Conflict of interest, research and health governance: The alcohol industry and ‘evidence based policy’

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Overview

1. Tobacco, alcohol and the politics of industrial epidemics: comparable drivers, divergent policy responses
2. Commercial sector, conflict of interest and science
3. How industries engage with evidence-based policy (EBP)
   - tobacco companies: plain packaging
   - alcohol industry: spiritsEUROPE & ‘The Body of Evidence’
4. Conclusions & questions: Tobacco control, alcohol and the politics of evidence
Politicising public health: NCDs & “industrial epidemics”

• Shifts policy focus from ‘agent’ (eg alcohol) or ‘host’ (‘problem drinker’) to the ‘disease vector’ (alcohol industry & its associates)
• Concept identifies diseases associated with both commercialization of dangerous products & broader consumption of commercial products
• Corporate activities drive epidemics in diverse ways:
  - Generational epidemics (replace old cohorts)
  - Targeted epidemics (single out particular groups)
  - Transnational epidemics (develop new markets) (Jahiel & Babor 2007)

Suggests emphasis on understanding and managing conflict of interest between industries and public health
Tobacco control & the unavoidable politics of evidence

“Tobacco use is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyists.” - WHO Committee of Experts 2000

Is tobacco unlike alcohol as a threat to global health?

• If so, in what ways?
• If not, why is it perceived as exceptional?

(Collin 2012)
Tobacco control policy & practice comprehensively shaped by recognition of conflicting interests

- Partnership precluded
- Interactions minimised & ‘regulated’
- Voluntary regulation recognised as inadequate & inappropriate
- Industry positions instinctively questioned
- Research funding relationships rejected
- Disinvestment campaigns

- Open political support problematic
- Conflict of interest procedures comparatively well-developed
- Political will to regulate
- Distinctive approaches to regulation legitimised, not seen as ‘anti-business’
- Easier for health objectives to prevail over other goals ?
“when tobacco control succeeds, the tobacco industry fails” - WHO 2008

WHO Framework Convention on Tobacco Control, Art. 5.3:
“in setting and implementing their public health policies ..... Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry”


“the only international convention to explicitly address the dangers of an industry subverting (its) object and purpose.”

Non-Communicable Diseases 4

Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries

Rob Moodie, David Stuckler, Carlos Monteiro, Nick Sheron, Bruce Neal, Thaksaphon Thamarangsi, Paul Lincoln, Sally Casswell, on behalf of The Lancet NCD Action Group

For public health policy making, research, and programmes

- Unhealthy commodity industries should have no role in the formation of national or international policy for non-communicable diseases
- Interactions with the tobacco industry should be restricted and made consistent with recommendations of the Framework Convention on Tobacco Control
- Discussions with unhealthy commodity industries should be with government only and have a clear goal of the use of evidence-based approaches by government
- In the absence of robust evidence for the effectiveness of self-regulation or private–public partnership in alcohol, food, and drink industry, rigorous, timely, and independent assessment is needed to show that they can improve health and profit
Strategic confusion re: alcohol industry

“it is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics... When industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely... In the view of WHO, the formulation of health policies must be protected from distortion by commercial or vested interests.” – Helsinki, 10th June 2013

“WHO will never be on speaking terms with the tobacco industry. At the same time, I do not exclude cooperation with other industries that have a role to play in reducing the risks for NCDs. There are no safe tobacco products. There is no safe level of tobacco consumption. But there are healthier foods and beverages, and in some cultures, alcohol can be consumed at levels that do not harm health.”

– World Health Assembly, May 2013

(Collin, Johnson & Hill 2014)
WHO Global alcohol strategy

Resolution WHA63.13 endorsed May 2010:

“Economic operators in alcohol production and trade are important players in their role as developers, producers, distributors, marketers and sellers of alcoholic beverages. They are especially encouraged to consider effective ways to prevent and reduce harmful use of alcohol within their core roles mentioned above, including self-regulatory actions and initiatives.”

http://www.who.int/substance_abuse/alcstrategyaftereb.pdf
“A radical new approach”

“work with industry and other partners to promote healthy living”

“use a ladder of interventions to determine the least intrusive approach necessary”

“aim to make voluntary approaches work before resorting to regulation”
Policy (in)coherence in global health

“the extent to which conflicts between policy agendas are minimized and synergies maximized” – Blouin 2007.

Stark (and unsustainable) contrasts across NCD strategies:

• UN declaration recognises fundamental conflict of interest with tobacco industry, but Diageo and SAB Miller among civil society participants in UN HLM
• Strong endorsement of statutory approaches to tobacco control in FCTC, but rejection of FCTC model for alcohol & obesity strategies
The current status of global alcohol corporations compared with tobacco corporations

- Casswell (2013) highlights how contrasting perceptions of the alcohol and tobacco industries allows alcohol corporations to participate in the global governance arena (e.g. UN High Level Meeting on NCDs) in ways in which tobacco has not been able to (at least in recent years).
- She attributes this to the success of the following 3 alcohol industry ‘frames’:
  1. Claiming that ‘moderate drinking is good for you’;
  2. Associating problems/harms relating to alcohol only with a small minority of ‘heavy’ drinkers (with emphasis on the drinker, not the substance);
  3. Emphasising individual rights (against societal needs), partly through lack of emphasis on wider social costs of alcohol related harms.
2. Tobacco control & conflict of interest: significance for (and of) research

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Cancer Research UK believes that no form of association with the tobacco industry is acceptable...

Cancer Research UK has a legitimate right to protect its own research funding where there is likely to be close proximity of its funding to tobacco industry funds.

Cancer Research UK will therefore not provide financial support where those who are, or would be, supported by Cancer Research UK funds are working in such proximity to others supported by tobacco industry funding that there is any possibility or likelihood that facilities, equipment or other resources will be shared. The conditions of this Code, at a minimum, apply at research team level. Where Cancer Research UK is considering major new funding, association of the university with the tobacco industry will be a key criterion.

we will no longer be considering papers where support, in whole or in part, for the study or the researchers comes from a tobacco company. As a medical journal we do this for two reasons.

First, tobacco is indisputably bad for health. Half of all smokers will die of tobacco use. Unlike the food and pharmaceutical industries, the business of tobacco involves selling a product for which there is no possible health benefit. Tobacco interests in research cannot have a health aim — if they did, tobacco companies would be better off shutting down business — and therefore health research sponsored by tobacco companies is essentially advertising. Publication is part of tobacco company marketing, and we believe it would be irresponsible to act as part of the machinery that enhances the reputation of an industry producing health-harming products.
Second, we remain concerned about the industry's long-standing attempts to distort the science of and deflect attention away from the harmful effects of smoking. That the tobacco industry has behaved disreputably—denying the harms of its products, campaigning against smoking bans, marketing to young people, and hiring public relations firms, consultants, and front groups to enhance the public credibility of their work—is well documented. There is no reason to believe that these direct assaults on human health will not continue, and we do not wish to provide a forum for companies' attempts to manipulate the science on tobacco's harms.

http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000237
Relationship between evidence & tobacco control policy

The old question: *Why is there such a long delay between evidence of harm and a policy response?*

The enlightenment model: research influences policy through indirect processes, often contributing to a change in the way policy problems are framed, rather than addressing specific problems

(Weiss, 1977)
New questions: *Is Tobacco Control unstoppable?*

*What’s the role of evidence in this context?*

Tobacco Advertising and Promotion Act 2002
- Dropped from government’s legislative programme, adopted via private members bill

Health Act 2006 *(smoke free legislation)*
- Government bill proposed partial ban, amendment via Health Select Committee, Public Health minister voted against her ‘own’ bill

Adoption of standardised/plain packaging?
- Government dropped commitment to introduce plain packs; current review of evidence to legitimize its reintroduction

Legislation for smoke-free cars?
Plain packs, evidence & procrastination: “We keep it under review”

“The UK is known the world over for its comprehensive, evidence-based tobacco control strategy, and we are continually driving down smoking rates through our range of actions. Obviously we take very seriously the potential for standardised packaging to reduce smoking rates, but in light of the differing views, we have decided to wait until the emerging impact of the decision in Australia can be measured, and then we will make a decision in England.” – 12 July 2013

Industry contestation of evidence base

An international Deloitte report, commissioned by British American Tobacco… called into question whether plain packaging will achieve government health objectives.

The Deloitte report, which assessed 27 countries covering a period of 14 years, is one of the most comprehensive and rigorous independent studies on tobacco packaging regulation to date. We commissioned it in the absence of any comprehensive global studies on the impacts of tobacco packaging and hope governments will study it…

We are concerned that health warning and plain packaging proposals are being rushed through without proper thought as to the real impact.

http://www.bat.com/deloittereport
Industry approach:
• Misrepresentation of strong evidence
• Promotion of weak evidence
• Making unsubstantiated claims about the adverse effects of policy proposals
• Promoting alternatives without evidence
Analysis of industry submissions to plain packs consultations in Australia, UK and New Zealand:

Tobacco companies appeal to governmental commitments to evidence-based policy to:

- Discredit policy making process as ‘poor and biased’;
- Justify tobacco industry’s access to policy making process;
- Attempt to stifle policy innovation & undermine implementation
EBP, Impact Assessment and Good Governance*

1. Clearly identify and define the root cause of the problem you are trying to solve

2. Demonstrate that government has the capacity to intervene successfully

3. Identify a range of genuine and viable alternative policy options

4. Analyse options (CBA, CEA)

5. Policy makers should consult in a genuine and timely way with affected businesses, community organisations and individuals;

6. Plan implementation and monitoring;

* Government Guide to Regulation (AUS); Regulatory Impact Analysis Handbook (NZ); Impact Assessment Overview (UK)
### Depicting plain packing as poor policy making

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<td>Discredit policy making process</td>
<td>The RIS defines the policy problem as “the continued ability of the tobacco industry to use packaging in a way that allows advertising and promotion of tobacco products”. Defining the problem in this way pre-justifies Plain Packaging and excludes proper consideration of all relevant alternatives (BAT, NZ);</td>
<td>Clearly identify and define the root cause of the problem you are trying to solve (NZ Regulatory Impact Analysis Handbook);</td>
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## Promoting industry’s inclusion in policymaking process

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<td>Justify access to policy making process</td>
<td><em>To ensure that any further regulation is workable, achievable and evidence based, it is important that tobacco manufacturers and retailers are part of the policy making process (BAT, AUS);</em></td>
<td><em>Policy makers should consult in a genuine and timely way with affected businesses, community organisations and individuals (Australian Guide to Regulation);</em></td>
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## EBP as impediment to innovation

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<td><strong>Stop (delay) policy innovation</strong></td>
<td><em>None of the tobacco control Impact Assessments make reference to the success of previous policies (IT, UK)</em>;* Before pursuing a new, risky and unproven policy, the Government should wait to see whether other measures yield results (BAT, NZ)*; Governments should not act to address problems until a case for action has been clearly established (IT, AUS);</td>
<td>Regulators must review and evaluate existing regulation and other options before regulating further (UK Better Regulation Principles); Identify the full range of policy options ...this should include both regulatory and non-regulatory options (NZ Regulatory Impact Analysis Handbook); Not every problem can be solved by government...should the regulator step back and let the market deal with the problem? (AUS Guide to Regulation);</td>
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How can Europe ensure that good policy-making comes from good research, and not from bad evidence?

Evidence-based policy has now become the most influential paradigm within EU decision making bodies. In this context, and considering the attempts currently made by some NGOs to exclude business from even discussing science or evidence, spiritsEUROPE considers that there is an urgent need for a debate about the evidence used in EU public policy making and the way research is funded, conducted and presented. In many fields - including alcohol harm - discussions have become more polemic and more polarised between business on the one hand and temperance and health activists on the other. Positions become harder as research is challenged and contested. It is a situation that satisfies no one and we think the time has come for a new dialogue and a refreshed understanding.

http://spirits.eu/page.php?id=34&parent_id=7
spiritsEUROPE has concerns about the way research on alcohol-related harm is funded, conducted and presented, believing much of the ‘evidence’ generated provides misleading signals to policy-makers.

We call for an open, constructive debate involving all interested stakeholders on the issues we raise in this paper - discussing how can we ensure that research used by policy-makers is

- relevant
- neutral and objective
- fair and transparent
- robust, and
- based on appropriate engagement with all relevant stakeholders?
We would welcome a debate on what constitutes ‘good’ research. We suggest the following as a start:

1. **Relevance**
   - There will never be enough funding – nor enough researchers – available to undertake all possible research. Therefore, it is important to ensure that whatever resources are available are optimized: focusing the correct resources on the most relevant and pressing needs.

2. **Neutrality and objectivity**
   - As noted above, we question the objectivity of a number of activist researchers as it appears that some research projects are used merely as a means to support pre-decided policy approaches. At the same time, NGOs clearly question and challenge industry involvement in research.

3. **Fairness and transparency**
   - In the methodology used in the research: Before the research starts, we suggest some consultation with those stakeholders likely to be affected by the research would be useful, allowing researchers to avoid potential problems with their proposed methodology. Such early consultation may also encourage those other stakeholders to share relevant data and resources during the course of the research itself.
researchers/authors should be required to disclose their associations not only with business, but also with any policy advocacy groups (for example, temperance groups, health lobbies, etc).

In allowing the right to reply: We believe other stakeholders should always be provided with a right of reply – during the EAHF meeting at which the research is presented, but also subsequently, allowing the (industry or other) response to be published next to the original research on the Commission website.

4. Robustness

- Published research is generally of higher standard than that which remains unpublished. However, if peer review is the best system that we have, it is not the panacea if the ‘peers’ share the bias as the author.

5. Engagement

- Consultation with, and participation of, all interested parties during the process.
Conclusions & Questions:

1. “Evidence based” thinking doesn’t preclude debased policy making

“In the first half of the 19th century there were no “evaluation groups” to point out the lack of evidence from controlled intervention studies showing the health benefits of, for example, stopping children under 9 from working in cotton mills, fencing off dangerous machinery, or reducing the number of hours children could work to only 10 a day. With an evaluation group, implementation of the Factory Acts could have been resisted.”

Davey Smith et al 2001
2. What relationship between public health research and advocacy?

Between 1945, roughly, and 1960 I was actively engaged with my colleague, Richard Doll, investigating the role of cigarette smoking in the aetiology of cancer of the lung. At that time I held the view, indeed I held it very strongly, that the researcher faced with positive results, as we were, had no part to play in telling the public about those results, and still less in how it should behave. Any education aimed at changing habits must to some degree smack of propaganda even in the best sense of that word, and if the researcher is at all identified with propaganda any further results that he may publish will be suspect and accepted with scepticism; and this of course is particularly true of statistical evidence. In short, the scientists would be entering the field of teaching the public and this, I thought, was likely to do more harm than good. At that time I decided it was not his job. I was even of the same mind a little time ago, at the first World Conference in New York, when I was asked to go on television. I said, "No, I'm not a propagandist." And they said, "Oh no, Doctor, we merely want you to tell the public the facts." I said, "I'll do that with pleasure, but I'm not going to do it in 2 minutes 20 seconds dead. I want 35 minutes." And that put an end to that proposal.

http://legacy.library.ucsf.edu/tid/fsl92f00
3. Significance of focus on **which** evidence?

Commercial sector and the conservative potential of EBP:
- submissions on plain packs: illicit trade, trade agreements
- alcohol industry submissions on MUP
- privileging preferred categories of evidence (eg via impact assessment)

Vector control, research and policy relevant evidence:
- epidemiology as necessary but insufficient
- research activity & funding not aligned with priorities
- strategic value of appeals to (significant) others: protecting children
4. Key focus on **who**

Tobacco control’s core focus on conflict of interest shapes approach to research and evidence
- funding policies
- journal publication policies: beyond peer review

*Key questions:*

Is there a comparable conflict of interest in alcohol research?
What implications for relationships between scientists, funding agencies & the alcohol industry?

*Are tobacco control norms and practices applicable in context of alcohol?
References


• Casswell, S. (2013) Vested interests in addiction research and policy. Why do we not see the corporate interests of the alcohol industry as clearly as we see those of the tobacco industry?. *Addiction, 108*: 680–685.


