

The tobacco effect: The alcohol industry casting doubt

Supplementary submission to the NT Alcohol Policies and Legislation Review



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fare



About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventive health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy.

In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's (2010) *Global strategy to reduce the harmful use of alcohol* for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email info@fare.org.au.

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Introduction

In *Merchants of Doubt: How a handful of scientists obscured the truth on issues from tobacco smoke to global warming*, science historians Naomi Oreskes and Erik Conway tell the story of how powerful vested interests have conspired to undermine science by merchandising doubt and have “deliberately distorted public debate, running effective campaigns to mislead the public and deny well established scientific knowledge.”¹

This merchandising of doubt has become their central strategy to forestall legislation, regulation and litigation, aimed at protecting public health, the environment and public faith in science. These include “attacking legitimate science and...attacking the scientists; creating front groups; manufacturing false debate and insisting on balance; framing the issue in a highly creative way; and creating lavishly funded industry disinformation campaigns.”²

The University of California, San Diego’s Oreskes (now Harvard) and National Aeronautics and Space Administration’s Conway, show how these scientists “merchandised doubt because they realised...that doubt works”, arguing that the public has an erroneous view about the certainty of science. “We think that science provides certainty, so if we lack certainty, we think the science must be faulty or incomplete.”³

Oreskes and Conway also show how the debate plays out in different realms: “scientific claims were being published in scientific journals, where only scientists would read them, but unscientific claims were being published in mass media”,⁴ meaning unscientific claims are circulated broadly, but scientists refutations were published only where other scientists would see them.⁵

The alcohol industry does not feature in this compelling book, but its tactics are the same as the tobacco industry’s, which are extensively scrutinised in *Merchants of Doubt*.

The alcohol industry’s submissions to the NT Alcohol Policies and Legislation Review are replete with examples of this merchandising of doubt: there is not enough proof to justify regulation, and insufficient evidence to act; insisting the science is uncertain; emphasising true but irrelevant facts; cherry-picking facts out of context; and claiming the science is being manipulated to fulfil a political agenda.

After all, these tactics used by the alcohol industry to resist government regulation and undermine good public policy are straight out of the tobacco industry’s playbook.

Whether the context is global, national or regional, tactics and strategies used by the tobacco industry follow a formula that makes it easy for other industries to emulate. These tactics and strategies are well documented and include a combination of hard power (that is building financial and institutional relations) and soft power (that is the influence of culture, ideas, and perceptions of people, advocates and scientists).⁶

Common methods of manufacturing doubt include commissioning research, establishing research institutes that pursue a particular agenda and critiquing research that is not disputed.^{7,8} A 1969 internal tobacco industry document released states that “doubt is our product”⁹ and “spread doubt over strong scientific evidence and the public won’t know what to believe”.¹⁰ As Salojee and Dagli argue:

The [tobacco] industry’s strategy does not require winning the debates it manufacturers. It is enough to foster and perpetuate the illusion of controversy in order to muddy the waters around scientific findings that threaten the industry.¹¹

This effectively creates doubt and confusion in the minds of the public, policy-makers and decision-makers about the validity of evidence and policy positions advocated by its opponents. More importantly, it promotes government inaction and continuation of the status quo, and in some cases, can excuse politicians for not acting. The discrediting of evidence for political purposes is discussed in the *2010 Productivity Commission Inquiry Report on Gambling* (Volume 1):

One participant put it more bluntly and colourfully, describing efforts to manipulate claims about evidence for partisan reasons as ‘evidential humbuggery’, reminiscent of a well-known political satire on television (box 3.4). It is always possible to selectively use evidence, or set a threshold for proof that is not tenable for effective policymaking in areas where there are genuine public safety risks from action.¹²

Box 3.4 Responding to a report with unwelcome findings: the ‘Yes Minister’ method

Sir Humphrey: Of course. You simply discredit them. ... You point out that the research could be used to put unwelcome pressure on the government because it could be misinterpreted. ... You say it would be better to wait for a wider and more detailed study over a longer timescale. ... Now in Stage Two you go on to discredit the evidence ... You say it leaves some important questions unanswered, that much of the evidence is inconclusive, that the figures are open to other interpretations, that certain findings are contradictory, and that some of the main conclusions have been questioned. ...

Minister Hacker: But to make accusations of this sort – you’d have to go through it with a fine toothcomb.

Sir Humphrey: No, no, no. You can say all these things without reading it. There’s always some questions unanswered.

Minister Hacker: Such as?

Sir Humphrey: Well, the ones that weren’t asked. [Beams]

Minister Hacker: And that’s Stage Two?

Sir Humphrey: Yes. Now in Stage Three you undermine recommendations. “Not really a basis for long term decisions, not sufficient information to base a valid assessment, not really a need for a fundamental rethink of existing policy, broadly speaking it endorses current practice” – all that sort of thing.

Minister Hacker: And that always does the trick?

Sir Humphrey: Nearly always.

Minister Hacker: Suppose it doesn’t?

Sir Humphrey: Then you move on to Stage Four... Now, in Stage Four, you discredit the man who produced the report. Off the record, of course. You say that he is harbouring a grudge against the government or that he’s a publicity-seeker or, better still, that he used to be a consultant to a multi-national company.

Minister Hacker: Supposing he wasn’t?

Sir Humphrey: Then he’s hoping to be. Everyone is hoping to be a consultant to a multi-national. Or he’s trying for a knighthood, or a Chair, or a Vice-Chancellorship. Really, Minister, there are endless possibilities.

Source: Excerpt from the BBC satirical series, ‘Yes, Minister’ episode entitled ‘The Greasy Pole’.

Evidence now demonstrates that the ultra-processed food, drink and alcohol industries are using similar tactics and strategies to the tobacco industry to protect their economic interests and reputation.¹³ This is not surprising given the interconnected nature of these industries in terms of people, funds and activities.¹⁴ These strategies include funding biased research, co-opting policy

makers and health professionals, lobbying politicians and public officials to oppose public regulation, and encouraging voters to oppose public health regulation by emphasising individual responsibility.¹⁵

A study that evaluated the ethical, professional and scientific challenges that emerged from industry involvement in alcohol science, identified involvement in the following areas:

- sponsorship of research funding organisations
- direct financing of university-based scientists and centres
- studies conducted through contract research organisations
- research conducted by trade organisations and social aspects/public relations organisations (SAPROs)
- efforts to influence public perceptions of research, research findings and alcohol policies
- publication of scientific documents and support of scientific journals
- sponsorship of scientific conferences and presentations at conferences.¹⁶

Similarly, an analysis of the use of evidence in alcohol industry submissions to the Scottish Government's 2008 consultation on *Changing Scotland's relationship with alcohol*, found that these submissions frequently misrepresented strong evidence, but promoted weak evidence, were critical of population-wide approaches, made unsubstantiated claims about the adverse effects of policy proposals they opposed, and promoted alternative approaches without compelling evidence.¹⁷

The situation in Australia is no different, with the alcohol industry using similar tactics to those used abroad to protect its interests. It is clear from the alcohol industry's submissions and approach to the NT Alcohol Policies and Legislation Review they have borrowed heavily from the tobacco industry's playbook. This is expected given these industries sell harmful products in pursuit of the same goal – to maximise profits.

Responding to attempts to cast doubt

The submission will respond to some of the attempts made by members of the alcohol industry in to cast doubt over evidence provided to the NT Alcohol Policies and Legislation Review team.

Casting doubt on the evidence of alcohol pricing policies

“Evidence demonstrates that price controls are ineffective at targeting the harmful consumption of alcohol, and instead reduce overall per capita consumption levels.”¹⁸

Brewers Association

“Taxation changes or a minimum (floor) price are inefficient and inequitable method of addressing alcohol-related harm which would impact on moderate and responsible drinkers.”¹⁹

ALH Group

Response

Alcohol pricing policies are recognised as one of the most effective measures to reduce harmful consumption.²⁰ There is a wealth of evidence to show that pricing strategies work to change behaviour, whether it be associated with the price of alcohol or other consumer products.²¹ Increasing the price of alcohol will lead to a decrease in the level of consumption and in turn, a reduction in harm. Furthermore, young people and heavy drinkers have been shown to be particularly sensitive to alcohol price, with the heaviest drinkers more likely to seek out cheaper drinks than moderate drinkers.²²

A meta-analysis of 112 peer-reviewed studies on the effects of alcohol price and taxation levels on alcohol consumption found that there was “overwhelming evidence of the effects of alcohol pricing on drinking”.²³ It found that on average, a ten per cent increase in the price of alcohol reduces consumption by five per cent.²⁴ Price affected all types of alcoholic beverage consumption across the entire spectrum of consumption and young people were especially responsive to price.²⁵

Alcohol taxation has been found to be the most effective policy to reduce alcohol harm and while it is a broad based measure that affects the whole population, it is effective in reducing alcohol consumption and consequent harms among targeted groups (such as harmful drinkers and young people).²⁶ It is also the most cost effective policy, has the most breadth of research and has been implemented across a range of countries.²⁷

Research demonstrates that the introduction of a floor price is associated with significant reductions in rates of alcohol harm. In British Columbia, a ten per cent increase in the minimum price of alcohol was found to be associated with reductions in both short-term and long-term harm.²⁸ In particular, the region observed an 8.9 per cent reduction in acute alcohol attributable admissions following the introduction of the scheme and a 9.2 per cent reduction in chronic alcohol-attributable admissions two years later.²⁹ Moreover, evidence suggests that alcohol-related fatalities are also reduced by minimum unit pricing. In particular, a ten per cent increase in floor price levels in British Columbia was found to be associated with a 31.7 per cent reduction in wholly alcohol-attributable deaths.³⁰ That reductions in alcohol-related admissions and mortality were substantially larger than the reduction in overall consumption (3.4 per cent)³¹ reflects the strength of floor pricing schemes in targeting more harmful consumption while having limited impact on moderate consumers.

In another Canadian province, Saskatchewan, research suggests that a ten per cent increase in the level of a floor prices was associated with a larger (8.4 per cent) reduction in consumption. Other research investigated the impact of changes to the floor pricing regulations, including an average 9.1

per cent increase in the floor price level.³² It was found that these changes were associated with an immediate eight per cent reduction in night-time alcohol-related traffic offences for men and a 19.7 per cent reduction in violence offences four months later.³³

Casting doubt on the quality of independent scientific reviewed research

“Footnote 30 referenced in the Issues Paper relies on a non peer-reviewed paper commissioned once again by FARE, which was cited in opposition to a Dan Murphy’s licence application in Cranbourne East, Victoria.”³⁴

“The independent Victorian Commission Gambling and Liquor Regulation ultimately rejected the research (including the research in footnote 30) used to oppose the application and granted the licence for Dan Murphy’s to open in Cranbourne East which has been warmly embraced by the locals.”³⁵

Endeavour Drinks Group

Response

The research referred to in the Endeavour Drinks Group submission has been published in two scientific peer reviewed publications. These publications are:

1. Morrison, C et al. (2016). Relating off-premises alcohol outlet density to intentional and unintentional injuries. *Addiction*. 111, 56–64.
2. Morrison, C et al. (2015). Social disadvantage and exposure to lower priced alcohol in off-premise outlets. *Drug and Alcohol Review*. 34, 375–378.

The *Addiction* journal has been published by the Society for the Study of Addiction since 1884 and is one of the most highly ranked substance use journals in the world. *Addiction* is a founding signatory of the Farmington Consensus, a series of ethical publishing guidelines for addiction journals, and supports the development of detailed guidelines on ethical issues by the International Society for Addiction Journal Editors Ethical Working Group. These guidelines are designed to *protect* the integrity of scientific publishing in journals that specialise in addiction. Authors are required to declare any conflicts of interest and declare all sources of funding, whether direct or indirect.³⁶

Dr Morrison responded to industry attempts to discredit this research as part of the City of Casey’s opposition to the applications by Woolworths to open a Dan Murphy’s store in Cranbourne East (referred to in the Endeavour Drinks Group submission) stating that “Addiction is the highest ranked journal ... and they have a particularly rigorous review process. It was reviewed by four reviewers, including the Journal’s resident statistician and was accepted based on their recommendations.”³⁷

The Victorian Commission for Gambling and Liquor Regulation (VCGLR) found that on the basis of the research by Dr Morrison, “chain outlets (as defined by the study) were statistically associated with an increased occurrence in both intentional and unintentional injuries”.³⁸ In reaching this finding, VCGLR reviewed the critique by Dr Henstridge, the statistical expert referred to by Endeavour Drinks Group, and found that decisions about the type of methodology used are a normal part of research and that any errors were of a minor nature. Neither of these reasons were considered to be sufficient reason to dismiss the research.³⁹

The submission makes a similar claim in relation to the paper referenced in Footnote 27 of the NT Alcohol Policies and Legislation Review – Issues Paper, saying that it “is not peer-reviewed and provides no data to support its conclusions. It is more of an opinion piece which uses emotional language such as “booze barn” ...”.⁴⁰ The paper *Booze barns: fuelling hazardous drinking in Australia?*

was published in the Health Promotion Journal of Australia, a journal of the Australian Health Promotion Association. According to its website, this journal aims to “facilitate communication between researchers, practitioners and policymakers involved in health promotion activities”.⁴¹ The website provides publicly accessible advice to authors about submitting articles, including that “Manuscripts should be of a publishable standard; they are subject to peer-review and the Editors reserve the right not to publish any material.”⁴²

Casting doubt on the evidence of the health harms associated with alcohol consumption

*“In moderation, however, it is evident that it has a beneficial effect on Australia’s largest disease burden – cardiovascular disease – even when accounting for the so-called “sick quitters”. And for the majority of Territorians, alcohol is associated with an improvement in their overall wellbeing”.*⁴³

Endeavour Drinks Group

Response

A meta-analysis has found that studies that promoted the health benefits of alcohol consumption used control groups of non-drinkers (as part of their data collection) that included not just people who had never consumed alcohol, but also occasional drinkers, former drinkers and those who did not drink because of other health problems.⁴⁴ Subsequent analysis, which adjusted for these and other confounding factors, found that there was no net benefit with low levels of consumption compared with lifetime abstinence or occasional drinking.⁴⁵ Earlier research which examined the histories of more than 250,000 people arrived at the same conclusion.⁴⁶

Some researchers have suggested previous drinkers should be assigned to the cohort of drinkers according to their previous consumption patterns, to more accurately compare the health outcomes of consumers with abstainers.⁴⁷

Casting doubt on the effectiveness of population-wide measures

*“Population-wide policies are intended to reduce overall alcohol consumption across the entire population without regard to addressing specific problems or demographic groups.”*⁴⁸

Alcohol Beverages Australia

Response

Population wide measures such as alcohol taxation, restrictions on availability, drink driving measures and restrictions on alcohol advertising and promotion are the most effective and cost effective strategies to reduce alcohol harm.⁴⁹

The assessing cost-effectiveness in prevention (ACE-Prevention) study provided a large body of evidence of cost-effective prevention measures that would have instant effects on the health system. The study evaluated 123 preventive interventions and 27 treatment interventions.⁵⁰ It found that a large impact on disability-adjusted life year (DALYs) could be attained by implementing a small number of cost-effective interventions. For example, some population-based preventive measures that were found to be cost-effective include tax increases on alcohol (30 per cent).⁵¹ Price based measures are effective in not only reducing overall consumption but also in targeting harmful consumption, particularly by heavy drinkers and young people, and lead to reduced consumption amongst people most at risk of long term harm.^{52,53,54,55,56,57}

The World Health Organization (WHO) supports the use of population-level measures to reduce harmful use of alcohol since “individual approaches to prevention are shown to have a much smaller effect on drinking patterns and problems than do population-based approaches that affect the drinking environment and the availability of alcoholic beverages.”⁵⁸

Alcohol Beverages Australia draws on research conducted by the International Center for Alcohol Policies and Drinkwise Australia. These organisations were established and funded by the alcohol industry.^{59, 60} Research by alcohol industry funded bodies promote industry friendly policies that are ineffective and cast doubt on the effectiveness of interventions that are supported by the evidence.^{61,62}

Casting doubt by selectively quoting from the Australian Government Competition Policy Review

*“The Harper National Competition Policy Review was quite clear and aligned to the views of its many predecessors. Its recommendations mean that “restrictions on opening hours, or planning and zoning rules, or liquor licensing regimes, or gaming licensing, should not be designed to benefit particular competitors or classes of competitors, but only to achieve the stated public policy benefits”. Further, they said “Competition should not be restricted unless: the benefits of the restrictions to the community as a whole outweigh the costs; and the objectives of the regulation can only be achieved by restricting competition”.*⁶³

Endeavour Drinks Group

Response

The Panel for the Australian Government Competition Policy Review (the Review) was very clear in supporting the view that “the risk of harm from liquor provides a clear justification for liquor regulation, any review of liquor licensing regulations against competition principles must take proper account of the public interest in minimising this potential harm.”⁶⁴ They agreed with the many submitters who noted that “Alcohol, because of its potential to cause harms, is not like other products. It is not the same as cornflakes, nor is it similar to washing powder or orange juice”.

The Competition Policy Review Final Report (Report) states that:

...the Panel does not propose that the recommendation to deregulate trading hours for sellers of ‘ordinary’ goods and services (see Recommendation 12) should prevent policy makers from regulating trading times for alcohol retailing (or gambling) in order to achieve the public policy objective of harm minimisation. Similarly, the recommendation that competition be taken into account as an important part of the planning and zoning process (see Recommendation 9) should not be interpreted as removing any ability for governments, in dealing with planning and zoning, to take full account of harm minimisation as an objective.⁶⁵

The Panel reinforces this message in other parts of the Report with comments such as “it is certainly not the Panel’s view that the promotion of competition should always trump other legitimate public policy considerations”⁶⁶ and “The goal is to ensure that regulation does not restrict competition, except to the extent required to meet other overriding policy objectives.”⁶⁷

Alcohol regulation was specifically addressed in the Report in light of concerns raised in the Review about the potential for Competition Policy to restrict the ability of Governments to employ strategies that have been proven to be most effective in reducing alcohol harm. The report clearly provides the authority for state and territories to introduce regulatory measures that will enable them to achieve their policy objective of harm minimisation.⁶⁸

Casting doubt by downplaying evidence in media

“To add insult to their disappointment, the vast majority of Territorians who drink responsibly and in moderation would also face unfair price rises and government sanctions on their businesses and their behaviour.”⁶⁹

“Among its many problems is its false assumption that heavy drinkers are more likely to reduce their consumption as a result of price.”⁷⁰

Fergus Taylor, NT News

Response

Research suggests that the introduction of a minimum unit price would generate larger reductions in consumption among lower income heavy drinkers and considerably smaller impacts on lower-income moderate drinkers.^{71,72}

Modelling of a £0.50 floor price in England found that the largest behavioural change would be observed among harmful drinkers, whose consumption would reduce by an estimated 5.4 per cent.⁷³ Across all drinkers, results suggest that consumption would reduce by 2.5 per cent, with moderate drinkers impacted least with respect to both spending and consumption.⁷⁴ Results suggest that consumption among moderate drinkers would decline by 1.0 per cent. Spending among this cohort would be expected to increase very marginally, by £2.55 per year.⁷⁵ These results are consistent with earlier research, which has suggested that harmful drinkers are more price-sensitive than moderate drinkers.⁷⁶

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