

Open letter from UK-based public health scientists to Public Health England regarding partnerships with the alcohol industry

8th October 2018

Dear Mr Selbie,

As public health scientists, journal editors and directors of UK public health research initiatives, we are writing to you to express our concern about partnerships between Public Health England and the alcohol industry. In addition to the 'Drink Free Days' campaign, launched with Drinkaware, we understand you also plan further partnerships with alcohol producers and retailers across a number of alcohol policy areas. Such partnerships threaten the reputation of PHE. They also put at risk our confidence in PHE's commitment to the highest scientific standards and the promotion of policy advice informed by the best available evidence.

The reputational risk to PHE's status as a provider of impartial, evidence-based advice is significant. PHE has already called for a review of the advice provided by Drinkaware, just one week after launching the joint campaign.¹ This follows identification of clear-cut examples of inaccurate information on Drinkaware's website.^{2,3} Researchers have previously raised similar concerns regarding Drinkaware and other organisations linked to the alcohol industry providing incorrect, partial or ambiguous information within health promotion campaigns.^{4,5,6} It is for these and other reasons that PHE's own evidence review concluded that, "the delivery of education messages by the alcohol industry has no significant public health effects".⁷

In its 2014 statement of priorities, PHE committed to ensuring that, "credible, evidence-based advice is available on the key issues relating to the public's health".⁸ This is incompatible with extensive partnership with the alcohol industry, which has a long and well-documented history of seeking to undermine public health science and reduce its influence on policy. Recent examples include the Scotch Whisky Association funding third parties to criticise the science on minimum unit pricing,⁹ Portman Group withdrawing a recommendation that its members should include the Chief Medical Officer's low risk drinking guidelines on product labels,¹⁰ and the Public Health Responsibility Deal,

¹ Guardian (2018) 'Public Health England backs review of alcohol charity's guidance',

<https://www.theguardian.com/society/2018/sep/21/public-health-england-review-drinkaware-website-guidance>.

² Angus (2018) 'Tell me more, tell me more – what's this industry-led public health initiative about',

<http://www.ias.org.uk/Blog/Tell-me-more-tell-me-more-whats-this-industry-led-public-health-initiative-about.aspx>.

³ Petticrew et al. (2018) 'Partnerships with the alcohol industry at the expense of public health', *The Lancet*, 392:992-3.

⁴ Smith et al. (2006) 'Are "Drink Responsibly" alcohol campaigns strategically ambiguous', *Health Communications*, 20(1):1-11.

⁵ Petticrew et al. (2018) 'How alcohol industry organisations mislead the public about alcohol and cancer', *Drug and Alcohol Review*, 37(3):293-303.

⁶ McCambridge et al. (2013) 'Be aware of Drinkaware', *Addiction*, 109:519-24.

⁷ Public Health England (2016) 'The public health burden of alcohol and the effectiveness of alcohol control policies: An evidence review', London: Public Health England.

⁸ Public Health England (2014) 'From evidence into action: opportunities to protect and improve the nation's health', London: Public Health England.

⁹ Gornall (2014) 'Under the influence: 2. How industry captured the science on minimum unit pricing', *BMJ*, 348:f7531.

¹⁰ Portman Group (2017) 'Communicating alcohol and health-related information',

<http://www.portmangroup.org.uk/codes/alcohol-marketing/communicating-alcohol-and-health-related-information>.

which led primarily to pledges that lacked supporting evidence.¹¹ Furthermore, the available evidence suggests that alcohol producers and retailers do not use partnerships with public bodies to promote policy solutions that are effective in reducing alcohol-related harm. Instead, they seek to frame policy problems and the range of policies under consideration to ensure they align with commercial interests to the expense of public health.¹² In practice, this often means promoting poorly-evidenced information-based interventions while opposing better-evidenced regulation of the alcohol market. That PHE is seemingly not worried about such activity or believes that it is not vulnerable to industry influence is troubling.

Finally, we are alarmed by public statements from PHE on this matter. For example, in the *Lancet*, PHE argues that Drinkaware is funded by “many household names such as the major supermarket chains”.¹³ This suggests that PHE is unconcerned that alcohol retailers are part of the alcohol industry and participate in the damaging practices outlined above. The article goes on to argue that, “the debate is not whether public health agencies should be working with producers and retailers but how they should do so.” This mischaracterises the debate within public health, which questions both whether and how to engage with industry organisations. It is also disingenuous as PHE has not discussed publicly how to engage with the alcohol industry, nor published its proposals for doing so. Instead, it bypassed its Alcohol Leadership Board when establishing these partnerships, informed the Board after the event, and then ignored a request from the Board’s chair to pause while guidelines on methods of engagement were established.

Given the above, we urge you to work with your Alcohol Leadership Board to formulate and publish guidelines for engagement with the alcohol industry and its associated organisations. These guidelines should align with the recommendations of the World Health Organisation, which state that “the alcohol industry has no role in the formulation of alcohol policies” and that industry activity should be limited to their “core roles as developers, producers, distributors, marketers and sellers of alcoholic beverages”.¹⁴

Yours faithfully,

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¹¹ Knai et al. (2015) ‘Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis’, *Addiction*, 110:1232-46.

¹² Hawkins & Holden (2013) ‘Framing the alcohol policy debate: Industry actors and the regulation of the UK beverage alcohol market’, *Critical Policy Studies*, 7.

¹³ Newton & Coshford (2018) ‘Partnerships with the alcohol industry: opportunities and risk’, *Lancet*, [https://doi.org/10.1016/S0140-6736\(18\)32333-X](https://doi.org/10.1016/S0140-6736(18)32333-X).

¹⁴ Chan (2013) ‘Re: Doctors and the alcohol industry: an unhealthy mix?’, *BMJ*, 346:f1889.

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