Introduction

This article addresses corporate influence on UK alcohol policy and its implications for public health. UK alcohol policy is characterised by a multiplicity of agencies and actors responsible for formulating and implementing various aspects of policy at different levels of government, including at the EU level. Within the UK, alcohol policy now falls under the remit of the devolved administrations in Scotland, Wales and Northern Ireland, with some responsibilities retained by the UK Government. In England, responsibility for alcohol policy is shared between various departments including the Home Office and the Department of Health (DoH). The Treasury, meanwhile, sets the levels of duty and Value Added Tax (VAT) on alcohol across the UK.

It has been widely claimed that the UK government has afforded too prominent a role to the alcohol industry in both the development and implementation of alcohol policy (Room 2004, Baggott 2006). Despite some historical analyses of UK alcohol
policy (see Greenaway 2003), this issue has received scant attention from those studying current policy debates. Relatively little is known about the specific roles played by alcohol industry actors in the policy process. This deficit is especially clear when compared to the volume of literature which has emerged on the tobacco industry (Holden and Lee 2009, Mosher 2009).

This article is intended as the first step in addressing the gap in current scholarship. It maps the current state of UK alcohol policy, the architecture of the alcohol industry, its policy positions and the political strategies it employs. As such, it lays the foundations for an emerging research agenda on corporate influence on alcohol policy in the UK and beyond. It speaks not just to alcohol policy specialists, but to the wider public health community. Current debates in the public health literature highlight the centrality of ‘lifestyle’ factors – including alcohol consumption, smoking and obesity – in the new public health (Bell et al. 2011). As such, there are clear implications for corporations whose products are associated with these conditions. Furthermore, the ‘responsibility deals’ at the heart of the government’s health policy in England give corporate actors a substantial say in policies to improve the health status of the population (Department of Health 2011). If we are to understand fully the public health challenges facing the UK, we require a more detailed account of the specific mechanisms by which corporate actors influence both the formation and implementation of policy. Whilst the focus of the current article is principally at the national level – that is to say the constituent nations of the UK – an emerging research agenda must take into account the implementation of policy at the local and supra-national levels.

Developments in UK alcohol policy 2004–2010

Babor et al. (2003) define alcohol policy broadly as those measures aimed at minimising the harms which result to both individuals and society as a result of alcohol use. Between 2004 and 2010, the basis of alcohol policy in England was the Alcohol Harm Reduction Strategy for England (AHRSE) (Cabinet Office 2004). The targeting of interventions on those sections of the public seen to be at greatest risk of harm is a key theme. Education, public information, health and treatment services, crime and disorder are placed at the centre of the strategy. Particular emphasis is given to the role of the alcohol industry as key partners in achieving policy goals. This involves a system of voluntary self-regulation, centred on bodies such as the Portman Group and Drinkaware with very close links to the alcohol industry. Possible future policy developments were prepared for with the DoH commissioning researchers at the University of Sheffield to conduct an independent review of the effects of alcohol pricing and promotion (Booth et al. 2008). This indicated that ‘minimum pricing might be effective as a targeted public health policy’.

The AHRSE was followed in 2007 by the publication of Safe Sensible Social: The Next Steps in the National Alcohol Strategy (Department of Health 2007) which reemphasised the general policy orientation of the AHRSE. It aimed to assist the majority of the population to enjoy alcohol responsibly, accompanied by measures targeted at the problematic minority of harmful drinkers. Like the AHRSE, the updated strategy saw a prominent role for the alcohol industry in achieving these policy goals.
The focus on self-regulation led representatives of the drinks industry to produce the *Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK* (Advertising Association *et al.* 2005). An independent review of the effectiveness of these social responsibility standards in reducing alcohol-related harms found evidence of ‘many irresponsible and harmful practices’ which contravened the standards and called for more effective enforcement (KPMG 2008). A subsequent consultation mooted the possibility of a mandatory code backed up by new legislation (Department of Health 2008a,b). However, no further substantive changes were introduced by the Labour Government in this area.

In May 2010, the new Conservative/Liberal Democrat administration established a commitment in their coalition agreement to ensure policy ‘tackles binge drinking without unfairly penalising responsible drinkers, pubs and important local industries’ (HM Government 2010, p. 14). This included a commitment to ban the sale of alcohol below the level of Duty and VAT. Nevertheless, much of the previous policy orientation remained. At the heart of the government’s health policy are a series of ‘responsibility deals’ which afford corporate actors a central role in shaping and implementing policy and place responsibility for alcohol-related harm on the individual consumer.

Debates in Scotland provide an interesting counterpoint to those in England. The year 2008 saw the publication of the discussion paper *Changing Scotland’s Relationship with Alcohol* (Scottish Government 2008), which set out proposals to legislate for greater restrictions on the sale, promotion and pricing of alcohol. An analysis of the submissions to this consultation was published the following year (Scottish Government 2009a), along with a white paper setting out legislation which included the introduction of a minimum unit price (MUP) for alcohol (Scottish Government 2009b). This proposal was ultimately thwarted in a parliamentary vote in the autumn of 2010, with the minority government unable to secure sufficient cross-party support to pass the measures on MUP. However, alcohol pricing has been identified as a key priority for the new Scottish National Party (SNP) government elected in 2011.

Commentators have argued that the governments in both England and Scotland have failed to implement effective harm reduction policies focusing on the pricing, availability and promotion of alcohol. Instead policy has focused on approaches such as public information and industry self-regulation for which the evidence base is weak (Baggott 2010).

Similarly, it has been argued that alcohol policy under New Labour reflected the party’s broader priorities and ideology, combining a concern with individual responsibility in the areas of social and criminal justice policy with an overtly free-market and pro-business economic policy (Room 2004, 2005, Baggott 2010). In addition to a general disposition towards deregulation and marketisation, service industries were recognised as an increasingly important sector of the economy. Consequently, it was an explicit policy goal in this period to develop the leisure industry and promote what is termed ‘the night-time economy’ (Hobbs *et al.* 2003, Measham 2006, Baggott 2010). The strategic role of alcohol in developing the leisure and tourism industries was reflected in the decision to transfer responsibility for licensing to the Department of Culture, Media and Sport (DCMS) following the 2001 general election.
The structure of the alcohol industry

In order to understand the positions adopted by alcohol industry actors, they must be placed in the context of the changing structure of the industry. Driven by falling prices, there has been a trend in recent years towards increased off-trade sales for drinking at home (Anderson 2007). Supermarket chains are responsible for an increasing share of the market, selling alcohol at greatly reduced rates to attract shoppers to their stores (Baggott 2010). Similarly, the gradual relaxation since the early 1990s of constraints on both the number of licensed premises allowed in a given area and the hours during which they are allowed to open has led to an increasing concentration of licensed premises in town centres at the same time as the overall on-trade market is contracting.

Economic liberalisation at the global level has facilitated growth in the alcohol industry (Casswell and Thamarangsi 2009, Jernigan 2009), concentrating production amongst a handful of multinational corporations (Giesbrecht 2000, Jernigan 2009). Many of these number amongst the world’s largest corporations (Jernigan 2009). Concentration of ownership and the increasingly competitive nature of the alcohol industry have led to an increasing reliance by producers on marketing and promotional activity (Giesbrecht 2000, Jernigan 2009). This is particularly the case in mature markets such as the UK and the USA where increased competition has led to a reduction in prices, encouraging corporations to pursue greater sales volumes to protect their profits.

Policies promoted by the alcohol industry

The policy positions articulated by different sections of the alcohol industry vary on issues including MUP and taxation, reflecting their underlying commercial interests. Wine and spirit producers, for example, opposed MUP, whilst the brewing sector was divided. Amongst retailers, the on-trade supported MUP, whilst the off-trade, with some notable exceptions, was opposed. Despite these differences, there are a number of common elements to the policies advocated by industry actors (Giesbrecht 2000, Room 2006). A clear priority for both producers and retailers in the UK has been to protect their ability to market their products as they wish. Industry actors emphasise stakeholder involvement, self-regulation and partnership with government in preference to legislation and mandatory codes of practice (Anderson and Baumberg 2006). This involves an emphasis on corporate social responsibility (CSR) and the production of industry standards of practice (see Advertising Association et al. 2005, Portman Group 2006). The lessons learned from research into the tobacco industry suggest that the CSR messages presented publicly by industry actors may differ greatly from corporations’ real aims and objectives (Fooks et al. 2011).

Underlying the alcohol industry’s policy agenda is the idea that responsibility for reducing alcohol-related harm lies with the individual drinker, rather than the industry or society more broadly (Room 2011). They emphasise the need for personal responsibility, arguing that the majority of drinkers consume alcohol in moderation. Consequently, policy interventions should be targeted at problem drinkers. Despite strong evidence to the contrary, they argue that whole population solutions penalise the ‘moderate majority’ whilst failing to address alcohol harms (Room 2004, Anderson and Baumberg 2006; see also Casswell 1993). Instead, public
information and schools education are promoted as the way to tackle alcohol-related harm, a strategy with little supporting evidence (Anderson 2003, 2007, Babor et al. 2003, Room 2004, McCambridge 2007, Casswell and Thamarangsi 2009).

As Jahiel and Babor (2007) argue, it is unsurprising that the policies advocated by alcohol industry actors differ from those policies advocated by public health practitioners. What is remarkable is that current UK alcohol policies are far closer to policies advocated by the alcohol industry than those indicated by the prevailing evidence base. This may reflect government’s overtly economic (versus public health) based approach to regulation and concerns that falls in consumption levels may damage tax revenue or the ‘night-time economy’ (Adams et al. 2010, p. 588).

Given the orientation of current policy, it is noteworthy that there has been relatively little research into the processes by which industry actors seek to influence policy. Whilst much of the literature on alcohol policy exhibits a clear assumption that industry actors are extremely powerful (Baggott 2006, Jernigan 2009), we know relatively little about the processes of alcohol policy-making and the specific role played by industry actors in these processes.

**Alcohol industry strategy**

Whilst there is limited literature on the current role of corporate actors in alcohol policy, extensive analyses of tobacco industry internal documents demonstrate that those companies have deployed a wide range of direct and indirect methods to influence policy at all levels of government. Tactics have included the use of contract lobbyists; campaign contributions to legislators and political parties; the provision of gifts, honoraria, corporate hospitality and charitable donations; direct links with the legislative and executive levels of government; alliances with other interest groups; the use of front groups; the creation of corporate social responsibility (CSR) initiatives; and attempts to undermine the scientific evidence on tobacco and health (Givel and Glantz 2001, Holden and Lee 2009). The alcohol industry has strong similarities to the tobacco industry in terms of its global reach, extensive financial resources and the addictive nature of its products. There is evidence too that co-ownership of alcohol and tobacco corporations (e.g. Phillip Morris and Miller) has led both sectors to pursue similar policies and public affairs strategies (Bond et al. 2010). Thus there is a pressing need to scrutinise the political influence of alcohol industry actors to a far greater degree than is currently the case.

A key strategy of the alcohol industry in recent years has been to achieve partnership status with government agencies charged with reducing alcohol-related harms (Casswell 2009). The discourse of partnership seeks to position the industry as an integral part of the alcohol policy apparatus. In addition to its consultative role in the policy making process – providing information and expertise to officials – the industry claims it can play a role in the delivery of policy by performing various regulatory and governance functions (Adams et al. 2010). In this way, partnership agreements appear as mutually beneficial arrangements in which industry actors share the burden of service provision with government agencies.

Much interest in the partnership based approach has centred on ‘Social Aspects Organisations’ (SAOs) set up by the alcohol industry to promote its positions on alcohol policy (Baggott 2010). In the UK, the Portman Group has played a crucial role in the development of alcohol strategy. It was, for instance, the only ‘alcohol
misuse’ organisation cited in the final version of the AHRSE (Harkins 2010). In addition, Drinkaware, whose origins lie with the Portman Group, has been afforded a prominent role in the public awareness and social drinking campaigns at the heart of government strategy (Measham 2006).

Room (2006, p. 391) has argued that the key function of SAOs is ‘to claim a place at the table in any open discussions on alcohol policy’, thus granting industry actors direct access to the policy process. However, because of their ties to the industry, SAOs cannot be regarded as neutral or objective participants (Giesbrecht 2000, Anderson 2003). Whilst the drinks industry denies that SAOs are trade associations or lobby groups, critics argue that they simply provide another avenue through which to pursue policy aims (Anderson 2003, see also Room 2006, Casswell and Thamarangsi 2009, Baggott 2010).

Industry actors attempt to frame issues and set agendas for policy makers in order to influence their outcomes (Anderson and Baumberg 2006; cf. Baggott 1990, Anderson et al. 2009). They claim that alcohol confers a net benefit on society (Anderson 2003) and that policies ought to target high risk drinkers alone (Casswell 1993). This has meant suppressing information which runs counter to their narrative (Adams et al. 2010) and sponsoring research which is favourable to their positions (Babor 2009, Harkins 2010). This has led to a widespread debate about whether scholars working in the field ought to accept funding from industry bodies (see Anderson et al. 2009).

A new research agenda

This commentary paves the way for a new research agenda on the alcohol industry as a political actor. This involves methodological challenges not encountered to the same extent by researchers working on the tobacco industry, who have access to internal industry documents. Research on the alcohol industry, and other industries impacting on public health, needs to utilise publicly available documents, such as those submitted to government consultations, and interviews with key players in the policy process. The latter can involve both current and former ministers, Members of Parliament, members of devolved parliaments and assemblies, civil servants, public health advocates and industry actors. These interviews investigate the roles corporations play in the policy process, the extent to which their input is sought by government and the different avenues they pursue in order to represent their interests.

Since this involves attempting to understand highly sensitive details of the marketing and lobbying strategies of large multinational organisations at a time of sustained political debate about the effects of alcohol on the UK, informants may be particularly guarded in interviews. It is vital, therefore, that respondents are allowed to participate anonymously and in strict confidence in order to facilitate both participant recruitment and open discussion. By triangulating industry interview responses with those of other policy actors, publicly available documents and consultation responses, it should be possible to add to what little is known about the role of corporate actors in the policy process. Comparisons with analyses of other industries affecting public health such as the food, tobacco and pharmaceutical industries will also be informative.
The proposed methodology raises questions about the specific function of interviews, the status of the data which they generate and the knowledge claims which they can substantiate. This reflects broader epistemological debates within the social sciences. From our perspective, interviews can provide important insights into the ways in which industry actors construct the problem of alcohol related harm and seek to influence policy responses through various means. Similarly, divisions and cleavages may emerge between sectors and companies, leading to a more nuanced understanding of policy debates. Comparisons between the role that industry actors claim to play in the policy-making process and that attributed to them by policy makers and civil society actors may also prove insightful.

Further questions arise also about the relationship between the new research agenda and the policy process itself. Participation may be viewed by industry actors as a way of furthering their policy objectives or projecting a specific image of their company’s role in the policy process. Similarly, consideration must be given by researchers working on such contentious issues to the role their research plays in furthering certain policy agendas. Current debates about the criteria against which public health research is judged and its ‘translation’ into policy are relevant to these considerations (Mair and Kierans 2007, Crawshaw 2008, de Leeuw et al. 2008).

A research agenda of this kind would aim to examine the processes by which public health policy is made, including when, how and with what degree of success industry actors attempt to influence the content of government policies. It is impossible, however, to separate entirely the discussion of policy process from the substantive content of policies themselves. Recent debates in both England and Scotland about the pricing and marketing of alcoholic products offer a useful case study, which can also incorporate differences in policy processes between Scotland and England. Research of this kind on the alcohol industry can not only inform our understanding of the alcohol policies of the current and future governments but may guide research into other health-related industries, such as the food industry, which face similar methodological challenges.

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