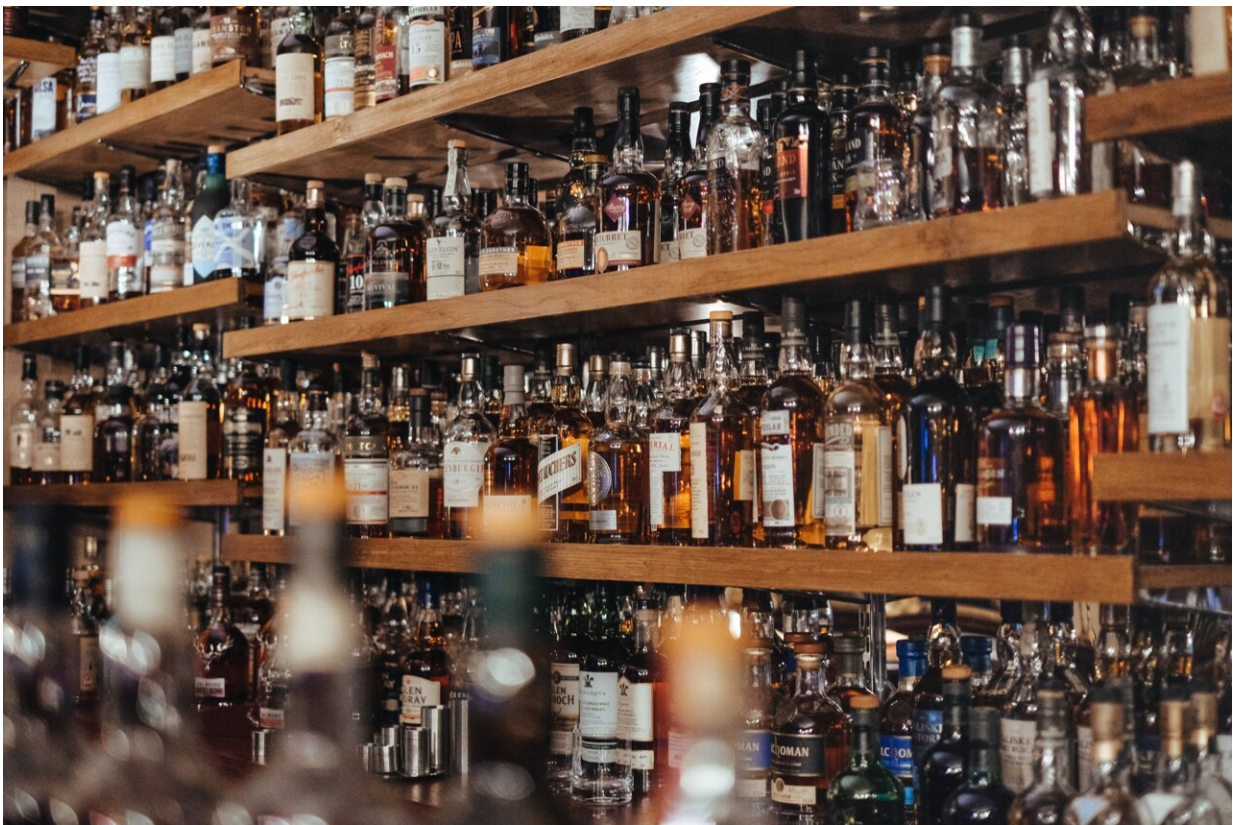


# Industry arguments against alcohol labelling influencing policy discussions at World Trade Organisation, study suggests

February 2 2022

---



Credit: Unsplash/CC0 Public Domain

Arguments known to come from the alcohol industry are being put forward by World Trade Organization (WTO) representatives to

discourage countries from implementing alcohol health warning labels, according to a qualitative study published in *The Lancet Global Health* journal. The study also found that a vast majority of WTO representatives' comments on these policies were not explicitly referenced as industry demands, despite featuring arguments commonly raised by industry elsewhere, highlighting the need for greater transparency.

Alcohol consumption is a substantial and growing contributor to ill [health](#) and premature mortality worldwide, with 2018 WHO estimates suggesting that alcohol was responsible for 14% of global deaths in people aged 20 to 39 years old. Alcohol control policies, such as health warning labels on alcohol products, are a key tool that governments worldwide can use to tackle the harmful use of alcohol. However, there is evidence that the [alcohol industry](#) has played a major role in stalling effective [policy](#) implementation in domestic debates, but little is known about its influence in global forums.

This study looks at the influence of the alcohol industry in the Technical Barriers to Trade Committee at the WTO, which governs the international trade agreement that prohibits its members from implementing unnecessary obstacles to international trade, while recognising the protection of public health as a legitimate policy objective. Member states can challenge policies proposed by other governments in this forum, potentially resulting in policies being delayed, modified, or abandoned due to fears of legal action. Previous research has indicated that the tobacco, food, and pharmaceutical industries have lobbied national governments to challenge health policies in this forum to prevent or stall effective policy measures being implemented by other countries.

Dr. Pepita Barlow, LSE, UK, says, "Our study indicates that the World Trade Organization's Technical Barriers to Trade Committee is a key

international forum for alcohol industry influence over policy on a global scale. At WTO, country representatives frequently repeat biased arguments used by industry to disseminate doubt about the harms of [alcohol consumption](#) and downplaying the nature and causes of alcohol-related health problems—tactics similar to those used by tobacco companies to stall effective health policies on their products. Increasing transparency over vested interests in [international trade](#) fora and curbing the alcohol industry's influence is essential to accelerate global alcohol policy implementation and reduce the harmful use of alcohol."

The authors examined discussions related to proposed alcohol labelling policies at the TBT Committee from 1995 to 2019. Ten policies on stricter alcohol labelling were put forward by Thailand, Kenya, the Dominican Republic, Israel, Turkey, Mexico, India, South Africa, Ireland, and South Korea. Member statements responding to the proposed policies were analysed and compared against a list of arguments regularly advanced by the alcohol industry in domestic policy debates. The authors noted which arguments appeared in their statements and where they were attributed to industry demands.

Eight policy positions and nine tactics for countering interventions were identified as commonly used arguments by the alcohol industry in domestic policy debates. Discussions around the ten proposed alcohol labelling policies in the WTO TBT Committee featured 10 out of 17 of these arguments but they were rarely attributed to industry. 55% (117/212) of member statements included arguments identified as coming from the alcohol industry; while only 3% (7/212) explicitly stated they represented industry interests.

In 22% (46/212) of statements, WTO members used arguments advanced by the industry that deflect attention from and minimise alcohol-related harms. This included reframing alcohol-related problems in ways that downplayed the need for intervention. For example, instead

of acknowledging health harms to the whole population, alcohol-related harms were described as arising from excessive or problem drinking, or only applying to certain settings, such as underage, drink driving, or pregnancy. Meanwhile, moderate drinking was portrayed as having beneficial effects.

Claims that labelling policies were unduly burdensome on industry and manufacturers appeared in 27% (57/212) of statements. Although the trade impacts of a measure fall under the remit of the Committee, WTO representatives used specific claims that had come from the alcohol industry to elaborate on these costs. For example, to Ireland, Australia stressed the negative impacts to business due to "the cost involved in developing bespoke labels."

In 20% (42/212) statements, the scientific evidence behind policies and alcohol-related harms were thrown into question. This included trade representatives asking for access to the evidence behind the policy, questioning the quality of evidence, and promoting the ideal of evidence-based policy—all whilst using the evidence selectively. For example, Mexico challenged South Korea's proposed labelling policy by arguing that there was "no scientific evidence" to support the claim that "alcohol is carcinogenic", despite substantial scientific evidence to the contrary.

Suggestions to pursue alternative policies addressing alcohol-related harm were present in 7% (15/212) of statements, including policies that do not directly regulate products, such as information and awareness campaigns. For example, the EU urged Kenya to reconsider proposals because "education and information activities seemed to be appropriate means to address the public health objective pursued".

While the TBT Agreement recognises the protection of public health as a legitimate policy objective, the authors conclude from their analysis that the forum may currently prioritise trade over health interests.

Acknowledging that industry influence in the TBT may be direct or indirect, they suggest various measures to counteract this.

Dr. Barlow continues, "At a minimum, World Trade Organization members need to be more transparent when they are representing the vested interests of the alcohol industry at policy meetings. To thoroughly counterbalance industry influence in this forum, government public health departments and WHO must be given opportunities to put forward their health expertise when health-related policies are being discussed. Additionally, both health and trade officials need to be equipped to counteract industry pressure."

The authors note some limitations of their analysis. They were unable to look at what happened to policies after being discussed at TBT Committee meetings, and so were unable to determine whether industry influence was effective in preventing, delaying, or weakening domestic policy implementation. In addition, they did not examine the responses to industry arguments, or the interactions between meeting participants. They acknowledge that this is an important direction for future research, as it could provide suggestions for effective ways to counteract industry arguments.

Writing in a linked Comment, lead author, Dr. Maristela G Monteiro, PAHO, U.S., (who was not involved in the study), says, "The key message from the paper, along with the real-world implications, is that key stakeholders in public health need to stop the ability of the alcohol industry to do what they are doing. Governments can unite to develop binding regulations for alcohol corporations, and clear rules to prevent vested interests having an influence on the development, adoption, and implementation of alcohol policies to reduce alcohol consumption and related harms. Although alcohol health warning labels are only a small part of public health measures needed to protect consumers from [alcohol](#)-related risks, it should be unacceptable to have health warnings that

serve only those who cause harms and blame the individual for their choices."

**More information:** Pepita Barlow et al, Industry influence over global alcohol policies via the World Trade Organization: a qualitative analysis of discussions on alcohol health warning labelling, 2010–19, *The Lancet Global Health* (2022). [DOI: 10.1016/S2214-109X\(21\)00570-2](https://doi.org/10.1016/S2214-109X(21)00570-2)

Provided by Lancet

Citation: Industry arguments against alcohol labelling influencing policy discussions at World Trade Organisation, study suggests (2022, February 2) retrieved 25 April 2024 from <https://medicalxpress.com/news/2022-02-industry-arguments-alcohol-policy-discussions.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.