adrian Botha (ICAP)	Individual affiliated to a SAO	global	2077	no
Godfrey Robson (ICAP)	Individual affiliated to a SAO	global	1726	no
Ronald Simpson (ICAP)	Individual affiliated to a SAO	global	1808	no
Roger Sinclair (ICAP)	Individual affiliated to a SAO	global	1559	no
Graeme Willersdorf (ICAP)	Individual affiliated to a SAO	global	1674	no

Table 4. Names of contributors and characteristics of selected documents from 2008 consultation.

2.4.3 Thematic analysis

Thematic analysis is a widely used and flexible method of qualitative research which can encompass various epistemological positions and is applied to identify, analyse and report patterns (themes) within the data (Braun and Clarke, 2006). Boyatzis (1998) does not characterize it as a specific method but rather as a useful instrument to be used across different methods. However, Braun and Clarke (2006) argue that it should be considered as a foundational method in its own right, essential for many types of qualitative analysis, which are in essence thematic. Thematic analysis has been used as a stand-alone or complementary method in various studies of alcohol industry influence in policymaking

(Dwyer et al., 2022; Avery et al., 2016; Zatoński et al., 2016; Katikireddi et al., 2014; Kypri et al., 2014; Yoon and Lam, 2012; Miller et al., 2011; Bond et al., 2010; Bond et al., 2009). Braun and Clarke (2006) argue it can be a particularly useful method when investigating an under-researched area, here the understudied area of alcohol industry policy influence at the global level.

Braun and Clarke's (2006) six-phases of thematic analysis followed in this study explains the choices that researchers using thematic analysis must reflect upon. The first is what constitutes a pattern in the data termed 'theme'. A theme captures important aspects of the data relating to the research question in a number of instances across the dataset. This can be an inductive, bottom-up, process, meaning that the data is not coded with any analytical preconceptions and themes are strongly linked to the data itself (Patton, 1990). It can also be a deductive, theoretical top-down approach, driven by the researcher's theoretical framework (Braun and Clarke, 2006). Here a combination of top-down and bottom-up approaches were employed. A semantic level of analysis identified the explicit meanings of the data. The researcher worked in this way, guided by some concepts from framing analysis to identify the implicit framing strategies of global alcohol industry actors.

2.4.4 Coding process and data analysis

Braun and Clarke's (2006) method was initially piloted in an in-depth analysis of SABMiller's submission. After familiarizing himself with the data he started coding deductively via NVivo12 software package to find whether the three objects of alcohol industry actors' framing, the framing of policy actors, the policy problem and the policy positions identified by McCambridge et al., (2018) could be identified in this submission. After this phase and the creation of an initial set of codes the researcher reread the data and generated a set of new codes inductively in a 'bottom up' way focusing on the data itself. This open coding allowed the researcher to identify and interpret new patterns within the data.

When no new codes could be identified the researcher looked back at all the codes thematically to combine them, gathering all relevant data in order to generate a new set of themes, thus refocusing the analysis at a broader level. Reading through the data again to assess the consistency of the initial codes he re-examined the data extracts of each code separately in order to conceptualize the best way to combine and refine the codes also questioning them explicitly. The various codes were grouped and regrouped in different ways and when a satisfactory form was found, the identification of broader themes was achieved. After these themes were identified and defined the data was reviewed once more in order to establish whether anything relevant had been missed in the previous phases that could be incorporated within the themes. Then clear definitions were given for each of them.

The themes generated from the analysis of the SABMiller document and the three objects of framing were then used as the initial codes for analysing the other 7 alcohol producer documents, following a similar process. The researcher then reread the entire dataset and

recoded it following an inductive approach in order to identify any new codes for new patterns not previously found in the initial deductive coding process. When no more new codes could be created the researcher reflected upon the relationships among the codes to create candidate themes and sub-themes. The fourth phase followed by reviewing and attempting to refine them. After rereading the coded data extracts across this set of submissions the candidate themes did not appear to form a coherent enough pattern. This led the researcher to rework the candidate themes resulting in the creation of a candidate thematic map.

He then took a step back from the analysis to reflect upon the candidate thematic map and consider whether it accurately represented the patterns identified within the whole dataset. After rereading the entire dataset and talking to his supervisor about some of the initial findings it became clear that one particular pattern identified and presented in a sub-theme (how global alcohol producers use evidence) needed restructuring and refinement as it did not adequately represent the actual weight it had in the analysis. By additionally rereading two relevant case study research papers on how the alcohol industry uses evidence to influence health policies (McCambridge, Hawkins and Holden, 2013; Fooks, Williams, Box and Sacks, 2019) the researcher's conceptual understanding was informed and broadened. This led him to code some additional data missed in the previous coding processes, to re-position and compile data extracts within different nodes and to identify new potential sub-themes. After these alterations, the new candidate thematic map appeared to work better than the previous one and the researcher was satisfied with it. He then defined and refined the themes and sub-themes in a way that captured specific and distinct aspects of the data analysed and minimized the risk of overlap between themes. The researcher proceeded to the final phase by producing a report of the preliminary findings identified in the producer documents

Then the 6 ICAP documents were analysed separately using the same approach applied in the producer sub-set. The three themes identified, were rather similar to the previous set of themes identified in the producer documents although there were different angles in how ICAP viewed both the policy problem and the role of partnerships in the policy solution.

For the final stage of the analysis the researcher decided to step back and re-examine the two separate reports from the producer and ICAP submissions. This was done to better organize the material within them and deal with the overlaps among the themes/subthemes created as this had become apparent after the distinct analysis of the two sub-sets. He did this to conceptualize how the handling of the data in each of the submissions might be interpreted together in a more optimal way. Keeping this in mind allowed him to deepen the analysis and to be able to report both the commonalities and the differences identified in the dataset more coherently. A descriptive summary of all submissions is available in Appendix III.

3.0 Results

3.1 Overview

This chapter presents the results of the analysis. The primary concern in the submissions is to advocate for an alcohol industry favourable approach towards harm reduction, thus implicitly avoiding the possibility of an alcohol consumption reduction approach being incorporated within WHO's Global Strategy: "We are also highly active in mobilising any parts of our industry that are not yet engaged with the harm reduction agenda" (Heineken, 2009). Three themes were identified to be similar across all submissions. Within the second theme on how producers and ICAP proposed and justified industry favourable policy solutions, sub-theme 2.2 was found to be distinct for ICAP as this organization argued that alcohol industry members should be more involved in the implementation of partnership-based targeted interventions. Sub-theme 2.3 is distinct for the producers who were identified in their submissions to undermine global policy guidance in favour of localized policy approaches. The three themes and their related sub-themes are presented in Table 5. The thematic map created in three separate pages for illustrative purposes can be viewed in Appendix V.

THEME 1	Defining the nature of the policy problem
Sub-theme 1.1	By blaming the drinking, not the drink
1.1.1	- stressing how individual responsibility determines the patterns of consumption
1.1.2	- centering the importance of informal/illicit alcohol
Sub-theme 1.2	By highlighting claimed unintended consequences
THEME 2	Proposing and justifying industry favourable policy solutions
Sub-theme 2.1	By promoting alternative to population-based policies without evidence
2.1.1	- asserting the effectiveness of educative programmes and public awareness campaigns
2.1.2	- calling for the enforcement of existing laws and penalties
2.1.3	- advocating for targeted health sector interventions
2.1.4	- emphasising the necessity for partnerships
Sub-theme 2.2	By arguing that alcohol industry members should be more involved in the implementation of partnership-based targeted interventions
2.2.1	- to target specific populations
2.2.2	- to deal with specific policy issues
2.2.2.1	non-commercial alcohol
2.2.2.2	road safety
2.2.2.3	marketing self/co-regulation
Sub-theme 2.3	By undermining global policy guidance in favour of localized policy approaches
THEME 3	Identifying and positioning the key policy actors

Sub-theme 3.1	By presenting alcohol producers as socially responsible corporate entities and key stakeholders
3.1.1	-accepting responsibility for industry cooperation on reducing the harmful use of alcohol while alleging the value of existing CSR initiatives
3.1.2	- stressing the importance of industry to national economies
Sub-theme 3.2	By identifying the roles and responsibilities of other actors
3.2.1	-WHO's roles and tasks
3.2.2	- national governments' responsibilities
Sub-theme 3.3	By presenting ICAP as a proponent of evidence-based policies and evaluated interventions

Table 5. Themes and sub-themes identified within the dataset.

3.2 Thematic headings

Theme 1: Defining the nature of the policy problem to justify industry favourable policy solutions

The researcher identified the submissions striving to define the nature of the policy problem as follows. First, to claim that the problem revolves around patterns of drinking and not commercial alcohol as a product, stressing that individual responsibility determines drinking patterns and centering the importance of informal/illicit alcohol in the problem. Focusing on individual responsibility allows them to scale down the problem as being an issue of the harmful use of alcohol by particular sub-populations with only a minority of irresponsible drinkers causing problems to themselves and others whereas the majority of consumers practice responsible drinking behaviours. Third, they highlight the claimed negative unintended consequences of population-based policy approaches.

Sub-theme 1.1: By blaming the drinking, not the drink

All producers attribute blame for alcohol related harm to the irresponsible drinking patterns of certain consumers. They claim that it is impossible to address harm without first analysing how people drink and making a distinction between responsible and abusive drinking patterns. Commercial alcohol is not to blame as a product that can cause acute alcohol related harms unless it is inappropriately used: "Alcohol is a special product-enjoyed responsibly by most, misused by a minority" (Diageo, 2009). ICAP, for example, notes "the potential that exists for their products to be irresponsibly consumed and thus cause harm. Of course, this potential exists for other products, such as automobiles and pharmaceuticals" (Bivans and Martinic, 2009). All submissions use the frame "harmful use of alcohol" to define the nature of the policy problem within a narrow perspective in terms of problematic patterns of consumption deflecting attention away from the necessity of reducing per capita alcohol consumption. These are labelled as either "alcohol misuse" or "abusive", "excessive", "high-risk" "inappropriate" and/or "irresponsible" drinking.

Nowhere are these terms elaborated in terms of units of alcohol consumed. The emphasis on the misuse and abuse of alcohol is used to highlight how the Global Strategy should focus on harm reduction: “Targeting the moderate drinker does not advance public health; the focus must remain on abusive drinking behaviors that actually cause public health problems (Anheuser Busch, 2009). With the exception of InBev’s “inappropriate drinking” defined as drink driving, underage drinking, drinking when pregnant and “drinking without moderation (‘binge drinking)” (InBev, 2009) and Pernod Ricard’s “high-risk drinking behaviour (excessive drinking, drinking prior to driving or during pregnancy, underage drinking etc.)” (Pernod Ricard, 2009) the terms used for appropriate levels of alcohol consumption are not elaborated and are open for interpretation.

Six out of 8 producer submissions and the ICAP *Alcohol production* one frame commercial alcohol not as a problematic product but as one that can enhance consumers’ health if consumed appropriately. For example:

> “It needs to be recognized that the majority of consumers drink responsibly and that there is a strong and consistent relationship between moderate consumption and health benefits” (InBev, 2009).

Moderate consumption is not explained here or in any other submission what it means precisely. Neither are the associated types of health benefits detailed in this or any other submission nor any specific examples of these are given. The association of alcohol consumption to health benefits found in these submissions is consistent with the findings of Dwyer et al., (2022) who found in the submissions of WHO’s most recent alcohol policymaking process that industry actors frame non-excessive and hence non-problematic drinking as being a part of a healthy diet and way of life. The association of overall alcohol consumption with the burden of harm is not acknowledged in the documents as a core problem requiring measures to curb it but drinking patterns are the issue. For example: “We believe that studying these various patterns of drinking will prove to be a better predictor of alcohol related harm rather than concentrating on overall alcohol consumption” (Pernod Ricard, 2009). Instead they emphasise how the problem revolves around the inappropriate or irresponsible patterns of consumption enacted by the few, not the product itself and the overall consumption of the many. The patterns of irresponsible consumption of the few can then be linked more to the individual responsibility of the consumer and less to the responsibility of the alcohol industry.

1.1.1 -Stressing how individual responsibility determines the patterns of consumption

The majority of submissions stress that individual responsibility determines whether consumers drink irresponsibly causing harm and thus the problem lies within those who drink not those who produce and market it: “Simply put, it is not the practice of drinking that is bad per se, but rather how drinking is practiced that can result in abuse” (Anheuser-Busch, 2009). Through this frame individual responsibility is delegated to the drinker for being able to find and keep the unclear boundary existing between moderate consumption and its opposite. The notion of individual responsibility is used to denote the responsibility

each person has for retaining their physical and mental well-being when consuming alcohol. The following quotes are indicative of how individual responsibility determines the patterns of alcohol consumption:

> "An individual's drinking is a personal choice and, thereby within their own control" (Pernod Ricard, 2009).

> "Those who choose to drink must accept responsibility to do so in moderation and responsibly" (Beam Global Spirits and Wine, 2009).

Producers claim to be capable of providing the necessary information on alcoholic beverages that will help the irresponsibly drinking minority learn how to drink in moderation enhancing individual responsibility. One example of a producer basing its claims on unsubstantiated beliefs on individual responsibility:

> "It is our belief that the informed individual is responsible for his or her own choices and drinking behaviour." (Heineken, 2009).

Overall, the importance of individual responsibility is stressed and the personal freedom to make one's own drinking choices drawing upon values that could be loosely termed as neoliberal. These underpin the harmful use of alcohol policy problem frame constituting it as one of individual responsibility (or the lack thereof). As this problem predominantly affects individuals within sub-population groups and not the "responsibly drinking majority" (Willersdorf, 2009) individual consumers need to be equipped with the know-how to be able to make informed decisions:

> "Ultimately, the consumption of alcoholic beverages is an individual choice. Our objective should be to provide consumers with appropriate information on alcohol and its consumption so that consumers can make informed drinking decisions" (Pernod Ricard, 2009).

It is implied that alcohol related harms occur because not all consumers have become aware of alcohol industry provided information that can equip them with the necessary cognitive tools to be able to make informed drinking choices.

In two submissions harmful drinking behaviours are framed as being not only an issue of individual responsibility but also prompted by deeply rooted social norms and cultural traditions. These are alleged as reason why reforming harmful drinking behaviour is a difficult and long-term effort that necessitates the cooperation of an array of stakeholders. This producer explains: "Very often a culture change in the acceptance of personal responsibility and rejection of misuse is needed to effect real change-this demands both a long-term approach and multi-stakeholder input" (Beam Global Spirits and Wine, 2009). However, pinpointing a need for a broad "culture change" in drinking behaviours contradicts the framing of how only a minority of irresponsible drinkers are responsible for a narrow in scope policy problem. It implies instead that the problem is not limited to them or to particular sub-population groups but that it is in fact a broader issue that affects the whole population. Hence the necessity for a long term and deep cultural and behavioural change. This is in line with Hawkins and Holden's (2013) finding of the fundamental

contradiction of UK alcohol industry actors using the 'problematic minority of drinkers' framing to reject the implementation of the population based MUP policy in Scotland while referring to the necessity of a widespread cultural change.

1.1.2 -Centering the importance of informal/illicit alcohol

In 5 producer and 3 ICAP submissions the importance of informal/illicit alcohol is presented as central to the policy problem. The way they do this is by linking any further regulation of commercial alcohol to the rise in harm from informal/illicit alcohol, its increase in consumption and associated health hazards: "From the available literature, trade in noncommercial alcohol appears to increase in response to increased restrictions on commercial alcohol" (Botha, 2009). There is no reference to this available literature. Regarding non-commercial, informal and illicit alcohol, it is the product not the drinking behaviour that is linked to the problem. Here, additionally, the problem is presented not as narrowly affecting particular individuals or groups but as a broader public health issue concerning the entire population as well as governments that must deal with it. Indicatively, noncommercial alcohol:

> "in many developing countries has led and continues to lead to the problem of consumers imbibing dangerous beverages that can lead to serious injury or death. Such products are often beyond the control of government regulators. This must change in order to protect the health of the general population" (Pernod Ricard, 2009).
>
> "represents a serious public health problem, particularly in the developing world" (Botha, 2009).
>
> "can bring extra health risks (in the case of poor-quality illicit drinks) but can also deprive governments of revenue" (Robson, 2009).

Arguably, these claims deflect attention from producers and the alcohol industry to the marginal unregulated alcohol market, which is upgraded to being the predominant danger for the general population's health. One producer in particular references WHO's 2004 *Global Status Report on Alcohol* (WHO, 2004) to support its claim that more attention needs to be given to unrecorded non-commercial alcohol consumption: "Alcohol consumption statistics do not include informal alcohol, and thus leave a large percentage of consumption 'unrecorded'. The WHO has recognized that such statistics are of limited value given the significance of unrecorded consumption" (SABMiller, 2009). But it ignores those parts of the same report illustrating the public health harms caused by the consumption of commercially manufactured alcohol. It thus upgrades the contribution of 'unrecorded' consumption to the burden of harm and respectively undermines the impact of recorded commercial alcohol. Compared to other producers SABMiller places the most emphasis on the impact of informal/illicit alcohol by allotting a 458-word sub-section in

its submission for it. The statistics regarding noncommercial alcohol, however, are mere estimates compared to the strong evidence of the harms caused from the consumption of commercial alcohol produced at an industrial scale.

Quoting selectively from the same report (WHO, 2004) SABMiller highlights an extreme case of alcohol poisoning causing hundreds of deaths just shortly before the 61st WHA in May 2008. But it ignored the 1.8 million deaths (WHO, 2004) provided in the first page of the same report that could not be attributed exclusively to informal alcohol, and were therefore caused at least in part by commercial alcohol. Neither does any other submission correlate commercial alcohol to mortality in any way whereas illicit/informal alcohol is focused on because "Experience has shown that the potential health risks can be serious and cause many deaths" (Robson, 2009).

Sub-theme 1.2: By highlighting claimed unintended consequences

In 6 of the 8 producer submissions, unsubstantiated claims were made about the unintended consequences of population-based policies with no supporting evidence provided. They are described as having no impact on alcohol abuse; impacting the most on those who do not drink irresponsibly or in an unhealthy manner; fostering or encouraging informal and illicit alcohol production and the smuggling trade and as a result the consumption of cheaper but unsafe non-commercial products. This constitutes for them an extreme public health hazard which is greater than the alcohol related problems caused by the misuse or abuse of commercially produced beverages.

This SABMiller quote is indicative of what the majority of producers claim:

> "SABMiller is concerned by the WHO's continued endorsement of population-based strategies designed to reduce overall consumption of alcohol. Such policies neither specifically target the harmful use of alcohol, nor address the use of informal or illicit alcohol – and indeed, they may exacerbate these problems by driving more low-income, high-risk consumers into the informal and illicit markets. They also raise the cost of doing business for legitimate, well-managed companies, and potentially erode the intellectual and physical resources, employment, and revenue they bring, particularly to developing countries (SABMiller, 2009).

Evidential support is not provided but producers use their "beliefs" and "experience" to override the strong evidence base that underpins population-based policy approaches that they fear may be incorporated in WHO's proposed Global Strategy. These will supposedly lead to severe unintended consequences predominantly to consumers but also to producers' legitimate financial interests.

For Heineken, the unintended consequences of taxation lead drinkers to illicit alcohol although this is not supported by any academic research evidence

> “previous experience shows that tax increases on beer simply leads to increases in informal channels of alcohol purchase, with its associated health risks, or purchases of other less expensive forms of alcohol. Prohibition failed in the United States” (Heineken, 2009).

What is most striking here is that regulatory tax policies are conflated with prohibition in the USA and its negative connotations. Heineken here references ICAP’s policy review *Noncommercial alcohol in three regions* (Adelekan et al., 2008) to support its claim although nowhere in it is prohibition in the USA mentioned.

Four out of six ICAP submissions emphasise how unspecified excessive regulations on pricing, availability, distribution and marketing of alcohol should be avoided due to their negative unintended consequences. For example:

> “Excessive regulations on the availability of alcohol run the risk of generating unintended and often negative consequences, such as driving consumers toward the informal (and completely unregulated) market” (Botha, 2009).

The negative consequences of excessive regulation are expanded on in the *Alcohol distribution* submission to include the shifting of alcohol demand to other venues which may cause additional unintended consequences: “Severe regulations may shift demand to the black market, boosting crime and the popularity of noncommercial alcohol beverages. There are also some examples of licensing restrictions resulting in discriminatory practices toward vulnerable populations (e.g. remote communities in Australia)” (Willersdorf, 2009). No evidence is presented to support these claims and neither does the author explain what “severe regulations” means.

For the *Alcohol distribution* document, the authorities must be particularly cautious with minors when they enforce the laws against underage alcohol purchases and drinking “as there is some evidence that they can result in young people being reluctant to call the police or ambulance services for alcohol-related problems” (Willersdorf, 2009). This is another argument used to implicitly oppose regulation by deflecting focus to an unintended consequence it allegedly might cause according to “some [unspecified] evidence”. It is a good example of deflecting attention from the public health implications of alcohol consumption by highlighting the potential acute harm caused by regulation to a subpopulation of a subpopulation group, which consumes alcohol contrary to the notion of “abstinence for minors” (Sinclair, 2009) promoted by the alcohol industry.

Price increases are also claimed to “have unintended consequences that can give rise to other difficulties” (Robson, 2009) for both consumers and governments that will be able to allocate substantially less resources for dealing with social inequality or improving public health infrastructure. In one document, however, price decreases are presented as the unintended consequence of severe marketing regulations to claim that self/co-regulation of marketing is preferable because it “helps avoid the unintended consequences of severe restrictions on marketing (e.g., marketing bans may intensify other aspects of competition, such as price competition)” (Sinclair, 2009).

Theme 2: Proposing and justifying industry favourable policy solutions

Defining the nature of the problem in a particular way allowed producers to present their corresponding policy solutions in a way that fundamentally countered what WHO and the most comprehensive scientific literature output on policy options of the time (Babor et al., 2003) had suggested. Three producer submissions provide broad overviews of what an effective Global Strategy should entail. For example:

> "Effective strategies should be targeted, evidence-based, multi-disciplinary and sympathetic to local cultural conditions, environment, and reflect relevant market realities" (Beam Global Spirits and Wine, 2009).
>
> "Effective strategies must be rooted in comprehensive national and sub-national alcohol policies, crafted through participatory processes that engage stakeholders from all relevant sectors – including health, law enforcement, justice, trade, and education, as well as NGOs, producers, and retailers. Broad participation brings the benefits and checks and balances of a range of experience and perspectives, raises awareness among participants, instils political commitment, and lays the ground for successful implementation of the policy" (SABMiller, 2009).

Suggesting that there must be a set of "checks and balances" among all participants during the policy formulation and implementation phase is not further elaborated on. SABMiller uses this term to limit the power of national governments while advocating for these policies to be formulated and implemented at the national level and not the global one. In doing so it attempts to present itself and the alcohol industry more broadly as a kind of experienced and well-established institution that can provide the necessary "checks and balances". Elevating itself in this way justifies having a say in the policy process.
The other submissions do not provide broad overviews of desired alcohol strategies but include proposed targeted measures identified as common in the majority of documents such as the following.

Sub-theme 2.1: By promoting alternatives to population-based policies

All alcohol producers were identified promoting alternative policies in preference to any broad population-oriented approach without providing any accompanying evidence of effectiveness. In line with McCambridge, Hawkins and Holden's (2013) finding that alcohol industry actors presented the whole population approach as an oversimplified and ineffective way of dealing with the problem the researcher identified that all submissions advocated for a policy mix of harm reduction measures, which correlates to how they have previously presented the policy problem. These include: targeted interventions adapted to local cultural conditions and drinking patterns. Education and awareness campaigns which aim to enhance individual responsibility for not misusing or abusing alcohol. Improved data collection regarding problematic drinking behaviours especially in developing

countries where this is lacking. Increase and better coordination of resources and training for healthcare providers who offer screening and brief intervention services. Enforcement of alcohol laws where they exist.

An indicative example from InBev stating that an effective Global Strategy “will need to be multi-compound, existing of a combination of legislation, education and information and self-regulation” (InBev, 2009). No evidence is provided to support the effectiveness of this multi-compound policy proposal and even though some harm reduction approaches complementing population-based measures have been proven to be effective (Babor et al., 2010) they are not meant to substitute them as the majority of alcohol producers aim.

Only two producers leave a window open for some unspecified version of regulatory policies to be accepted without providing details. “Reasonable regulation” should be combined with self-regulation of marketing, which is not a regulatory policy, however, and it should be part of any “balanced” alcohol policy. This is not further explained unless it is interpreted in terms of how “Striking a right balance between public health and trade is essential” (Anheuser-Busch, 2009). Specifically:

> “We believe strongly in self-regulation of commercial communication balanced with reasonable regulation on production, distribution, marketing and sales” (Heineken, 2009).
>
> “Reasonable regulation can, and should, be part of a balanced policy” (Beam Global Spirits and Wine, 2009).

“Reasonable regulation” is not defined anywhere and neither does any other alcohol producer nor ICAP use this term consistently. Opposite terms such as “excessive regulation” (Heineken, 2009; Beam Global Spirits and Wine, 2009) and “over-regulation” (Anheuser-Busch, 2009) are also not explained, and used with similar strategic vagueness in the submissions.

On its now deactivated website ICAP claimed that alcohol policies “should aim to create a reasonable balance of government regulation, industry self-regulation, and individual responsibility” (ICAP, 2009) but no further explanations on reasonable balance were provided. Here, “Reasonable regulation is designed to protect consumers and society at large without imposing intolerable demands on producers or restricting individual freedom of choice” (Bivans and Martinic, 2009). ICAP does not totally dismiss regulatory population-based approaches like the majority of producers, but advocates for a blended approach that gives primacy to individual responsibility and freedom as well as to corporate freedom over strict government-imposed regulatory policies. The Bivans and Martinic (2009) submission explains that there are two available categories of interventions for reducing harmful drinking. Population-based approaches consisting of measures for controlling the price, availability and marketing of alcohol and targeted interventions focusing on specific sub-population groups, drinking patterns and drinking settings. It stresses that these two categories “are by no means mutually exclusive and may be used in tandem to complement and strengthen each other” (Bivans and Martinic, 2009). This

proposition of a combined use of the two constitutes the "balanced" policy approach endorsed.

Botha clarifies what a balanced alcohol policy relies on to be termed as such and how it can be achieved:

> "A balanced policy avoids excessive regulation and relies on promoting the wellbeing of society without infringing upon individual freedom and choice of the moderate-drinking majority. How this balance is created will vary internationally, reflecting socioeconomic circumstances and culture, but can be achieved by complementing population-level regulations with targeted measures for high-risk individuals, settings, and behaviors" (Botha, 2009).

In the context of the above extract a "balanced policy" is "targeted" and includes interventions mobilised to reduce the narrow range of harms that specific population subgroups face because they exhibit particular risky drinking behaviours. Its second dimension is "freedom". Balanced policy protects the freedom of individuals to make their moderate drinking choices and avoid consequences of restricting choice: "The challenge is to avoid undue restrictions on free access to commercial products" (Botha, 2009).

The alternative policies that ICAP proposes for reducing the harmful use of alcohol are implementing targeted interventions through partnerships in 7 areas. These are education and public awareness, road safety, screening and brief interventions, responsible hospitality, drinking and pregnancy; drinking and the workplace; reducing the effects of the HIV/AIDS pandemic (Bivans and Martinic, 2009). Additional proposals include the promotion of the self-regulation of marketing (Sinclair, 2009), dealing with non-commercial alcohol and its negative impacts (Botha, 2009), promoting responsible retail practices such as modifying the drinking environment and server-seller training as well as retailer self-regulation (Willersdorf, 2009). Overall, "Industry efforts have been concentrated on targeted initiatives, which are adaptable to the needs of diverse cultures and contexts and responsive to specific problems at hand" (Bivans and Martinic, 2009).

2.1.1. Asserting the effectiveness of education programmes and public awareness campaigns

Education programmes and public awareness campaigns are framed to be effective in all producers' submissions as "education in its broadest sense plays an important role in helping to prevent abuse of alcohol, in particular by those underage" (Heineken, 2009). This construct is common among producers who tend to promote them as an effective policy solution. Pernod Ricard, for example, claims that education can reinforce the message of responsible consumption although the efficacy of education according to available scientific evidence at that time (Babor et al, 2003) was and still remains questionable: "Pernod Ricard is a strong supporter of industry and company activities to educate young people above the legal drinking age to understand their alcohol consumption

and to reinforce the message promoting responsible drinking" (Pernod Ricard, 2009). Educational programmes are conflated here with industry marketing activities.

Pernod Ricard also counters the criticism these programmes have received by alcohol researchers who are demoted to being "some commentators". This implies that they are very few, and not necessarily credible, when doubting the promotion of educational programmes as effective means for dealing with the problem: "While some commentators have dismissed the usefulness of education, Pernod Ricard believes it imperative that consumers understand what they are drinking so that they can make informed drinking decisions" (Pernod Ricard, 2009).

Public awareness campaigns are complementary to education in changing irresponsible patterns of consumption. For example: "Bacardi supports awareness and educational programs that bring awareness to the issues of harmful use of alcohol and educate people regarding the responsible use of beverage alcohol" (Bacardi, 2009). But these programmes serve producers' public relations and marketing strategies predominantly. A Bacardi public awareness campaign presented in its submission had recruited a Formula 1 champion as an ambassador of responsible drinking thus broadening its access to young consumers even though the company's products are not directly promoted.

Two out of six ICAP submissions assert the effectiveness of education and awareness programmes targeted predominantly towards young people and less so towards the whole population: "Young people—particularly those under the legal drinking age—are the most frequent target of alcohol education, including school-based programs, life skills, and mass media campaigns" (Bivans and Martinic, 2009). Botha adds that educational programmes aimed at strengthening parental skills and roles combined with public awareness campaigns and social norms marketing could positively impact underage drinking, if they are consistently implemented. No references are provided in this or any other ICAP submission to evidence the speculations regarding the positive impact these approaches may have:

> "Education and awareness efforts—including through large-scale government campaigns—remain central in this context and, combined with strengthening parenting skills and the positive role of the family, should be considered. Peer approval is also key in youth drinking choices. Both social norms marketing and peer-to-peer awareness campaigns could have positive impact" (Botha, 2009)

Overall, education programmes and public awareness campaigns are presented as effective tools against alcohol abuse and misuse but they were not identified to be rhetorically compared or contrasted to actual policy measures suggested by relevant peer reviewed scientific literature that have been proven to counter the harmful use of alcohol.

2.1.2. Calling for the enforcement of existing laws and penalties

The enforcement of legislation and penalties frame is a proposed policy measure identified in 6 producer submission. Four producers advocate that laws already in place must be implemented. For example:

> "Proper enforcement of existing laws is a very big part of the key to tackling problems such as drink driving; underage drinking and the sale of alcohol to people who are already over a safe limit. It is the government's responsibility to ensure that there is proper enforcement of the rules that are in place" (InBev, 2009).

It must be pointed out though that at that period in time the majority of WHO member states did not have written national alcohol polices and according to the latest *Global Status Report on Alcohol and Health* (WHO, 2018) up until 2016 from the 175 responding countries only 99 (57%) reported having some form of alcohol policy. Thus, desiring the enforcement of laws and penalties translates into wanting to enforce laws that did not exist at that time in most countries. Claiming that stricter government enforcement, which they support, is necessary to reduce alcohol related harm allows producers to present themselves as socially responsible. The force of the law and its consequences, however, are aimed exclusively to the drinkers and not to the manufacturers of the harmful commodity they consume.

Three ICAP submissions call for the enforcement of existing laws via "a strong and effective enforcement mechanism" (Simpson, 2009) and through a "collaboration with local authorities to improve enforcement" (Bivans and Martinic, 2009). ICAP believes that the whole population must become aware of the value of enforcement as "proper enforcement should be backed by education of the general population" (Botha, 2009). The reason given is that "while enactment and enforcement of legislation are crucial, they are unlikely to trigger the desired results of 'positive engagement' when implemented on their own" (Botha, 2009). This can be achieved through "broad public campaigns to raise awareness about existing laws, enforcement, and possible punitive measures" (Botha, 2009).

2.1.3. Advocating for targeted health sector interventions

Another preferred policy approach identified in the in 5 of the 8 producer submissions and in 1 ICAP document is promoting the use of targeted health sector interventions. These are allegedly the most suitable to address the narrow range of alcohol related harms. Indicatively: "Evidence-based, targeted health sector interventions are the most effective tools to reduce the harmful use of alcohol" (SABMiller, 2009). Their additional advantage is that they do not cause any collateral damage like the non-targeted population-oriented measures. For backing up this claim SABMiller references a 2008 WHO report which recommended screening and brief interventions as effective and cost-effective ways of reducing hazardous and harmful alcohol consumption: "We concur that health sector responses effectively reduce harmful use of alcohol–in addition, they do not trigger the

unintended consequences of strategies to reduce overall consumption" (SABMiller, 2009). It disregards, however, that this is only one of the nine recommendations the Secretariat made including, for example, pricing policies (WHO, 2008).

The authors of the ICAP *Reducing Harmful Drinking: Industry contributions* submission argue that "Among the most successful targeted interventions for "at-risk" groups are early screening for alcohol problems and the provision of treatment or brief interventions" (Bivans and Martinic, 2009). For implementing them they add that "While industry members themselves cannot provide these interventions, they can partner with and support training and resources for technical personnel who can" (Bivans and Martinic, 2009). A specific example of such an industry backed intervention is provided. They also state that they can be combined with other prevention initiatives aiming to help vulnerable groups within the population: "Screening for alcohol problems can be coupled with other areas of prevention, such as workplace alcohol programs, routine prenatal screening, HIV screening, and vaccination and other preventive care to socially excluded groups and communities" (Bivans and Martinic, 2009). The authors do not explain why screening and brief interventions can be coupled with these other areas of preventive care and how this contributes to reducing harmful drinking.

2.1.4. Emphasising the necessity for partnerships

All producer submissions were identified to stress the necessity of partnerships in either policy formulation or implementation or both. The WHO's consultation process was used to remind the organization, its member states' governments and other interested parties that producers are present and eager to contribute with their expertise in reducing the harmful use of alcohol: "We remain willing to offer our perspective, expertise, and resources to work in partnership towards this end" (SABMiller, 2009). But not only towards this end. As Anheuser-Busch stated "striking the right balance between public health and trade is essential" (Anheuser-Busch, 2009) and partnerships are presented as the necessary means for achieving this balance. It is implied that public health interests should not be promoted at the expense of private commercial interests but that a modus vivendi must be achieved, satisfying all parties.

A representative example of how partnerships are dealt with by producers is found in the SABMiller submission. It encourages WHO to "support member states' efforts to develop, implement and evolve national alcohol policies through a participatory process that secures the input and commitment of all relevant stakeholders" (SABMiller, 2009). Alcohol policies are recommended only within the context of multi-stakeholder partnerships despite the fact that the corporate interests of the alcohol industry may not necessarily align with the public health interests that alcohol policies aim to protect. The formation of partnerships among public and private sector entities are not related to any potential negative consequences or to possible conflict of interests. Instead WHO is prompted not to forget a commitment within the UN's Millennium Declaration resolution "to give greater opportunities to the private sector, non-governmental organizations and civil society, in

general, to contribute to the realization of the Organization's goals and programmes" (UN Resolution A/RES/55/2, 8 September 2000, as quoted in SABMiller, 2009).

Overall, the producer submissions appear to be focused more on articulating in a general and more abstract way the principles of private-public partnership formulation including alcohol industry actors. ICAP places a somewhat different emphasis on partnerships and goes further by promoting more directly the implementation of partnership-based approaches, as presented in the sub-theme below.

Sub-theme 2.2: By justifying how the alcohol industry should be more involved in the implementation of partnership-based targeted interventions.

The authors of the *Reducing harmful drinking: Industry contributions* document argue that public-private partnerships are internationally acknowledged for providing solutions to various socioeconomic and environmental problems and need to be practically applied for reducing harmful drinking: "Considerable efforts, however, are still required from all stakeholders to move from the abstract desirability of partnerships to putting real partnerships into practice that enhance the delivery of a shared focus on reducing harmful drinking" (Bivans and Martinic, 2009). The authors note that "Many targeted interventions to reduce harmful drinking are best delivered in partnership with industry members well positioned to play a substantial role" (Bivans and Martinic, 2009). By playing a "substantial" role, the role of governments can become less substantial. The existing consensus among alcohol industry members on the role of partnerships in implementation was identified in 5 out of 6 ICAP submissions. It is used as evidence of how they can make a difference in achieving the common goal of reducing the harmful use of alcohol, which they claim is producers' legitimate interest conflating business with public health. One example:

> "The industry aligns with the overarching goal of reducing harmful drinking as part of its long-term business interests. ICAP and its sponsoring companies endorse the fact that targeted interventions implemented in partnership make a significant contribution to this goal" (Bivans and Martinic, 2009).

No evidence is given back up the "fact" that targeted interventions and/or partnerships in their implementation can make this "significant contribution".

2.2.1. To target specific populations

The partnership based targeted interventions promoted in the ICAP submissions can be categorized as follows. Those that aim towards specific population groups and those that are meant to deal with specific policy issues. The sub-population groups targeted are underage drinkers, pregnant women, those infected by HIV, alcohol industry employees and those "at-risk" drinkers who abuse or are dependent on alcohol and need treatment (Bivans and Martinic, 2009). Underage drinkers were targeted in the majority of

documents. With the exception of alcohol industry employees which are identified in two documents (Bivans and Martinic, 2009; Simpson, 2009) the rest of the targeted groups were found only in one.

Working in partnership for preventing underage drinking via educational programmes and legal drinking age enforcement is presented in four submissions (Bivans and Martinic, 2009; Botha, 2009; Sinclair, 2009; Willersdorf, 2009;). Botha explains that "the industry has and will continue to play its role through awareness programs, responsible hospitality initiatives, partnerships with community stakeholders, and working with governments to reinforce purchase and drinking age limits" (Botha, 2009). These must be part of a combined approach, it is suggested, that includes enforcement to be effective in minimizing potential harms.

This combination of a population-based measure such as setting minimum age limits with targeted interventions aimed at a targeted sub-population group that Botha presents as effective is also an applied example of a balanced alcohol policy as this is defined in the Bivans and Martinic (2009) document quoted above. It is not further explained though when or how it was evaluated that this combined approach has "shown promise".

The *Alcohol distribution* document talks about the producer-retailer partnerships that are in place for preventing underage drinking in retail settings. The targeted interventions at this level "include the development of industry codes and other self-regulatory practices, health promotion and consumer education" (Willersdorf, 2009). Some of these partnerships are also said to involve governments and local community leaders but no details are given on how this is done.

For preventing drinking during pregnancy which is "one area that has attracted particular attention" (Bivans and Martinic, 2009) these authors present an example of a foetal alcohol syndrome campaign in South Africa delivered in partnership. They use it to illustrate how within a harm reduction approach, industry members in partnership with other stakeholders have applied "measures that address groups of individuals deemed to be at a particular risk for harm" (Bivans and Martinic, 2009). They do not refer though to the effectiveness or impact of such collaborative interventions or whether they have been evaluated.

For mitigating the negative impacts of the HIV/AIDS pandemic especially in developing countries "partnerships with the private sector, national governments, NGOs, and community-based organizations can contribute to reducing some of the effects of the HIV pandemic by supporting affected individuals" (Bivans and Martinic, 2009). But they do not explain how these types of programmes relate to industry contributions for reducing harmful drinking, or whether they are presented to display how socially responsible alcohol producers can be. The role of alcohol in the transmission and progression of HIV is not mentioned.

Another subpopulation group targeted are employees and how alcohol related harms from drinking in the workplace must be prevented by limiting the physical availability of alcohol. It is not fully clarified whether the employees targeted in the ICAP documents are those working exclusively within the alcohol industry as was found in the global alcohol producer

documents. Though industry interventions targeting employees are presented here as one of the five types of "industry partnerships in other areas" (Bivans and Martinic, 2009) the only example they provide is from an internal programme of one global alcohol producer.

The final targeted sub-population group are those deemed to be "at-risk" due to their excessive drinking behaviours. Bivans and Martinic argue that "Among the most successful targeted interventions for "at-risk" groups are early screening for alcohol problems and the provision of treatment or brief interventions" (Bivans and Martinic, 2009).

2.2.2. To deal with specific policy issues

The ICAP submissions provide examples of how alcohol producers have been working or propose to work in partnership with other stakeholders in the following areas: road safety; screening and brief interventions; responsible hospitality; drinking and pregnancy; reducing drinking at the workplace; reducing the effects of the HIV/AIDS pandemic; creating an international technical resource pool to assist local officials in addressing technical problems related to alcohol production; partnering with governments to combat counterfeiting and providing safe alternatives to illicit non-commercial alcohol; promoting responsible marketing practices and self/co-regulation by strengthening existing self/co-regulatory codes and systems; and promoting retailer partnerships with producers, governments and community leaders on health promotion, consumer education and underage drinking prevention. They place the most attention on three particular issues: addressing the harms of non-commercial alcohol, road safety and marketing self/co-regulation.

2.2.2.1 Non-commercial alcohol

The *Alcohol availability* document argues that all interested stakeholders must work together to deal with the informal/illicit alcohol market and eliminate the dangers it can cause. The author explains that "Addressing non-commercial alcohol is in the best interest of governments, law enforcement, and the industry. As a result, there is ample room for cooperation and initiatives based on partnership and directed at a common goal" (Botha, 2009). They present eight specific ways for cooperation among stakeholders. The most striking of these proposed initiatives entails a partnership of producers with governments where the latter can "Encourage commercial producers (e.g., through tax incentives) to provide affordable alternatives to illicit alcohol" (Botha, 2009). For ICAP increasing the provision of cheaper, quality commercial alcohol to consumers is a way of reducing the harmful use of alcohol. The same argument was used in one global alcohol producer submission. It called for WHO "to partner with its members states and other stakeholders-including economic operators-" to address the informal market" (SABMiller, 2009) by "encouraging policies that promote the production of a wide range of commercially

produced quality alcohol beverages that are affordable to adults who chose to drink-offering an alternative to informally produced products" (SABMiller, 2009).

Botha focuses on the availability of non-commercial alcohol but he does not state anything regarding the availability of commercial alcohol, its potential negative consequences or any solutions for dealing with them. The *Alcohol production* submission explains that in anti-counterfeiting programmes "Collaboration among the beverage industry, government, the local community and others is well documented" (Simpson, 2009). He points out that although counterfeiting "is primarily an economic issue for the beverage alcohol industry, there are also areas with strong public health implications" (Simpson, 2009). Partnerships can thus be a cost-efficient way for governments to serve both public health and the economic interests of the state by reducing the circulation of non-taxed counterfeit products. They can also benefit from industry expertise and resources "as companies have demonstrated their willingness to advise and help when asked by governments "(Simpson, 2009).

2.2.2.2 Road safety

Three ICAP submissions emphasise the importance of working in partnership to implement targeted road safety initiatives. Bivans and Martinic (2009) highlight how ICAP and the alcohol industry more broadly have been contributing substantially to promoting road safety at the global level predominantly through the non-profit Global Road Safety Partnership initiated in 1999 by the World Bank comprising governments, international development agencies including WHO, businesses and civil society organizations:

> "ICAP is a founding member of the Global Road Safety Partnership (GRSP); ICAP staff contributed to the development of the Good Practice Manual on Drinking and Driving, produced by GRSP under the UN Global Collaboration on Road Safety" (Bivans and Martinic, 2009).

They further explain how alcohol industry members have already collaborated with others in six types of road safety initiatives expressing how keen they are "to explore increasing collaboration with governments, the public health community and others involved in road safety" (Bivans and Martinic, 2009). They claim that these interventions have been working and that "There is considerable scope for these programs to be improved" (Bivans and Martinic, 2009).

2.2.2.3 Marketing self/co-regulation

Self/co-regulatory marketing codes and the Self-Regulatory Organizations (SROs) that monitor compliance within a well-functioning self/co-regulatory system is the third policy issue presented predominantly in the *Alcohol marketing* document and less so in the *Alcohol distribution* one. Sinclair explains that "The industry offers its expertise, network of branches, and offices to assist governments to introduce self-regulatory bodies and codes

where none exist or where they are poorly applied" (Sinclair, 2009). Partnerships can also take the form of co-regulation of marketing among governments and alcohol industry members. Self/co-regulation of alcohol producers' commercial communication is presented as the optimal way to "see such codes in action internationally, in both developed and developing markets" (Sinclair, 2009). The goal is to promote "the notion of moderate drinking for adults and abstinence for minors" (Sinclair, 2009) and "Having concrete consequences for code noncompliance is critical to robust self-regulation" (Sinclair, 2009). Though he considers "concrete consequences" critical, the author leaves a window open for them to be bypassed: "Codes can also rely on peer pressure rather than the threat of punitive action to ensure compliance" (Sinclair, 2009).

Marketing co-regulation also has its benefits, stated as follows: "Government regulations and industry self-regulation can complement each other; some form of co-regulation is becoming the norm around the world. This combination retains an overarching government authority but helps avoid the unintended consequences of severe restrictions on marketing" (Sinclair, 2009). Inviting governments to offer their input in marketing codes that are often unilaterally created by alcohol industry members and not co-created with governments does not constitute this to be a form of marketing co-regulation but rather a reframing of self-regulation.

By promoting self/co-regulation this document achieves three things. First, it demonstrates how socially responsible alcohol producers are as they have created, although not always obliged to by law, self-regulatory codes, whose implementation in many cases has been monitored by SROs. Second, it serves to justify their constant presence in policy implementation. Third, it helps to preempt marketing regulations just as "excessive" regulatory measures in relation to the availability, distribution and pricing of alcohol are claimed to cause negative unintended consequences.

Sub-theme 2.3: By undermining global policy guidance in favour of localized policy approaches

This subtheme applies to the global alcohol producer submissions as it was not identified in the ICAP submissions. In none of the documents examined did global alcohol producers appear to openly oppose WHO's Global Strategy and they endorsed the consultation process in which they were allowed to participate. But they attempted to undermine the global policy guidance itself. Six of the eight producers were identified to have done this by using what could be interpreted as dismissive and caricaturing terms such as the "one-size-fits-all" in order to support their claims in favour of locally initiated responses. They additionally use these terms to oppose global policy guidance further undermining the whole population approaches which they have already rejected and to restrict WHO's view on what type of global strategy should be formulated. One example from the submissions:

> "The first point that should be understood is that a global perspective should not lead the WHO to a single strategy for all member states. Each member state will require the flexibility to develop its national strategy on alcohol taking into

> consideration the local attitudes towards alcohol consumption, the local drinking cultures, and what types of alcoholic beverages are consumed by the national population. As mentioned above, understanding the local drinking patterns and then targeting the identified harmful drinking behaviours will be a more effective course of action rather than adopting a one-size-fits-all policy that does not make allowances for local conditions" (Pernod Ricard, 2009).

Additionally, the "one-size-fits-all" term serves to emphasise how the policy problem is a complex one with complex causes which requires equally complex and tailored-made approaches to counter it in the multitude of different contexts around the globe. This undermines global policy guidance which they fear may lead to a uniform global policy governance built on population-based approaches.

Beam Global Spirits and Wine uses the term "silver-bullet" and InBev expresses its concern for a "uniform approach" with the same purpose. They respectively state:

> "there is no 'silver-bullet', and effective solutions require strategies that are targeted, evidence-based, multi-disciplinary, and are sympathetic to local cultural conditions and environment" (Beam Global Spirits and Wine, 2009).

> "we have serious reservations about a uniform approach for the alcohol-related problems around the world; we do not believe this will work" (InBev, 2009).

Overall, these producers are in favour of policy responses initiated by national governments instead of policy guidance stemming from an international organization but the reasons for this are not clear. Even though the detailed content of their claims is weak juxtaposed to evidence provided by scientific literature, their narrative is internally consistent. The repetitive deployment of particular phrases regarding regulatory, population-based approaches in the documents examined reveals a concern about the impacts a global alcohol strategy might have to their operations if these approaches are adopted within national alcohol policies.

Theme 3: Identifying and positioning the key policy actors

Having defined the policy problem and proposed solutions that should be incorporated into the Global Strategy global alcohol producers and ICAP were found to identify who they consider to be the key policy actors in the policy debate regarding the formulation of WHO's Global Strategy and to position them as the necessary partners with which governing bodies both at the national and at the global level need to cooperate. Indicatively: "Producers should be stakeholders in the formulation of responsible public policy regarding alcohol, and should be part of the solution to address the problems of misuse" (Beam Global Spirits and Wine, 2009). They did this for two reasons. First, to justify why they should continue to be at the policy table supporting their claims that harm reduction

policy approaches ought to be implemented. Second, to legitimize their constant participation in the policy implementation phase which they would preferably do in partnership with other stakeholders. Producers also provide a clear message against global policy guidance derived from a global strategy that will not be tailored to local circumstances. They support their claims by presenting how their global nature and the expertise gained from their multiple operations justifies their presence at the policy table and allows them to provide plausible reasons as for why such a global and not local policy approach will eventually fail, if implemented

Sub-theme 3.1: By presenting producers as socially responsible corporate entities and key stakeholders

A common finding identified in all producer submissions is the assertion that they are socially responsible corporate entities. Two examples:

> "Achieving the UN Millennium Development Goals (MDGs) will contribute to reducing the harmful use of alcohol. Responsible businesses like SABMiller contribute to the achievement of MDGs" (SABMiller, 2009).

> "As a company, Pernod Ricard has a long history of corporate social responsibility activity, especially when it comes to Sustainable Development" (Pernod Ricard, 2009).

To evidence this they present some of their CSR activities and cite self-regulatory industry codes which they have developed and applied voluntarily. With the exception of SABMiller which vaguely notes that it invests significant resources in CSR programmes, all other alcohol producers go into details of their own initiatives. Six out of the eight producers accept responsibility to provide information to the public on their products and the potential harms their misuse or abuse might have. This is done via information provision and awareness raising campaigns. Indicatively:

> "In terms of reducing harmful use of alcohol, as a responsible brewer, we do two kinds of initiatives: general awareness raising about the importance of responsible drinking; and awareness raising and sometimes interventions re[garding] the dangers of irresponsible drinking" (InBev, 2009).

> "Bacardi supports awareness and educational programmes that bring awareness to the issues of harmful use of alcohol and educate people regarding the responsible use of beverage alcohol" (Bacardi, 2009).

> "It is our belief that the informed individual is responsible for his or her drinking choices and drinking behaviour. This determines that one of our key aims, strategies and areas for activity is to help build the knowledge and understanding that helps consumers make positive choices" (Heineken, 2009).

Emphasis on responsible consumption is placed not only because this serves the overall well-being of the consumers but because it is in the long-term interest of these companies and the alcohol industry in general which conflate public health with their "commercial health". For example:

> "Responsible consumption is not only more favourable for individuals and society as a whole; It is also in the long-term interest of our company and the reputation and commercial health of its brands" (InBev, 2009).

The ICAP documents mention some additional societal benefits from alcohol industry operations predominantly in developing countries. One of them is sourcing "agricultural products locally, thus benefiting rural communities" (Simpson, 2009). The others include working "to maintain safe and reliable sources of drinking water. Packaging, transportation, and other services bring additional benefits to local communities, both in terms of raw materials, infrastructure, and employment opportunities" (Simpson, 2009). This positive impact described distracts attention away from any collateral, negative societal or public health outcomes that production and consumption of commercially manufactured products can cause.

3.1.1. Accepting responsibility for industry cooperation on reducing the harmful use of alcohol while alleging the value of existing CSR initiatives

Five producers were identified to have taken the decision to co-operate with each other in order to reduce the harms associated with irresponsible consumption. Through this cooperation they attempt to demonstrate their interest in balancing their business objectives with the broader social good. The means of attaining this common goal is participation in national and international trade associations and SAOs. Indicatively:

> "We are engaged with and fund various trade and social aspects organizations that mirror our responsibility principles. These organizations all actively make a real contribution to tackling the problems of alcohol harm and misuse. Covering a wide geographic spread, they include: The Century Council, Drinkaware, The Scotch Whiskey Association, The European Forum for Responsible Drinking, Fundación Alcohol y Sociedad, Drinkwise" (Beam Global Spirits and Wine, 2009).

> "These projects are in addition to the many projects that Bacardi Limited supports indirectly through other established industry social aspects organisations such as the regional European Forum for Responsible Drinking, and national bodies across the EU, like The Portman Group and Drinkaware Trust in the United Kingdom, MEAS in Ireland and Enterprise et Prevention in France". (Bacardi, 2009).

Their active participation in these serves to demonstrate how seriously they take their role as socially responsible corporate entities which take their own CSR initiatives as well as

support initiatives from other socially responsible organizations. Overall, being socially responsible is presented as a concern at both company and industry levels.

3.1.2 Stressing the importance of industry to national economies

Five producer submissions highlighted the economic contributions they generate within their host countries and highlight their activities in developing countries. Their claims revolve around how they have become large employers at a global level and their business stability is important not solely to their shareholders or to their employees who receive fair wages and health benefits but to the national economies in which they operate. Stricter regulatory alcohol policies will impede their business and risk job losses in the relevant markets. They also highlight that their substantial tax revenue contributions to national governments will subsequently decrease if alcohol policies are drafted without considering industry views. By additionally emphasising how they have vast operations in emerging economies, their expansion within these is presented as a way to contribute to developing countries by reducing inequalities and meeting UN's MDGs. Two examples of these claims:

> "The brewing industry plays an important role in helping keep economies around the world strong by providing job security, fair wages, health benefits and contributing our fair share of corporate, excise, property and sales and use taxes" (Anheuser-Busch, 2009).

> "These benefits contribute to the realization of the MDGs, and thus, both directly and indirectly contribute to reducing the harmful use of alcohol: i) Boosting local economies through tax revenue and infrastructure investment; ii) Reducing poverty and developing capacity and intellectual capital of local workforces through fair employment" (SABMiller, 2009).

Two producers note that alcohol industry activities combat social deprivation and because deprivation fosters abusive patterns of alcohol consumption their economic contribution to societies is in fact an additional way in which they are already helping to prevent alcohol related harm. According to one of them:

> "Indeed, SABMiller believes that, notwithstanding the success of its alcohol harm reduction programmes, its most significant contribution to reducing the harmful use of alcohol stems from the deep social and economic benefits it brings to host countries, promoting achievement of the UN Millennium Development Goals, and helping to eradicate the extreme deprivation that fosters alcohol abuse" (SABMiller, 2009).

What was not identified in the submissions was any mentioning of the conflict in selling larger quantities of alcohol to the general population, which generates alcohol industry

profits, and protecting public health from the harms associated to its increased use. These alcohol producers decided to manage this issue by selecting not to refer to it.
In the ICAP submissions the positive economic contribution of alcohol producers' is similarly stressed: "Both in developed and developing countries, it provides employment opportunities and stable incomes to many people and a significant source of public revenue to governments" (Simpson, 2009). The author also explains the additional societal benefits of alcohol production:

> "As well as their economic benefits, all these activities also contribute positively to social development and provide resources for public health investments. This is consistent with the social determinants of health approach, developed and promoted by WHO, as alcohol production helps to alleviate poverty and improve the local physical environment" (Simpson, 2009).

Through this extract the business interests of alcohol producers are conflated with public health interests. The latter are served by the financial resources that alcohol production and consumption generate although the economic costs of alcohol use are not included in the equation. ICAP claims that alcohol producers are in alignment with WHO's Social Determinants of Health (SDH) approach and actively reduce socioeconomic deprivation through their business operations is similar to claims made in SABMiller's submission that is in dialogue with WHO's publication *The Social Determinants of Health: The solid facts* (Wilkinson and Marmot, 2003). SABMiller explicitly quotes that what must be addressed are "the underlying patterns of social deprivation in which the problems are rooted" (Wilkinson and Marmot, 2003 as cited in SABMiller, 2009). This WHO publication acknowledges that though alcohol dependency is closely related with markers of socioeconomic disadvantage and that alcohol is used by people as a way for temporary release from a harsh reality it also inflates those elements that paved the way for its use to begin with (Wilkinson and Marmot, 2003). SABMiller selectively did not refer to this latter point made in the publication.

Sub-theme 3.2: By identifying the roles and responsibilities of other actors

Alcohol producers and ICAP were found to identify the roles and responsibilities of two other actors, WHO and national governments, whereas they did not identify any role or responsibility for public health advocates or alcohol researchers.

3.2.1 -WHO's roles and tasks

In half the producer submissions WHO is identified as a developer and disseminator of adaptable public health sector intervention tools; a potential facilitator of public-private partnerships for collecting and disseminating data, health sector tools and overall best practices aiming to treat the harmful use of alcohol; as being a potential facilitator of training provision to various categories of personnel working in identification and brief intervention programmes. Some examples of the above from these data extracts:

> "Developing adaptable public health sector tools and making them widely available is among WHO's core competencies, and will be a critical part of the WHO's contribution to the global strategy" (SABMiller, 2009).

> "WHO can promote broad participation, assist members' efforts to develop and implement national alcohol policies. WHO can facilitate public-private partnerships" (SABMiller, 2009).

> "The WHO should also consider working with their member states to increase the enforcement of alcohol production regulations and the prevention of illicit alcohol production" (Pernod Ricard, 2009).

Pernod Ricard differed in that it identified WHO as a student and not an interventionist that must understand the importance of individual patterns of alcohol consumption in order to be able to formulate a more industry friendly alcohol strategy: "Pernod Ricard would, therefore, suggest that the WHO focus its attentions on understanding these patterns of alcohol consumption and address future alcohol policies towards those consumers engaging in these risky drinking patterns" (Pernod Ricard, 2009). It additionally identified WHO as a potential enforcer of laws that aim to diminish the illicit alcohol market without explaining how this could happen.

Anheuser-Busch and SABMiller argued that WHO should become a promoter of UN's MDGs and not only focus strictly on its public health mandate. Their request points out that WHO is not an autonomous political actor but rather that its mandate is restricted by broader political considerations and goals within the UN system as well as by its Member States' policy agendas.

In the ICAP sub-set two documents identify WHO's role. Compared to what was found in the producer documents WHO's role is limited to that of being a data collector, an establisher of multi-stakeholder groups for strengthening public awareness campaigns and a promoter of the SDH approach:

> "WHO has a stated objective of collecting the best available data on beverage alcohol production and trade flows in order to improve its ability to monitor drinking internationally" (Simpson, 2009).

> "WHO can establish a multi-stakeholder working group-consisting of NGOs, family psychologists, governments, alcohol marketers, and others-to strengthen existing awareness campaigns" (Sinclair, 2009).

> "this is consistent with the social determinants of health approach, developed and promoted by WHO" (Simpson, 2009).

WHO's public health role at the global level is not referred to in the ICAP documents. Instead it is presented to be acting in a secondary supportive role of monitoring the situation and facilitating multi-stakeholder collaboration but not as an alcohol policy options provider which national governments can turn to for selecting what best suits their needs.

3.2.2 -National governments' responsibilities

Three out of eight producers identified the responsibilities of national governments. These include having a national alcohol policy that keeps a balance between the citizens' right of alcohol consumption and protecting them from the harms associated to abusive patterns of drinking by allowing responsible drinking patterns to be developed. There is also a suggestion that a universal alcohol policy should not be devised and disseminated by a global organization such as WHO but that it should be left to national governments to take account of national drinking cultures and local realities when formulating their policies. This could imply that transnational alcohol producers with their vast resources may have a better chance at influencing national instead of global level policymaking. Or that they can be satisfied with existing weak national alcohol policies, emphasising their support for the enforcement of regulatory measures against sales to minors and drunk driving. An indicative example from one submission:

> "A national alcohol policy is an instrument with which a government can balance the rights of adult members of the community who wish to purchase and consume alcohol in moderation, with its duty to protect the community from harms associated with the abuse of alcohol. Its objective is to prevent and minimize alcohol-related harm to individuals, families and communities in the context of developing safer and healthier patterns of drinking" (SABMiller, 2009).

Excluding the *Reducing harmful drinking: industry contributions* document the ICAP submissions identify the responsibilities of national governments as follows. Governments are identified as responsible for creating and implementing "a clear regulatory system holding producers, big and small, accountable for the quality of their products, with adequate penalties for those who are not compliant" (Simpson, 2009). Additionally, for developing and implementing licensing regulations although the way it is stated in the following data extract confuses the regulators with those who they are meant to regulate: "The main stakeholders in developing and implementing effective licensing are governments, law enforcement, and retailers" (Willersdorf, 2009).

Botha argues that governments should target and exercise full control over the informal/illicit alcohol market by both enforcing the law, which comes at no cost to alcohol producers and the alcohol industry more broadly, and by considering how to provide "informal producers incentives to join the legal sector and/or ensure safety of their products" (Botha, 2009).

Botha explains that governments must also set the legal drinking age but be considerate of the prevailing culture so that the law will be respected: "While setting policy around drinking and alcohol purchase age is the domain of government, the drinking age should be determined based on local culture and should not be impractical and therefore likely to be ignored by young people" (Botha, 2009). Nowhere in the document does the author explain what the rationale is for legal drinking age limits to be based on local culture. Finally, an additional role for governments, should they choose to accept it, is this:

> "Governments that have worked with industry in developing self-regulatory systems can help others by compiling a best practice handbook on implementing codes and supporting them with appropriate policies" (Sinclair, 2009).

The constructed roles of alcohol industry members in this co-regulation are to create and monitor their voluntary marketing codes with possible but not necessary input from governments. The government's role is secondary and supportive but potentially can also be that of becoming ambassadors of self/co-regulation to other governments. Any type of role they might take in this process, however, legitimizes the self-ascribed roles and actions of alcohol industry members. Overall, for ICAP national governments should be acting in a more authoritative way regarding the control of noncommercial alcohol production but in a more collaborative way with commercial producers within "balanced" national alcohol policies.

Sub-theme 3.3: By presenting ICAP as a proponent of evidence-based policies and evaluated interventions

ICAP portrays itself as an organization that propounds the use of evidence in policymaking. The word "evidence" is used 16 times in phrases such as "there is good evidence" (Willersdorf, 2009) or "evidence exists" (Botha, 2009) in 5 out of 6 documents. The word research features 9 times in phrases such as "a fair amount of recent research" (Robson, 2009) or "research shows that…" (Botha, 2009) for supporting its claims. Although such phrases have been used to support the authors' claims imitating the language but not the standards of science none of the submissions has provided references. The later published ICAP book *Working Together to Reduce Harmful Drinking* explains that the WHO imposed constraints on submission length made ICAP decide that "the evidence and argumentation included in those six papers had to be severely constrained" (Grant and Leverton, 2009).

Besides presenting ICAP as an organization that emphasizes the necessity of using evidence for formulating the most appropriate alcohol policies Bivans and Martinic also state that more effectiveness research needs to be conducted for evaluating producers' targeted interventions. While stressing the necessity of evaluation they present alcohol industry members as certain that their initiatives work. Also, that they do not object to these being evaluated as long as there is "some agreement among those who work in the prevention field and, particularly, those who attempt to assess various prevention efforts that there is a place for both qualitative and quantitative measures of effectiveness" (Bivans and Martinic, 2009). Advocating for qualitative evaluations allows them to place more weight on qualitative indicators such as "drinking culture" (Bivans and Martinic, 2009) or the "cultural appropriateness of specific strategies" (Willersdorf, 2009). Producers regard these as important but set aside the quantifiable indicators of alcohol related harm known at that time (WHO, 2004).

Bivans and Martinic (2009) criticize the critics of industry promoted targeted interventions who claim that these are not evidence-based since they are scarcely evaluated: "The lack of evaluation is by no means proof that certain approaches do not work; it simply means

that a program or an approach has not been evaluated, nothing more or less" (Bivans and Martinic, 2009).This claim is contradicted in the *Alcohol availability* submission where the author presented an intervention against illicit alcohol consumption which had not been evaluated but claimed that there are indications of its success: "While no scientific evaluation has yet been undertaken into the public health consequences of this move, anecdotal evidence and media reports indicate a marked reduction in the incidence of alcohol poisoning in areas where the brand is popular and widely available" (Botha, 2009). Here anecdotal evidence and media reports are given the same weight as scientific evidence.

Two producers, which were founding members and funders of ICAP were found to promote this SAO's work in their submissions. Bacardi states: "Through our membership and participation in ICAP, we have supported the development of public policy research and multiple recommendations that could be adopted by national and local governments around the world to reduce the harmful use of alcohol" (Bacardi, 2009). Bacardi thus positions ICAP as a resource of alcohol policies that can be implemented at the national and sub-national level. Similarly, Heineken, which labels ICAP as an alcohol trade association and not an independent form the alcohol industry SAO as ICAP always proclaimed, notes: "via active membership of, and participation in, international trade associations (such as the Brewers of Europe and International Centre for Alcohol Policies)"…"we invest in research, advertising and educational campaigns aimed at a reduction in alcohol-related harm" (Heineken, 2009). Although ICAP scholarly publications providing the public policy research and recommendations referred to by Bacardi and Heineken respectively have not been studied extensively to date, there are indications that many of them have been based on incomplete and distorted views of the science that underpins alcohol policies (Jernigan, 2012).

Overall, the authors present ICAP as a provider of non-biased, dispassionate and evidence-based scientific information and as a facilitator of alcohol related problem-solving partnerships among all interested stakeholders. ICAP claimed on its website that "Alcohol policies need to be based on an objective understanding of available research about alcohol" (ICAP, 2010). But despite claiming independence from its sponsoring global alcohol producers in this consultation process it appears to be acting as their public relations organization aiming to advance industry favorable alcohol policies such as the deregulation of price, availability and marketing of alcohol.

4.0 Discussion and conclusion

4.1 Discussion

The aim of this study is to examine how transnational alcohol industry actors engaged in the first key WHO led global health governance policy process on alcohol and sought to influence its formulation. This analysis provides further evidence on a particular framing strategy previously identified in the literature. McCambridge, Mialon and Hawkins's (2018) systematic review on alcohol industry influence in policymaking which argued that the policy framing strategies of alcohol industry actors are based on three interconnected strands of arguments around 'policy actors', 'policy problems' and 'policy positions'.

In their engagement with this WHO process producers were found to strive to legitimize their positioning as policy actors. Additionally, they presented themselves as key stakeholders in order to legitimise their inclusion in partnerships in alcohol policy formulation and implementation. All submissions presented global alcohol producers as socially responsible and sought to emphasise how they have made contributions in reducing alcohol-related harm. The majority also highlight their socioeconomic significance and role within the countries they operate. These findings are not unique to this study as it has been identified in relevant literature that alcohol industry actors have a consistent strategy of framing themselves as major stakeholders in alcohol policymaking processes (Dwyer et al., 2022; Rinaldi et al., 2021; Casswell, 2019; McCambridge, Mialon and Hawkins, 2018).

Second, producers were identified to frame the alcohol 'policy problem' in various ways as to downgrade the gravity of alcohol related harms; to differentiate the problematic excessive drinking patterns of the few from the non-problematic moderate alcohol consumption of the majority; to distract from a population-based conceptualisation of the issue while deploying the frame of individual responsibility for one's drinking behaviour. These specific ways in which they decided to frame the policy problem in their submissions has also been identified in previous research on the most recent WHO alcohol policymaking process (Dwyer et al., 2022; Rinaldi et al., 2021). This suggests the possibility that earlier use of this and other framing tactics were regarded by the major alcohol companies as having been used successfully. The primary concern of these global alcohol industry actors was to frame the policy problem not in terms of reducing per capita alcohol consumption, but to decrease the global burden of disease. This is superficially reasonable until one considers the key role on reducing disease burden suggested by the evidence on whole population interventions such as one price and availability. The problem was defined in terms of how best to reduce the alcohol related harm caused by a minority, downplaying the problem and inviting individual responsibility as a lens through which to view possible solutions.

Third, in regards to their 'policy positions', these were underpinned by how they had framed the policy problem. All producers were found to emphasise the necessity of partnerships and to assert the effectiveness of education programmes and public awareness

campaigns. The majority were found to advocate for the stricter enforcement of existing alcohol laws and penalties as well as to promote targeted health sector interventions. Overall, the majority of producers highlighted the complexity of global level alcohol governance implying that it can be impractical and inappropriate for national-level decision-making. In this way they undermine any potential overarching global level policy guidance framing it as 'one size fits all' to argue in favour of alcohol policymaking at the national level instead, presumably uninformed by such guidance. This was a distinct finding that applied only to how the producer submissions worked to undermine global policy guidance without openly opposing the Global Strategy. In the ICAP documents subset no similar pattern of this subtle undermining of global policy guidance was identified. Whether and how far the tactics used were successful in attaining industry goals lies beyond this study's objective. However, alcohol industry actors were found to reaffirm their arguments against a universal approach to alcohol control using the exact same term "one size fits all" in WHO's latest global alcohol policymaking process in 2020 as Dwyer et al. (2022) and Rinaldi et al. (2021) identified in their analyses of submissions contributed to it.

What this thesis has identified as a novel finding is that ICAP went further in promoting the activities of its sponsoring companies in the implementation of partnership-based approaches as the means to achieve harm reduction in practice. In Jernigan's (2012) report on ICAP the author noted how this organisation acted in the WHO debate over the Global Strategy "as a leading voice advocating a greater role for 'economic operators' in designing alcohol policies and programs". However, he did not examine their submissions in depth. This was done as part of this study and this thesis concludes that the ICAP documents went beyond stating the principle that economic operators should play a greater role in designing alcohol policies to giving more detailed attention to how they should implement particular industry favourable interventions in practice, targeted at specific groups and preferably in partnership with other stakeholders.

The aim of these interventions is, first, to target specific sub-populations (underage drinkers, pregnant women, those infected by HIV, alcohol industry employees and those "at-risk" drinkers who abuse or are alcohol dependent) with specific educational programmes, public awareness campaigns and screening and brief interventions programmes. Second, to deal with specific policy issues, namely, to address the harms of non-commercial alcohol, to enhance road-safety and to assist national governments in introducing or better applying existing marketing self-regulatory codes and bodies that oversee code compliance. This latter policy issue is rather important for ICAP to focus upon because it serves to justify alcohol industry actors' constant participation in policy implementation in one of the three most effective and cost-effective areas of alcohol control (regulation of marketing).

Another distinct finding within the ICAP subset was how it used its submissions to present itself as a proponent and provider of unbiased, dispassionate and evidence-based policies and interventions that are already effectively reducing the harmful use of alcohol. This

demonstrates the inter-linked nature of the framing; the solutions can be articulated because the actor (ICAP) possesses expertise.

The overall "policy positions" identified in the submissions correspond closely to findings from previous studies (Dwyer et al., 2022; Rinaldi et al., 2021; McCambridge, Mialon and Hawkins, 2018). In a study closely related to this thesis, Dwyer et al., (2022) thematically analysed 48- alcohol industry actors' submissions to the 2019 WHO consultation process on developing the Action Plan which arose because the Global Strategy was not working as "its implementation has been uneven across WHO regions as well as within regions and countries" (WHO, 2022c). They found that these major alcohol producers/retailers and trade associations as well as public relations organizations, business associations and advertising-media organizations directly funded in part or in whole by the alcohol industry placed emphasis on the complexity of the causes of the policy problem. Thus, the corresponding policy solutions are equally complex and cannot be formed via a globally guided uniform approach. This led them to argue for localized tailor-made approaches, according to national contexts and drinking cultures, policies that are counterposed to global governance goals and policy solutions. Similarly, in the Rinaldi et al. (2021) framing analysis study alcohol industry stakeholders as well as 5 WHO member states were found to have framed the policy solution to alcohol control as needing a targeted, localized approach aimed towards the risky drinking patterns exhibited by few 'at-risk' individuals. They also opposed what some of them referred to as a "one size fits all" type of population-based regulation and emphasised the importance of partnership with alcohol industry stakeholders.

4.2 Limitations

There are limitations to this thesis that must be acknowledged. First, though the submissions analysed were selected on the basis of representing entities operating above the national level, these constitute only 16 of the 102 submissions that had declared alcohol industry funding. This means that if all submissions from industry funded entities were analysed regardless of level of operation it is possible that additional findings would be identified allowing for the creation of the full frame of what alcohol industry actors contributed to this global level policymaking process. These findings are thus specific to the major alcohol producer companies, and smaller industry actors may have operated differently. Additionally, no submissions were analysed from non-industry funded policy actors which, if examined, would allow the identification of the differences and similarities in arguments made by the various categories of submitters. An analysis of WHO member states' submissions might be of particular interest considering their importance in the WHO decision making process, also with further study of attempts to influence those positions. Analysis of such submissions might allow the identification of commonalities in arguments of industry friendly governments to alcohol industry actors' arguments. The Rinaldi et al., (2021) study, for example, discovered that 5 WHO member states' submissions suggested the same industry-proposed narrow and targeted approach for reducing alcohol related

harm instead of the WHO proposed three best buys supported by the most comprehensive scientific evidence base.

Second, the analysed submissions contain the arguments that alcohol industry actors officially and publicly presented at a particular time and in a particular context to influence the formulation of the Global Strategy. They do not disclose the arguments made behind closed doors either verbally or in written form when networking with WHO officials or members states' representatives in WHO headquarters or other venues. To get a broader picture and understand in depth the influencing activities of alcohol industry actors as "for alcohol, what happens behind closed doors has been less visible" (Room, 2006) two things would be necessary. Gaining access to and scrutinizing internal alcohol industry documents as has happened with internal tobacco industry documents due to litigation. This has offered invaluable information on tobacco industry strategies and arguments and some useful insights of alcohol industry strategies as a number of alcohol industry related documents have been located in the tobacco archives and studied (McCambridge, Garry and Room, 2021; Hawkins and McCambridge, 2018; Jiang and Ling, 2013; Bond, Daube and Chikritzhs, 2009).

The other way would be to draw information from interviews with alcohol policymakers. This can help broaden our comprehension of how the policy positions that alcohol industry actors promote serve their strategic interests. Additionally, such interviews could reveal how they communicate these positions to policymakers in their attempts to influence the policymaking process. There are examples of such studies combining documentary analysis with interviews to gain deeper insights into alcohol policymaking processes (Lesch and McCambridge, 2022; Lesch and McCambridge, 2021a; Lesch and McCambridge, 2021b; Katikirredi et al., 2014; Hawkins and Holden (2013).

4.3 Conclusion

The alcohol policy field remains contested among two broad categories of stakeholders. Those who advocate for population-based policy approaches to be formed and implemented at both national and global contexts and those who promote a targeted approach to alcohol harm reduction focusing on excessive alcohol use and individual responsibility. The first group are largely informed by evidence-informed public health ideas and the second group comprises industry actors. This study has identified that in this consultation the major alcohol companies did not draw on the current evidence base. In line with previous studies (McCambridge et al., 2018; Martino et al., 2017; Savell et al., 2016; Zatoński, Hawkins, and McKee, 2016; Katikireddi et al., 2014; Hawkins and Holden, 2013) this study concludes that the global alcohol industry actors' submissions studied here were aiming to safeguard their commercial interests at the expense of global public health.

It would be warranted for them to be excluded from any future deliberations within WHO even if some previous studies have indicated that WHO policy-making processes including consultation stages on nutrition and tobacco are rather resistant to industry influence

(Stuckler et al., 2016; Weishaar et al., 2012). The consultation studied here contains misleading statements and misinformation that may cast doubt regarding the magnitude of alcohol related harms and the most effective ways to deal with them. Such submissions should be expected to amplify misinformation and this is possibly the reason why WHO included this disclaimer to the 2019 consultation submissions: "The World Health Organization does not warrant that the information contained in this document is complete and correct" (WHO, 2020c).

Ultimately, WHO's Global Strategy did not restrict alcohol industry engagement in global health governance and one of the five strategy objectives included in the final document is this: "strengthened partnerships and better coordination among stakeholders and increased mobilization of resources required for appropriate and concerted action to prevent the harmful use of alcohol" (WHO, 2010). It also mentions the necessity of "balancing different interests" (WHO, 2010) as policymakers must prioritize the protection of public health while considering international legal obligations such as trade agreements and interests (WHO, 2010). The contrast with the Framework Convention on Tobacco Control (FCTC) article 5.3 is stark, as that urges policymakers to refrain from collaborating with the tobacco industry: "in setting and implementing their public health policies with respect to tobacco control, parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law" (WHO, 2005).

WHO's former director had to address the concerns expressed on this by clarifying that the Global Strategy "restricts the actions of 'economic operators' in alcohol production and trade to their core roles as 'developers, producers, distributors, marketers, and sellers' of alcohol" (Chan, 2013). They went on to say that "In WHO's view, the alcohol industry has no role in formulating policies, which must be protected from distortion by commercial or vested interests" (Chan, 2013). This thesis concludes that alcohol industry participation in global level policymaking processes may be detrimental to global public health judging by the arguments and strategies used in this consultation process. It would serve the development of global public health priorities and guidance better if the process was unimpeded. Major alcohol companies appear to have taken advantage of this situation foremost to advance their commercial interests and not public health priorities.

References

Adelekan, M., Razvodovsky, Yu., Liyana, U., and Ndetei, D., 2008. Noncommercial alcohol in three Regions. ICAP Review 3. *Washington, DC: International Center for Alcohol Policies.*

Anderson, P., Chisholm, D. and Fuhr, D.C., 2009. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *The Lancet*, 373(9682), pp.2234-2246.

Anderson, P. and Rutherford, D., 2002. The International Center for Alcohol Policies: a public health body or a marketing arm of the beverage alcohol industry. *The Globe*, 1, pp.3-7.

Anheuser-Busch Companies, 2009. Anheuser-Busch's On-Line Submission to the World Health Organization. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 09/09/2019.

Avery, M.R., Droste, N., Giorgi, C., Ferguson, A., Martino, F., Coomber, K. and Miller, P., 2016. Mechanisms of influence: alcohol industry submissions to the inquiry into fetal alcohol spectrum disorders. *Drug and alcohol review*, 35(6), pp.665-672.

Babor, T.B.K., Jernigan, D. and Tumwesigye, N., 2013. Statement of concern: the International Public Health Community responds to the Global Alcohol Producers' attempts to implement the WHO Global Strategy on the harmful use of alcohol. *London: Global Alcohol Policy Alliance*.

Babor, T.F. and Robaina, K., 2013. Public health, academic medicine, and the alcohol industry's corporate social responsibility activities. *American journal of public health*, 103(2), pp.206-214.

Babor, T.F., Robaina, K. and Jernigan, D., 2015. The influence of industry actions on the availability of alcoholic beverages in the African region. *Addiction*, 110(4), pp.561-571.

Babor, T., Hall, W., Humphreys, K., Miller, P., Petry, N. and West, R., 2013. Who is responsible for the public's health? The role of the alcohol industry in the WHO global strategy to reduce the harmful use of alcohol. *Addiction*, 108(12), pp.2045-2047.

Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Grube, J.W. and Graham, K., 2010. Alcohol: no ordinary commodity: research and public policy. *Oxford: Oxford University Press*.

Bacardi Limited, 2009. Bacardi Limited Submission to WHO Consultation on Ways to Reduce the Harmful Use of Alcohol. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 09/09/2019.

Bakke, Ø. and Endal, D., 2010. Vested interests in addiction research and policy alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction*, 105(1), pp.22-28.

Beam Global Spirits and Wine, 2009. On-line submission to World Health Organization on ways of reducing harmful use of alcohol. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 09/09/2019.

Barlow, P., Gleeson, D., O'Brien, P. and Labonte, R., 2022. Industry influence over global alcohol policies via the World Trade Organization: a qualitative analysis of discussions on alcohol health warning labelling, 2010–19. *The Lancet Global Health*, 10(3), pp.e429-e437.

Bivans, B. and Martinic, M., 2009. Reducing harmful drinking: Industry contributions. Accessed at https://web.archive.org/web/20090510050101/http://www.icap.org/Publications/ICAPPapersforWHOConsultation/ on 09/09/2020.

Bond, L., Daube, M. and Chikritzhs, T., 2010. Selling addictions: similarities in approaches between big tobacco and big booze. *Australasian medical journal*, 3(6), pp.325-332.

Bond, L., Daube, M. and Chikritzhs, T., 2009. Access to confidential alcohol industry documents: from' Big Tobacco' to' Big Booze'. *Australasian Medical Journal*, 1(3), pp.1-26.

Botha, A., 2009. International Center for Alcohol Policies. Alcohol availability. Contribution to the WHO Public Hearing. Accessed at https://web.archive.org/web/20090510050101/http://www.icap.org/Publications/ICAPPapersforWHOConsultation/ on 09/09/2020.

Bond, L., Daube, M. and Chikritzhs, T., 2009. Access to confidential alcohol industry documents: from 'Big Tobacco' to 'Big Booze'. *Australasian Medical Journal*, 1(3), pp.1-26.

Boniface, S., Scannell, J.W. and Marlow, S., 2017. Evidence for the effectiveness of minimum pricing of alcohol: a systematic review and assessment using the Bradford Hill criteria for causality. *BMJ open*, 7(5), p.e013497.

Bowen, G.A., 2009. Document analysis as a qualitative research method. *Qualitative research journal*, 9(2), pp.27-40.

Boyatzis, R.E., 1998. *Transforming qualitative information: Thematic analysis and code development*. Sage.

Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), pp.77-101.

Brennan, E., Schoenaker, D.A., Durkin, S.J., Dunstone, K., Dixon, H.G., Slater, M.D., Pettigrew, S. and Wakefield, M.A., 2020. Comparing responses to public health and

industry-funded alcohol harm reduction advertisements: an experimental study. *BMJ open*, 10(9), p.e035569.

Brennan, A., Purshouse, R., Taylor, K., Rafia, R., Booth, A., O'Reilly, D., Stockwell, T., Sutton, A., Wilkinson, A. and Wong, R., 2008. Independent review of the effects of alcohol pricing and promotion. Part B: modelling the Potential impact of pricing and promotion policies for alcohol in England: results from the Sheffield Alcohol Policy Model, version.

Bryden, A., Roberts, B., McKee, M. and Petticrew, M., 2012. A systematic review of the influence on alcohol use of community level availability and marketing of alcohol. *Health & place*, 18(2), pp.349-357.

Bull, B., 2005. The Nordic countries and the WHO Resolution on Alcohol at the 58th World Health Assembly, May 2005. *Nordic Studies on Alcohol and Drugs*, 22(1_suppl), pp.163-166.

Burton, R., Henn, C., Lavoie, D., O'Connor, R., Perkins, C., Sweeney, K., Greaves, F., Ferguson, B., Beynon, C., Belloni, A. and Musto, V., 2017. A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. *The Lancet*, 389(10078), pp.1558-1580.

Campbell, C.A., Hahn, R.A., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., Naimi, T.S., Toomey, T., Lawrence, B., Middleton, J.C. and Task Force on Community Preventive Services, 2009. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American journal of preventive medicine*, 37(6), pp.556-569.

Casswell, S., 2019. Addressing NCDs: Penetration of the Producers of Hazardous Products into Global Health Environment Requires a Strong Response: Comment on" Addressing NCDs: Challenges From Industry Market Promotion and Interferences". *International journal of health policy and management*, 8(10), p.607.

Casswell, S., 2013. Vested interests in addiction research and policy. Why do we not see the corporate interests of the alcohol industry as clearly as we see those of the tobacco industry?. *Addiction*, 108(4), pp.680-685.

Chang, M., 2017. *Ten years in public health, 2007–2017: report by Dr Margaret Chan, Director-General,* World Health Organization.

Chan, M., 2013. WHO's response to article on doctors and the alcohol industry. *BMJ*, *346*.

Chick, J., 2011. The WHO global strategy to reduce the harmful use of alcohol. *Alcohol and Alcoholism*, 46(3), pp.223-223.

Chisholm, D., Doran, C., Shibuya, K. and Rehm, J., 2006. Comparative cost-effectiveness of policy instruments for reducing the global burden of alcohol, tobacco and illicit drug use. *Drug and Alcohol Review*, 25(6), pp.553-565.

Collin, J., Hill, S.E. and Smith, K.E., 2015. Merging alcohol giants threaten global health. *BMJ, 351*.

Connor, J. (2017). Alcohol consumption as a cause of cancer. *Addiction*, 112, 222–228. doi:10.1111/add.13477.

Costa, H., Gilmore, A.B., Peeters, S., McKee, M. and Stuckler, D., 2014. Quantifying the influence of the tobacco industry on EU governance: automated content analysis of the EU Tobacco Products Directive. *Tobacco control*, 23(6), pp.473-478.

De Bruijn, A., 2011. Alcohol marketing practices in Africa: findings from the Gambia, Ghana, Nigeria and Uganda. *Dutch Institute for Alcohol Policy*, Utrecht, the Netherlands

Dhalwani, N., 2011. A review of alcohol pricing and its effects on alcohol consumption and alcohol-related harm. *Journal of Pioneering Medical Sciences*, *1*(1).

Diageo, 2009. Submission by Diageo to WHO on ways to reduce harmful drinking. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 09/09/2019.

Duailibi, S., Ponicki, W., Grube, J., Pinsky, I., Laranjeira, R. and Raw, M., 2007. The effect of restricting opening hours on alcohol-related violence. *American journal of public health*, 97(12), pp.2276-2280.

Dwyer, R., Room, R., O'Brien, P., Cook, M. and Gleeson, D., 2022. Alcohol industry submissions to the WHO 2020 Consultation on the development of an Alcohol Action Plan: A content and thematic analysis.

Elder, R.W., Lawrence, B., Ferguson, A., Naimi, T.S., Brewer, R.D., Chattopadhyay, S.K., Toomey, T.L., Fielding, J.E. and Task Force on Community Preventive Services, 2010. The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *American journal of preventive medicine*, 38(2), pp.217-229.

Entman, R.M., 1993. Framing: Towards clarification of a fractured paradigm. *McQuail's reader in mass communication theory*, pp.390-397.

Euromonitor international, 2015. *Africa: beer's final frontier*. Accessed at https://www.euromonitor.com/article/africa-beers-final-frontier#:~:text=Africa%20is%20the%20final%20frontier,and%20in%20upcoming%20dynamic%20ones on 20/12/2019.

Evans-Reeves, K.A., Hatchard, J.L. and Gilmore, A.B., 2015. 'It will harm business and increase illicit trade': an evaluation of the relevance, quality and transparency of evidence submitted by transnational tobacco companies to the UK consultation on standardised packaging 2012. *Tobacco Control*, 24(e2), pp.e168-e177.

Fooks, G.J., Williams, S., Box, G. and Sacks, G., 2019. Corporations' use and misuse of evidence to influence health policy: a case study of sugar-sweetened beverage taxation. *Globalization and health*, 15(1), pp.1-20.

Foundation for Alcohol Research and Education, 2022. Analysis of changes to the World Health Organization global alcohol action plan 2022-2030. Accessed at https://fare.org.au/wp-content/uploads/Analysis-of-changes-to-the-World-Health-Organization-Global-Alcohol-Action-Plan-2022-2030.pdf on 10/05/2022.

Foxcroft, D., 2005. International Center for Alcohol Policies (ICAP)'s latest report on alcohol education: a flawed peer review process. *Addiction*, 100(8), pp.1066-1068.

Grant, M. and Leverton, M., 2009. *Working together to reduce harmful drinking*. Routledge.

Hawkins, B. and McCambridge, J., 2018. Can internal tobacco industry documents be useful for studying the UK alcohol industry?. *BMC Public Health*, 18(1), pp.1-9.

Hawkins, B. and Holden, C., 2013. Framing the alcohol policy debate: industry actors and the regulation of the UK beverage alcohol market. *Critical Policy Studies*, 7(1), pp.53-71.

Hawkins, B., Holden, C. and McCambridge, J., 2012. Alcohol industry influence on UK alcohol policy: a new research agenda for public health. *Critical public health*, 22(3), pp.297-305.

Heineken International BV, 2009. Submission to the WHO Stakeholder Consultation Resolution WHA61.4. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 09/09/2019.

InBev, 2009. Submission to the World Health Organization. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 09/09/2019.

Institute for Alcohol Studies, 2020. The alcohol industry: an overview. Accessed at https://www.ias.org.uk/factsheet/industry/ on 01/01/2021.

International Center for Alcohol Policies, 2010. World Health Organization Public Hearing on Ways of Reducing Harmful Use of Alcohol: Contributions on Behalf of the ICAP Sponsors. Accessed at https://web.archive.org/web/20101215220552/http://icap.org/Publications/ICAPPapersforWHOConsultation/tabid/157/Default.aspx on 11/01/2020.

International Center for Alcohol Policies, 2009. About ICAP. Accessed at https://web.archive.org/web/20101215210030/http://icap.org/AboutICAP/tabid/55/Default.aspx on 01/06/2020.

Irish Statute Book, 2018. Public Health (Alcohol) Act 2018. Accessed at http://www.irishstatutebook.ie/eli/2018/act/24/enacted/en/html on 20/06/2019.

Jenkin, G.L., Signal, L. and Thomson, G., 2011. Framing obesity: the framing contest between industry and public health at the New Zealand inquiry into obesity. *Obesity reviews*, *12*(12), pp.1022-1030.

Jernigan, D.H., 2012. Global alcohol producers, science, and policy: the case of the International Center for Alcohol Policies. *American journal of public health*, 102(1), pp.80-89.

Jernigan, D. H., 2009. The global alcohol industry: an overview. *Addiction*, 104, 6-12.

Jernigan, D. H. and Babor, T. F., 2015. The concentration of the global alcohol industry and its penetration in the African region. *Addiction*, 110(4), 551-560.

Jernigan, D. and Ross, C.S., 2020. The alcohol marketing landscape: Alcohol industry size, structure, strategies, and public health responses. *Journal of Studies on Alcohol and Drugs, Supplement*, (s19), pp.13-25.

Jernigan, D.H. and Trangenstein, P.J., 2020. What's next for WHO's global strategy to reduce the harmful use of alcohol?. *Bulletin of the World Health Organization*, 98(3), p.222-223.

Jernigan, D. and Trangenstein, P. J., 2017. Global developments in alcohol policies: Progress in implementation of the WHO global strategy to reduce the harmful use of alcohol since 2010. In *Background Paper Developed for the WHO Forum on Alcohol, Drugs and Addictive Behaviours* (pp. 26-28).

Jiang, N. and Ling, P., 2013. Vested interests in addiction research and policy. Alliance between tobacco and alcohol industries to shape public policy. *Addiction*, 108(5), pp.852-864.

Katikireddi, S.V., Bond, L. and Hilton, S., 2014. Changing policy framing as a deliberate strategy for public health advocacy: a qualitative policy case study of minimum unit pricing of alcohol. *The Milbank Quarterly*, 92(2), pp.250-283.

Kelsey, J., 2020. How might digital trade agreements constrain regulatory autonomy: the case of regulating alcohol marketing in the digital age. *NZ Univ Law Rev*, trangen, pp.153-79.

Kypri, K., Wolfenden, L., Hutchesson, M., Langley, J. and Voas, R., 2014. Public, official, and industry submissions on a Bill to increase the alcohol minimum purchasing age: a critical analysis. *International Journal of Drug Policy*, 25(4), pp.709-716.

Lauber, K., Ralston, R., Mialon, M., Carriedo, A. and Gilmore, A.B., 2020. Non-communicable disease governance in the era of the sustainable development goals: a qualitative analysis of food industry framing in WHO consultations. *Globalization and health*, 16(1), pp.1-15.

Lesch, M. and McCambridge, J., 2022. A long-brewing crisis: The historical antecedents of major alcohol policy change in Ireland. *Drug and Alcohol Review*, 41(1), pp.135-143.

Lesch, M. and McCambridge, J., 2021a. Waiting for the wave: political leadership, policy windows, and alcohol policy change in Ireland. Social Science & Medicine, 282, p.114116.

Lesch, M. and McCambridge, J., 2021b. Coordination, framing and innovation: the political sophistication of public health advocates in Ireland. Addiction, 116(11), pp.3252-3260.

Manthey, J., Hassan, S.A., Carr, S., Kilian, C., Kuitunen-Paul, S. and Rehm, J., 2021. What are the economic costs to society attributable to alcohol use? A systematic review and modelling study. PharmacoEconomics, pp.1-14.

Manthey, J., Shield, K.D., Rylett, M., Hasan, O.S., Probst, C. and Rehm, J., 2019. Global alcohol exposure between 1990 and 2017 and forecasts until 2030: a modelling study. *The Lancet.*

Martineau, F., Tyner, E., Lorenc, T., Petticrew, M. and Lock, K., 2013. Population-level interventions to reduce alcohol-related harm: an overview of systematic reviews. *Preventive medicine*, 57(4), pp.278-296.

Martino, F.P., Miller, P.G., Coomber, K., Hancock, L. and Kypri, K., 2017. Analysis of alcohol industry submissions against marketing regulation. *PLoS One*, 12(1), p.e0170366.

McCambridge, J., Garry, J. and Room, R., 2021. The origins and purposes of alcohol industry social aspects organizations: insights from the tobacco industry documents. *Journal of studies on alcohol and drugs*, 82(6), pp.740-751.

McCambridge, J., Kypri, K., Drummond, C. and Strang, J., 2014. Alcohol harm reduction: corporate capture of a key concept. *PLoS medicine*, 11(12), p.e1001767.

McCambridge, J., Mialon, M. and Hawkins, B., 2018. Alcohol industry involvement in policymaking: a systematic review. *Addiction*, 113(9), 1571-1584.

McCambridge, J., Hawkins, B. and Holden, C., 2013. Industry use of evidence to influence alcohol policy: a case study of submissions to the 2008 Scottish government consultation. *PLoS medicine*, 10(4), p.e1001431.

McCreanor, T., Casswell, S. and Hill, L., 2000. ICAP and the perils of partnership. *Addiction*, 95(2), pp.179-185.

Mialon, M. and McCambridge, J., 2018. Alcohol industry corporate social responsibility initiatives and harmful drinking: a systematic review. *The European Journal of Public Health*, 28(4), pp.664-673.

Mitchell, G. and McCambridge, J., 2022. Recruitment, risks, rewards and regrets: senior researcher reflections on working with alcohol industry social aspects organisations. *Drug and Alcohol Review*, 41(1), pp.27-35.

Middleton, J.C., Hahn, R.A., Kuzara, J.L., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., Naimi, T.S., Toomey, T., Lawrence, B. and Task Force on Community Preventive Services, 2010. Effectiveness of policies maintaining or restricting days of alcohol sales on excessive alcohol consumption and related harms. *American journal of preventive medicine*, 39(6), pp.575-589.

Miller, P.G., de Groot, F., McKenzie, S. and Droste, N., 2011. Vested interests in addiction research and policy. Alcohol industry use of social aspect public relations organizations against preventative health measures. *Addiction*, 106(9), pp.1560-1567.

Miller, D. and Harkins, C., 2010. Corporate strategy, corporate capture: food and alcohol industry lobbying and public health. *Critical social policy*, 30(4), pp.564-589.

Miller, M., Wilkinson, C., Room, R., O'Brien, P., Townsend, B., Schram, A. and Gleeson, D., 2021. Industry submissions on alcohol in the context of Australia's trade and investment agreements: a content and thematic analysis of publicly available documents. *Drug and Alcohol Review*, 40(1), pp.22-30.

Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Neal, B., Thamarangsi, T., Lincoln, P., Casswell, S. and Lancet NCD Action Group, 2013. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *The Lancet*, 381(9867), pp.670-679.

Monteiro, M.G., 2011. The road to a World Health Organization global strategy for reducing the harmful use of alcohol. *Alcohol Research & Health*, *34*(2), p.257.

O'Brien, P., 2021. Public Health and the Global Governance of Alcohol. *European Journal of Risk Regulation*, 12(2), pp.415-418.

Patton, M.Q., 1990. *Qualitative evaluation and research methods*. SAGE Publications, inc.

Pernod-Ricard SA, 2009. World Health Organization on-line consultation on alcohol. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 09/09/2019.

Ralston, R., Hill, S.E., Gomes, F.D.S. and Collin, J., 2021. Towards preventing and managing conflict of interest in nutrition policy? an analysis of submissions to a consultation on a draft WHO tool. *International Journal of Health Policy and Management*, 10(5), pp.255-265.

Rein, M. and Schön, D., 1996. Frame-critical policy analysis and frame-reflective policy practice. *Knowledge and policy*, 9(1), pp.85-104.

Rekve, D., Banatvala, N., Karpati, A., Tarlton, D., Westerman, L., Sperkova, K., Casswell, S., Duennbier, M., Rojhani, A., Bakke, Ø. and Monteiro, M., 2019. Prioritising action on alcohol for health and development. *BMJ*, 367.

Rinaldi, C., Van Schalkwyk, M.C., Egan, M. and Petticrew, M., 2021. A framing analysis of consultation submissions on the WHO global strategy to reduce the harmful use of alcohol: values and interests. *International Journal of Health Policy and Management*.

Robaina, K. and Babor, T.F., 2014. ICAP's Metamorphosis: From analysis, balance and partnership to industry lobby group?. Accessed at https://movendi.ngo/blog/2014/08/05/icaps-metamorphosis-from-analysis-balance-and-partnership-to-industry-lobby-group/ on 01/09/2021.

Robson, G., 2009. International Center for Alcohol Policies. Pricing of beverage alcohol. Contribution to the WHO Public Hearing. Accessed at https://web.archive.org/web/20090510050101/http://www.icap.org/Publications/ICAPPapersforWHOConsultation/ on 09/09/2020.

Room, R., 2020. Global intergovernmental initiatives to minimise alcohol problems: some good intentions, but little action. *European Journal of Risk Regulation,* 12(2), pp.419-432.

Room, R., 2006. Advancing industry interests in alcohol policy: the double game. Nordic Studies on Alcohol and Drugs, 23(6), pp.389-392.

Room, R., 2005. Alcohol and the World Health Organization: The ups and downs of two decades. *Nordic Studies on Alcohol and Drugs*, *22*(1_suppl), pp.146-162.

Room, R., 1984. The world health organization and alcohol control. *British Journal of Addiction*, *79*(4), pp.85-92.

Room, R. and Babor, T.F., 2005. World Health Organization's global action on alcohol: resources required to match the rhetoric. *Addiction*, *100*(5), pp.579-580.

Room, R. and O'Brien, P., 2021. Alcohol marketing and social media: A challenge for public health control. *Drug and Alcohol Review*, 40(3), p.420.

Room, R. and Örnberg, J.C., 2020. A framework convention on alcohol control: getting concrete about its contents. *European Journal of Risk Regulation*, pp.1-11.

SABMiller PLC, 2009. Submission to the World Health Organization's public hearing on ways to reduce the harmful use of alcohol. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 09/09/2019.

Savell, E., Fooks, G. and Gilmore, A.B., 2016. How does the alcohol industry attempt to influence marketing regulations? A systematic review. *Addiction,* 111(1), pp.18-32.

Scottish Executive, 2002. Plan for action on alcohol problems. Scottish Executive Department of Health, Edinburgh.

Simpson, R., 2009. International Center for Alcohol Policies. Alcohol production. Contribution to the WHO Public Hearing. Accessed at https://web.archive.org/web/20090510050101/http://www.icap.org/Publications/ICAPPapersforWHOConsultation/ on 09/09/2020.

Sinclair, R., 2009. International Center for Alcohol Policies. Alcohol marketing. Contribution to the WHO Public Hearing. Accessed at https://web.archive.org/web/20090510050101/http://www.icap.org/Publications/ICAPPapersforWHOConsultation/ on 09/09/2020.

Smith, L.A. and Foxcroft, D.R., 2009a. The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC public health*, 9(1), pp.1-11.

Smith, L.A. and Foxcroft, D.R., 2009b. Drinking in the UK. An exploration of trends. Joseph Roundtree Foundation. Accessed at https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/UK-alcohol-trends-FULL.pdf.

Sornpaisarn, B., Shield, K.D., Österberg, E. and Rehm, J., 2017. Resource tool on alcohol taxation and pricing policies. Accessed at https://www.who.int/publications/i/item/resource-tool-on-alcohol-taxation-and-pricing-policies on 11/07/2021.

Staller, K.M., 2015. Qualitative analysis: The art of building bridging relationships. *Qualitative Social Work*, 14(2), pp.145-153.

Statista, 2021a. Worldwide alcoholic beverage market revenue from 2012 to 2025 in million US dollars. Accessed at https://www.statista.com/forecasts/696641/market-value-alcoholic-beverages-worldwide1 on 01/08/2021.

Statista, 2021b. Leading beverage companies worldwide in 2020, based on sales. Accessed at https://www.statista.com/statistics/307963/leading-beverage-companies-worldwide-based-on-net-sales/ on 01/08/2021.

Stuckler, D., Reeves, A., Loopstra, R. and McKee, M., 2016. Textual analysis of sugar industry influence on the World Health Organization's 2015 sugars intake guideline. *Bulletin of the World Health Organization*, 94(8), p.566.

Townsend, B., Miller, M. and Gleeson, D., 2022. Tackling NCDs: The Need to Address Alcohol Industry Interference and Policy Incoherence Across Sectors; Comment on "Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool". *International Journal of Health Policy and Management*, 11(2), pp.246-249.

Ulucanlar, S., Fooks, G.J., Hatchard, J.L. and Gilmore, A.B., 2014. Representation and misrepresentation of scientific evidence in contemporary tobacco regulation: a review of tobacco industry submissions to the UK Government consultation on standardised packaging. *PLoS medicine*, 11(3), p.e1001629.

Wagenaar, A.C., Tobler, A.L. and Komro, K.A., 2010. Effects of alcohol tax and price policies on morbidity and mortality: a systematic review. *American journal of public health*, 100(11), pp.2270-2278.

Wagenaar, A.C., Salois, M.J. and Komro, K.A., 2009. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction*, 104(2), pp.179-190.

Weishaar, H., Collin, J., Smith, K., Grüning, T., Mandal, S. and Gilmore, A., 2012. Global health governance and the commercial sector: a documentary analysis of tobacco company strategies to influence the WHO framework convention on tobacco control. *PLoS Medicine*, 9(6), p.e1001249.

Wilkinson, C., Livingston, M. and Room, R., 2016. Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005–2015. *Public health research & practice*.

Wilkinson, R.G. and Marmot, M. eds., 2003. *Social determinants of health: the solid facts*. World Health Organization.

Willersdorf, G., 2009. International Center for Alcohol Policies. Alcohol distribution. Contribution to the WHO Public Hearing. Accessed at https://web.archive.org/web/20090510050101/http://www.icap.org/Publications/ICAPPapersforWHOConsultation/ on 09/09/2020.

World Health Organization, 2022a. EB150(4). Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases. Accessed at https://apps.who.int/gb/ebwha/pdf_files/EB150/B150(4)-en.pdf on 01/03/2022.

World Health Organization, 2022b. WHA75. WHO global action plan 2022-2030 to effectively implement the global strategy to reduce the harmful use of alcohol. Accessed at https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/alcohol/our-activities/towards-and-action-plan-on-alcohol on 01/06/2022.

World Health Organization, 2022c. EB150(7). Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Accessed at https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7Add1-en.pdf on 01/06/2022.

World Health Organization, 2020a. Fact sheet on the SDGs: Alcohol consumption and sustainable development. Accessed at https://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals/publications/2017/fact-sheets-on-the-sustainable-development-goals-sdgs-health-targets/fact-sheet-on-the-sdgs-alcohol-consumption-and-sustainable-development-2020 on 10/10/2021.

World Health Organization, 2020b. "Accelerating Action to Reduce the Harmful Use of Alcohol". WHO Executive Board, Agenda item 7.2, EB146/CONF./1 Rev1, 7 February 2020. Accessed at http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_CONF1Rev1-en.pdf on 01/10/2021.

World Health Organization, 2020c. Working document towards an action plan on alcohol. Accessed at https://www.who.int/publications/m/item/working-document-towards-an-action-plan-on-alcohol on 01/03/2021.

World Health Organization, 2019a. Discussion Paper: Implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol During the First Decade Since its Endorsement, and the Way Forward. *Geneva: WHO Document Production Services, Geneva, Switzerland.*

World Health organization, 2019b. Meeting of technical experts on priority areas to reduce the harmful use of alcohol. Accessed at https://www.who.int/news-room/events/detail/2019/12/17/default-calendar/meeting-of-technical-experts--alcohol-2019 on 10/10/2021.

World Health Organization, 2018a. Global status report on alcohol and health. Executive summary. *Geneva: WHO Document Production Services, Geneva, Switzerland.*

World Health Organization, 2018b. SAFER. A world free from alcohol related harm. *Geneva: WHO Document Production Services, Geneva, Switzerland.*

World Health Organization, 2018c. Saving lives, spending less: a strategic response to noncommunicable diseases. *Geneva: WHO Document Production Services, Geneva, Switzerland.*

World Health Organization, 2017. Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of non-communicable diseases (No. WHO/NMH/NVI/17.9). *Geneva: WHO Document Production Services, Geneva, Switzerland.*

World Health Organization, 2016. Global NCD target. Reducing the harmful use of alcohol. Accessed at https://www.who.int/beat-ncds/take-action/ncd-brief-alcohol.pdf on 01/01/2022.

World Health Organization, 2014a. Global status report on non-communicable diseases 2014. *Geneva: WHO Document Production Services, Geneva, Switzerland.*

World Health Organization, 2014b. Global status report on alcohol and health. Geneva: WHO Document Production Services, Geneva, Switzerland.

World Health Organization, 2013. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. *Geneva: WHO Document Production Services, Geneva, Switzerland.*

World Health Organization, 2010. Global strategy to reduce the harmful use of alcohol. Geneva: WHO Document Production Services, Geneva, Switzerland.

World Health Organization, 2009a. Consultations with representatives of intergovernment organizations on ways they could contribute to reducing the harmful use of alcohol. Accessed at https://www.who.int/substance_abuse/msbprogrmigo.pdf on 20/12/2021.

World Health Organization, 2009b. WHO regional technical consultation on a global strategy to reduce harmful use of alcohol. Accessed at https://www.euro.who.int/__data/assets/pdf_file/0007/79405/E92876.pdf on 11/11/2021.

World Health Organization, 2009c. Working document for developing a draft global strategy to reduce harmful use of alcohol. Accessed at https://www.who.int/substance_abuse/activities/msbwden.pdf on 22/11/2021.

World Health Organization, 2009d. Informal consultation with member states on developing a draft global strategy to reduce harmful use of alcohol. Accessed at https://www.who.int/substance_abuse/agnedinfcnsms.pdf on 22/11/2021.

World Health Organization, 2008a. Public hearing on harmful use of alcohol. Accessed at https://www.who.int/news-room/articles-detail/public-hearing-on-harmful-use-of-alcohol on 10/10/2021.

World Health Organization, 2007a. Technical Report Series, WHO Expert Committee on Problems Related to Alcohol Consumption. Geneva, Switzerland.

World Health Organization, 2007b. Working for health: an introduction to the World Health Organization. Accessed at https://www.who.int/about/brochure_en.pdf on 10/10/2020.

World Health Organization, 2005. WHO Framework convention on tobacco control. Geneva: WHO Document Production Services, Geneva, Switzerland.

World Health Organization, 2004. Global status report on alcohol and health. Geneva: WHO Document Production Services, Geneva, Switzerland.

Xu, X. and Chaloupka, F.J., 2011. The effects of prices on alcohol use and its consequences. *Alcohol Research & Health*, 34(2), pp.236-245.

Yoon, S. and Lam, T.H., 2012. The alcohol industry lobby and Hong Kong's zero wine and beer tax policy. *BMC public health*, 12(1), pp.1-12.

Zatoński, M., Hawkins, B. and McKee, M., 2018. Framing the policy debate over spirits excise tax in Poland. *Health promotion international*, 33(3), pp.515-524.

Zeigler, D.W., 2009. The alcohol industry and trade agreements: a preliminary assessment. *Addiction*, 104, pp.13-26.

Zeigler, D.W. and Babor, T.F., 2011. Challenges and opportunities implementing the WHO Global Strategy on Alcohol. *World Medical & Health Policy*, *3*(4), pp.1-19.

Appendices

Appendix I. A summary of available alcohol policy approaches, the theoretical assumptions underpinning them and best practices according to Babor et al., (2010).

Policy approach	Theoretical Assumption	Best practices
Alcohol taxes and other price controls	Increasing the economic cost of alcohol relative to alternative commodities will reduce demand.	Alcohol taxes
Regulating physical availability through restrictions on time, place, and density of alcohol outlets	Restricting physical availability will increase effort to obtain alcohol, and thereby reduce total volume consumed as well as alcohol-related problems.	Ban on sales, minimum legal purchase age, rationing, government monopoly of retail sales, hours and days of sale restrictions, restrictions on density of outlets, different availability by alcohol strength
Altering the drinking context	Creating environmental and social constraints will limit alcohol consumption and reduce alcohol –related violence.	Enhanced enforcement of on-premises policies and legal requirements
Drink-driving countermeasures	Deterrence, punishment, and social pressure will reduce drink-driving.	Sobriety checkpoints, random breath testing, lowered BAC limits, administrative licence suspension, low BAC for young drivers ('zero tolerance'), graduated licensing for novice drivers
Education and persuasion: provide information to adults and young people especially through mass media and school-based alcohol education programmes	Health information that increases knowledge and changes attitudes will prevent drinking problems.	None

Regulating alcohol advertising and other marketing	Reducing exposure to marketing, which normalizes drinking and links it with social aspirations, will slow recruitment of drinkers and reduce heavier drinking by young persons.	Legal restrictions on exposure
Conduct screening and brief intervention in health care settings; increase availability of treatment programmes	Alcohol dependence will be prevented by motivating heavy drinkers to drink moderately; various therapeutic interventions will increase abstinence among persons who have developed a dependence on alcohol.	Brief interventions with at-risk drinkers, detoxification, talk therapies, mutual help/self-help organization attendance

Appendix II. Global strategy to Reduce the Harmful Use of Alcohol objectives and priorities for action (WHO, 2010).

Recommended target areas	**Policy options/interventions proposed**
Leadership, awareness and commitment	a) Develop/enhance national/subnational strategies, action plans and activities b) Establish or appoint appropriate institution/agency for following up national policies c) Coordinate national strategies within governments and cooperate with other relevant health sector strategies and plans d) Disseminate information on national level alcohol-related harm and the need for effective preventive measures
Health services' response	a) Increase the capacity of health and social welfare systems for implementing prevention and treatment efforts

	b) Strengthen initiatives for screening and brief interventions at primary health care and other settings c) Improve capacity for identification/intervention of individuals/families living with fetal alcohol syndrome d) Develop/coordinate prevention/treatment and care strategies for alcohol use disorders and co-morbidities e) Secure universal access to healthcare f) Establish/maintain alcohol attributable mortality/morbidity surveillance mechanism g) Provide culturally sensitive health/social services
Community action	a) support rapid assessments to identify gaps/priority areas for community level interventions b) promote effective/cost-effective responses to local determinants of alcohol related problems c) develop municipal policies and enhance cooperation with community institutions/NGOs to reduce harmful use of alcohol d) provide information about community-based interventions and build capacity for their implementation e) mobilize communities to prevent alcohol sales to and consumption among minors and other at-risk groups f) provide community care/support for affected individuals/families g) develop/support community programmes for sub-populations at risk (young people, unemployed, indigenous)
Drink-driving policies and countermeasures	a) introduce/enforce upper BAC limits with reduced ones for novice/young and professional drivers b) promote sobriety check-points and random breath-testing

	c) suspend driving licences d) graduated licencing for novice drivers with zero tolerance for drink-driving e) use ignition interlocks in certain contexts were affordable to reduce drink-driving issues f) mandatory driver-education/counselling/treatment programmes g) encourage alternative transportation after drinking places closing time h) conduct public awareness campaigns for policy support and for increasing general deterrence effect i) target specific situations/audiences through mass media campaigns
Availability of alcohol	a) regulate licencing system; number/location of both off/on-premise alcohol outlets; days/hours/modes/during of retail sales; b) establish/enforce minimum legal alcohol purchasing/consuming age c) adopt policies to prevent sales to intoxicated/underaged by placing liability on sellers/servers in accordance with national legislation d) set policies for drinking in public spaces/events e) adopt policies against illicit alcohol production/sale/distribution and regulate informal alcohol
Marketing of alcoholic beverages	a) set regulatory or co-regulatory frameworks with support, when appropriate, of self-regulatory measures for alcohol marketing by regulating: the content/volume/media of marketing efforts; direct/indirect marketing in certain or all media; sponsorship activities that promote alcoholic beverages; new form of alcohol marketing in social media; promotions connected to young people's activities

	b) develop public agencies or independent bodies for effective monitoring of alcohol marketing c) set up effective administrative/deterrence systems for violations of marketing regulations
Pricing policies	a) establish domestic alcohol taxation system b) regularly review prices according to level of income/inflation c) ban/restrict price promotions/below cost/unlimited drinking or other types of volume sales d) establish minimum alcohol prices where applicable e) provide price incentives for non-alcoholic beverages f) decrease/discontinue subsidies to alcohol economic operators
Reducing the negative consequences of drinking and alcohol intoxication	a) regulate the drinking context to minimize violence b) enforce laws against serving intoxicated persons c) enact management policies relating to responsible server/seller training d) reduce beverage alcohol strength e) provide shelter/care for severely intoxicated people f) provide labelling/consumer information on beverages to indicate alcohol related harm
Reducing the public health impact of illicit alcohol and informally produced alcohol	a) monitor the good quality control of alcohol production/distribution b) regulate and bring into the taxation system informal alcohol c) have an efficient control and enforcement system including tax stamps d) develop/enhance illicit alcohol track and trace systems e) ensure information exchange on illicit alcohol among authorities nationally and internationally

	f) issue public warnings about contaminants and other threats from informal/illicit alcohol
Monitoring and surveillance	a) establish effective frameworks for monitoring and surveillance activities on alcohol consumption and related harm b) establish or appoint an institution/organization to collect/collate/analyse/disseminate data and publish national reports c) define and track a set of indicators of harmful use of alcohol and policy responses/interventions to prevent/reduce them d) set up a country level data repository of internationally agreed indicators and report the data to WHO and other international organizations e) develop evaluation mechanisms with collected data to determine policy impact of measures/interventions/programmes for reducing the harmful use of alcohol

Appendix III: Descriptive summaries of submissions.

Producer submissions:

Anheuser Busch starts by stating that "our attached submission focuses on what works-and what does not work-when it comes to reducing alcohol misuse" (Anheuser Busch, 2009). After briefly presenting how alcohol production and consumption "can and does contribute to the economic and physical well-being of millions of people worldwide" (Anheuser Busch, 2009) it explains that the majority of the population drinks moderately and only a small minority abuses alcohol. Because of this, "The challenge, therefore, is to craft a global public health campaign that effectively targets problem drinking (not moderate consumption)" (Anheuser Busch, 2009). It then goes on to present how eager it is to share its experience with WHO on programmes "to promote responsibility and to discourage alcohol abuse" (Anheuser Busch, 2009). It notes that public awareness campaigns coupled with strict enforcement of laws are effective at reducing the public health effects of alcohol abuse and presents six examples of CSR programmes it supports to reduce alcohol abuse. The submission then identifies what works most for reducing alcohol abuse and misuse: improving data collection about problem behaviours and disease outcomes; coordinating

resources and training to improve provision of brief interventions; enhancing awareness of consumers' individual responsibility of how they choose to drink. It concludes by highlighting that measures aiming to reduce overall alcohol consumption such as regulating the price, availability and marketing of alcohol do not work. "Over-regulation" (Anheuser Busch, 2009), as it is termed, does not prevent alcohol abuse and it additionally hinders alcohol industry operations. These strengthen economies and therefore improve health as "Put simply, health and prosperity are linked" (Anheuser Busch, 2009).

The Bacardi document starts by noting how as a founding member of ICAP it endorses this SAOs submissions. Bacardi adds how its submission will complement these by providing examples of the company's commitments to help reduce the harmful use of alcohol through programmes and initiatives "in the areas of Responsible Marketing, Responsible Awareness and Educational Programs, and Effective Public Policies" (Bacardi, 2009). Bacardi explains that it is committed to responsible marketing via its self-regulatory activities, its adherence to its own global marketing code and its compliance to several other industry marketing codes. It also states how it supports responsible awareness and educational programmes to "bring awareness to the issues of harmful use of alcohol and educate people regarding the responsible use of beverage alcohol" (Bacardi, 2009). It provides five specific examples of the initiatives it organizes or supports: a global drink-driving programme also stressing how it is a signatory of the EU Road Safety Charter; the support of the industry founded and funded not-for-profit organization 'The Century Council' dedicated to combating underage drinking and drunk driving; a national campaigns in partnership with the U.S government to prevent underage drinking; a global level server training programme to prevent alcohol abuse in licenced premises. It concludes by noting how it also supports effective public policies on alcohol. It concludes by highlighting how through its "membership and participation in ICAP we have supported the development of public policy research and multiple recommendations that could be adopted by national and local governments around the world to reduce the harmful use of alcohol" (Bacardi, 2009). It concludes be stating that it looks forward to work with WHO and other stakeholders "to address the many issues involved in the harmful use of alcohol" (Bacardi, 2009).

The Beam Global Spirits and Wine submission starts by stressing that "we can build a constructive and inclusive global strategy by engaging all stakeholders to reduce the harmful use of alcohol" (Bean Global Spirits and Wine, 2009). It pinpoints what needs careful consideration before any alcohol strategy is formulated and implemented: informal/illicit alcohol consumption must be dealt with; "excessive regulation" has many negative unintended consequences which can be avoided if "reasonable regulation" is imposed against drink-drivers and alcohol sales to underaged drinkers; "well designed and implemented targeted interventions against harmful use" can be effective (Bean Global Spirits and Wine, 2009). It then presents what it calls "our beliefs" on how to reduce the misuse of alcohol noting that producers should be stakeholders in the global strategy

formulation process and that partnerships are necessary for goals to be achieved: "effective strategies should be targeted, evidence-based, multi-disciplinary and sympathetic to local cultural conditions, environment, and reflect relevant market realities" (Bean Global Spirits and Wine, 2009). The submission concludes by briefly presenting the company's global responsible marketing code; its consumer information initiative containing six principles on how consumers can "drink smart"; its employee awareness and education programme on responsible drinking; and its partnerships with other stakeholders on programmes against drink driving and underage drinking.

The Diageo submission starts by pointing out how "alcohol is a special product-enjoyed responsibly by most, misused by a minority" (Diageo, 2009) and by acknowledging both the positive and "sometimes negative role that alcohol can play in the lives of individuals and in society" (Diageo, 2009). It also acknowledges that it has a responsibility to market its products responsibly stressing that "Diageo is committed to internal self-regulation, as enshrined in our Diageo Marketing Code" (Diageo, 2009). But it explains that responsibility for dealing with alcohol misuse should be shared with individuals, families, governments, law enforcers and educators. The rest of the submission presents some of its 110 programmes in 45 countries aimed at raising awareness and promoting responsible drinking while combating excessive drinking, drink driving, underage drinking and irresponsible serving of alcohol. It concludes by highlighting that it has "a particular experience and expertise to share to contribute to reducing the harmful use of alcohol" (Diageo, 2009) in three areas: marketing responsibly which focuses on marketing code compliance and controls; marketing responsibility for crafting and promoting responsible drinking messages; and equipping all its stakeholders including employees and partners to promote and be ambassadors for responsible drinking.

The Heineken submission initially presents the magnitude of its global business operations and then its views on effective strategies to reduce alcohol related harm. For Heineken "effective strategies recognize the issue" (Heineken, 2009) that beer consumption is mostly a positive centuries-old tradition with potential negative impacts such as health issues, personal injuries, noise disturbance and violent conduct. Second, "effective strategies educate and inform" (Heineken, 2009) as it is posited that education helps prevent alcohol abuse particularly by those underaged. Third, "effective strategies are balanced" (Heineken, 2009) meaning that "reasonable regulation" should be balanced with self-regulation of commercial communication. Fourth, "effective strategies are targeted" (Heineken, 2009) thus addressing the "causes of irresponsible consumption and the minority of individuals or groups who consume irresponsibly" (Heineken, 2009). Fifth, "effective strategies are integrated" (Heineken, 2009) because it is a "complex issue with multiple causes and in which Governments, health organisations, schools, communities, parents and the various parties in the distribution chain (brewers, distributors, and retailers) need to play their role" (Heineken, 2009). Finally, effective strategies must be "enforced across the spectrum of the issue" (Heineken, 2009) because the enforcement of all relevant alcohol laws and particularly those against informal/illicit alcohol consumption are a "pre-requisite in helping to reduce alcohol related harm and alcohol abuse" (Heineken, 2009).

After determining what effective strategies consist of Heineken presents the best ways, from a global perspective, to reduce problems related to harmful use of alcohol. These include the avoidance of a "one size fits all" strategy been implemented at a global level without considering the "massive diversities in cultures, economies, attitudes and issues" (Heineken, 2009); the adoption of "an 'all-evidence' approach [which] is key" (Heineken, 2009) for understanding the drinking patterns and causes of alcohol abuse in a given market as these are considered "a critical step in addressing alcohol related harm" (Heineken, 2009); and the support of an "integrated approach" via a national and supra-national cooperation that will engage all legitimate stakeholders including alcohol producers.

The submission concludes by showing how Heineken contributes to reducing the harmful use of alcohol through the implementation of the "key pillars" of its alcohol policy. These include its support for self-regulation of commercial communication; the commercial promotion of the social responsibility message "enjoy Heineken responsibly"; constituting Heineken employees as ambassadors of responsible drinking; enhancing "responsibility activities in partnership" on projects aiming to reduce alcohol related harm; and strengthening inter-industry co-operation to reduce alcohol related harm on a global, regional and national level. This is accomplished via membership and participation in ICAP, trade associations and other entities through which "we invest in research, advertising and educational campaigns" (Heineken, 2009).

The InBev submission starts by stating that it promotes responsible drinking and fights alcohol misuse because this is "in the long-term interest of our company" (InBev, 2009). InBev claims that it is "recognized that the majority of consumers drink responsibly and that there is a strong and consistent relationship between moderate consumption and health benefits" (InBev, 2009). It also stresses that it does not believe "in measures that are aimed at lowering the overall alcohol consumption" (InBev, 2009) because the lack of targeting will not have the desired impact on those with "negative drinking patterns". Instead, as this would impact "those who do not drink in an unhealthy or irresponsible way" (InBev, 2009) InBev declares that it is against "strategies that seek to denormalize responsible drinking" (InBev, 2009). It further points out how an effective alcohol strategy needs first "to take into account the underlying causes of harmful use: the drivers of alcohol misuse" (InBev, 2009). This is said to be a matter of a lack of information of the damages harmful drinking may cause. InBev adds that the pillars of an effective strategy need to be "multi-compound, existing of a combination of legislation, education and information and self-regulation" (InBev, 2009). Also, that "tailored approaches" implemented in partnership must be provided to different drinking cultures and environments because "we have serious reservations about a uniform approach for alcohol-related problems around the world; we do not believe this will work" (InBev,2009). To conclude, InBev presents its responsible drinking CSR initiatives claiming that it can play an important role as a stakeholder in reducing alcohol related harm.

The Pernod Ricard submission starts by stating that its "proud tradition" of CSR activities has been recognized all around the world and explains that the company "takes its

responsibilities as corporate citizen very seriously" (Pernod Ricard, 2009) by promoting only responsible drinking. It asserts that "it is therefore not in the interests of Pernod Ricard to promote inappropriate drinking behaviour" (Pernod Ricard, 2009) making two claims. That inappropriate drinking serves neither the corporation's overall goal to "continue to operate on old family values while keeping our business focus firmly fixed on the long-term future of the drinks business" (Pernod Ricard, 2009) nor its long-term sustainability. This can be achieved only if "we and the rest of the drinks industry take care to mitigate the potentially negative social consequences linked to alcohol abuse" (Pernod Ricard, 2009). For Pernod Ricard effective strategies to reduce alcohol related harm should focus on "risky drinking patterns rather than concentrating on overall alcohol consumption" (Pernod Ricard, 2009). They "should also factor in the local drinking cultures so that there is an understanding of drinking patterns" (Pernod Ricard, 2009). Second, the implementation of effective alcohol strategies necessitates "the input and participation of all stakeholders in the effort" (Pernod Ricard, 2009) including the alcohol industry members that can "reinforce responsible drinking message through communications with consumers" (Pernod Ricard, 2009).

Pernod Ricard argues that the best way to reduce alcohol related harms from a global perspective consists of two things: that WHO should "avoid drafting a single strategy for all member states, and permit local flexibility in the final strategy" (Pernod Ricard, 2009) and that each country "should consider improving its enforcement of its laws against the production and distribution of illicit alcohol products" (Pernod Ricard, 2009). This producer also stresses how it "believes in the importance and usefulness of educating consumers on alcohol" (Pernod Ricard, 2009) even though "some commentators have dismissed the usefulness of education" (Pernod Ricard, 2009). It further suggests that WHO should "consider utilising the social norming approach when addressing drinking by young people" (Pernod Ricard, 2009). This producer concludes by presenting how it contributes to reducing the harmful use of alcohol. This is done through expanding its many responsible drinking programmes all across the globe in order to "underscore the point of individual responsibility for one's drinking behaviour" (Pernod Ricard, 2009) and by partnering "with other interested stakeholders in developing new initiatives to promote responsible and intelligent drinking decisions" (Pernod Ricard, 2009).

The SABMiller submission first presents three effective strategies to reduce the harmful use of alcohol which are necessary "to take into account the local realities in which the harmful use takes place" (SABMiller, 2009). First, they must address informal alcohol due to its substantial impact on public health via data collection on informal markets and products, dissemination of balanced information on best practices to reduce it and promotion of policies that encourage the production of commercially produced quality alcohol beverages as an alternative to informally produced drinks. Second, they must be rooted in comprehensive alcohol policies, developed and implemented not at the global but at the national and sub-national levels through participatory processes with the engagement of all relevant stakeholders including the alcohol industry. Third, effective strategies must

include the enforcement of alcohol regulations and the penalization of those whose infringe them.

The submission further presents what SABMiller "believes" to be the six best ways to reduce the harmful use of alcohol from a global perspective. These revolve around WHO's role which should be to promote and facilitate partnerships; assist member states in providing easy access to treatment for alcohol abuse; develop and disseminate tools and resources to public health authorities for implementing targeted health sector interventions; promote and facilitate the implementation of screening and brief intervention programmes in primary care settings; facilitate training of the personnel that will run these intervention programmes; and collect and disseminate "fully transparent data about best practices for evidence-based harm-reduction approaches" (SABMiller, 2009).

The submission concludes by noting that SABMiller as a responsible business plays a part in the reduction of the harmful use of alcohol. This is done through its various harm reduction programmes across the world and most importantly via contributing to the achievement of the UN Millennium Development Goals (MDGs). The MDGs are eight goals with measurable targets and clear deadlines for improving the lives of the world's poorest people. To meet these goals and eradicate poverty, leaders of 189 countries signed the millennium declaration at the United Nations Millennium Summit in 2000. SABMiller argues that their achievement will reduce alcohol related harm and stresses that WHO should consult with economic operators on all ways they could contribute to reducing the harmful use of alcohol throughout the development and implementation of the global strategy because "Inclusive, participatory processes are necessary to develop successful alcohol policies – not only for national approaches, but also for the global strategy" (SABMiller, 2009).

ICAP submissions:

The *Reducing the harmful drinking: Industry contributions* submission explains that there are two complementary types of interventions aimed at reducing harmful drinking. Those aimed towards the whole population and those focusing on targeted groups and patterns of behaviour which are the ones that the alcohol industry has been concentrating on: "ICAP and its sponsoring companies endorse the fact that targeted interventions implemented in partnership make a significant contribution to this goal" (Bivans and Martinic, 2009). Like the global alcohol producer documents it states that there is international recognition of the necessity for building strong relationships among governments, the private sector and NGOs for dealing with various socioeconomic challenges. Partnerships must be formed among them for formulating and here, predominantly for implementing alcohol policies. The document then presents alcohol industry contributions and propositions for further action including the seven areas conducive to partnerships mentioned in the previous table "in which industry members, by virtue of their involvement, resources, or expertise have a unique contribution to make" (Bivans and Martinic, 2009). One specific example of a

producer or an ICAP initiative delivered in partnership with others is mentioned for each of these areas.

In its conclusion, this document welcomes the evaluation of industry targeted interventions meant to prevent alcohol-related harm, and is willing to work with others on this "where possible" (Bivans and Martinic, 2009). It criticizes critics of these initiatives who emphasise "this lack of formal evaluation" (Bivans and Martinic, 2009). The reason presented for this is the "complexity of assessing interventions" (Bivans and Martinic, 2009). It adds that the lack in evidence supporting industry interventions does not mean that these interventions are ineffective but only that they are yet to be evaluated. It ends by proposing: "There needs to be some agreement among those who work in the prevention field and, particularly, those who attempt to assess various prevention efforts that there is a place for both qualitative and quantitative measures of effectiveness" (Bivans and Martinic, 2009).

The author of the *Alcohol production* submission argues that global alcohol producers make a substantial socioeconomic contribution to their host countries and to sustainable development globally. These contributions include stable employment; substantial sums of money added to public revenues through taxation; helping to develop affordable, locally produced alternatives to unsafe illicit alcohol drinks; maintaining safe drinking water supplies in cooperation with local communities. In terms of reducing alcohol harm, the author argues that producers develop new products containing lower levels of alcohol to meet the increasing customer demand for them, which "reflect consumer lifestyle choices, health consciousness, and price sensitivity, as well as taste" (Simpson, 2009). He points out that legal product standards (such as the definition of the alcohol content of spirits for example) "may limit the broad trend of lowering alcohol content" (Simpson, 2009) by forbidding, for example, intervention into the wine fermentation process that could lower its alcohol content. WHO's role as a policy actor is that of data collector on alcohol for monitoring drinking at the global level and also that of promoter of the social determinants of health approach (SDH) regarding the non-medical factors that influence health outcomes. The submission concludes by suggesting further opportunities for multi-stakeholder partnerships in production regulation that require both the institution of a clear regulatory system and an effective mechanism to enforce it. ICAP's role is to coordinate the potential creation of an international technical resource pool to help local officials address unspecified technical problems related to the production of alcohol.

The *Alcohol availability* submission starts by noting that excessive regulations on alcohol availability can bring unintended consequences such as leading consumers towards the unregulated market, which needs to be dealt with via regulatory frameworks and enforcement. Then the author focuses on two issues. First, how legal age drinking limits must be enforced and combined with public awareness campaigns, social marketing and an enhancement of positive parental modelling so that alcohol will not be available to minors. He notes that in all these "the industry has and will continue to play its role" (Botha, 2009). The second issue is the problems that non-commercial alcohol causes when its availability is not contained. Botha argues that any form of non-commercial alcohol, either counterfeit illicit alcohol or traditional informal beverages do not have the consistent high

quality of commercially produced alcohol thus being a potential public health hazard. The possible solution he provides for this problem is the partnership of governments and alcohol industry members (see Table 7).

In the *Alcohol marketing* document, the author initially states that "A considerable body of literature demonstrates that the tools of marketing, especially advertising, are ineffective in building overall category consumption" (Sinclair, 2009). To support this claim Sinclair notes that locally produced drinks in the informal sector are not advertised but are nonetheless consumed in large volumes. He states that alcohol producers have adopted self-regulatory codes at company and sectorial level and their implementation makes sure that marketing promotes "responsible drinking for adults and abstinence for minors" (Sinclair, 2009). He adds that producers support (SROs), which have the mandate to formulate and enforce industry regulations and standards. He also argues that industry self-regulation can be complemented with government regulation in a form of co-regulation, which has been applied in many countries and is becoming the norm. The term 'co-regulation' is found only in this submission within the ICAP subset and nowhere in the global alcohol producer subset. In the conclusion six propositions for further action are made (see Table 7).

The *Pricing of beverage alcohol* document initially explains how pricing is not mainly in the control of alcohol producers because predominantly governments determine prices through taxation and secondarily retailers. The author examines whether alcohol prices can be manipulated as a public health policy tool arguing that the change in the quantity of alcohol demanded in relation to its price change has a relatively small effect on the quantity demanded and that "available elasticity studies certainly do not provide correlations between pricing and alcohol-related harm" (Robson, 2009). The conclusion is that price increases do not lead to a proportionate decrease in overall alcohol consumption and their role in addressing harmful alcohol consumption is limited. This means that price increases are inefficient for dealing with "problem drinkers" (Robson, 2009), who it is claimed are least affected and find ways of retaining the same levels of drinking regardless of price. Robson further claims that price increases are unfair to what he describes as the "moderate and non-problem drinkers" (Robson, 2009), who are most affected by this measure.

The document also stresses the other policy issues that are at stake when prices increase and that they warrant caution from governments. These are the need to balance public health considerations, the substantial flow of alcohol industry generated tax revenues and the risk of job cuts if excessive regulations impose intolerable demands on producers. In regard to how the retail market operates, he points out that coordination of policies to tackle harmful drinking by, for example, controlling cheap 'happy hour' offers, risks, "running foul of competition law" (Robson, 2009). Robson states that "our conclusion is that real and effective solutions to harmful drinking lie elsewhere than in manipulating price" (Robson, 2009). This document is the only one of the ICAP subset that does not refer to any current producer contributions but its author makes two "positive suggestions" for the future as can be viewed in Table 7. He concludes by referring to three further suggestions which "have

been discussed but do not seem to offer a good way forward" (Robson, 2009): recreating state alcohol monopolies; introducing MUP on retail alcohol prices; excluding alcohol products from international trade agreements. He does not elaborate on who has discussed these issues or how they have concluded that they should be left aside.

The *Alcohol distribution* submission refers to how alcohol is sold at the retail level in both on- and off-licenced premises. It proposes four key issues to be addressed. First, the significant sociocultural differences associated with drinking behaviours within and among countries, and this suggests it is impractical to develop a single uniform strategy for application in every national setting. Second, that any alcohol strategy aiming to alter alcohol sales can generate both intended and unintended consequences that must be carefully considered. Third, that alcohol distribution strategies are alleged to unfairly target, "the responsible drinking majority" (Willersdorf, 2009). Fourth, that interventions on distribution strategies must be developed and implemented by retailers with assistance from governments and local communities. Although producers have, as Willersdorf claims, limited influence on distribution or retail practices, they can nonetheless play a supportive role via producer-retailer and producer-law enforcement-local community partnerships. Six retailer strategies for influencing drinking behaviours and thus addressing alcohol related harms are presented along with one suggestion for future action. Overall, the author concludes that the success of interventions on alcohol distribution relies on the existing broader legal framework and the support from all interested stakeholders.

Appendix IV. Full list of excluded submissions contributed to the consultation process.

Excluded submissions contained in *Volume IV-Alcohol-Received contributions from alcohol industry, trade and agriculture.*

NAME	TYPE OF ORGANIZATION
APCY - Portuguese Brewers Association	Brewers association
Association Des Industries Des Cidres Et Vins De Fruit De L'u.E	Wine association
Associazione Degli Industriali Della Birra E Del Malto-Italian Brewers And Malsters	Brewers association
Association	Brewers association
Bavaria S.A.	Brewer
Beer Institute	Brewers association
Belgian Brewers	Brewers association
Bodegas De Argentina, A.C	Brewers association
Brasseurs De France	Brewers association
Brewers Association of Australia And New Zealand Inc	Brewers association
Brewers Association of Canada	Brewers association
Brewers Association of Japan	Brewers association
Brewers of Romania Association	Brewers association

Cámara Nacional De La Indsutria De La Cerveza Y De La Malta (México)	Brewers association
Cervecería Nacional S.A.	Brewers association
Comision Para La Industria De Vinos Y Licores (Civyl) De Mexico	Brewers association
Conféderation Européenne Des Vignerons Indépendants	Wine association
COPA-COGECA	Other
Danish Brewers' Association	Brewers association
Deutscher Brauer-Bund E.V. (German Brewers Association)	Brewers association
Distilled Spirits Council Of The United States	Spirits association
Dreher Breweries	Brewers association
Febed (Federation Of Belgian Drinkwholesalers) - Member Of Cegrobb	Trade Association
Fed. Ho.Re.Ca Vlaanderen	Other
Federación Española De Bebidas Espirituosas	Spirits association
Forum Der Deutschen Weinwirtschaft	Wine association
Forum PSR	Spirits association
German Advertising Council	other
Industrias La Constancia	Brewer
Kompania Piwowarska Sa	Brewer
Korea Alcohol & Liquor Industry Association	Trade association
Korea Alcohol Research Center	Other
Miller Brands UK Ltd	Brewer
National Beer Wholesalers Association	Brewers association
Pivovary Topvar, A.S	Brewer
Plzenský Prazdroj, A.S	Brewer
Polish Spirits Industry	Spirits Association
Rexam Beverage Can North America	Other
SABMiller India	Brewer
Stichting Verantwoord Alcoholgebruik Stiva	Other
The British Beer & Pub Association	Trade association
The Federation Of The Finnish Brewing And Soft Drinks Industries	Brewers association
The Scotch Whisky Association	Brewers association
Unión de Cervecerías Peruanas Backus Y Johnston S.A.A.	Brewers association
Union of The Brewing Industry Employers In Poland – Polish Breweries	Brewers association
Unizo Food Retail	Other
Verband der Brauereien Österreichs - Austrian Brewers Association	Brewers association
Vin Et Société	Wine association

Vinos de Chile A.G	Wine association
Wine Institute, Trade Association Of California Wineries	Wine association
Winemakers' Federation Of Australia	Wine association

Excluded submissions contained in *Volume II-Received contributions from WHO member states, government institutions, intergovernmental organizations and academia-research.* Those submissions highlighted have declared funding or support from the alcohol industry.

Name	**Type of organization**
ARGENTINA: MINISTERION DE SALUD DE LA NACION	Member state
BELGIQUE	Member state
COSTA RICA: INSTITUTO SSOBER ALCOHOLISMO Y FARMACODEPEDENCIA-MINISTERIO DE SALUD	Member state
FINALAND: THE FINNISH MINISTRY OF SOCIAL AFFAIRS AND HEALTH	Member state
JAPAN	Member state
SUISSE: OFFICE FEDERAL DE LA SANTE PUBLIQUE EN SUISSE	Member state
THAILAND: OFFICE OF ALCOHOLIC BEVERAGE CONTROL COMMITTEE, DEPARTMENT OF DISEASE CONTROL, MINISTRY OF PUBLIC HEALTH	Member state
UNITED KINGDOM: DEPARTMENT OF HEALTH	Member state
BUREAU OF SUBSTANCE ABUSE SERVICES, MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH	Government institution
CANADIAN ASSOCIATION OF LIQUOR JURISDICTIONS	Government institution
CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION, ALCOHOL PROGRAM	Government institution
CENTRO ALCOLOGICO REGIONALE TOSCANA	Government institution
CHILD PROTECTION SPECIAL SERVICE OF BUDAPEST	Government institution
HABEB PUBLIC MENTAL HOSPITAL, MOH SOMALIA	Government institution
KOMENDA WOJEWÓDZKA POLICJI W POZNANIU	Government institution

MARIN COUNTY MENTAL HEALTH BOARD	Government institution
NATIONAL SUPERVISORY AUTHORITY FOR WELFARE AND HEALTH (VALVIRA)	Government institution
NEW MEXICO DEPARTMENT OF PUBLIC SAFETY - SPECIAL INVESTIGATIONS DIVISION	Government institution
NEW MEXICO PREVENTION NETWORK	Government institution
NEW MEXICO STATE ATTORNEY GENERAL’S OFFICE	Government institution
PROGRAMA DE SALUD MENTAL BARRIAL DEL HOSPITAL PIROVANO, BUENO AIRES	Government institution
PUBLIC HEALTH INSTITUTE AND DIRECTORATE OF HEALTH	Government institution
SOUTH SHORE HEALTH; SOUTH WEST HEALTH; ANNAPOLIS VALLEY HEALTH	Government institution
TAIPEI CITY HOSPITAL, TAIPEI	Government institution
U.S. NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)	Government institution
ФГУ "Центральный НаучноИсследовательский Институт Организации и Информатизации Здравоохранения Минздравсоцразвития России", Научно-исследовательская организация	Government institution
SECRETERIAT OF THE PACIFIC COMMUNITY	Intergovernmental organization
CANADIAN FOUNDATION ON FETAL ALCOHOL RESEARCH	Academia-research
CENTRE FOR ADDICTION AND MENTAL HEALTH	Academia-research
CENTRE FOR SOCIAL AND HEALTH OUTCOMES RESEARCH AND EVALUATION (SHORE)	Academia-research
FACULTY OF PUBLIC HEALTH MEDICINE, ROYAL COLLEGE OF PHYSICIANS OF IRELAND	Academia-research
INSTITUTE ON LIFESTYLE & HEALTH, BOSTON UNIVERSITY SCHOOL OF MEDICINE	Academia-research

INTERNATIONAL HEALTH POLICY PROGRAM	Academia-research
INTERNATIONAL NETWORK ON BRIEF INTERVENTIONS ON ALCOHOL PROBLEMS	Academia-research
NATIONAL DRUG RESEARCH INSTITUTE	Academia-research
ROYAL COLLEGE OF NURSING	Academia-research
SCHOOL OF PUBLIC HEALTH, CENTRAL SOUTH UNIVERSITY	Academia-research
SECOND UNIVERSITY OF NAPLES	Academia-research
STRENGHTENING FAMILIES CENTER AT UNIVERSITY OF UTAH	Academia-research
THE AUSTRALIAN WINE RESEARCH INSTITUTE	Academia-research
WESTERN MICHIGAN UNIVERSITY	Academia-research
WISCONSIN INITIATIVE TO PROMOTE HEALTH LIFESTYLES	Academia-research

Excluded submissions contained in *Volume III-Received contributions from nongovernmental organizations.* Those submissions highlighted have declared funding or support from alcohol industry.

A NOMBRE DE ALAMO PROMOCION DE LA SALUD MENTAL	NGO
ACTH.	NGO
ACTIS - NORWEGIAN POLICY NETWORK ON ALCOHOL AND DRUGS	NGO
ACTIVE - SOBRIETY, FRIENDSHIP AND PEACE	NGO
AIM - ALCOHOL IN MODERATION	NGO
ALCOHOL ACTION IRELAND	NGO
ALCOHOL AND DRUG INFORMATION CENTRE	NGO
ALCOHOL FOCUS SCOTLAND	NGO
ALCOHOL HEALTH ALLIANCE	NGO
ALCOHOL HEALTHWATCH TRUST	NGO
ALCOHOL POLICY YOUTH NETWORK - APYN	NGO
ALIA - ALLEANZA ITALIANA ALCOL	NGO
ALLIANCE HOUSE FOUNDATION	NGO
AMERICAN ATHLETIC INSTITUTE	NGO
AMERICAN PUBLIC HEALTH ASSOCIATION	NGO
ASIA PACIFIC ALCOHOL POLICY ALLIANCE	NGO

ASPAT (ASSOCIATION SÉNÉGALAISE POUR LA PAIX, LA LUTTE CONTRE L'ALCOOL ET LA TOXICOMANIE)	NGO
ASSOCIATION DES BADINGA DU CONGO	NGO
ASSOCIATION FOR HEALTHY LIFESTYLES	NGO
ASSOCIAZIONE EUROCARE ITALIA	NGO
BOWEN CENTER	NGO
BRAZILIAN ASSOCIATION OF PSYCHIATRY	NGO
CANADIAN CENTRE ON SUBSTANCE ABUSE	NGO
CANADIAN VINTNERS ASSOCIATION	NGO
CENTER FOR SCIENCE IN THE PUBLIC INTEREST	NGO
CENTER FOR SCREEN-TIME AWARENESS	NGO
CISA - CENTER FOR INFORMATION ON HEALTH AND ALCOHOL	NGO
COMMONWEALTH MEDICAL ASSOCIATION	NGO
CONSUMERS' ASSOCIATION OF PENANG (CAP)	NGO
CORPORACIÓN CAMINOS	NGO
DANISH ALCOHOL POLICY NETWORK	NGO
DRUG FREE HIGHLANDS	NGO
DRUG-FREE ACTION ALLIANCE	NGO
ÉDUC'ALCOOL	NGO
EMNA	NGO
ENTREPRISE & PRÉVENTION	NGO
EUROCARE (THE EUROPEAN ALCOHOL POLICY ALLIANCE)	NGO
EUROPEAN PUBLIC HEALTH ALLIANCE	NGO
EUROPEAN WORKING GROUP ON TREATMENT OF ALCOHOL DEPENDENCE	NGO
FALSE BAY THERAPEUTIC COMMUNITY CENTRE	NGO
FASAWAREUK	NGO
FDI WORLD DENTAL FEDERATION	NGO
FETAL ALCOHOL INFORMATION NETWORK	NGO
FETAL ALCOHOL SPECTRUM DISORDERS IRELAND	NGO
FINNISH HEALTH ASSOCIATION	NGO

FOOD INDUSTRY SECRETARIAT OF THE INDEPENDENT SELF-GOVERNING TRADE UNION "SOLIDARNOSC	NGO
FORUT, CAMPAIGN FOR DEVELOPMENT AND SOLIDARITY	NGO
FRIENDS OF TEMPERANCE, FINLAND	NGO
FUNADACIÓN DE INVESTIGACIONES SOCIALES, A.C	NGO
FUNDACIÓN ALCOHOL Y SOCIEDAD	NGO
FUNDACION PREVER	NGO
GALA	NGO
GERMAN CENTRE FOR ADDICTION ISSUES / DEUTSCHE HAUPTSTELLE FÜR SUCHTFRAGEN (DHS E.V.)	NGO
GLOBAL ALCOHOL POLICY ALLIANCE (GAPA)	NGO
GLOBAL ROAD SAFETY PARTNERSHIP	NGO
HAND ACROSS CULTURES	NGO
HUNGARIAN ASSOCIATION FOR RESPONSIBLE ALCOHOL CONSUMPTION	NGO
INDIAN ALCOHOL POLICY ALLIANCE	NGO
INSTITUTE OF ALCOHOL STUDIES	NGO
INTERNATIONAL CLEARINGHOUSE FOR BIRTH DEFECTS SURVEILLANCE AND RESEARCH (ICBDSR)	NGO
INTERNATIONAL COUNCIL OF NURSES (ICN)	NGO
INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS (ICAA)	NGO
INTERNATIONAL FEDERATION OF BLUE CROSS	NGO
INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS - IFMSA	NGO
INTERNATIONAL INSTITUTE OF THE IOGT-NTO MOVEMENT	NGO
INTERNATIONAL SOCIETY OF ADDICTION MEDICINE (ISAM)	NGO
IOGT INTERNATIONAL	NGO
IOGT JUNIOR ASSOCIATION OF NORWAY	NGO
IOGT NORWAY	NGO
IOGT-NTO	NGO
IOGT-NTOS JUNIOR ASSOCIATION IN SWEDEN	NGO
JUVENTE	NGO

KÄNNIKAPINA- OPEN MOVEMENT TO PEOPLE WHO WANT THAT FINLAND DRINKS LESS	NGO
KRZYS FOUNDATION	NGO
MARIN INSITUTE	NGO
MARNINWARNTIKURA FITZROY WOMEN'S RESOURCE CENTRE ABORIGINAL CORPORATION	NGO
MASSACHUSETTS ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS	NGO
MISSOURI'S YOUTH/ADULT ALLIANCE	NGO
NATIONAL ALCOHOL BEVERAGE CONTROL ASSOCIATION (NABCA)	NGO
NETWORK OF FORUT PARTNER ORGANISATIONS PARTICIPATING IN ANNUAL CONSULTATION MEETING	NGO
NEW FUTURES	NGO
NEW ZEALAND DRUG FOUNDATION	NGO
NEW ZEALAND WINEGROWERS	NGO
NGO FONTANA	NGO
NORDAN - NORDIC ALCOHOL AND DRUG POLICY NETWORK	NGO
PEOPLE AGAINST ALCOHOL, DRUG ABUSE & MERCHANDISE - PAADAM	NGO
PROJECT EXTRA MILE	NGO
QUEST FOR QUALITY BV, TRAINING AND CONSULTANCY	NGO
SAN DIEGO COUNTY ALCOHOL POLICY PANEL	NGO
SANTA FE UNDERAGE DRINKING PREVENTION ALLIANCE	NGO
SIMON-SUNDSVALL	NGO
SRI-LANKA TEMPERANCE SOCIETY	NGO
STAP (NATIONAL FOUNDATION FOR ALCOHOL PREVENTION)	NGO
STOPDRINK NETWORK	NGO
STUDENT AID LIBERIA INC.	NGO
TAIWAN MEDICAL ASSOCIATION (MEMBER OF WORLD MEDICAL ASSOCIATION)	NGO
THE ASSOCIATION FOR PROMOTING SOCIAL ACTION	NGO
THE BACCHUS NETWORK	NGO

THE MENTOR FOUNDATION (INTERNATIONAL)	NGO
THE STUDENT LIFE EDUCATION COMPANY	NGO
THE UNION OF RUSSIAN BREWERS (ENGLISH VERSION)	NGO
СОЮЗ РОССИЙСКИХ ПИВОВАРОВ, НЕПРАВИТЕЛЬСТВЕННАЯ ОРГАНИЗАЦИЯ (НПО)	NGO
TRAFFIC INJURY RESEARCH FOUNDATION (TIRF); SUBMISSION FROM THE PRESIDENT AND CEO	NGO
TUBA	NGO
UNDERAGE DRINKERS AGAINST DRUNK DRIVING	NGO
VENEZUELA LIBRE DE DROGAS	NGO
WOMAN'S CHRISTIAN TEMPERANCE UNION OF SOUTHERN CALIFORNIA	NGO
WOMEN´S ORGANISATIONS COMMITTEE ON ALCOHOL AND DRUG ISSUES	NGO
WORLD ASSOCIATION OF THE CLUBS OF ALCOHOLICS IN TREATMENT	NGO
WORLD MEDICAL ASSOCIATION	NGO
YOUTH LEADERSHIP INSTITUTE	NGO

Excluded submissions contained in *Volume VI-Received contributions from other entities and organizations.* Those submissions highlighted have declared funding or support from the alcohol industry.

ALCALDES DE UNOS MUNICIPIOS DE LA PROVINCIA DE TRENTO EN ITALIA	Other entity/organization
ADVERTISING STANDARDS CANADA/ LES NORMES CANADIENNES DE LA PUBLICITÉ	Other entity/organization
ANNETTE PADILLA CONSULTING	Other entity/organization
AVOMINNE OY	Other entity/organization
CEDAR ISLE RESEARCH	Other entity/organization
DAUGHERTY SYSTEMS, INC.	Other entity/organization
DM MARKETING SOCIAL	Other entity/organization
EGTA, ASSOCIATION OF TELEVISION AND RADIO SALES HOUSES	Other entity/organization
GROUP OF EXPERTS IN THE HEALTH FIELD	Other entity/organization
GROUPE PORTEUR "JEUNES ET ALCOOL"	Other entity/organization
LEWERTH COMMUNICATIONS	Other entity/organization

LIVEFREE! SUBSTANCE ABUSE PREVENTION COALITION OF PINELLAS COUNTY	Other entity/organization
MSC INDUSTRIAL SUPPLY	Other entity/organization
OSSERVATORIO PERMANENTE SUI GIOVANI E L'ALCOOL	Other entity/organization
PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION	Other entity/organization
RAYMOND COALITION FOR YOUTH	Other entity/organization
REMEMBERING MARY, LLC	Other entity/organization
SAINT-GOBAIN CONTAINERS, INC	Other entity/organization
SYSTEMBOLAGET	Other entity/organization
THE BARS PROGRAM	Other entity/organization
UNIVAR NV	Other entity/organization
WORLD FEDERATION OF ADVERTISERS	Other entity/organization

Excluded submissions contained in *Volume VI-Received contributions from individuals*. Those submissions highlighted have declared funding or support from the alcohol industry.

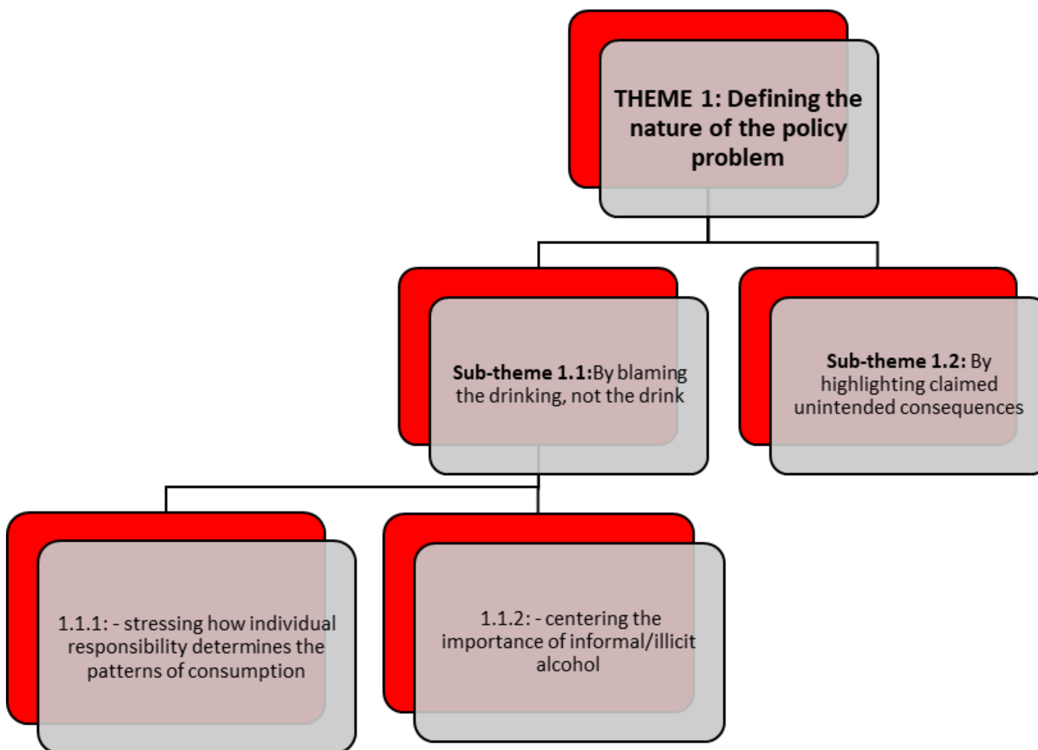
ABLE, LAURA	Individual
ADAMS MARIN, BARBARA	Individual
ANGUÉ, ESIMI MIKO	Individual
BEJERRUM BACH, LENA	Individual
BERLIN, DIANNE	Individual
BEUKES, LUDWIG	Individual
BIPINCHANDRA, JAI SHREE	Individual
BLOMBERG, ADAM	Individual
BOYCE, NANCY	Individual
BRADBURY, SUE	Individual
BYS, PAMELA	Individual
CAETANO, RAUL	Individual
CARTON, LONNIE	Individual
CERULLO, DOMENICO	Individual
CHEZEM, LINDA	Individual
CHRISTODOULOU, MARIANNA GEANINA	Individual
CRISTIAN, ANDREI	Individual
CROZIER, CHERI	Individual
DENHARTOG, GERITT	Individual
DESAL, VIKAS	Individual
DOMINGEU, TAMMY	Individual
DONNELLY, STEPHEN AND MANTAK, FRANCES	Individual
EASTCOTT, BEVERLY	Individual
ESKOLINEN, TATJANA	Individual
FOWLER, BARBARA	Individual

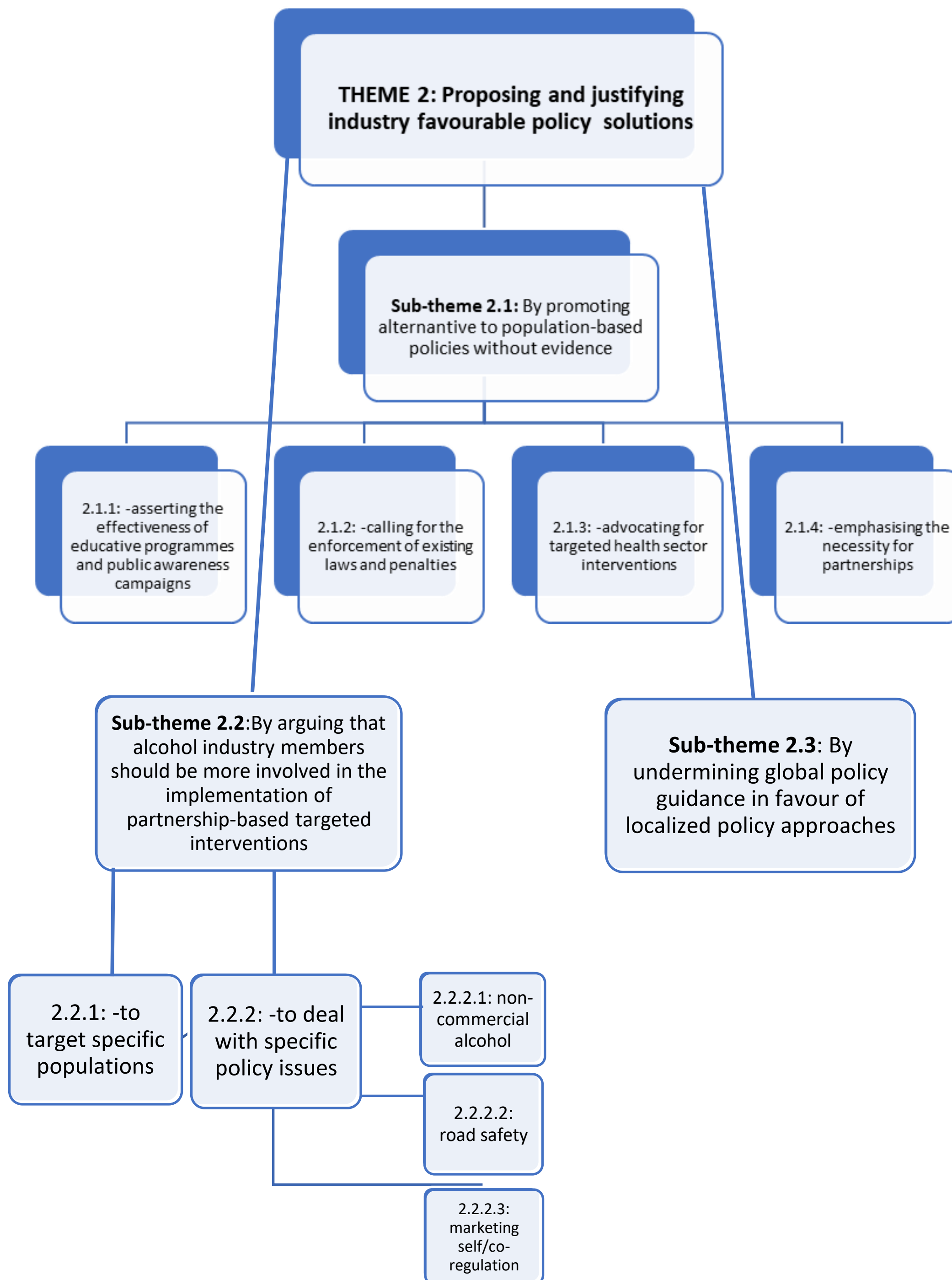
GOLDIM, HOSE	Individual
GRANT, TRACY	Individual
HAISLER, ANN	Individual
HARTIGAN-GO, KENNETH	Individual
HEALY, JAMES	Individual
HEDRICK, BONNIE, SKOGERBOE, NATALIE AND VAZQUEZ - DEFILLO, MARY JO	Individual
ILONEN, ANNELI	Individual

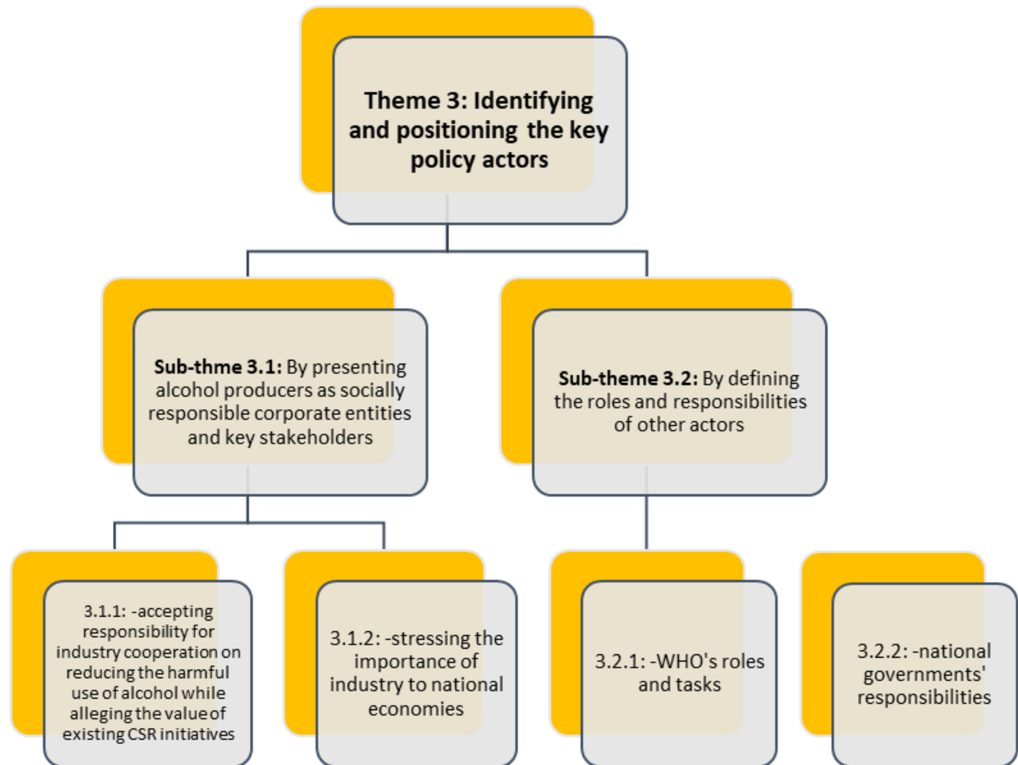
JERNIGAN, DAVID	Individual
JEWELL, JAMIE	Individual
JOSHI, RAJENDRA	Individual
KALOCSAI, ZOLTÁN	Individual
KASHAKOVA, VENERA	Individual
KASUMU, CHIKA	Individual
KAUL, YAMINI	Individual
KETOLA, JEANNE	Individual
KISHORE, JUGAL	Individual
KURONEN, FELIX	Individual
LENTH, JESSICA	Individual
LESTER, GEORGE	Individual
LIEW, SEN SONG	Individual
LOPEZ MONTOYA, MARIA CONSEULO	Individual
MATUSOVICH, REBECCA	Individual
MAUCK, JULIE	Individual
MCCAVILLE, JAMIE	Individual
MCINTOSH, CARIE	Individual
MENDELSOHN, CARA	Individual
MEYER, HERMANN T	Individual
MOREL, JOËL	Individual
MORGAN, NIVAN	Individual
NATTA, PAOLO ANDREA	Individual
ORGOGOZO, JEAN-MARC	Individual
PAGE, LINDA	Individual
PARISH, JOHNNIE	Individual
PATEL, POOJA	Individual
PAUVADAY, KEYVOOBALAN	Individual
RHOADES, KIRK	Individual
SARAJÄRVI, SARI	Individual
SCHRAM, ELISE	Individual
SCHUCKIT, MARC	Individual
SPENCE, RICHARD	Individual
SRIVASTAVA, VARUN	Individual
STOCKERT, NANCY	Individual
TAFT, HOPE	Individual

TAYLOR, GENE	Individual
THE, CINDY	Individual
THOMAS, ROBERT	Individual
THOMSON, ARRAN E	Individual
VALKEAPÄÄ, JANNE	Individual
VAN WORMER, KATHERINE	Individual
VIENS, NANCY	Individual
WAGENAAR, ALEXANDER	Individual
WARD, VICKI	Individual
WHITE, DEE	Individual
WIERINGA, GLENN	Individual
ДОРОФЕЕВ, СЕРГЕЙ.	Individual
КУДАШЕВ, АРТУР	Individual
女士 欣 高	Individual

Appendix V. Thematic map.




THEME 2: Proposing and justifying industry favourable policy solutions
Sub-theme 2.1: By promoting alternantive to population-based policies without evidence
2.1.1: -asserting the effectiveness of educative programmes and public awareness campaigns
2.1.2: -calling for the enforcement of existing laws and penalties
2.1.3: -advocating for targeted health sector interventions
2.1.4: -emphasising the necessity for partnerships
Sub-theme 2.2:By arguing that alcohol industry members should be more involved in the implementation of partnership-based targeted interventions
Sub-theme 2.3: By undermining global policy guidance in favour of localized policy approaches
2.2.1: -to target specific populations
2.2.2: -to deal with specific policy issues
2.2.2.1: non-commercial alcohol
2.2.2.2: road safety
2.2.2.3: marketing self/co-regulation


Theme 3: Identifying and positioning the key policy actors
Sub-thme 3.1: By presenting alcohol producers as socially responsible corporate entities and key stakeholders
Sub-theme 3.2: By defining the roles and responsibilities of other actors
3.1.1: -accepting responsibility for industry cooperation on reducing the harmful use of alcohol while alleging the value of existing CSR initiatives
3.1.2: -stressing the importance of industry to national economies
3.2.1: -WHO's roles and tasks
3.2.2: -national governments' responsibilities