



Commercial Determinants and Conflicts of Interest in Public Health and Policy

Alcohol industry conflicts of interest: The pollution pathway from misinformation to alcohol harms

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ABSTRACT

The alcohol industry plays a major role in global public health harm, and shapes policies and public perceptions to its benefit, through misinformation, lobbying and self-regulation. This article describes the alcohol industry's conflicts of interest, particularly in the dissemination of misleading health information, its role in school-based alcohol 'education', and its resistance to evidence-based harm reduction measures. The industry's activities contribute to a 'pollution pathway' that normalises alcohol consumption while obscuring its links to cancer, cardiovascular disease, fetal alcohol spectrum disorders (FASD) and other harms. Alcohol industry-funded organisations, such as Drinkaware, omit and distort the evidence on health risks and seek to shift the responsibility for harm onto consumers. Drawing parallels with the tobacco industry, we argue for stricter regulation, exclusion of the alcohol industry from health policymaking, and stronger public awareness campaigns to counter alcohol industry misinformation. Urgent action is needed to protect public health from alcohol industry influence and to mitigate alcohol-related harm.

Introduction

The alcohol industry is a major driver of harm globally. In the UK, about 80% of people drink alcohol, but most would be unaware that their preferred brands are behind one of the leading causes of preventable morbidity and mortality, including fatal and non-fatal injuries and violence among young people. The impacts on population health are well evidenced: cancers, cardiovascular disease, stroke, liver disease, suicide and harms to mental health, among many others. The wider economic costs to society are often overlooked, but significant. A 2024 analysis from the Institute of Alcohol Studies (IAS) found that alcohol harm costs England £27.44 billion each year.¹ Previously, the most widely cited number was £21 billion (for England and Wales), based on a 2003 Cabinet Office report on the cost of alcohol to society. These costs include violence and crime suffered as a result of consuming alcohol, and the costs to the NHS from alcohol-related illness and injury. The burden of these health harms is disproportionately experienced by deprived and marginalised communities, and women and children are greatly affected by the impact of other people's consumption of alcohol. Despite the extensive harms caused by the industry, and its costs to society, the industry and its proxies are allowed to have a key role in policymaking,

in education and, bizarrely, in health promotion in the UK and other countries. Many of the harms and the significant conflicts of interest are often unrecognised; alcohol is seen as just another consumer product. To address this anomalous state of affairs, this paper describes some of the harms, some of the industry's strategies, and some ways to address the problem.

The alcohol industry's burden on people and planet

The alcohol industry has a considerable environmental impact. Although the industry emphasises its concern about progression towards Net Zero (see for example <https://www.theheinekencompany.com/sustainability-and-responsibility/environmental/path-net-zero>) and the environmental sustainability of its products and production processes, the reality is very different. A report from the IAS found that the manufacture and consumption of the alcohol industry's products adversely impacts 13 of the 17 Sustainable Development Goals (SDGs) and concluded that it 'can push people into poverty or keep them there, uses up water for crop growth in areas where people do not have enough to drink, contributes to human rights abuses across the globe, and exacerbates the climate crisis'.²

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Moreover, it is becoming clear that, far from their Corporate Social Responsibility (CSR) and marketing claims of creating economic benefits to society, the alcohol industry contributes to wealth inequality.³ Wood and colleagues (2021) analysed wealth and income distribution data for the largest alcohol and other companies listed on stock exchanges in the USA, and found a 'double burden of maldistribution' whereby the alcohol

industry's social and economic burden of health harms disproportionately affect disadvantaged population groups and governments in low- and middle-income countries, yet increasingly transfer wealth and income to the privileged elite.⁴ It is also important to note that there are various layers of inequalities experienced by subsections of the population; for example women and girls are at risk of increased health and

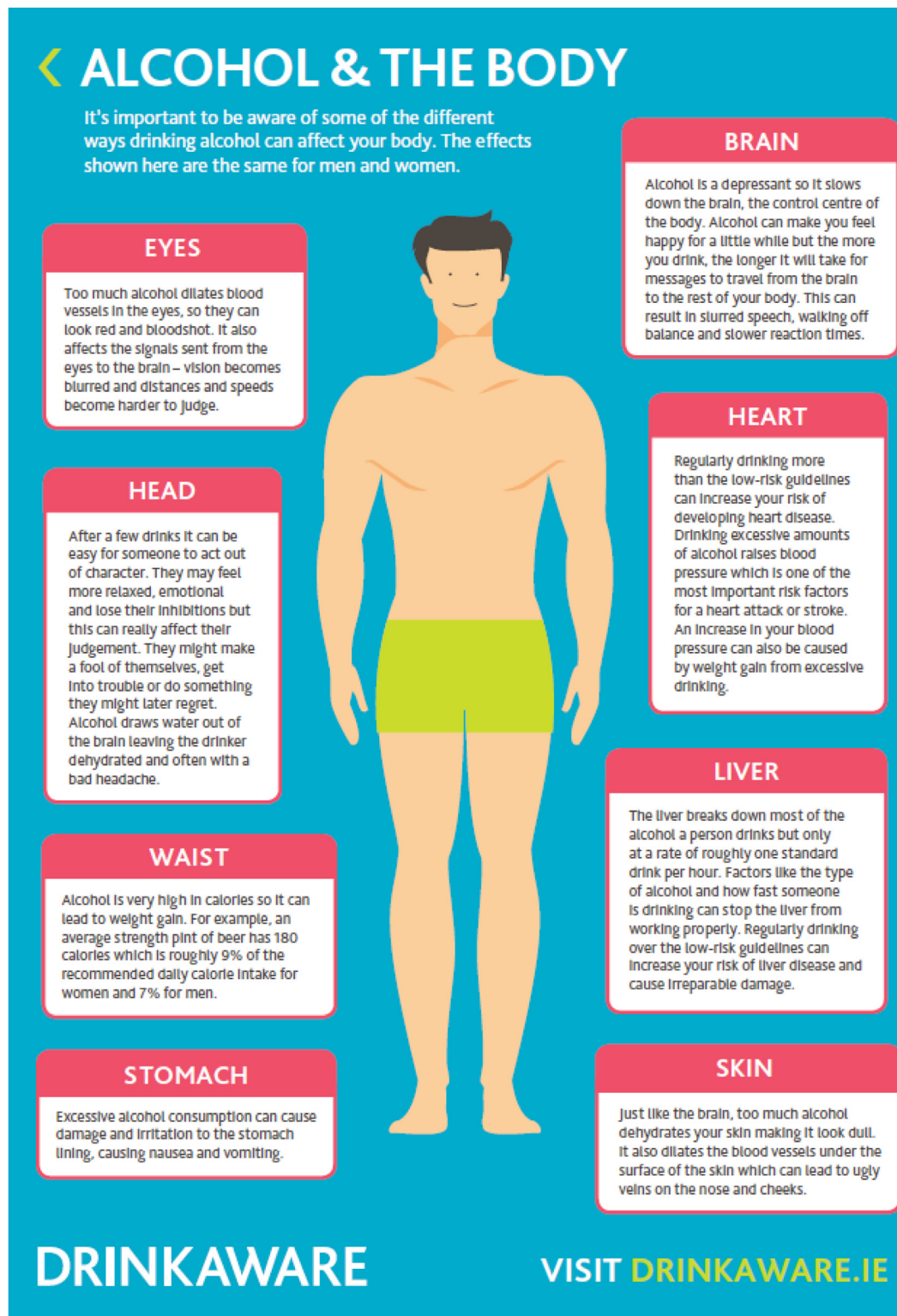


Fig. 1. Mis-infographic from Drinkaware Ireland. Note the selective omission of cancer and FASD. (Original source: <https://drinkaware.ie/>).

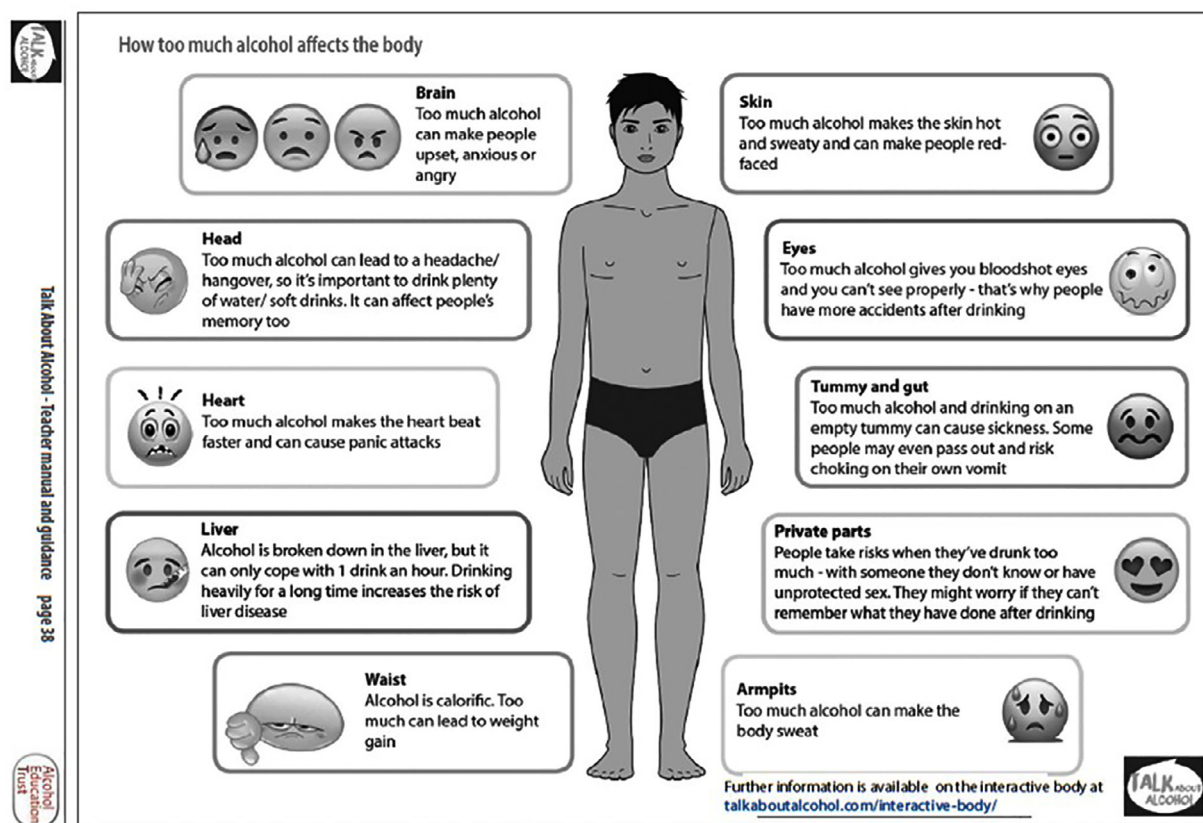


Fig. 2. Mis-Infographic from the Alcohol Education Trust's (now called Talk About Trust) teachers' workbook. Again note the omission of cancer. (Original source: <https://www.transformationpartners.nhs.uk/wp-content/uploads/2015/10/131-Talk-About-Alcohol-Teacher-Workbook.pdf> and <https://archive.org/details/131-talk-about-alcohol-teacher-workbook>: <https://archive.org/details/131-talk-about-alcohol-teacher-workbook>).

social inequalities, and structural industrial factors associated with alcohol production can worsen gender inequalities and worsen a cycle of poverty.⁵

The alcohol industry therefore places a considerable burden on people and planet, as well as fuelling inequities within and between countries. At the same time, it is given carte blanche to operate as if its contribution to society were wholly unproblematic. In conflict with the evidence, the industry is often treated by government and society as if it were a legitimate health policy actor, as opposed to a commercial producer and retailer of a harmful, addictive product. For example, current areas of alcohol industry activity with respect to health issues, nationally and internationally, include being permitted to self-regulate the labelling of alcohol products, including the provision of health information, and being permitted to deliver and/or fund information and 'education' campaigns aimed at the public.⁶ Such campaigns are often developed and managed through alcohol industry charities like Drinkaware in the UK and Ireland, Drinkwise in Australia, and many other such organisations.⁶ In many countries, including the UK, the alcohol industry, and organisations with alcohol industry funding, are highly active in primary and secondary schools, 'educating' children about alcohol and underage drinking, despite the considerable conflicts of interest that this involves.

It is imperative that we question how such a deeply harmful and unequal reality has come to be seen as normal, acceptable and even beneficial. It is as if, as a society, we (or politicians, and senior health policymakers) have decided that the best way to deal with smoking in children is to allow Phillip Morris to develop and run its own children's anti-smoking materials – without any oversight. We would no longer allow this, of course – not least because such activities are prevented under the WHO's Framework Convention on Tobacco Control.⁷ Even if this were not the case we would expect that, because of the major con-

flict of interest between the interests of the tobacco industry and that of public health, such materials would pose a serious risk to children and adults. In fact, we know that when the tobacco industry had the opportunity to promote its products under the guise of health education, it took the opportunity to develop youth education programmes that were ineffective and at times counter-productive.^{8,9} The alcohol industry has done the same, largely unnoticed.⁶

The alcohol industry as a vector of misinformation

Although policymakers rightly reject such harmful partnerships with the tobacco industry, they often have few such qualms about the alcohol industry. Like the tobacco industry, the AI and its front groups – like the charities it funds – distort the harms of its products, normalise the consumption of alcohol and shift the blame for harms from the industry to drinkers themselves.⁶ For example, the evidence shows that the AI, through its proxies like Drinkaware, disseminates health misinformation, denying and distorting the evidence on the risk of cancer, cardiovascular disease and fetal alcohol spectrum disorders (FASD),^{10–13} while furiously denying that it does so, and drawing on the reputations of academics and clinicians to help 'healthwash' its activities.¹⁴

See, for example, Fig. 1, for an infographic (or rather, mis-infographic) produced by Drinkaware Ireland, purporting to inform the public about the harms of drinking. Note the selective omission of any mention of cancer or FASD, the latter omission facilitated by only depicting a male figure. Fig. 2 shows the same selective omission of cancer in a different mis-infographic, this time from the Alcohol Education Trust's teachers' workbook. Note also the phrasing 'How "too much" alcohol affects the body'. This particular piece of misinformation parallels the alcohol industry's denial that alcohol is an inherently harmful product.

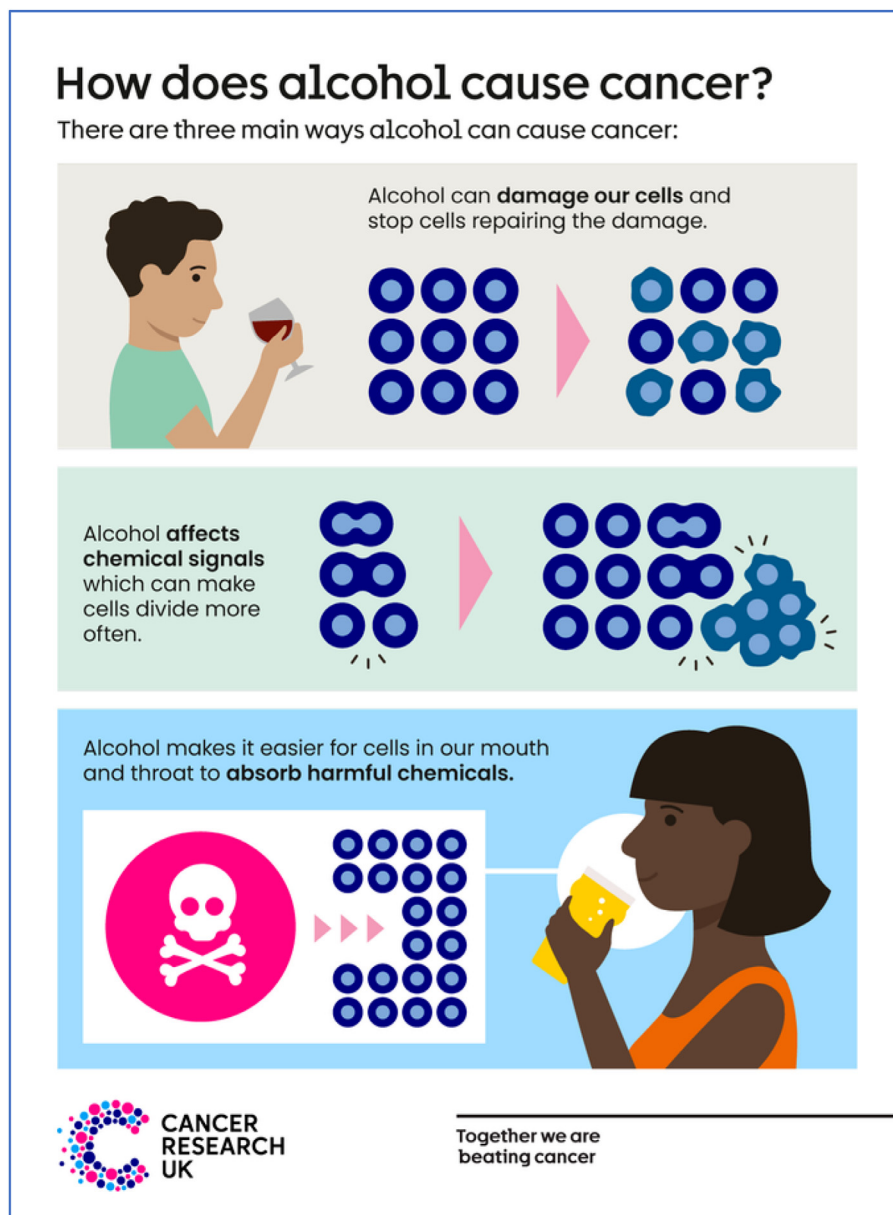


Fig. 3. Infographic from independent charity CRUK on alcohol and cancer: Source: <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/alcohol-and-cancer/how-does-alcohol-cause-cancer>.

Instead, this misleadingly suggests to schoolchildren that it is only ‘too much’ alcohol that is the problem for them.

Compare this to an infographic from a legitimate health source, Cancer Research UK (Fig. 3):

The above distortions of the evidence were identified in a study in 2022, which showed how initiatives by the Talk About Trust (formerly the Alcohol Education Trust), which has received alcohol industry funding, and Smashed, a theatre group funded by Diageo, makers of Guinness, Smirnoff, Johnnie Walker whisky and many other alcohol products, are running educational programmes in schools in the UK and, in the case of Smashed, globally.⁶ The materials from these organisations (and from Drinkaware, which was also active in schools at the time of the analysis) were found to normalise alcohol consumption, and include industry-friendly misinformation about harm. For example, Drinkaware’s lesson on ‘understanding’ the risks and harms associated with alcohol selectively omitted the risk of cancer, and elsewhere, omitted the risk of FASD.⁶ Cancer is a sensitive issue for the alcohol industry, which prefers that drinkers are not well informed about the risk.^{11,12} FASD is another sensitive area for the industry, and there is a tendency for alcohol industry information materials to either omit it, or to explic-

itly or implicitly deny that anything other than ‘heavy’ drinking is likely to be harmful.¹⁰ Alcohol industry-funded organisations are also a source of industry-friendly misinformation about the cardiovascular effects of alcohol on the heart, including common myths about the benefits of red wine consumption.¹³

The above study led to a subsequent investigation by the *BMJ*, which examined the activities of alcohol industry-related organisations in schools and universities.¹⁵ These activities are clear examples of conflicts of interest in action. The alcohol industry has a serious, and dangerous, conflict of interest between its health-related education and policy-influencing activities, and its commercial priorities. To improve health, their health-related activities would need to reduce consumption – if they actually worked (they don’t).¹⁶ Its commercial priorities, however, are to promote consumption, extend existing markets and develop new markets, and to help it do this, they target women and young people, both in the UK and internationally. They are very successful in this: the industry makes substantial profits from selling a harmful product, as showed in a 2018 analysis which found that the industry is highly financially dependent upon heavy drinking.¹⁷ In short, the alcohol industry’s profit model strongly depends on harming its customers. Its faux-

education materials and ‘moderate drinking’ campaigns and charities support this.

Such conflicts of interest as these result in cancers, strokes, cases of FASD and more. Yet unaccountably the industry is allowed to influence policymaking and influence the public, including children and young people, and it is trusted with self-regulating the labelling of its products – a trust which it abuses by predictably using labelling to misinform the public.¹⁸ Moreover, Drinkaware (unlike other commercial vectors of harm) is a partner of the Department of Health and Social Care in England.

The policy influence of the industry also includes lobbying, policy substitution and delay, and funding industry-friendly research to distort the underlying evidence base – including research to promote the narrative that wine is good for the heart.¹⁹ These activities of alcohol industry bodies are unfortunately facilitated by government, clinicians, academics and institutions, many of whom have a duty to put the interests of the public first.^{20,21}

Conclusion

This is just a snapshot of the alcohol industry’s tactics for influencing policy and polluting public discourse. As the alcohol industry’s practices are highly consistent with those of other health-harming industries including tobacco, they should be regulated and engaged with in the same way.

Most importantly, it needs to be widely accepted that the alcohol industry *of course* has no competence in any area of public health or education. Involvement of the alcohol industry (both the alcohol corporations, and those funded by them) in the setting of health policy agendas or in health promotion activities needs to be recognised as unethical and harmful.

Recommendations and ways forward

So, what to do about this untenable situation? There is much to learn from tobacco control, including about the importance of counter-marketing to raise public and policy awareness about the above industry tactics, and to warn both about the risks of partnering with, and accepting health advice from, organisations like Drinkaware, the Talk About Trust, Educ’ Alcool, and other proven sources of alcohol industry-friendly misinformation.²¹ In tandem with this, it is therefore essential to:

- 1) Protect health policymaking from undue influence by the alcohol industry.
- 2) Challenge industry claims to expertise, public health impact and commitment to safety and the production of knowledge.
- 3) Learn the lessons of tobacco control: promote the disbandment of the alcohol industry’s front groups, like Drinkaware, Drinkwise (in Australia) and others, as was done with tobacco industry-funded groups like the Tobacco Institute Research Committee, which was formed to cultivate doubt about the causal relationship between smoking and cancer.
- 4) Make clear that academics, clinicians and others who contribute their expertise and reputation, and those of their institutions, to such organisations are acting unethically, and may be in breach of the Nolan principles (see: <https://www.gov.uk/government/publications/the-7-principles-of-public-life>) and the ethical standards set out by their own professional bodies to first do no harm.
- 5) Remove the responsibility for alcohol product labelling from the alcohol industry. It has been shown repeatedly that it uses this opportunity to misinform the public.
- 6) Work with the public to raise awareness of the strategies and tactics of the alcohol and other health-harming industries. This will help to counter such strategies and to build support for policy measures that are needed to prevent alcohol harms.

- 7) Recognise that alcohol industry misinformation has human consequences, and analyse, document and raise awareness of these. This would involve calculating the proportion of cancers and cases of FASD that are attributable to alcohol industry misinformation, and to the charities and other organisations which disseminate it.

There is much else that can be done, starting with the implementation of the evidence-based measures that we know work – these are the World Health Organization’s ‘best buys’, which include:

- Increasing excise taxes on alcoholic beverages;
- Enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising; and
- Enacting and enforcing restrictions on the physical availability of retail alcohol.

Ensuring accurate and comprehensive labelling of alcohol products – which needs to be implemented completely independent of the alcohol industry, unlike at present – is also key to protecting public health.

Recognising and rejecting conflicts of interest is an important first step towards implementing these measures. Brook & Korner’s ‘good governance toolkit’ for managing conflicts of interest in local authorities is an important practical tool to help with this task, and is applicable across industries.²²

CRedit authorship contribution statement

Mark Petticrew: Writing – review & editing, Writing – original draft.
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References

1. The costs of alcohol to society: institute of alcohol studies. Available at: <https://www.ias.org.uk/wp-content/uploads/2023/03/The-costs-of-alcohol-to-society.pdf> Accessed 3 March 2025, 2024.
2. People, planet, or profit: alcohol’s impact on a sustainable future. *Inst Alcohol Stud*. 2022. Available at: <https://www.ias.org.uk/wp-content/uploads/2022/11/People-Planet-or-Profit-alcohol-impact-on-a-sustainable-future-IAS.pdf>.
3. Gilmore A, Fabbri A, Baum F, et al. Defining and conceptualising the commercial determinants of health. *Lancet*. 2023. doi:10.1016/S0140-6736(23)00013-2.
4. Wood B, McCoy D, Baker P, Williams O, Sacks G. The double burden of maldistribution: a descriptive analysis of corporate wealth and income distribution in four unhealthy commodity industries. *Crit Public Health*. 2021;33(2):135–147.
5. McCarthy S, Pitt H, Hennessy M, Njiro B, Thomas S. Women and the commercial determinants of health. *Health Promot Int*. 2023;38(4):daad076.
6. van Schalkwyk MCI, Petticrew M, Maani N, et al. Distilling the curriculum: an analysis of alcohol industry-funded school-based youth education programmes. *Plos One*. 2022;17(1). <https://pubmed.ncbi.nlm.nih.gov/35020741/>.
7. WHO Framework Convention on Tobacco Control, World Health Organization 2003. Available at: http://www.who.int/fctc/text_download/en/. Accessed 3 February 2015.
8. Proctor R. *Golden holocaust: origins of the cigarette catastrophe and the case for abolition*. Berkeley, California: University of California Press; 2011.

9. Coombs J, Bond L, Van V, Daube M. "Below the Line": The tobacco industry and youth smoking. *Australas Med J*. 2011;4(12):655–673.
10. Lim AWY, van Schalkwyk MCI, Hessari NM, Petticrew MP. Pregnancy, fertility, breastfeeding, and alcohol consumption: an analysis of framing and completeness of information disseminated by alcohol industry-funded organizations. *J Stud Alcohol Drugs*. 2019;80(5):524–533.
11. Petticrew M, Hessari NM, Knai C, Weiderpass E. How alcohol industry organisations mislead the public about alcohol and cancer. *Drug Alcohol Rev*. 2018;37(3):293–303.
12. Petticrew M, Hessari NM, Knai C, Weiderpass E. The strategies of alcohol industry SAPROs: inaccurate information, misleading language and the use of confounders to downplay and misrepresent the risk of cancer. *Drug Alcohol Rev*. 2018;37(3):313–315.
13. Peake L, van Schalkwyk MCI, Maani N, Petticrew M. Analysis of the accuracy and completeness of cardiovascular health information on alcohol industry-funded websites. *Eur J Public Health*. 2021;31(6):1197–1204.
14. Sim F, Chick J, Neidle S, et al. A rebuttal to Lim et al.'s (2019) examination of drinkaware's presentation of pregnancy, fertility, breastfeeding, and alcohol consumption information. *J Stud Alcohol Drugs*. 2020;81:388–389.
15. Davies M. Big alcohol: universities and schools urged to throw out industry-funded public health advice. *BMJ*. 2024;385:q851.
16. Babor T, Casswell S, Graham K, et al. *Alcohol: No ordinary commodity*. 3rd Ed. Oxford: OUP; 2023.
17. Bhattacharya A, Angus C, Pryce R, Holmes J, Brennan A, Meier P. How dependent is the alcohol industry on heavy drinking in England? *Addiction*. 2018;113(12):2225–2232.
18. Petticrew M, Douglas N, Knai C, Durand M, Eastmure E, Mays E. Health information on alcoholic beverage labels in the UK: has the alcohol industry's voluntary agreement to improve labelling been met? *Addiction*. 2016;111(1):51–55.
19. Golder S, McCambridge J. Alcohol, cardiovascular disease and industry funding: a co-authorship network analysis of systematic reviews. *Soc Sci Med*. 2021;289:114450.
20. Maani N, van Schalkwyk MCI, Petticrew M, Buse K. The pollution of health discourse and the need for effective counter-framing. *Br Med J*. 2022;377. doi:10.1136/bmj.o1128.
21. van Schalkwyk M, Maani N, Hawkins B, Petticrew M, Buse K. Reclaiming the narrative: countering harmful commercial discourses. *Health Promot Int*. 2024;39(6):daae182. doi:10.1093/heapro/daae182.
22. Brook A, Korner K. Good governance toolkit for CDOH: association of directors of public health. Available at <https://www.adph.org.uk/resources/good-governance-toolkit/>, accessed 15th April 2024