

**Under the influence: is the World Trade Organization a forum for industry influence over global alcohol policies? A qualitative analysis of discussions on alcohol health warning labelling, 2010-2019**

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## Abstract

### *Background*

Accelerating progress to implement effective alcohol policies is necessary to achieve multiple targets within the WHO's Global Strategy to Reduce the Harmful Use of Alcohol and the Sustainable Development Goals. Yet, the alcohol industry's role in shaping alcohol policy through international avenues, such as trade fora, is poorly understood. We investigate whether the World Trade Organization (WTO) is a forum for alcohol industry influence over alcohol policy.

### *Methods*

We studied discussions on alcohol health-warning labelling policies at WTO's Committee on Technical Barriers to Trade from 2010-2019 using written meeting minutes (n=83 documents). We identified instances where WTO members indicated that their statements represented industry. We further developed and applied a taxonomy of industry rhetoric to identify whether WTO member statements advanced arguments made by industry in domestic forums.

### *Findings*

WTO members made 212 statements on ten alcohol labelling policy proposals. Statements featured many arguments used by industry to stall alcohol policy at the domestic level. They included de-scaling and re-framing the nature and causes of alcohol-related problems, promoting alternative policies such as information campaigns and industry partnerships. WTO members stated that their claims represented industry in 3.3% of statements, whereas 55.2% of statements featured industry arguments.

### *Interpretation*

WTO discussions on alcohol health-warnings advance arguments used by the alcohol industry in domestic settings to undermine effective alcohol policy. WTO members appear to be influenced by alcohol industry interests, despite a minority of challenges explicitly referencing industry demands. Greater transparency about vested interests may be needed to overcome industry influence.

### *Funding*

None.

## Research in Context

### *Evidence before this study*

Alcohol policies are necessary to reduce alcohol-related harms and to achieve multiple global health targets. To achieve these goals, barriers to effective implementation must be identified and overcome. It has been suggested that the alcohol industry opposes effective policies using tactics akin to those deployed by the tobacco and food industries. Some evidence has emerged, but research on alcohol industry practices remains nascent, especially in comparison to research on tobacco and food industry practices. A key potential forum for influence is the World Trade Organization's (WTO) Committee on Technical Barriers to Trade (TBT). To date, there has been no empirical study examining whether trade fora, including the WTO, are forums for alcohol industry influence through the airing of industry arguments against alcohol policies designed to address alcohol-related harms.

### *Added value of this study*

We examined the alcohol industry's potential influence on alcohol policy debates at the WTO TBT Committee. We focus specifically on discussions on novel alcohol health warning labelling policies. WTO members made 212 statements about these policy proposals during 57 discussions, 2010-2019. WTO members stated that their claims represented industry in 7 (3.3%) statements. We further found that industry arguments, commonly used to oppose effective alcohol control policies in domestic settings, featured in 117 (55.2%) WTO member statements. For example, WTO members claimed that the policies were unnecessary, costly, and an administrative burden for industry, and that alternative, less-costly policies should be adopted. Members questioned the evidence used to develop the policies, and claimed that the measures were scientifically inaccurate. These claims were raised alongside statements that framed alcohol-related harms as arising from 'excessive' or 'problem' drinking, whereas 'moderate' or 'responsible' drinking was deemed unharmed and even healthy.

### *Implications of all the available evidence*

These findings indicate that WTO discussions are a forum for alcohol industry influence over alcohol policy. Several actions may be necessary in order to accelerate progress towards reductions in alcohol-related harms. First, there is a need for greater transparency and acknowledgement of industry input to the positions advanced by WTO members; and for public health and WHO to be given timely opportunities to speak to government officials about the positions taken by government in the WTO. Second, health and trade policy officials should be adequately equipped to counter-act industry pressure within this forum.

## Introduction

Alcohol consumption is a significant and growing contributor to ill-health and premature mortality worldwide. The World Health Organization's (WHO) *Global Status Report on Alcohol and Health 2018* estimated that alcohol is responsible for more than 25% of global deaths in people aged 20–39 years and kills over 3 million people annually(1). National governments have made commitments to reduce alcohol-related harms, including through the WHO Global Strategy to Reduce the Harmful Use of Alcohol 2010 and the 2030 Sustainable Development Goals (SDG). Further progress is being made through the development of the WHO Global Alcohol Action Plan(2). Alcohol control policies at the national level are necessary to realise these goals and, in order to accelerate progress, barriers to effective intervention must be identified and overcome(3).

It has been suggested that the alcohol industry, including producers, importers, wholesalers, marketers, retailers, and trade associations, plays a major role in stalling effective policy development and implementation using tactics akin to the tobacco and food industries(4,5). These tactics include lobbying against effective interventions, arguing that they are unnecessary or too costly, promoting industry as a partner in harm reduction, and stating that information campaigns are more appropriate and effective than population-level interventions such as taxation and marketing restrictions(6,7). To justify these policy positions, industry seeks to shape political, scientific, and public discussions in ways that legitimise policies that serve its interests and de-legitimise those it contests. This is achieved by casting doubt about the harms of alcohol use and the efficacy of different interventions, citing the benefits of 'moderate' consumption, challenging the legality of measures, and focussing on harms to specific sub-populations only, such as youth or drink drivers. These 'discursive strategies' are apparent in industry-funded research, policy reports, and consultation submissions, and constitute an important tool of industry influence and power(8).

Yet, empirical research on the alcohol industry's influence at the global level remains sparse (see 'Research in Context' panel) (9–11). Most research instead focusses on the exertion of influence within nation states, primarily in high-income countries(6,12). However, in the current era of globalization, corporations have a strong incentive to extend their influence at the global level. They have expanded their profit base to new foreign jurisdictions as growth in existing domestic markets stagnates(13). For example, in 2019 Anheuser-Busch InBev SA/NV, the world's largest alcohol beverage company, sold its products in >150 countries, and derived over 60% of its revenue from 'emerging markets' including Argentina, Colombia, Ecuador and South Africa(14).

One possible tool of industry influence at the global level is the use of international trade agreements to oppose domestic health policies(15). These agreements are designed to promote trade and investment, and contain rules designed to reduce the cost of transactions and create a fair, predictable trading environment(16). Trade rules operate as political and legal determinants of health and can impact health in many different ways, for example by increasing consumption of health-damaging commodities, or by reducing poverty-related illnesses, such as child mortality, provided economic gains from trade are widespread(17–20). Importantly, trade agreements can serve industry interests when the agreements are used to delay policy progress in a manner which benefits industry or when a state challenges another state's health policies on the basis of the rules in the trade agreement(21). This has previously occurred at the tobacco and food industry's request(22–24). States may delay, modify, or abandon policies in response to such challenges due to fears of a protracted and costly legal dispute if the issue escalates further(25).

World Trade Organization (WTO) agreements have been influential in domestic health policy, particularly the Agreement on Technical Barriers to Trade (TBT) which prohibits ‘unnecessary obstacles to international trade’ created by domestic technical regulations and standards(26). The Agreement further prohibits ‘discrimination’ where, for example, WTO members apply more stringent rules on products imported from one country over another, or on imported products as compared with those produced domestically.

Previous research indicates that tobacco, food and pharmaceutical industries have lobbied national governments to contest health policies at WTO’s TBT Committee(22–24). Statements made at the Committee typically feature requests for information and queries about a policy’s consistency with TBT rules(24). Although these statements and the specific claims raised to explain why a policy is inconsistent with the rules may be raised at industries’ request, there is no obligation to disclose their genesis. Committee discussions take place tri-annually among WTO member representatives (164 countries and the EU) in Geneva, Switzerland and have a diplomatic tone(26). The Committee is a subsidiary body of the WTO’s Council for Trade in Goods. In general, only WTO members participate in TBT Committee meetings, although inter-governmental organizations (such as WHO) are sometimes present. The WHO has observer status at the Committee through the WHO and Food and Agriculture Organization’s joint Codex Alimentarius Commission.

Multiple policies are discussed at each TBT Committee meeting, and policies are often discussed at multiple meetings. The re-occurrence of discussions on a member’s proposal suggests a level of concern and contentiousness surrounding the policy(27). Concerns which cannot be resolved in the Committee may be escalated to formal dispute settlement within the WTO, but a majority of issues is addressed – and policies are often changed – without such escalation(22). Thus, the Committee is an important forum of influence on states’ domestic policies.

In this article, we investigate whether the TBT Committee has served as a forum for airing industry arguments against policies designed to address alcohol-related harms. We focus specifically on proposals for alcohol health-warning labelling policies which target the “provision of consumer information about, and labelling of, alcoholic beverages to indicate the harm related to alcohol”(28). These policies are recommended by WHO, fall within the remit of TBT rules, and have been increasingly frequently challenged at the TBT Committee(29). We examine whether, and which, alcohol industry arguments advanced in domestic forums are reproduced in the arguments made by national government representatives in the TBT Committee and the extent to which these arguments are expressly attributed to the alcohol industry.

## **Data & Methods**

We searched the written minutes of all TBT Committee meetings for discussions on alcohol health-warning labelling policies since 1995, when the first TBT Committee meeting occurred, to December 2019, when we collected data. Table 1 lists the policies we identified and the documents we analysed. The first policy was discussed in 2010, and the final discussion occurred in December 2019. Our data comprise n=83 documents, including notifications to the WTO of the policy proposal, TBT Committee minutes, and written comments by WTO members. These documents pertain to discussions on 10 health warning labelling policies proposed by Thailand (2010), Kenya (2011), the Dominican Republic (2012), Israel (2012), Turkey (2013), Mexico (2014), India (2016), South Africa (2016), Ireland (2016), and the Republic of Korea (2016) (see Figure 1). Across the 83 documents, there were 212 WTO member statements about the 10 policies. Appendix p.1 provides more detail on how we searched the minutes and Appendix p.2-5 summarises each policy.

To code the data, we first identified all instances where WTO members stated explicitly that their statements reflected comments raised by industry. Such statements are clear evidence of industry influence on the WTO member's stance (i.e. opposing or supporting) and specific comments at the Committee. We also developed a novel taxonomy of industry arguments made in domestic policy forums, and then identified all instances where the arguments raised by WTO members at the TBT Committee matched the taxonomy, even if the comment was not attributed to industry. These matches identify additional possible instances of industry influence that may not be disclosed. Note that WTO members have considerable discretion as to how they elaborate on this argument, and at this point in particular there is scope for industry arguments to be aired.

Appendix p.6-9 provides further detail on how we identified industry arguments and the full taxonomy used to code the data. Briefly, we combined a systematic review of alcohol industry involvement in policy-making by McCambridge et al. with additional literature to create a list of industry arguments against effective interventions(6). We grouped industry arguments into two over-arching categories: i) policy positions: alcohol industry arguments regarding policies, and how they should be developed and enforced; ii) discursive strategies: how the policy issue, its causes, and consequences were described, and other statements concerning the appropriateness of the policy and/or need for reform. We then created sub-categories within these. In all cases, we further examined how these industry arguments are used to raise concerns about whether a policy measure is consistent with Art 2.2 of the TBT Agreement, which requires members to ensure their regulations do not create “unnecessary obstacles to international trade”(26).

Two authors (PB & DG) independently coded a sample of documents. The authors compared their coding and discussed inconsistencies. One author (PB) then re-coded the sample and a second author (DG) verified the re-coded sample. Finally, one author (PB) coded all documents. We grouped coded statements into common underlying themes, and cross-tabulated these to identify the most common arguments. Coding was performed in NVivo 12. Summary figures were created using RStudio v1.3.

## Results

Figures 1 and 2 summarise TBT Committee discussions on the 10 alcohol health warning labelling policies. Most policies (7/10) were discussed during more than one meeting, and the median number of meetings at which each policy was discussed was 4 (min=1, max=12) (see Figure 2). Discussions intensified between 2016-2019 (see Figure 2). There were 57 discussions about the 10 policies, within which WTO members made a total of 212 statements. Statements were made by several large, high-income members, most commonly the EU (n=37 statements), USA (n=34) and New Zealand (n=20), as well as some LMICs, including Mexico (n=28), Chile (n=15), and Argentina (n=13) (see Figure 1).

[Figures 1 and 2 about here]

We identified 7 statements (3.3%) in which members stated that their comments reflected concerns raised by industry. The US, Canada, Korea, and Mexico all made such statements. For example, when commenting on Thailand's measure, a US representative stated that “The US industry had informed the United States trade representative that the requirement...would be extremely difficult for suppliers to manage and very disruptive to the production process” (G/TBT/M/51). A Mexican representative also “expressed concern raised by domestic industry about two of the warning messages” when commenting on the Korean labelling measure (G/TBT/M/70).

Furthermore, we identified 117 WTO member statements (55%) which featured industry policy positions and discursive strategies taken in other policy forums and included in the taxonomy (Appendix p.10-15 shows a full list). Figure 3 shows how such arguments were used in relation to the criteria for analysing whether a policy measure is consistent with Art 2.2 of the TBT Agreement. The remaining statements did not contain comments similar to the policy positions and discursive strategies used by the alcohol industry in domestic forums, and were raised by diverse country officials (WTO member representatives).

[Figure 3 about here]

### *Questioning the evidence*

Firstly, arguments aired by the alcohol industry in domestic policy settings are echoed in the practice of WTO members questioning the evidence behind the policy decisions and promoting the ideal of ‘science-based’ policy. Such arguments are commonly used at the WTO to discuss whether and how a measure contributes to achieving a member’s objective, which often turns on the quality of the evidence. The specific arguments used when making this claim featured common refrains from industry. In relation to warnings, we found calls for access to the evidence that was used in developing the warning statements (e.g. US to India, G/TBT/M/79) or the evidence for the decision to implement the policy (Mexico to Kenya, G/TBT/M/54), implicitly questioning the evidence base. Members further made general statements calling on others to ensure policies “would reflect scientific consensus” on the harms from alcohol consumption (Australia to Korea, G/TBT/M/70). Elsewhere, members explicitly questioned the scientific basis of the warning messages, for example stating that there was “no scientific evidence” to support the claim that “alcohol is carcinogenic” (Mexico to Korea, G/TBT/M/70).

### *Identifying and emphasising detrimental trade and business costs*

Secondly, we identified multiple instances where WTO members’ arguments resembled industry’s common position in domestic contexts that the interventions are an undue impost on business. Whilst the trade impacts of a measure are part of assessing Art 2.2 of the TBT Agreement, members used specific claims that industry raises elsewhere to elaborate on these costs. They stressed the negative impacts of the policies for businesses due, for example, to “the cost involved in developing bespoke labels” (Australia to Ireland, G/TBT/M/75).

### *Promoting alternative policies*

Thirdly, the tactic of proposing alternative policies, including those that do not directly regulate alcohol products, is common to the alcohol industry in domestic policy forums. It is also common at WTO. It is part of the test for whether a measure is inconsistent with Art 2.2. To expand on this, WTO members stated that “other, less trade-restrictive approaches” could be pursued (US to Korea, G/TBT/M/78), or that the objectives could even “be better achieved” through alternative strategies (EU to Turkey, G/TBT/M/61). The measures proposed as alternatives in the TBT Committee are also consistent with those industry proposes elsewhere. WTO members called for targeted “initiatives to reduce drinking and driving” (US to Korea, G/TBT/M/78). WTO members also promoted information and awareness campaigns, as when the EU urged Kenya “to reconsider” its proposed measure as “[e]ducation and information activities seemed to be appropriate means to address the public health objective pursued” (EU to Kenya, G/TBT/M/54). Mexico similarly stated that Ireland could use “campaigns to raise awareness of the harmful effects on health caused by the excessive consumption of alcohol” (Mexico to Ireland, G/TBT/M/71).

*Reframing the problem*

When discussing alternative policies, WTO members made arguments which industry uses in domestic debates to de-scale or minimise the issue and (re-)frame alcohol-related problems. One common argument in the TBT Committee concerned the harms from different levels of alcohol consumption, whereupon ‘moderate’ or ‘responsible’ drinking was deemed unharmed and even healthy, whereas excessive drinking or ‘problem drinkers’ were the primary problem. For example, these frames featured in the EU statement that “it was excessive consumption – not any consumption – that posed a risk to consumer health” (EU to Turkey, 2014, G/TBT/M/61), and a complaint that a label required generic messages “without distinguishing between abusive and harmful consumption on the one hand and responsible consumption on the other” (Argentina to Ireland, G/TBT/M/74).

Similarly, WTO members focussed on a narrow set of conditions in which harms arise. This occurred where they noted the “risks posed by alcohol consumption to those underage, pregnant, or driving” (Canada to Turkey, G/TBT/M/61), rather than the general population. It also occurred when discussions focused on harms arising from “driving under the influence of alcohol” (US to Korea, G/TBT/M/79), rather than in other contexts. WTO members further minimised the issue by emphasising beneficial effects. For example, a Mexican representative stated that scientific literature “stressed that moderate consumption of alcohol was also regarded as an important part of a healthy lifestyle” (Mexico to Korea, G/TBT/M/70).

*Promoting industry partnerships*

Finally, WTO members promoted the idea that instead of adopting the proposed measure, industry should be a partner in alcohol harm reduction and help government to identify alternatives, as industry often proposes in domestic settings. The US, for example, stated that it “supported several public-private partnership initiatives related to combating the harmful use of alcohol” (US to Korea, G/TBT/M/87). Mexico also requested Korea to hold “a video conference with the Korean authorities responsible for the measure, in order to clarify the nature of the scientific and technical information considered in connection with its implementation and to examine industry’s arguments concerning existing scientific literature” (Mexico to Korea, G/TBT/M/70).

**Conclusions**

Our analysis found that discussions on 10 alcohol health-warning labelling policies at the WTO TBT Committee, 2010-2019, featured arguments that are regularly advanced by industry to undermine effective alcohol policy implementation in domestic settings. However, members stated that their claims represented industry in just 7 (3.3%) statements, whereas we found that 117 (55.2%) statements were similar to the policy positions and discursive strategies used by the alcohol industry in domestic policy forums.

Specifically, we identified instances where WTO members claimed that the policies were unnecessary, costly, and an administrative burden for industry, and that alternative, less-costly policies should be adopted. Members questioned the evidence used to develop the policies, promoted the ideal of evidence-based policy, and claimed that the measures were scientifically inaccurate. These claims were raised alongside statements that de-scaled or minimised the problem and framed alcohol-related harms as arising from ‘excessive’ or ‘problem’ drinking, or in a specific set of conditions (such as drink driving or during pregnancy), whereas ‘moderate’ or ‘responsible’ drinking was deemed unharmed and even healthy. Members subsequently advanced alternative, narrowly-targeted strategies for alcohol harm reduction such as information and awareness campaigns (as opposed to the population-wide labelling approach being proposed), and promoted industry as a partner in the development of these policies. These arguments are all



similar to those repeatedly deployed by industry to counter effective policies and disseminate doubt about the harms from alcohol consumption and the efficacy of proposed interventions in domestic settings(5–7).

While member positions at the WTO are influenced by a range of matters other than industry interventions, our analysis provides evidence that these TBT Committee discussions serve industry interests and may also be directly or indirectly influenced by the alcohol industry, through three avenues. First, the influence of industry might be direct where the member receives a submission from, or engages in discussion with, domestic industry about its position and the member repeats the industry position in the Committee, as identified in 7 statements. Second, influence might be indirect, with no discussions between the WTO member and industry about the specific measure. However, the industry's arguments made in domestic policy settings on other occasions may feature because alcohol advertising, paid newspaper articles, paid research and publicity on the health benefits of alcohol may influence the government's stance on the issue.

Third, WTO members may question alcohol-labelling policies as a result of a pro-liberalization ideology and a desire to promote national economic interests, which often coincide with alcohol industry interests(24,30). Furthermore, the TBT Agreement acknowledges the protection of public health as a legitimate policy objective. Yet the focus of discussions at the Committee is on raising concerns about proposed measures and their potential inconsistencies with the Agreement – an environment which may encourage the prioritisation of trade over health interests.

These findings suggest that the WTO discussions are influenced to some extent by the alcohol industry, and potentially give the alcohol industry a means of influence over the domestic alcohol policies of other countries. This influence via the WTO may delay or undermine policy. The echoing of industry arguments at the TBT Committee by WTO members may also reinforce the perceived validity of arguments raised by industry in domestic settings, further strengthening industry influence.

A limitation of the research presented in this paper is that it did not examine the responses and rebuttals to arguments and questions raised about alcohol labelling policies, or the discursive interaction between participants. This type of analysis may offer clues about the types of counterarguments and strategies that might mitigate industry pressures – an important area for future research.

As with other health harming industries, our findings raise concerns about the influence (direct or indirect) that vested commercial interests can exert at the WTO and suggest this needs to be addressed to accelerate global alcohol policy implementation. Occasionally, connections between WTO members' positions and industry concerns were made explicit in members' statements. Overwhelmingly, however, there was no explicit connection, and it was only through the methods used in this study that the apparent airing of industry arguments could be identified.

These findings have important implications for policymakers seeking to address the growing global burden of illness and mortality wrought by alcohol consumption and the related targets within the WHO Global Alcohol Strategy and SDGs. Curbing direct or indirect industry influence on the positions and arguments raised by WTO members at the TBT Committee appears necessary to accelerate progress towards these targets. At minimum, it is necessary to ensure there is greater transparency about if, and when, vested interests are being represented at the WTO, with greater acknowledgement of industry input. Our findings also suggest a need for

public health and other interests to be given timely opportunities to comment on WTO member positions, and for WTO members to justify the positions taken at the WTO TBT Committee to domestic stakeholders. Greater involvement of WHO in alcohol policy discussions at the TBT Committee would also assist in counterbalancing industry influence, as was the case with the TBT Committee discussions about plain packaging of tobacco(31).

It will also be important for both trade and health policy officials to ensure they have access to the resources and knowledge necessary to identify and mitigate industry pressures in this forum. Health departments may not be consulted by the trade department in the formulation of the country's position on another WTO members' proposed alcohol policy measures. This disjuncture between government departments is important to remediate. The UN and WHO also have an important role to play in fostering dialogue between trade and health sectors.

Finally, public health researchers and trade policy analysts must continue to ensure that new trade liberalization rules do not create negative health, social, or environmental externalities, including rules in draft plurilateral agreements scheduled for discussion at the November 2021 WTO Ministerial meeting and in new bilateral or regional FTAs.

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## Tables

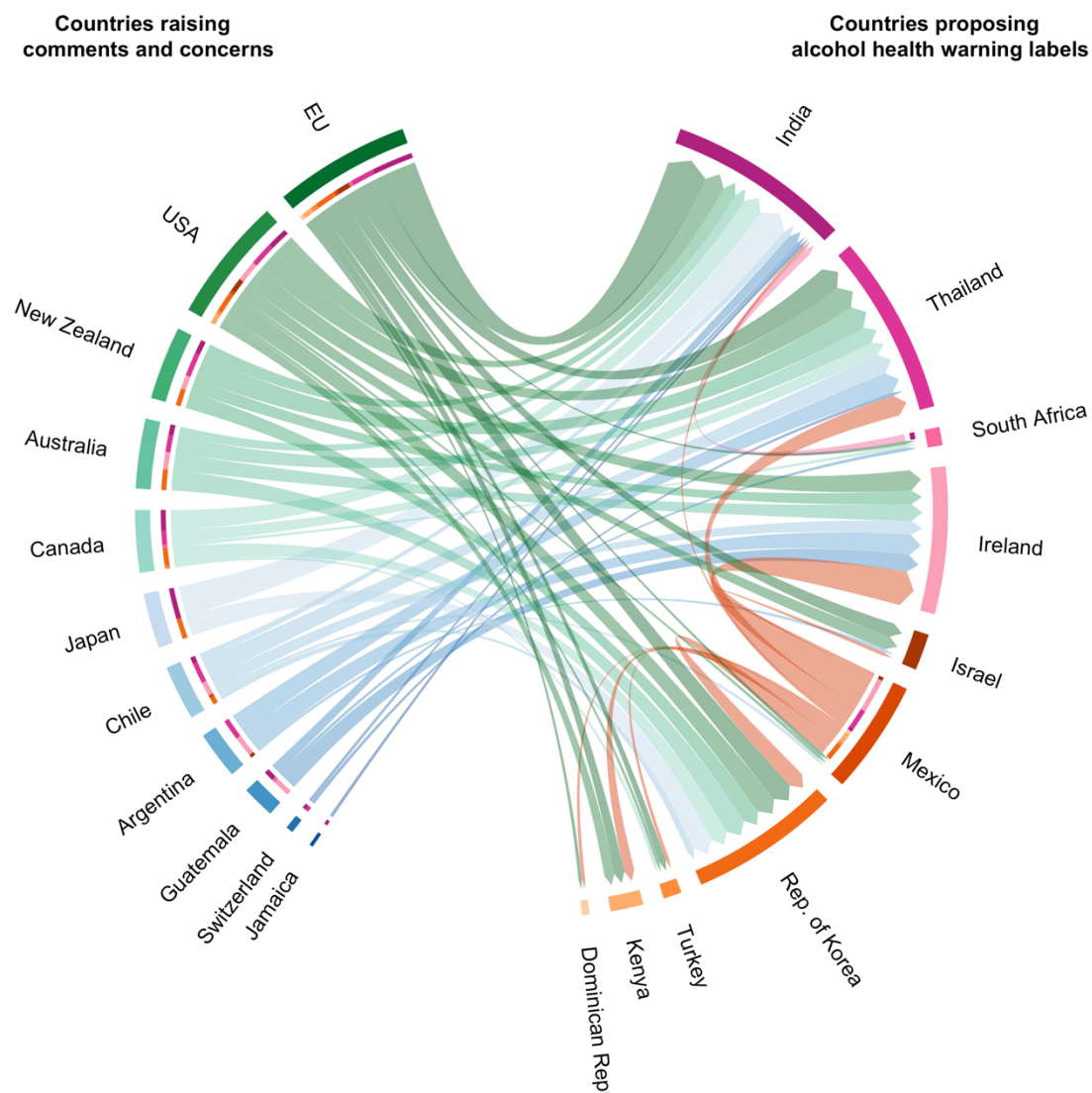
*Table 1. WTO documents included in analysis*

<b>Member and policy</b>	<b>WTO documentation reference</b>
Thailand - Criteria, Procedures and Requirements for Alcohol Beverage Packages or Pictorial Labels/Warning Statements	G/TBT/N/THA/332, G/TBT/N/THA/332/Add.1, G/TBT/M/50, G/TBT/M/51, G/TBT/M/52, G/TBT/M/53, G/TBT/M/54, G/TBT/M/55, G/TBT/M/56, G/TBT/W/408, G/TBT/W/431
Kenya - Alcoholic Drinks Control (Licensing) Regulations, 2010	G/TBT/N/KEN/282, G/TBT/N/KEN/282/Rev.1, G/TBT/M/54, G/TBT/M/55, G/TBT/M/56, G/TBT/M/57, G/TBT/M/61, G/TBT/M/62
Dominican Republic - Categorization of alcoholic beverages (incl. labelling requirements)	G/TBT/N/DOM/143, G/TBT/N/DOM/143/Add.1, G/TBT/M/56
Israel - Restriction on advertising and marketing of alcoholic beverages	G/TBT/N/ISR/609, G/TBT/M/58, G/TBT/M/59, G/TBT/M/60, G/TBT/M/61
Turkey – Draft Communiqué on Warning Messages Placed on Containers of Principles Concerning Domestic and Foreign Trading of Alcohol and Alcoholic Beverages	G/TBT/N/TUR/41, G/TBT/N/TUR/41/Add.1, G/TBT/N/TUR/42, G/TBT/N/TUR/42/Add.1, G/TBT/M/61, G/TBT/M/62
Mexico - Draft Mexican Official Standard: Alcoholic beverages health specifications	G/TBT/N/MEX/254, G/TBT/M/64
India - Draft Food Safety and Standards Regulations	G/TBT/N/IND/51, G/TBT/M/68, G/TBT/M/69, G/TBT/M/70, G/TBT/M/71, G/TBT/M/72, G/TBT/M/73, G/TBT/M/74, G/TBT/M/75, G/TBT/M/76, G/TBT/M/77, G/TBT/M/78, G/TBT/M/79, G/TBT/W/495
South Africa - Amendment to Regulations Relating to Health Messages on Container Labels of Alcoholic Beverages	G/TBT/N/ZAF/48/Rev.1, G/TBT/M/68
Ireland - Public Health (Alcohol) Bill 2015	G/TBT/N/IRL/2, G/TBT/M/70, G/TBT/M/71, G/TBT/M/72, G/TBT/M/73, G/TBT/M/74, G/TBT/M/75, G/TBT/M/76, G/TBT/M/77, G/TBT/M/78, G/TBT/M/79, G/TBT/W/495
Korea, Republic of - Amendment of the Notifications on Warning Messages on Smoking and Drinking	G/TBT/N/KOR/664, G/TBT/M/70, G/TBT/M/71, G/TBT/M/72, G/TBT/M/73, G/TBT/M/74, G/TBT/M/78, G/TBT/M/79, G/TBT/W/504

*Notes:* Document references refer to WTO Document IDs. All documents are publicly available and can be downloaded from the WTO Documents Online archive.<sup>(30)</sup> If multiple policies were mentioned in a single WTO Document, each mention was treated as a different document for our analysis, creating n=83 distinct documents in total.

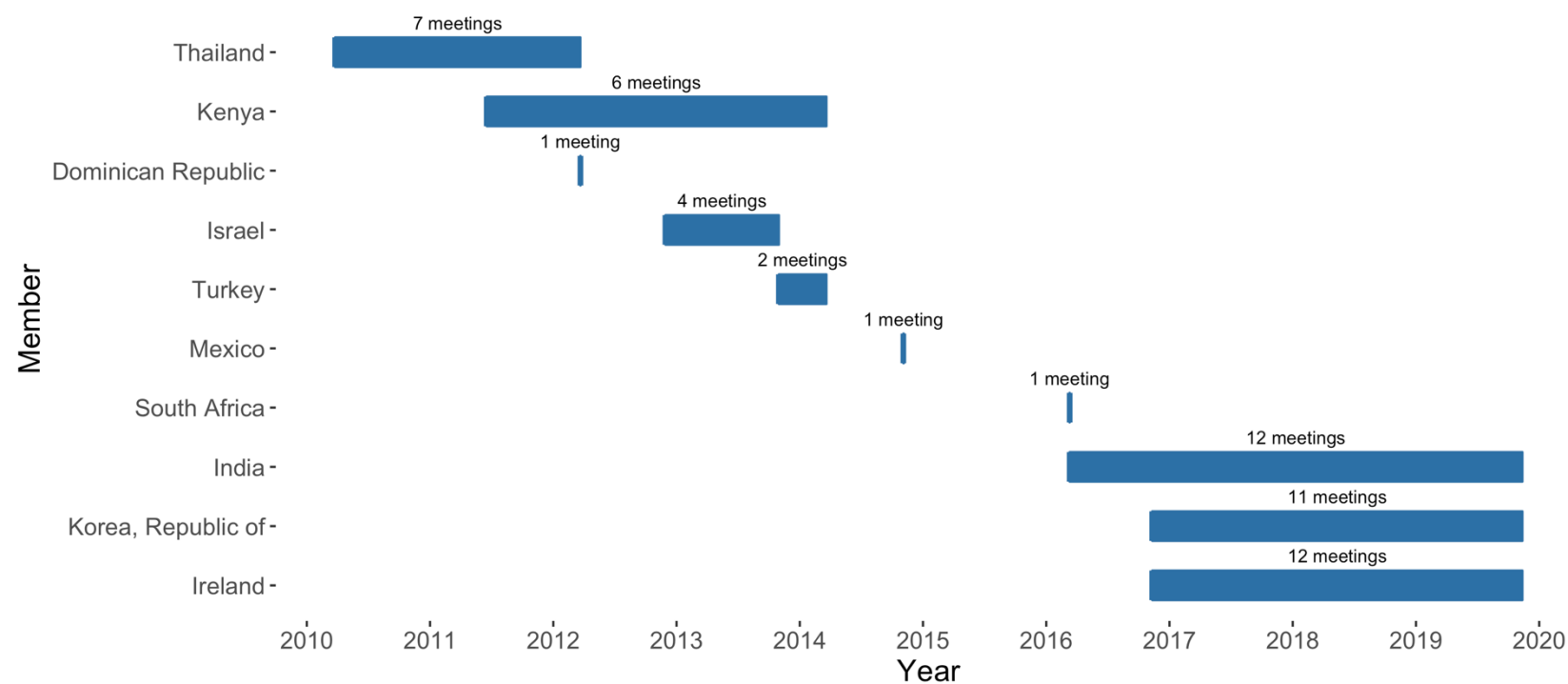
## Figures

Figure 1. WTO members raising/ subject to discussions on health warning labelling proposals at the TBT Committee, 2010-2019



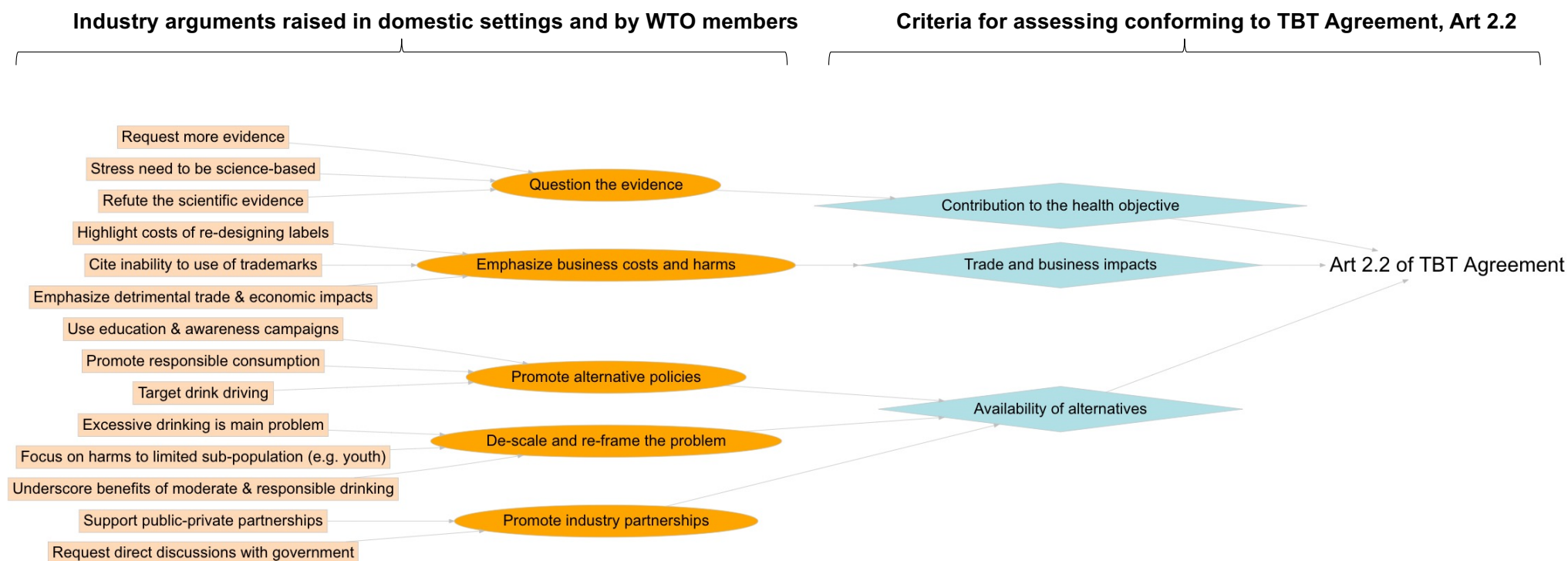
Notes: Mexico and South Africa proposed health warning labels and also raised comments and concerns at the TBT Committee, hence there are arrows both to and from these countries. See Appendix p.16 for further detail.

Figure 2. Timing and number of discussions on alcohol health warning labelling proposals at the TBT Committee meetings, 2010-2019



Notes: Some policies (e.g. India and Korea's policies) were not discussed at all TBT Committee meetings between dates shown, hence the number of meetings does not correspond exactly to the total number of meetings held in the years during which policies were discussed. See Appendix p.16 for further detail.

Figure 3. Relationship between WTO members' industry-aligned arguments and criteria used to assess conformity to the TBT Agreement



*Notes:* Figure shows how arguments raised by industry in domestic settings are also raised by WTO members and their relationship to criteria used to analyse whether a policy measure is consistent with art 2.2 of the TBT Agreement. Specifically, the art 2.2 analysis covers: (1) the contribution of a measure to the achievements of a state's legitimate objectives; (2) the impacts of trade on the measure; and (3) the availability of an alternative measure which would make an equal contribution to the achievement of the party's objectives, taking into account the risks non-fulfilment of the objectives would create, but which is less trade restrictive than the proposed measure.



### **Data sharing statement**

This analysis uses publicly available data. The data used in this study can be downloaded immediately from the following sources, without restrictions:

WTO Documents Online archive, <https://docsonline.wto.org/>

Barlow, P. and Stuckler, D., 2021. Globalization and health policy space: Introducing the WTOhealth dataset of trade challenges to national health regulations at World Trade Organization, 1995–2016. *Social Science & Medicine*, 275, p.113807.

### **Conflicts of interests**

The authors declared no conflicts of interest

### **Author contributions**

Pepita Barlow: Conceptualization, Methodology, Data curation, Formal analysis, Writing – original draft, Writing – review & editing, Visualization, Project administration.

Deborah Gleeson: Validation, Writing – review & editing.

Paula O'Brien: Writing – review & editing.

Ron Labonte: Writing – review & editing.

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## Appendix

### *Appendix 1. Policy and documentation identification procedure*

Our data includes the minutes from all TBT Committee meetings in which alcohol health warning labelling policies were discussed since 1995. In practice, our data span the period from 2010 to 2019. This time period spans the date when an alcohol health warning labelling measure was first discussed at the TBT Committee (March 2010 TBT meeting) to the date of the meeting for which minutes were most recently available at the time of data collection (November 2019 TBT meeting; data collection occurred in December 2019).

To obtain a list of relevant policies discussed at WTO and corresponding documentation we combined data from multiple sources.<sup>1-3</sup> We first searched a dataset compiled by Barlow et al. to identify all alcohol policies that were discussed at the TBT Committee, 1995-2016.<sup>1</sup> We then repeated procedures described in Barlow et al. to identify additional alcohol policies discussed since 2016. Briefly, this involved first identifying all challenges to health policies at the TBT Committee, 2016-2019, by searching for all health policies challenged at the TBT Committee in the TBT Information Management System. This online database lists all TBT challenges according to the policy issue targeted, including health.<sup>3</sup> We then manually reviewed the list of challenges to health policies, 2016-2019, to identify those centred on alcohol policy, by searching the term 'alcohol' in the list.

After identifying this start list of TBT challenges to alcohol policies (n=38), 1995-2019, we obtained minutes from the meetings where these policies were discussed from WTO Documents Online.<sup>2</sup> We reviewed the relevant sections of the minutes detailing discussions about the policies and additional policy documentation referenced therein in order to identify discussions centred specifically on health warning labelling policies (see Appendix 2). To ensure the completeness of this list we further conducted backward searches of the term 'alcohol' in all TBT Committee minutes, 1995-2020, to ensure we had identified all relevant policies discussed at these meetings.

Using these procedures we identified TBT discussions on 10 health warning labelling regulation and 83 corresponding documents.

*Appendix 2. Alcohol health warning labelling policies discussed at the TBT Committee, 2010-2019*

This information was compiled using the original WTO notifications and government documents referenced in these notifications and subsequent TBT Committee discussions. Where WTO notifications and government documents provided insufficient detail, additional information was sourced via Google Searches and reviews of US GAIN reports. The latter contain detailed summaries of policies affecting trade among US trade partners, including proposed or implemented alcohol labelling regulations. The specific sources of information used to compile each summary are summarised in Appendix 6.

Thailand

Pictorial labels shall be provided with the warning statements on the harm of alcohol wherein the picture shall be printed in 4 colors and 6 types of which one of them is required to be rotated at 1,000 package intervals.

The following 6 types of pictorial labels/ warning statements shall be labelled in accordance with the templates as appeared in the annex

Type 1. "Drinking alcohol causes the hypertension liver cirrhosis"

Type 2. "Alcohol intoxication leads to the accidents.

Type 3. "Drinking alcohol leads to unconsciousness and even death"

Type 4. "Drinking alcohol leads to inferior sexual performance"

Type 5. "Drinking alcohol leads to adverse health effect and family problems"

Type 6. "Drinking alcohol is a bad influence on children and young people"

The publication of pictorial labels/ warning statements above is specified as follows:

- If the package is in rectangular shape, the space shall not be less than 50 percents of the space of each side with the maximum space on the front and the back side of the package, or not less than 30 percent of the total area of the packages if the package is in round or cylinder shape.
- If the package is of the other shape than as specified above, the warning statements shall cover the space no less than 30 percent of the total surface area of the package.

Kenya

The following health messages shall be displayed on every package containing an alcoholic drink, sign or advertisement stipulated under the provisions of this Act:

- (a) Excessive alcohol consumption is harmful to your health;
- (b) Excessive alcohol consumption can cause liver cirrhosis;
- (c) Excessive alcohol consumption impairs your judgment; do not drive or operate machinery;
- (d) Not for sale to persons under the age of 18 years.

Every package containing an alcoholic drink shall—

- (a) bear a statement as to its constituents; and
- (b) have at least two of the health warning messages prescribed in the Second Schedule, in English or Kiswahili.

There are additional requirements, as follows:

- The statement and health warning referred to in subsection (2) shall comprise not less than 30% of the total surface area of the package.
- All the warning labels specified in the Second Schedule shall be randomly displayed in each twelve-month period on a rotational basis and in as equal a number of times as is possible, on every successive fifty packages of each brand of the alcoholic drink and shall

be randomly distributed in all areas within the Republic of Kenya in which the alcoholic drink is marketed.

- The Minister may, by notice in the Gazette, prescribe that the warning, required under this section, be in the form of pictures or pictograms: Provided that such notice shall come into operation upon expiration of six months from the date of its publication.

### Dominican Republic

For alcoholic beverages, an additional disclaimer must be included with the following warning: “El consumo de alcohol perjudica la salud” (the consumption of alcohol damages the user’s health), according to General Health Law No. 42-01.

### Israel

On 30 January 2012, the Knesset (Israel Parliament) approved the Restriction on advertising and marketing of alcoholic beverages Law 5772-2012, initiated by the Ministry of Health.

The law included the requirement to add a warning label to the front of each container of intoxicating beverage. The wording of the warning on, or on the label of, the intoxicating liquor container will be as set out below:

- (1) with respect to strong intoxicating liquor - “Warning - excessive alcohol consumption risks life and is harmful to health!”
- (2) with respect to intoxicating liquor - “Warning - contains alcohol - excessive drinking should be avoided.”

There are additional requirements, as follows:

- The wording of the warning mentioned in sub-regulation (a) will be affixed or printed on the intoxicating liquor container itself or on its label as stated in section 8 of the Law, in a legible manner.
- The wording of the warning mentioned in sub-regulation (a), as appropriate, will be prominently marked, in black lettering that is legible and identically emphasized, on a white background, having a size equal to 15% of the size of the label but not smaller than 10% of the surface of the container and will be surrounded by a black frame as thick as and emphasized in the same way as the lettering of the warning.

### Turkey

The following three graphical warning messages and one text warning message shall be used all together in the inner and outer packaging excepting the bottom of alcoholic beverages authorised for placing on the market:



(4) Alcohol is not your friend.

There are additional requirements, as follows:

- Alcoholic beverages not carrying warning messages may not be placed on or sold in the internal market.
- Warning messages may not in any manner be hidden, covered up or cut off. Banderoles, stamps or similar additions may not be written on them.
- Warnings must be printed as fixed and indelible.
- The text shall be in regular statement format with numerals bold, other parts in lower case letters with the initial capitalized.

### Mexico

Labels of alcohol beverages of 2.0% to 55%ABV must include "The abuse of the consumption of this product is harmful to health."

The warning must be in uppercase and in a contrasting color. The required size of lettering varies by beverage ABV, as follows:

<b>VOLUMEN</b>	<b>ALTURA MINIMA DEL TIPO DE LETRA</b>
De 0 hasta 50 ml	1,5 mm
De 50,1 hasta 190 ml	2,0 mm
De 190,1 hasta 500 ml	2,5 mm
De 500,1 hasta 1000 ml	3,0 mm
De 1000,1 hasta 4000 ml	5,0 mm
Mayores de 4000 ml	7,0 mm

There are additional requirements, as follows:

- For labels of alcohol beverages of higher than 6.0%ABV: of three pictogram warnings (against consumption by minors aged under 18 and by pregnant women and against driving under the influence of alcohol), either all three must be included simultaneously, or a single one may be included in which case the pictogram chosen must be changed on a rotating principle every four months.
- Labels of alcohol beverages with of 2.0-6.0%ABV must display a modified pictogram warning against consumption by minors aged under 18.
- Labels of alcohol beverages of below 2.0% ABV must include "This product contains % of alcohol. Not recommended for children."
- Labels may voluntarily include the statement "For more information visit the page: [www.conadic.salud.gob.mx](http://www.conadic.salud.gob.mx), where there is information on the harmful use of alcohol".

### South Africa

The regulation prescribes the labelling of alcoholic beverages with health warnings. The purpose is to warn individuals and the community about the harm caused by alcohol abuse.

Container labels for alcohol beverages must contain at least one of the [seven] health messages, which must be in black on a white background, visible, legible, and indelible and must be at least one eighth of the total size of the container label:

"Alcohol abuse is dangerous to your health"

"Alcohol is addictive"

"Alcohol increases your risk to personal injuries"

"Alcohol is a major cause of violence and crime"

"Drinking during pregnancy can be harmful to your unborn baby"

“Don’t drink and walk on the road, you may be killed”  
 “Alcohol reduces driving ability, don’t drink and drive”

### India

Chapter 6 of the draft regulation states that in addition to the applicable general labelling related regulations laid down under the Food Safety and Standards (Packaging and Labelling) Regulations, 2011, every package containing alcoholic beverages shall include a Statutory Warning ‘Consumption of Alcohol is injurious to health’, printed in English language at the manufacturer’s end. In case respective states wish the same to be also printed in their local/regional languages, the same shall be allowed through an additional Sticker, without the need for repeating the English version.

### Ireland

The requirement for labelling was included in the Public Health Alcohol Bill. In 2018, another act was passed giving the Minister of Health the power to prescribe the form of these warnings

Section 11 outlines provisions to provide information to consumers on alcohol products, i.e. health and pregnancy warnings, quantity of grams, energy value and details of an alcohol public health website to be established by the HSE.

Subsection (1) provides that it will be an offence to: manufacture or import for sale in Ireland; or to sell to a person in Ireland an alcohol product whose bottle, container or any additional packaging does not contain:

- (i) prescribed warning informing the public of the danger of alcohol consumption;
- (ii) a prescribed warning informing the public of the danger of alcohol consumption when pregnant;
- (iii) the quantity in grams of alcohol in the alcohol product concerned,
- (iv) the energy value of the alcohol product and
- (v) the details of website (to be established by the HSE) providing public health information in relation to alcohol.

### Korea, Republic of

The regulation modifies the labelling requirements of alcoholic beverage products sold in the Republic of Korea, so that warning messages about drinking during pregnancy, especially about the possible negative effects on foetus, are included in the label. Labels of beverages of 1%ABV or higher must include one of three warnings:

- (i) Drinking during pregnancy increases the risk for congenital anomaly. Alcohol is [a] carcinogen, so excessive drinking causes liver cancer, gastric adenocarcinoma and so on
- (ii) Drinking during pregnancy, underage drinking, and excessive drinking cause congenital anomaly, brain development disruptions and cancer, respectively.
- (iii) Drinking during pregnancy increase[s] the risk for congenital anomaly, Excessive drinking cause[s] stroke, memory loss and dementia.

### Appendix 3. Taxonomy development procedures

Our taxonomy was developed using a recently published review of the industry's involvement in policy-making by McCambridge et al.<sup>4</sup> We used this review to develop a preliminary list of industry strategies, including arguments to contest effective alcohol policy. We subsequently expanded on this list through additional targeted searches and sources referenced in the McCambridge et. al paper. We conducted these additional searches as the principal focus of our analysis concerned argumentation patterns and strategies whereas the McCambridge et al. study concerned a broader range of tactics, which necessitated the aggregation of some argumentation strategies. Furthermore, it was possible that studies published since the date of the McCambridge review identified additional strategies. To bring greater specificity to our taxonomy we therefore conducted additional targeted searches of previous reviews and empirical studies of industry influence to ensure the taxonomy captured a comprehensive and up-to-date range of industry argumentation tactics.

We identified these additional papers by reviewing the bibliography of McCambridge et al. to identify previous summaries of industry strategies.<sup>5-11</sup> From these earlier studies we extracted summaries of the industry argumentation strategies they identified, and added these to our list of alcohol industry political strategies. We also searched Google Scholar and PubMed for recent papers which made references to the papers in the bibliography of McCambridge et al. and the review by McCambridge et al. itself.<sup>5-11</sup> We then identified industry strategies within these more recent papers, and again added these to our list of alcohol industry political strategies. We subsequently grouped all arguments into those which concern specific arguments regarding alcohol consumption or policy, and other 'instrumental' techniques which do not necessarily feature in written or oral arguments such as funding politicians or scientific research.

We then excluded instrumental techniques and grouped the list of argumentation strategies into common underlying categories and sub-categories using methods for narrative synthesis.<sup>12</sup> This involves providing structured summaries of the themes in the data and then organising the data into categories of similar themes. We therefore adopted this method as it is suitable for identifying commonalities within qualitative data.

To this end, first disaggregated argumentation strategies into two broad categories: i) policy positions, that is, alcohol industry arguments regarding what policies should be adopted, how they should be developed, and enforcement mechanisms; and ii) discursive strategies, that is, frames (i.e. how the policy issue, its cause, and its costs and consequences are described and what is emphasised in this description) and other normative statements concerning the appropriateness of the policy and/or need for reform that are used to advance or bolster a particular argument. We then created additional second- and third-order sub-categories within these broader level themes to capture different policy positions and discursive strategies.

Appendix 4 presents the final taxonomy.

#### Appendix 4. Taxonomy of industry arguments against effective alcohol policies

Argumentation category	Theme	Description and sub-themes
Policy positions	Promote targeted strategies	Promote targeted approaches to alcohol harm reduction among particular sub-populations, e.g. excessive drinkers or those with addictions
	Oppose whole of population approach as a basis to argue for alternative strategies	Oppose the whole population approach. For example, oppose:: 1) Minimum unit pricing (UK) (ineffective, illegal and counterproductive; unfairly targets moderate and less wealthy drinkers) 2) Tax increases (except as a 'less bad' alternative to MUP) 3) Advertising, marketing and sponsorship restrictions 4) Reductions in blood alcohol levels in drink-driving laws 5) Increases in minimum purchase age
	Promote voluntary/ self- regulation	Promote voluntary, co- and self-regulatory initiatives and partnerships (as direct alternatives to mandatory regimes), including making commitments to reduce underage alcohol use, strengthen self-regulatory marketing codes, prevent driving under the influence of alcohol, act responsibly in the area of product innovation, encourage retailers to reduce harmful drinking (in an attempt to avoid taxation and regulation)
	Promote industry collaboration in policy development process	Promote the alcohol industry as a key partner in the policy formulation and implementation process and in sharing the burden of service provision with government agencies
	Promote better enforcement of existing laws	Promote better enforcement of existing laws like underage sales and drunk driving as opposed to passing new laws
	Promoting non-regulatory initiative	Promote public information and educational programs (generally seen to be ineffective/less effective) as the way to tackle alcohol-related harm.
	Promote the ideal of evidence-based policy	Promote the ideal of evidence-based policy, but use evidence selectively
Discursive strategies	Promote actions outside corporations' area of expertise	Promote action to address issues outside corporations' area of expertise including the smuggling of alcohol, campaigns to prevent violence against women, shelters for victims of domestic abuse.
	Deflect attention and descale the problem in ways that downplay the need	Distinguish between harms from different levels of alcohol consumption and present 'moderate' or 'responsible' drinking as unharmed and acceptable, whilst excessive drinking and problem drinkers are the primary problem.



for policy intervention	<p>Emphasise the positive aspects of ‘responsible’ drinking, for example that it is compatible with a healthy lifestyle, is socially acceptable, and promotes sociability</p> <hr/> <p>Focus policy debates on narrow range of sub-population harms, e.g. binge and youth drinking, drink driving; drinking in pregnancy; certain areas of the country</p> <hr/> <p>Highlight other critical issues such as “crime, illicit drugs, unemployment, poor delivery of health care, lack of quality education and economic opportunity”</p> <hr/> <p>Argue that there is little community concern about alcohol marketing</p> <hr/> <p>State that alcohol consumption is in decline</p>
Contest the necessity and highlight the redundancy of proposed measures	<p>Assert that proposed policies are unnecessary as, for example, existing regulations are sufficient, the industry adheres to own self-regulation codes; Self-regulation is working well or is better than formal regulation</p> <hr/> <p>The proposed policies are unnecessary as existing regulation is satisfactory, or existing regulation is satisfactory but requires better enforcement</p> <hr/> <p>Proposed regulations are overly simplistic as, for example, price is a blunt instrument, unable to tackle a complex social issue like alcohol-related harm; marketing restrictions are 'band aid solutions'</p> <hr/> <p>Warning labels divert attention away from more effective programs</p>
Frame the causes of alcohol harms to deflect attention / shift blame away from alcohol sales and marketing	<p>Promote individualized accounts of the nature of alcohol problems: consumer behaviour is the source of harm, thus unfair to penalize the majority for the actions of the few</p> <hr/> <p>Suggest that alcohol misuse is a cultural issue, which requires a shift in societal-level norms</p> <hr/> <p>Highlight issues caused by factors elsewhere in the sales process (e.g. preventing individual retailers from offering certain price promotions that may be deemed irresponsible) or other causes, e.g. genetics</p>
Challenge the legality of policies	<p>State that the policy infringes law and legal rights of company (trademarks, intellectual property, constitutionally protected free speech (e.g. referral to US First Amendment), and consistency with international trade law</p>
Emphasise the trustworthiness, responsibility and importance of industry	<p>Claim industry is a responsible and trustworthy actor, a legal industry, different from the tobacco industry; concerned corporate citizens with a commitment to social goals; does not advertise to youth</p> <hr/> <p>Industry is actively opposed to youth drinking and actively encourages responsible drinking</p>

	Emphasize the independence of the industry-funded monitoring and adjudication groups
	Emphasise the economic importance of the alcohol industry and hence that alcohol industry is a vital economic actor
Discredit public health actors' trustworthiness and scientific authority	Present public health actors as extremists/authoritarian (or neo-prohibitionists) driven by a moral agenda; Discredit public health advocates' opposition or portray the public health community as fragmented
Highlight negative (unintended) consequences of proposed regulation for manufacturers and the economy	Claim that 1) the cost of compliance for manufacturers will be high/the time required for implementation has been underestimated (will result in financial or job losses); 2) the regulation is discriminatory/regulation will not affect all producers/customers equally (e.g. Excise Taxes are regressive, forcing a disproportionate burden upon those least able to afford it); 3) the regulation will create a barrier to market entry (limiting innovation and competition) <sup>1</sup>
	Regulation will cause economic/financial problems for city, state, country or economic area (e.g. European Union), including financial or job losses (among retailers and other associated industries, e.g. printing, advertising, leisure) and a decline in public revenue
	The policy interferes with a free market economy
	The policy will restrict consumer choice
Highlight negative health consequences	Regulation will lead to smuggling and associated public health issues
	Regulation may reduce drinking among moderate consumers and lead to adverse health outcomes among this group
Question evidence of causes of alcohol-related harms and impact of policies	Question the evidence showing the efficacy of the policy and/or argue that there is insufficient evidence that the proposed policy will work, or that the evidence is inconclusive
	The policy uses inaccurate scientific evidence about the causes of the problem
	There is insufficient evidence that the problem is of a sufficient scale to justify the intervention
	The evidence shows marketing does not cause or change behaviour (it is only used for brand selection and capturing market share, not affecting consumption or abuse)

### Appendix 5. Industry arguments appearing in TBT Committee discussions

Argumentation category	Industry argument	Examples	No. policies discussed	No. coded statements (% statements)
Policy position	Contest the necessity and highlight the redundancy of proposed measures as, for example, existing regulations are sufficient, the industry adheres to own self-regulation codes	<p>New Zealand to Thailand, 2010: "New Zealand was supportive of the right of WTO Members to introduce new regulations to address specific public health issues, but concerns remained that the proposed labelling requirements were unnecessarily trade restrictive and that less trade-restrictive approaches were available to achieve the stated objective." (G/TBT/M/50)</p> <p>EU to South Africa, 2016: "The representative of the European Union recalled the proposed amendments to the regulation that were of concern to his delegation. The requirement for seven different health warnings to be rotated during a twelve-month cycle constituted an excessive burden and a potential technical barrier to trade, especially for small and medium enterprises. Some beverages had a lifespan-after-labelling of many years and predicting which label had to be used imposed an unnecessary burden on industry." (G/TBT/M/68)</p>	7	39 (18.4%)
Discursive strategy	Highlight negative (unintended) consequences of proposed regulation for manufacturers by, for example, claiming that the cost of compliance for manufacturers will be high	<p>Australia to Ireland, 2018: "Australian exporters were concerned about the impact of the labelling requirements on their business, in particular the cost involved in developing bespoke labels for the Irish market". (G/TBT/M/75)</p> <p>Australia to Thailand, 2010: "The New Zealand representative also argued that the new requirements would impose significant additional costs and administrative burdens on exporters..." (G/TBT/M/50)</p>	8	38 (17.9%)

Discursive strategy	Deflect attention and descale the problem by distinguishing between harms from different levels of alcohol consumption, and by presenting 'moderate' or 'responsible' drinking as unharmed and acceptable, whilst excessive drinking and problem drinkers are the primary problem.	EU to Turkey, 2014: "She [the EU representative] also raised a concern with the obligation to affix on containers of alcoholic beverages the message "alcohol is not your friend", arguing that it was excessive consumption – not any consumption – that posed a risk to consumer health." (G/TBT/M/61)  Argentina to Ireland, 2018: "Argentina believes that the requirement to display warning messages on the direct link between alcohol consumption and cancer in a uniform way for beverages with different alcoholic strengths, without distinguishing between abusive and harmful consumption on the one hand and responsible consumption on the other, is disproportionate in relation to the legitimate aim of protecting human health." (G/TBT/M/74)	7	34 (16%)
Discursive strategy	Question the evidence showing the efficacy of the policy and/or argue that there is insufficient evidence that the proposed policy will work, or that the evidence is inconclusive	US to India, 2019: "The US asked what evidence India had considered when developing the required warning statement "Consumption of alcohol is injurious to health". (G/TBT/M/79)  Mexico to Kenya, 2011: "In addition, she requested information on studies, including those supported by the Kenyan Government, which justified the imposition of the aforementioned measures." (G/TBT/M/54)	5	29 (13.7%)
Discursive strategy	Highlight negative (unintended) consequences of the proposed regulation for the economy	Canada to Korea, 2019: "The representative of Canada said that, while Canada and the Canadian wine industry supported the goal of minimizing the potential harm associated with the misuse or abuse of alcohol, it was nonetheless concerned that this regulation may have an impact on trade, especially for smaller producers." (G/TBT/M/78)	7	19 (9.00%)

		US to Ireland, 2018: "She stated that the bill, if enacted, would impact US trade – and that of other WTO Members – by requiring exporters to produce Ireland-specific labels, impacting their ability to reallocate product in the European market." (G/TBT/M/74)		
Policy position	Oppose whole of population approaches and argue for alternative strategies	New Zealand to Thailand, 2010: "New Zealand supported the right of Thailand to regulate to prevent alcohol-related harm, but there were less trade restricted means of pursuing the objective." (G/TBT/M/52)	5	19 (9.00%)
		Mexico to Kenya, 2014: "Her delegation believed that Kenya could apply a less restrictive policy to moderate the consumption of alcoholic beverages in its territory. For example, Kenya could use information campaigns as well as public policies to control the problems of alcohol consumption." (G/TBT/M/54)		
Policy position	Promote targeted approaches to alcohol harm reduction among particular sub-populations, e.g. excessive drinkers or those with addictions	EU to Turkey, 2014 "The EU considered that the measure's objective could be better achieved through information campaigns and consumer education initiatives stressing the danger of excessive drinking or putting emphasis on responsible consumption of alcoholic beverages." (G/TBT/M/61)	7	16 (7.5%)
		US to Korea, 2019: "Could Korea consider other, less trade-restrictive means to achieve its objective, such as its domestic initiatives to reduce drinking and driving?" (G/TBT/M/78)		
Discursive strategy	Question the evidence base behind the policy by arguing that the policy uses inaccurate	EU to Thailand, 2010: "She asked for a clarification on the scientific data justifying the assumption that the conditions described by the health warnings were generally caused by any level of alcohol	5	16 (7.5%)

scientific evidence about the causes of the problem	consumption, even moderate ones". (G/TBT/M/51)	Mexico to Korea, 2017: "The representative of Mexico expressed concern raised by domestic industry about two of the warning messages to be included in the labelling of alcoholic beverages, which pointed to a causal relationship between alcohol consumption and cancer by stating that: "alcohol is carcinogenic, so that excessive drinking causes cancer of the liver and the stomach" and "excessive drinking is the cause of cancer". Mexican industry maintained that there was no scientific evidence establishing such a causal link, since epidemiological studies pointed to a wide range of cancer risk factors, including family history, genetics, lifestyle and environmental factors." (G/TBT/M/70)	4	15 (7.10%)
Policy position	Promote public information and educational programs (generally seen to be ineffective/less effective) as the way to tackle alcohol-related harm. This includes promoting an 'informed choice' approach or other measures calling for consumer information.	EU to Kenya, 2011: "The representative of the European Union enquired whether Kenya had considered less burdensome alternatives to modify drinking behaviour other than mandatory health warnings labelling. The European Union's experience in this area had demonstrated that drinking behaviour needed to be addressed in a holistic manner. Education and information activities seemed to be appropriate means to address the public health objective pursued, and she therefore asked Kenya to reconsider this measure". (G/TBT/M/54)	4	15 (7.10%)
		Mexico to Ireland, 2017: "Ireland could fulfill the legitimate objective pursued through campaigns to raise awareness of the harmful effects on health caused by the excessive consumption of alcohol." (G/TBT/M/71)		

Discursive strategy	Descalate the issue by focusing policy debates on narrow range of sub-population harms, e.g. binge and youth drinking, drink driving; drinking in pregnancy; certain areas of the country	Canada to Turkey, 2014: "Canada also asked whether Turkey had conducted any studies to demonstrate the efficacy of its proposed labelling in achieving its objectives of educating its population on the risks posed by alcohol consumption to those underage, pregnant, or driving." (G/TBT/M/61)  US to Korea, 2019: "The US supported several public-private partnership initiatives related to combating harmful use of alcohol and driving under the influence of alcohol". (G/TBT/M/79)	3	8 (3.78%)
Policy position	Promote the alcohol industry as a key partner in the policy formulation and implementation process and in sharing the burden of service provision with government agencies	Mexico to Korea, 2017 "Mexico requested Korea to... hold a video conference with the Korean authorities responsible for the measure, in order to clarify the nature of the scientific and technical information considered in connection with its implementation and to examine industry's arguments concerning existing scientific literature". (G/TBT/M/70)  US to Korea, 2019 "The US also supported several public-private partnership initiatives related to combating the harmful use of alcohol and driving under the influence of alcohol". (G/TBT/M/78)	3	8 (3.78%)
Discursive strategy	Descalate the problem by emphasizing positive aspects of 'responsible' drinking and argue that it is compatible with a healthy lifestyle and is socially acceptable/promotes sociability	Chile to Thailand, 2010: "The representative of Chile said regular and moderate consumption of wine could be beneficial for consumers and she suggested a label on alcoholic beverages reflecting this could be a very useful measure". (G/TBT/M/52)  Mexico to Korea, 2017: "Moreover, existing scientific literature (studies carried out by the US Centers for Disease Control and Prevention in 2011 and the National Institute for	2	4 (1.89%)

		Alcohol Abuse and Alcoholism in 2013) stressed that moderate consumption of alcohol was also regarded as an important part of a healthy lifestyle." (G/TBT/M/70)		
Discursive strategy	Promote the ideal of evidence-based policy	Australia to Korea, 2017: "Australia asked if this was the intent of the proposed warning statement and suggested that the label be drafted in a way that would reflect scientific consensus on the issue." (G/TBT/M/70)	1	4 (1.89%)
		EU to Korea, 2018: "It was therefore suggested that Korean authorities consider re-drafting the health warnings in a way that better reflected the fact that alcoholic beverages were more likely to cause certain diseases when linked with higher levels of consumption and certain consumption patterns." (G/TBT/M/73)		
Discursive strategy	Cite violations of international laws, such as services agreements and intellectual property protections	Mexico to Turkey, 2014: "Mexico asked Turkey to explain the scientific basis for the proposed measures on packaging, as it believed that the measures be a violation of intellectual property rights." (G/TBT/M/61).	3	3 (1.41%)
		US to Thailand, 2010: "He also expressed his delegation's concern that the proposed labelling requirement could interfere with legitimate trademarks on the bottle". (G/TBT/M/51)		

*Notes:* a-Note that the percentage reported refers to the proportion of the 212 statements which contained the argument described in each row, not the percentage of all coded arguments which used a given argument. Some statements contained multiple industry arguments, hence the total sum of percentages reported in the column is larger than 100%.



**Appendix 6. Summary of key features of discussions on alcohol health warning labelling proposals at the TBT Committee**

<b>Member proposing alcohol labelling</b>	<b>Commenting members</b>	<b>Year first discussed</b>	<b>Year last discussed</b>	<b>Total no. meetings</b>
Thailand <sup>1</sup>	Argentina, Australia, Canada, Chile, Mexico, New Zealand, Switzerland, United States, European Union	2010	2012	7
Kenya	Mexico, United States, European Union	2011	2014	6
Dominican Republic	Mexico, European Union	2012	2012	1
Israel	Argentina, Mexico, United States, European Union	2012	2013	4
Turkey	Canada, Mexico, United States, European Union	2013	2014	2
Mexico	Chile, United States, European Union	2014	2014	1
India	Australia, Canada, Chile, Guatemala, Japan, Mexico, New Zealand, South Africa, Switzerland, United States, European Union, Jamaica	2016	2019	12
South Africa	Canada, Guatemala, European Union	2016	2016	1
Ireland	Guatemala, Mexico, Argentina, United States of America, Chile, New Zealand, Australia	2016	2019	12
Korea, Republic of	Australia, Canada, Japan, Mexico, New Zealand, United States of America, European Union, Chile	2016	2019	11

*Notes:* Total number of discussions: 57. 1 – this measure was later revised in 2014. However, we excluded the revised 2014 regulation from our analysis as it did not include requirements to attach health warning labels on alcohol packages. See next page for data sources for policy summaries.

*Data sources for policy summaries*

<b>Member proposing policy</b>	<b>WTO document(s)</b>	<b>Additional documents</b>	<b>Source for additional documents</b>
Thailand	G/TBT/N/THA/332, G/TBT/N/THA/332/Add.1		
Kenya	G/TBT/N/KEN/282 and Rev.1	Alcoholic Controls Act 2010	<a href="http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/Alcoholic_Drinks_Control_Act_No4of2010.pdf">http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/Alcoholic_Drinks_Control_Act_No4of2010.pdf</a>
Dominican Republic	G/TBT/N/DOM/143 and G/TBT/N/DOM/143/Add.1	US GAIN report on Dominican Republic	<a href="https://apps.fas.usda.gov/newgainapi/api/report/downloadreportbyfilename?filename=Food%20and%20Agricultural%20Import%20Regulations%20and%20Standards%20-%20Narrative_Santo%20Domingo_Dominican%20Republic_12-26-2017.pdf">https://apps.fas.usda.gov/newgainapi/api/report/downloadreportbyfilename?filename=Food%20and%20Agricultural%20Import%20Regulations%20and%20Standards%20-%20Narrative_Santo%20Domingo_Dominican%20Republic_12-26-2017.pdf</a>
Israel	G/TBT/N/ISR/609	Restriction on advertising and marketing of alcoholic beverages, (Warning) regulations, 5772-2012 - Draft	<a href="http://www.puntofocal.gov.ar/notific_otros_miembros/isr609_t.pdf">http://www.puntofocal.gov.ar/notific_otros_miembros/isr609_t.pdf</a>
Turkey	G/TBT/N/TUR/41, G/TBT/N/TUR/41/Add.1, G/TBT/N/TUR/42, G/TBT/N/TUR/42/Add.1	COMMUNIQUÉ ON WARNING MESSAGES TO BE AFFIXED ON THE PACKAGING OF ALCOHOLIC BEVERAGES	<a href="https://members.wto.org/crnattachments/2013/tbt/TUR/13_3072_00_e.pdf">https://members.wto.org/crnattachments/2013/tbt/TUR/13_3072_00_e.pdf</a>
Thailand	G/TBT/N/THA/437		
Mexico	G/TBT/N/MEX/254		<a href="https://members.wto.org/crnattachments/2013/TBT/MEX/13_1084_00_s.pdf">https://members.wto.org/crnattachments/2013/TBT/MEX/13_1084_00_s.pdf</a>

India	G/TBT/N/IND/51		<a href="https://ec.europa.eu/growth/tools-databases/tbt/en/search/?tbtaction=search_detail&amp;Country_ID=IND&amp;num=51&amp;dspLang=en&amp;basdatedeb=24/11/2015&amp;basdatefin=10/12/2015&amp;baspays=&amp;basnotifnum=&amp;basnotifnum2=&amp;bastypepays=ANY&amp;baskeywords=">https://ec.europa.eu/growth/tools-databases/tbt/en/search/?tbtaction=search_detail&amp;Country_ID=IND&amp;num=51&amp;dspLang=en&amp;basdatedeb=24/11/2015&amp;basdatefin=10/12/2015&amp;baspays=&amp;basnotifnum=&amp;basnotifnum2=&amp;bastypepays=ANY&amp;baskeywords=</a>
South Africa	G/TBT/N/ZAF/48/Rev.1	South African Government Gazzette	<a href="#">PDF obtained via LSE library (click to view document on Google Drive)</a>
Ireland	G/TBT/N/IRL/2	Bill Explanatory Memorandum and original bill	<a href="https://web.archive.org/web/20160207202259/http://www.oireachtas.ie/documents/bills28/bills/2015/12015/b12015d-memo.pdf">https://web.archive.org/web/20160207202259/http://www.oireachtas.ie/documents/bills28/bills/2015/12015/b12015d-memo.pdf</a>
Korea, Republic of	G/TBT/N/KOR/664	Australian government report on practices elsewhere	<a href="https://www.foodstandards.gov.au/code/proposals/Documents/CFS%20-%20Pregnancy%20Labelling.pdf">https://www.foodstandards.gov.au/code/proposals/Documents/CFS%20-%20Pregnancy%20Labelling.pdf</a>

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