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AFRICAN EXPERIENCE SUPPORTS VIEW THAT THE GLOBAL ALCOHOL INDUSTRY SHOULD HAVE NO ROLE IN THE FORMULATION OF PUBLIC HEALTH POLICIES

The editors of *Addiction* have indicated their endorsement of the view that there is no role for the global alcohol industry in the formulation of public health policies [1]. Having worked in the area of alcohol policy in sub-Saharan Africa for over two decades, this strikes me as an entirely logical position.

Far from seeking simply to offer their views on matters related to alcohol policy, alcohol industry organizations have prepared draft policies for at least four sub-Saharan African countries [2]. Whether the national policies were influenced by such drafts would be difficult to establish definitively, but it is noteworthy that they [3–6] underplay evidence-based broad public health approaches to addressing alcohol problems, focusing instead on individually based interventions that would be expected to have a more limited effect [2].

Industry activities that look very much as though they are designed to influence government policies in South Africa have included sponsored trips for parliamentarians to Australia, cofunding with the Department of Social Development a strategic planning workshop on fetal alcohol syndrome, and partnering with the Department of Trade and Industry on an underage drinking initiative. The last of these, while seemingly uncontentious, has been criticized for promoting educational and informational campaigns that have a weak evidence base [7].

In recent months the alcohol industry has gone to great lengths to challenge South African government efforts to severely restrict the advertising of alcohol products. Among other things, it funded a study on the impact of a ban on alcohol advertising. The resulting report [8] has been challenged for underplaying the extent of problem drinking, ignoring the complexities in the relationship between alcohol advertising and alcohol consumption, overstating the economic impact of an alcohol advertising ban and promoting ineffective solutions for addressing alcohol abuse [9].

At a local level we have also seen the alcohol industry, and particularly traders, lobby successfully to replace legislation implemented in Cape Town that severely curtailed alcohol availability, a strategy found in other contexts to be effective in reducing alcohol-related harms [10].

Given the examples above, and marketing practices and product developments that seemingly promote drinking in greater quantities, it makes sense to keep industry vested interests away from alcohol policy formulation in Africa and elsewhere.

Declaration of interests

None.

Keywords Alcohol advertising, alcohol availability, alcohol beverage industry, alcohol policy, South Africa, sub-Saharan Africa.

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SKIRMISHES

The metaphor of a 'battle' between public health interests and the commercial interests of the alcohol industry unfortunately fits. In that vein, one might argue that Leverton [1] is trying to entice public health experts into a skirmish away from the main battle-lines, a well-known tactic when no gains can be made in the main battle-ground. He is obviously right when he claims that ultimately a national alcohol policy is a matter of national government, and also when he claims that the Beer, Wine and Spirits Producers' Commitments to reduce harmful drinking were not literally developed as an alternative strategy to the Global Strategy [2]; but that is semantics and the principal battle-ground concerns whether the alcohol industry is genuinely interested in selling less of its products. The principal evidence-based instruments of a public health-orientated alcohol policy interest, namely limitation of availability of alcohol, restricting marketing and increasing the price of alcoholic beverages, can be expected to lead to selling less rather than more.

Two examples may help to illustrate the operation of the commercial imperative. Malawi has been developing an alcohol policy [3]. The industry was invited to comment on a draft of the policy. I saw the amendments suggested by them and observed that, with few exceptions, (such as promotion of responsible serving) their proposals (such as proposals on promotion of responsible drinking) appeared to serve industry rather than public health interests. In Hong Kong, at a recent 3-day music festival in Hong Kong, visitors were offered free water by a well-known alcohol brand from dispensers at several places dotted around the festival grounds. The dispensers were decorated with large promotion posters of this beer brand.

Declaration of interests

The author was employed as a fixed-term staff by WHO until his retirement and works now irregularly as a consultant.

Keywords Drinkaware, industry, policy, alcohol related disorders - prevention and control, alcohol drinking - policy and legislation, alcohol related programmes - prevention and control.

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OBSERVATIONS ON INDUSTRY INVOLVEMENT IN PUBLIC HEALTH POLICY IN ASIA-PACIFIC

Referring to your recent editorial, 'Who is responsible for the public's health?', and the reply from the Global Alcohol Producers Group, I would like to contribute three personal observations.

As a former World Health Organization (WHO) staff member, I have experience from the area of alcohol policy development from a number of countries in the Asia-Pacific region. My first observation relates to the discussion about the relationship or contribution of the alcohol producers to the WHO Global Strategy to Reduce Harmful Use of Alcohol. A number of industry-funded organizations talk about collaboration with WHO in implementing the Global Strategy. In the actual wording of the strategy it says that WHO will consult with economic operators. The difference may seem small, but is confusing governments about the role that the industry plays and relationship they have with WHO. WHO is used as a legitimizer for the recommendations that the industry then put forward to governments regarding what action they should take to reduce the harmful use of alcohol. For example, that the 'evidence for alcohol taxation as an effective public policy tool to reduce alcohol related harm