

# Assessing the wisdom of funding DrinkWise

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*Will DrinkWise truly act independently to reduce alcohol-related harm?*

The Australian Government recently awarded \$5 million to “DrinkWise” to educate the public about responsible drinking.<sup>1</sup> DrinkWise is a putatively independent body that was originally funded by the alcohol industry, whose representatives occupy six of its 12 board positions.<sup>2</sup> DrinkWise’s stated mission is to change the “drinking culture” of Australia; its slogan is: “Moderation is always in good taste”.

According to its Chairman, Emeritus Professor of Medicine John Dwyer, DrinkWise will produce policy by consensus. Given the alcohol industry’s representation on its board, will DrinkWise be able to advocate policies that the industry finds unacceptable? There is reason to be concerned, because the alcohol industry does not have a distinguished track record in reducing alcohol-related harm in Australia. It strenuously opposed the introduction of random breath testing in the 1970s and 1980s,<sup>3</sup> because it would reduce alcohol consumption — which it did, and in the process reduced road crash fatalities and injuries. In the early 1990s, the brewers and distillers opposed the innocuous and basic policy of including standard drink labelling on alcohol beverage containers<sup>4</sup> so that consumers could assess their own alcohol intake.

DrinkWise is the Australian incarnation of a series of similar alcohol industry-funded “policy” groups that have been established in North America and the United Kingdom in recent decades — the industry’s term for them is “social aspects organisations”.<sup>3</sup>

The policies that these groups have advocated provide a reasonable guide to what we may expect from DrinkWise. These are alcohol policies that are apparently plausible and have a high media profile, but are likely to have little effect on problem alcohol use or alcohol-related problems: namely, school-based education and mass media campaigns about “responsible drinking”, the “self-regulation” of alcohol advertising and promotion, and 24-hour alcohol trading as a way of reducing alcohol-related harm.<sup>5</sup>

The evidence is clear that these are ineffective ways of reducing alcohol-related harm.<sup>6</sup> School-based education on alcohol has been extensively investigated. At best, it has very modest effects on alcohol use; at worst, it can encourage experimentation.<sup>6</sup> Youth are a favourite focus for the industry, because young people are their future (and best) customers. In 2002, for example, underage Australian adolescent drinkers were estimated to have consumed \$217 million worth of alcoholic beverages.<sup>7</sup> Educational messages that portray drinking as an activity only for adults are double-edged when delivered to teenagers who often are in a hurry to assume adult status.

Industry-funded advocacy groups have attempted to circumvent the inconvenient lack of evidence for the efficacy of their preferred policies by using some of the same tactics as the tobacco industry — trying to manufacture spurious controversies about the effectiveness of policies of which they disapprove while producing apparently authoritative but biased reviews of evidence in favour of the policies that they advocate. In the early 1990s, for example, The Portman Group in the UK tried to covertly commission critical reviews of a World Health Organization report on alcohol policy from academics it assumed would be hostile to the report.<sup>8</sup> More recently, the International Center for Alcohol Policies has been accused of commissioning a

## Evidential support for strategies to reduce alcohol-related harm<sup>6</sup>

### Strong evidence of effectiveness and cost-effectiveness

- Alcohol taxation: higher taxes for higher alcohol beverages
- Availability restrictions:
  - Raising the minimum drinking age to 21 years
  - Reducing outlet density
  - Reducing trading hours
- Enforcement:
  - Random breath testing with blood alcohol concentration < 0.05 g/dL
  - Enforcing licensing laws
- Penalties for serving intoxicated customers

### Medium evidence of effectiveness and cost-effectiveness

- Screening for at-risk drinking in primary care
- Early intervention for problem drinkers

### Weak evidence of effectiveness

- School-based education
- Public service messages

selective review of the evidence on the effectiveness of school-based alcohol education, while ignoring critical peer review comments that it solicited on the document.<sup>9</sup>

Alcohol industry advocacy groups also like to emphasise the protective health effects of alcohol consumption in older adults.<sup>2</sup> These benefits have been contested,<sup>10</sup> and even if they exist, they are small, at best, and far smaller than the overall harm. Any such health benefits largely accrue to middle-aged men at risk of cardiovascular disease who drink in moderation, rather than to the many more numerous young adults who drink in risky ways.<sup>6</sup>

None of this should be surprising. The alcohol industry cannot afford to reduce the risky alcohol consumption that generates most of its profits. Conservatively estimated, two-thirds of all alcohol consumed in Australia (and 90% of that consumed by young men) is consumed in ways that put drinkers’ and others’ health and wellbeing at risk.<sup>11</sup> Nor should we be surprised, given the \$5.5 billion in tax revenue that alcohol generated in 2004–05,<sup>12</sup> that the Australian Government supports policies that purport to reduce alcohol-related harm without reducing per capita alcohol consumption.

How will we be able to tell if DrinkWise lives up to its claim of being an independent organisation that reduces alcohol-related harm in Australia? First, we would see DrinkWise advocating public health policies that are supported by evidence, rather than the plausible but ineffective ones favoured by the alcohol beverage industry (Box).<sup>6</sup> These will include (but not be limited to) policies such as increasing taxation on the most misused forms of alcohol in Australia (namely, cheap cask wine); more effective enforcement of licensing laws that penalise hotels for selling alcohol to intoxicated customers; and reductions in the hours of alcohol trading in areas where drinking causes public disorder and violence.<sup>6,12</sup>

Second, over the next half decade we should see a reduction in per capita alcohol consumption and reductions in key indicators of

alcohol-related harm. These would include a lower proportion of fatal and non-fatal road crashes in which alcohol is a contributory cause; fewer hospitalisations for alcohol-related accidents, injuries, and suicides, especially among young adults; and fewer liver cirrhosis deaths and hospitalisations. If instead we see high profile media and school-based education campaigns urging us to drink responsibly, and no reductions in any of these indicators of alcohol-related harm, then DrinkWise will prove to have been what many in the alcohol field fear it will be — an attempt by the alcohol industry to avert serious consideration of public health policies that will adversely affect their bottom line.

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### Competing interests

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