Johnson & Wales University
ScholarsArchive@JWU

Health & Wellness Department Faculty
Publications and Research

College of Health & Wellness

2018

Alcohol industry actions to reduce harmful drinking in Europe: public health or public relations?

Katherine Robaina

Katherine Brown

Thomas F. Babor

Jonathan K. Noel
Johnson & Wales University - Providence, Jonathan.Noel@jwu.edu

Follow this and additional works at: https://scholarsarchive.jwu.edu/health_fac

Part of the Medicine and Health Sciences Commons

ORIGINAL RESEARCH

Alcohol industry actions to reduce harmful drinking in Europe: public health or public relations?

Katherine Robaina[1], Katherine Brown[2], Thomas F. Babor[1], Jonathan Noel[3]

[1] University of Connecticut School of Medicine, Department of Community Medicine and Health Care, Farmington, Connecticut, United States of America

[2] Institute of Alcohol Studies, London, United Kingdom

[3] Johnson and Wales University, Department of Health Science, Providence, Rhode Island, United States of America

Corresponding author: Thomas F. Babor (email: babor@uchc.edu)

ABSTRACT

Context: In 2012 an inventory of >3500 industry actions was compiled by alcohol industry bodies in support of the Global strategy to reduce the harmful use of alcohol, adopted by WHO in 2010.

Objectives: This study critically evaluated a sample of these corporate social responsibility (CSR) activities conducted in Europe.

Methods: A content analysis was performed on a sample of 679 CSR activities from three industry segments (producers, trade associations and social-aspects organizations) described on an industry-supported website. Volume of CSR activity was correlated with country-level data reflecting alcohol problems and production.

Results: Only 1.9% of CSR activities were supported by evidence of effectiveness, 74.5% did not conform to Global strategy categories and only 0.1% were consistent with "best buys" for prevention and control of noncommunicable diseases. Of the three segments, trade associations were the most likely to employ a strategic CSR approach and engage in partnerships with government. A statistically significant correlation was found between volume of CSR activities and alcohol industry revenue, as well as market size.

Conclusion: CSR activities conducted by the alcohol industry in the WHO European Region are unlikely to contribute to WHO targets but may have a public-relations advantage for the alcohol industry.

INTRODUCTION

It is well established that alcohol use is one of four major risk factors for noncommunicable diseases (NCDs) *(1)*. The European Union (EU) has the highest levels of alcohol consumption and alcohol-related harm in the world *(2)*. Target 4 of the United Nation's Sustainable Development Goal (SDG) 3 aims to reduce premature mortality from NCDs by a third by 2030 *(3)*. EU Member States have committed to the Global strategy to reduce the harmful use of alcohol (Global strategy) *(4)* and the European action plan to reduce the harmful use of alcohol *(2)*. The Global strategy identifies 10 key target areas for policy options and intervention:

1. Leadership, awareness and commitment
2. Health services' response
3. Community action
4. Drink-driving policies and countermeasures
5. Availability of alcohol
6. Marketing of alcoholic beverages
7. Pricing policies
8. Reducing the negative consequences of drinking and alcohol intoxication
9. Reducing the public health impact of illicit alcohol and informally produced alcohol
10. Monitoring and surveillance

Three specific strategies falling within these target areas have been identified as cost-effective "best buys" to prevent and reduce alcohol-related NCDs: 1) tax increases, 2) restricted access to retailed alcohol and 3) bans on alcohol marketing *(1)*.

The recent concentration of a large proportion of alcohol producers into a small number of transnational corporations has resulted in considerable economic and political leverage *(5)*, particularly in the EU, from which 70% of all alcohol is exported *(6)*. The industry's attempts to present itself as a responsible corporate citizen in search of solutions to alcohol-related problems has been enhanced by their involvement in multisectoral partnerships, such as the European Alcohol and Health Forum (EAHF) and the United Kingdom Public Health Responsibility Deal. In addition to these initiatives, the alcohol industry has been found to exert influence through its corporate political *(7)* and corporate social responsibility (CSR) activities *(8)*. CSR activities are often implemented through industry-supported groups (for example, social-aspects/public-relations organizations (SAPROs)) and trade associations *(8–9)*. Studies have found that CSR activities have a positive impact on consumers' perceptions and also lead to a greater market value for the industry's products *(10–11)*; however, there is little evidence indicating that alcohol industry CSR activities improve population health or prevent NCDs.

SAPROs such as the Portman Group (United Kingdom), Entreprise & Prévention (France) and MEAS[1] (Ireland) manage issues that may be detrimental to the industry, such as the negative health effects of alcohol *(9)*. While SAPROs often claim independence, this view has been widely challenged *(8–9, 12–13)*. Evidence has indicated SAPROs divert attention from population-level strategies that threaten industry profits, such as those which limit the availability, price and marketing of alcohol, towards voluntary measures focused on individual responsibility *(9, 13)*.

Trade associations like Cerveceros de España represent the alcohol producers' diverse and often competing interests, speaking with a single voice on matters of regulation, legislation and trade. Trade associations can shape industry standards and promote regulatory compliance. One of the key reasons for trade association involvement in CSR activities is that the public image of an industry will be increasingly linked to the social responsiveness of its trade association *(14)*.

The alcohol industry's involvement in public health policies has been questioned *(8, 12, 15)*, but research has been limited by the lack of a representative sample of CSR activities undertaken by the industry. That changed in 2012 with the publication of a comprehensive inventory of over 3500 industry actions compiled by a consortium of alcohol producers, trade associations and SAPROs in support of the Global strategy *(16)*.

In addition to describing the industry actions conducted in the EU, this article addresses the following questions:

1. Do industry actions conducted in the EU have the potential to make meaningful contributions to the Global strategy?
2. Do alcohol industry actions have commercial implications beyond their stated purpose to reduce harmful drinking?
3. Do CSR activities vary among producers, SAPROs and trade associations?
4. Is the rate of CSR activity at the country level negatively associated with population indicators of alcohol-related harm?

We hypothesized that if industry actions conducted in the EU were actually contributing to the reduction of harmful alcohol use, they would (a) conform to the Global strategy target areas, (b) be consistent with evidence of effectiveness, (c) have no potential for harmful consequences, (d) have little or no potential for brand marketing, (e) have a large population reach, especially for activities with demonstrated effectiveness, (f) represent mainly altruistic CSR activities and (g) be conducted in countries with more alcohol-related problems. Alternatively, we hypothesized that if the actions were designed to further industry commercial interests, they would be more likely to (a) promote industry-favourable policies and interventions, (b) have the potential to provide economic benefits, (c) include brand marketing, (d) fit standard definitions of strategic and risk-management CSR approaches and (e) be conducted in countries with major investments in alcohol production.

METHODS

The database *Initiatives reporting: Industry actions to reduce harmful drinking (16)* was developed by the International Center for Alcohol Policies (ICAP) in 2012 and was subsequently maintained by ICAP's successor organization, the International Alliance for Responsible Drinking (IARD) until 2016.[2] It included a collection of over 3500 actions conducted as the alcohol "industry's contributions to the areas highlighted in the [Global] strategy", of which 2050 (59%) were conducted in the EU *(16)*. The database provides a comprehensive inventory of CSR activities of the global alcohol industry. All actions performed in the European countries were exported from the industry database in 2014 and stratified by country. From 2014 to 2016, five public health professionals with expertise in alcohol control policy conducted a content analysis using

---

[1]   Mature Employment of Alcohol in Society.

[2]   IARD took down the industry actions database without explanation in 2016.

a protocol used in prior studies of other parts of this database *(17–18)*. Using data from the United Kingdom, where all industry actions were rated during a preliminary stage (*n* = 494), we determined that a proportionate sample size of 30% provided an accurate estimate of the actual distribution. The random sample generator function in SPSS was used to select the sample of EU actions (*n* = 687) for rating.

The primary source of information for the content analysis in this study was the description for each action provided in the industry reporting database (mean words per action = 132). This included the initiative sponsor; the partner(s); the country where the action was implemented; the Global strategy target area (according to the industry); and the year the action started. Using a standardized protocol, each action was coded for the following variables: partnering organization(s), government involvement, Global strategy target area (rater's categorization), potential for harm from a public health perspective, type of CSR approach, estimated population reach, type of activity and evidence of effectiveness.

We investigated the likely public health contributions of the industry actions (Question 1) through several indicators. The first was the Global strategy target area, which was coded according to the descriptions obtained from the Global strategy *(4)*. Actions that could not be classified into any of these areas were coded as "none" or "too vague to classify". We then classified the activity as being one of the 67 activities that had previously been evaluated in the literature on alcohol control policies, or as one of 12 "other" activities that have not been evaluated in research on alcohol control, such as administrative changes by a particular company; social media campaigns; research; conference sponsorship; public information (for example, leaflets or posters); and information for parents. Activity types were collapsed into activity categories for analyses. Effectiveness ratings were assigned based on previously published studies *(19–20)* according to the following scale: 0 = lack of effectiveness; 1 = limited effectiveness; 2 = moderate effectiveness; 3 = high degree of effectiveness; and 9 = no studies undertaken or insufficient evidence to make a judgement. Estimated population reach was a relative measure of the number of people who may be served (none, small, moderate, large). The use of different types of CSR approaches was investigated based on the definitions described by Lantos *(21)*. These types include altruistic, risk management (i.e., legal or ethical obligations) and strategic.

To assess other potential implications of industry actions beyond their stated purpose (Question 2), marketing potential (i.e., the action had the potential to promote a product) and policy impact potential (the action had the potential to directly influence policy) were coded as "yes" or "no" for each action.

To assess the reliability of coding, raters coded 50 randomly selected actions and compared their responses in order to achieve consensus where discrepancies were observed. The rating protocol was updated and revised to represent clear and accurate operational definitions. After achieving an acceptable level of interrater reliability (κ = 0.60), the raters continued rating equal numbers of the actions.

To evaluate differences in the industry actions across industry segments, χ^2 tests were conducted to compare producers, SAPROs and trade associations (Question 3). Advertising was excluded from this analysis, as only actions conducted by producers could be coded as having advertising potential; χ^2 statistics tested for associations between marketing potential and population reach and between effectiveness and population reach. McNemar tests were used to compare differences between industry's and raters' Global strategy target area categorizations. Significance was set at $P < 0.05$.

Question 4 sought to examine factors associated with investment in CSR at the national level, where investment was defined as the total number of actions conducted per country (*n* = 2050). We used a combined data set consisting of data abstracted from the industry reporting database *(16)*, Statista *(22)*, Euromonitor *(23)* and the WHO Global Information System on Alcohol and Health (GISAH) *(24)*. Euromonitor data included country-level data for population size and industry market size (litres) by country. Total alcoholic drinks industry revenue (in US$ millions) by country was exported from Statista. Total per capita consumption, past 12-month prevalence of harmful drinking, and alcohol-related road crashes per 100 000 were extracted from GISAH; the whole year 2012 was selected as the reference period for consumption and harm indices because the industry database was compiled between 2010 and 2012 and many of the initiatives were ongoing at that time. Pearson product–moment correlations were computed to identify relationships between volume of CSR activities per country and these indicators. Statistical analysis was conducted using SPSS for Windows Version 24 (Armonk, NY: IBM Corp.).

RESULTS

Actions were conducted in 34 EU countries. Actions were sponsored by major transnational producers, SAPROs, trade associations and some local producers. Eight actions

conducted by supermarket chains and a government-owned chain were excluded from subsequent analyses ($n = 679$). Sixteen producers, 29 SAPROs and 59 trade associations contributed to the sampled actions. Descriptive statistics and bivariate associations of action characteristics by sponsor type are reported in Table 1. Producers and SAPROs sponsored the greatest number of actions, with Diageo and Bacardi–Martini accounting for the largest numbers, followed by Heineken. Over half (51.5%) of sampled actions listed some type of partnering organization. Multiple partner types (for example, SAPRO and nongovernmental organization (NGO)) were specified for 34.8%, and 10.5% listed NGO as a partner. In total, 19.1% of actions had government involvement. This was most likely to occur among actions sponsored by trade associations ($\chi^2(2) = 8.11$; $P < 0.05$), (for example, Hungarian Spirits Association and a police organization).

The majority (77.5%) of actions were classified as being one of 12 "Other" activities whose effect on alcohol control have not yet been studied (for example, social media campaigns, industry-sponsored research, conferences, employee programmes). We coded 22.7% of actions as activities that have been evaluated in

TABLE 1. SELECTED INDICATORS FOR EUROPEAN INDUSTRY ACTIONS TO REDUCE HARMFUL DRINKING, BY SPONSOR TYPE (n = 679)

Indicator	Producers		SAPROs		Trade associations		Total		P
	%	n	%	n	%	n	%	n	
Total actions	39.8	270	37.1	252	23.1	157	100.0	679	–
Partner (% yes)	52.2	141	46.0	116	59.2	93	51.5	350	0.033
Government involvement (% yes)	14.4	39	20.2	51	25.3	40	19.1	130	0.017
CSR type									<0.001
Altruistic	1.9	5	3.6	9	0.0	0	2.1	14	
Risk management	90.0	243	77.4	195	75.8	119	82.0	557	
Strategic	7.0	19	13.5	34	19.7	31	12.4	84	
None	1.1	3	5.6	14	4.5	7	3.5	24	
WHO target area[a]									0.436
Any	25.6	69	25.0	63	26.1	41	25.5	173	
None	30.4	82	36.9	93	36.9	58	34.3	233	
Too vague to determine	44.1	119	38.1	96	36.9	58	40.2	273	
Activity type, by category									<0.001
Marketing (self-regulation)	1.1	3	9.9	25	12.1	19	6.9	47	
Drink-driving (safe rides)	7.8	21	6.7	17	3.8	6	6.5	44	
Education and persuasion	5.2	14	6.0	15	5.1	8	5.4	37	
Availability/environment	5.6	15	1.6	4	3.8	6	3.7	25	
"Other"	80.4	217	75.8	191	75.2	118	77.5	526	
Evidence of effectiveness									0.034
None/unknown	99.6	269	97.6	246	96.2	151	98.1	666	
Effective (limited, moderate)	0.4	1	2.4	6	3.8	6	1.9	13	
Estimated population reach									<0.001
None/small	48.9	133	64.7	163	63.1	99	58.0	394	
Moderate	33.0	89	23.0	58	15.3	24	25.2	171	
Large	18.1	49	12.3	31	21.7	34	16.8	114	
Potential to cause possible harm	10.0	27	4.8	12	10.8	17	8.2	56	0.038

[a] As determined by raters.

scientific research, including self-regulatory marketing codes (7.1%), designated driver and safe ride programmes (6.5%) and classroom educational programmes (5.4%), although scientific evaluation does not mean that the Global strategy, programmes or intervention was found to be effective. Differences across sponsor types were significant ($\chi^2(8) = 31.23$; $P \le 0.001$), with trade associations conducting the greatest proportion of activities related to self-regulation of marketing. Among industry actions, 1.9% ($n = 13$) included interventions with some level of effectiveness, such as interventions with college students, server training and enforcement of the minimum legal purchase age. Two of these actions were also rated as having the potential for brand or product marketing. For example, Respect 16 in Belgium involved the distribution of "beer mats, place mats, door stickers, etc." *(16)*. Furthermore, 8.2% of actions were found to have the potential to cause harm. This includes an action sponsored by AB InBev in Germany where "young learner drivers", under the supervision of the police, drove around a racing circuit once when they were sober and then again after they had consumed alcohol *(16)*.

Only 25.5% of sampled actions could be classified into the 10 Global strategy target areas, which did not differ by sponsor type ($\chi^2(4) = 3.74$; $P = 0.436$). Additionally, 70.8% of the sampled actions began prior to 2010, the year the Global strategy was published. Actions conducted after this time were no more likely to conform to the Global strategy ($P = 0.168$) or the evidence base ($P = 0.108$) than actions conducted prior to 2010. Table 2 compares the industry actions as classified by ICAP/IARD, with the classification made by health professionals.

Regarding population reach, raters estimated that the majority of the actions were unlikely to affect more than a small number of people (for example, the action "information for employees"). Trade associations, which often focus on collaborations across numerous companies, sponsored the greatest proportion of actions with large reach ($\chi^2(4) = 25.09$; $P < 0.001$), such as an extensive national campaign by the Latvian Alcohol Industry Association to "raise awareness of the harm resulting from non-commercial alcohol" *(16)*.

Regarding the type of CSR activity, the results showed that only 2.1% fit the definition of an altruistic approach, whereas 82.0% were considered to have been designed to further industry commercial interests, such as, for example Heineken introducing the slogan "Enjoy in Moderation" on its labels *(16)*. Trade associations conducted the greatest proportion of actions utilizing a strategic approach, for example, research

TABLE 2. INDUSTRY ACTIONS CLASSIFIED BY IARD AND BY HEALTH PROFESSIONALS, ACCORDING TO WHO GLOBAL STRATEGY TARGET AREAS

WHO Global strategy area	Industry's categorization (n = 679)		Raters' categorization (n = 679)		P value[a]
	n	%	n	%	
Leadership, awareness and commitment	125	18.4	7	1.0	<0.001
Health services	10	1.5	1	0.1	0.012
Community action	27	4.0	13	1.9	0.024
Drink-driving countermeasures	241	35.5	103	15.2	<0.001
Marketing	51	7.5	11	1.6	<0.001
Availability and pricing	24	3.5	7	1.0	0.002
Reducing the negative consequences of drinking	170	25.0	19	2.8	<0.001
Reducing the impact of informal alcohol	6	0.9	3	0.4	0.250
Monitoring and surveillance (data sharing)	22	3.2	9	1.3	0.004
None	3	0.4	233	34.3	<0.001
Too vague to classify	0	0.0	273	40.2	–
[a] McNemar's test for paired nominal data.					

and communications regarding illicit alcohol, and research on alcohol and health ($\chi^2(2) = 15.25$; $P < 0.001$).

Nearly 12% of sampled actions were found to have the potential to directly influence policy. For example, an action by The Sense Group in Malta was described as a response to the Draft National Alcohol Policy. Another by the Portman Group involved joining with health and community leaders to debate the government's alcohol strategy. SAPROs and trade associations differed significantly from producers in the proportion of actions with policy impact potential ($\chi^2(2) = 24.74$; $P < 0.001$); 42.3% were conducted by trade associations, 39.7% by SAPROs and 17.9% by producers.

In total, 23.9% of sampled actions were found to have the potential to promote a specific product, for example, "Aston Manor Brewery handed out free 330 ml bottles of cider to students starting university". Of actions having an estimated moderate or large population reach, 30.9% were found to have advertising potential ($\chi^2(1) = 13.31$; $P < 0.001$).

Pearson correlation coefficients were computed to identify factors that might explain the number of CSR activities conducted in EU Member States. As shown in Table 3, the number of actions conducted per country was not found to correlate with population size, total per capita consumption, alcohol-related road crashes or prevalence of harmful drinking. There was a significant positive correlation between the volume of CSR activity and industry revenue derived from alcohol ($r = 0.75$, $P = \leq 0.001$), as well as between CSR activity and market size ($r = 0.44$, $P = 0.01$).

DISCUSSION

This study critically evaluated the CSR activities of the alcohol industry in the EU, including large campaigns conducted in numerous countries across the region, such as "Champions Drink Responsibly", as well as smaller initiatives, such as codes of ethics for brewer's associations for a particular country [16]. In public announcements and press releases, alcohol industry groups claimed that the actions represented their contributions towards the Global strategy, SDGs and, by extension, the reduction of NCDs. The findings presented here cast doubt on this claim. Only a quarter of the industry actions could be classified into any Global strategy target area; less than 2% of sampled activities were consistent with evidence-based practice, and only one action pertained to the WHO "best buys". Interventions demonstrated to be effective in reducing alcohol-related harm were rarely conducted, whereas activities demonstrated to be ineffective (or for which there is no evidence) were often promoted by alcohol industry groups.

Awareness-building and educational initiatives have been found to have minimal or no impact on alcohol problem rates [19]. There is little or no evidence for the effectiveness of designated driver campaigns, which constitute the cornerstone of the industry's strategy to reduce impaired driving [17]. In addition, so-called responsible drinking campaigns, as promoted by the industry, can be interpreted as both a marketing tool and a strategy to influence public beliefs about the alcohol industry. Of the 13 actions with any evidence of effectiveness, 10 were educational programmes. We note that some alcohol industry-sponsored educational programmes have actually resulted in an increase in alcohol-related harm [25] and have been linked with efforts to ward off regulation [26]. More than

TABLE 3. PEARSON CORRELATIONS BETWEEN VOLUME OF CSR ACTIVITIES AND ALCOHOL CONSUMPTION, RELATED HARM AND INDUSTRY REVENUE

Variables	n	r
Population per 100 000	32	0.31
Total litres per capita consumption	38	−0.02
12-month prevalence of harmful use (15+)	38	0.25
Alcohol-related road crashes per 100 000	22	−0.15
Alcohol revenue (US$ millions)	27	0.75[a]
Market size, total volume (litres)	32	0.44[a]

Note: Missing values were excluded pairwise.

[a] Correlation is significant at the 0.01 level.

Source: Data from references *(22–24)*.

half of sampled actions had little or no population reach. This is consistent with the industry's emphasis on highly targeted interventions directed at high-risk groups rather than on more effective population-level interventions.

Overall, industry groups were more likely to utilize a risk-management approach rather than altruistic or strategic approaches. This may reflect the recent tendency for corporations to communicate economic, legal and ethical responsibilities as a part of marketing addressed to all interested parties. SDG 3 includes strengthening capacity for risk reduction, and management of national and global health risks (3), but if ineffective CSR activities are promoted to minimize industry liability for harm (for example, ineffective responsible drinking campaigns), they are unlikely to impact NCDs or support the SDGs.

There was no significant correlation between the number of actions conducted in an EU Member State and indicators of alcohol consumption and related harm. If the industry was genuinely interested in reducing alcohol-related traffic fatalities and other problems, it could have invested greater CSR resources in countries with higher problem rates. Industry revenue, however, was significantly associated with industry CSR activities: 55.6% of the CSR variance is explained by revenue. This suggests that the alcohol industry's CSR activities may be related to corporations' financial performance, which is consistent with the notion that measures of firm value are positively associated with engagement in CSR activities (27). Alternatively, it could merely reflect that countries with greater alcohol revenues invest more in country-level CSR activities.

The sampled actions show that SAPROs and trade associations frequently carried out ineffective interventions, an observation which is consistent with other studies (8, 12, 28). SAPROs may do so because they can claim not to have any selfish economic interests (28). Trade associations were more likely to take a strategic CSR approach, employ partnerships, engage with government and have the potential to directly impact policy. These findings suggest that the differences among these industry segments are superseded by the common threats from potential regulations promoted by government, civil society and public health.

The current analysis of industry actions implemented in the EU is consistent with both previous evaluations of industry activities and tactics (7, 17–18) and conclusions from a recent systematic review on alcohol industry CSR activities (8). Findings suggest that alcohol industry groups may be conducting these CSR activities in order to (a) form stronger civil society and government partnerships, (b) lend credibility to industry efforts to reduce alcohol-related harm and enhance their status as good corporate citizens, (c) focus attention on industry-friendly interventions and (d) expand brand marketing activities.

Activities undertaken by the alcohol industry groups under investigation are not consistent with the Global strategy or with evidence-based practices that are likely to reduce alcohol-related harm (8, 29), and may be used to further strategic political goals of industry actors. This is one reason why some industry–civil society partnership arrangements at the country and EU level have been dissolved. For example, in 2015, 20 public health organizations resigned from the EAHF, originally established to support the implementation of the EU Alcohol Strategy (30).

Several limitations of this study should be noted. First, most of the data were derived from short descriptions of each action. Our content analysis can only provide a limited account of alcohol industry CSR activities. Second, the information reported in the industry database may not be a reflection of actual implementation. However, we did verify a sample of 50 actions against publically available information sources, and found the short descriptions to be consistent with the activities actually conducted. Third, this study used revenue and market size as the only measurements in evaluating associations with financial performance. Other measurements could have produced different results.

CONCLUSION

The alcohol industry does not appear to be a credible or effective actor in public health efforts to reduce the harmful use alcohol and NCDs in the EU. Although the SDGs emphasize partnerships with industry as a way of promoting sustainable development, EU Member States should be cautious about both alcohol industry-sponsored CSR activities and industry partnerships that involve government and civil society organizations. This study suggests that industry-supported CSR activities should be included in broader public health surveillance measures in order to monitor both positive and negative impacts of the alcohol industry.

Conflicts of interest: None declared.

Disclaimer: The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

REFERENCES[3]

1. From burden to "best buys": reducing the economic impact. Geneva: World Economic Forum; 2011 (http://www.who.int/nmh/publications/best_buys_summary.pdf).

2. European action plan to reduce the harmful use of alcohol 2012–2020. Copenhagen: World Health Organization Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf).

3. Sustainable development goals. New York: United Nations; 2015 (http://www.un.org/sustainabledevelopment/sustainable-development-goals/).

4. Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010 (http://www.who.int/substance_abuse/publications/global_strategy_reduce_harmful_use_alcohol/en/).

5. Jernigan DH. The global alcohol industry: an overview. Addiction 2009;104:6–12. doi:10.1111/j.1360-0443.2008.02430.x.

6. Anderson P, Baumberg B. Alcohol in Europe. London: Institute of Alcohol Studies; 2006 (http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf).

7. Savell E, Fooks G, Gilmore AB. How does the alcohol industry attempt to influence marketing regulations? A systematic review. Addiction 2016;111:18–32. doi:10.1111/add.13048.

8. Mialon M., McCambridge J. Alcohol industry corporate social responsibility initiatives and harmful drinking: a systematic review. Eur J Public Health 2018;28:664–73. doi:10.1093/eurpub/cky065.

9. Babor TF, Robaina K. Public health, academic medicine, and the alcohol industry's corporate social responsibility activities. Am J Public Health 2013;103:206–14. doi:10.2105/AJPH.2012.300847.

10. Luo X, Bhattacharya CB. Corporate social responsibility, customer satisfaction, and market value. J. Mark 2006;70:1–8. doi:10.1509/jmkg.70.4.1.

11. Maignan I. Consumers' perceptions of corporate social responsibilities: a cross-cultural comparison. J Bus Ethics 2001;30:57–72. doi:10.1023/A:1006433928640.

12. Miller PG, de Groot F, McKenzie S, Droste N. Alcohol industry use of social aspect public relations organizations against preventative health measures. Addiction 2011;106:1560–7. doi:10.1111/j.1360-0443.2011.03499.x.

13. Jernigan DH. Global alcohol producers, science, and policy: the case of the International Center for Alcohol Policies. Am J Public Health 2012;102:80–9. doi:10.2105/AJPH.2011.300269.

14. Gupta SK, Brubaker DR. The concept of corporate social responsibility applied to trade associations. Socio-Econ Plan Sci 1990;24:261–71. doi:10.1016/0038-0121(90)90009-V.

15. Babor T, Hall W, Humphreys K, Miller P, Petry N, West R. Who is responsible for the public's health? The role of the alcohol industry in the WHO global strategy to reduce the harmful use of alcohol. Addiction 2013;108:2045–7. doi:10.1111/add.12368.

16. Initiatives reporting: industry actions to reduce harmful drinking [online database]. Washington, DC: International Center for Alcohol Policies; 2012 (http://initiatives.global-actions.org).

17. Esser MB, Bao J, Jernigan DH, Hyder AA. Evaluation of the evidence base for the alcohol industry's actions to reduce drink driving globally. Am J Public Health 2016;106:707–13. doi:10.2105/AJPH.2015.303026.

18. Pantani D, Peltzer R, Cremonte M, Robaina K, Babor T, Pinsky I. The marketing potential of corporate social responsibility activities: the case of the alcohol industry in Latin America and the Caribbean. Addiction 2017;112:74–80. doi:10.1111/add.13616.

19. Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K et al. Alcohol: no ordinary commodity. Research and public policy. 2nd edition, Oxford: Oxford University Press; 2010.

20. Nelson TF, Xuan Z, Babor TF, Brewer RD, Chaloupka FJ, Gruenewald PJ, et al. Efficacy and the strength of evidence of U.S. alcohol control policies. Am J Prev Med 2013;45:19–28. doi:10.1016/j.amepre.2013.03.008.

21. Lantos GP. The boundaries of strategic corporate social responsibility. J Consumer Mark 2001;18:595–632. doi:10.1108/07363760110410281.

22. Alcoholic drinks: Europe. In: statista.com [website]. Hamburg: Statista; 2018 (http://www.statista.com/outlook/10000000/102/alcoholic-drinks/europe [subscription required]).

23. Market sizes. London: Euromonitor; 2018 (http://www.portal.euromonitor.com/portal/statisticsevolution/index [subscription required]).

---

[3]   All references were accessed on 6 August 2018.

24. Global Information System on Alcohol and Health. In: Global Health Observatory data repository [website]. Geneva: World Health Organization; 2016 (http://apps.who.int/gho/data/node.main.GISAH?lang=en).

25. Ringold DJ. Boomerang effects in response to public health interventions: some unintended consequences in the alcoholic beverage market. J Consumer Policy 2002;25:27–63. doi:10.1023/A:1014588126336.

26. Pinsky I, Laranjeira R. Alcohol in Brazil: recent public health aspects. Addiction 2004;99:524. doi10.1111/j.1360-0443.2004.726_1.x.

27. Cai Y, Jo H, Pan C. Doing well while doing bad? CSR in controversial industry sectors. J Bus Ethics 2012;108:467–80. doi:10.1007/s10551-011-1103-7.

28. McCambridge J, Hawkins B, Holden C. The challenge corporate lobbying poses to reducing society's alcohol problems: insights from UK evidence on minimum unit pricing. Addiction 2014;109:199–205. doi:10.1111/add.12380.

29. Casswell S, Callinan S, Chaiyasong S, Cuong PV, Kazantseva E, Bayandorj T et al. How the alcohol industry relies on harmful use of alcohol and works to protect its profits. Drug Alcohol Rev 2016;35:661–4. doi:10.1111/dar.12460.

30. Press release: NGOs resign from health forum as commission ignores Member State and European Parliament calls for alcohol strategy. Brussels: European Public Health Alliance; 2015 (http://epha.org/wp-content/uploads/2015/06/Joint-press-release-NGOs-resign-from-the-European-Alcohol-and-Health-Forum.pdf). ∎