

ALCOHOL – LESSONS FROM THE LONG-TERM TOBACCO CAMPAIGN

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I speak on this topic with some temerity in the presence of so many of the alcohol aristocracy - but I plead in mitigation that I have also been involved in alcohol issues for over 30 years.

There are obvious commonalities. Tobacco, alcohol and obesity stand pre-eminent as causes of avoidable mortality, morbidity and social problems in developed countries (and increasingly in developing countries). They are heavily promoted by commercial interests. And they are all subject to frequent and passionate expressions of concern by governments and the relevant industries. If rhetoric were the answer, all three problems would have been solved many times over.

There are also obvious differences, of which I will note three.

First, tobacco is harmful at any level and when used precisely as intended.

Second, thanks to litigation in the US (and as I am sure Peter Gordon and Jonathan Liberman will point out later today, litigation has played a major role in tobacco advocacy) major tobacco companies have had to make available millions of confidential documents going back over several decades. Almost at a stroke, instead of simply suspecting that these companies have been guilty of all kinds of evil behaviour – lying, distorting evidence, misleading governments, smuggling, marketing to children, buying politicians and scientists and so on – we now have massive evidence that they have been doing all this and more. We do not have the same access to drinks industry documents, but it would be surprising if they revealed anything different – especially as they are sometimes the same companies!

Third, in some developed countries, led by Australia, Canada and parts of the US, we are winning the war.

In Australia smoking is declining in adults and children. We cannot afford any complacency – but smoking in adults has fallen from over 35% in 1983 to 17.4% in 2004 (and in Western Australia to even lower at 15.5%). We have had some dramatic developments since then – bans on smoking in pubs and clubs, new graphic health warnings, major media campaigns, curbs on retailer displays – and it is safe to assume that the decline continues.

A graph my colleague Satvinder Dhaliwal and I put together slightly tongue-in-cheek a year or two ago may have looked optimistic then.

Now we know that smoking is also dropping in young people – regular smoking down nationally in 12 – 15 year-olds from 15% in 1999 to 7% in 2005. We can predict the virtual end of smoking in Australia within 15 years, maybe even a decade. We have to maintain the momentum; we need to give special consideration to disadvantaged groups, such as indigenous people where smoking is still commonplace; the health consequences of smoking will linger for many years; the tobacco companies are battling to keep people smoking and dying; and they are successfully creating a new and horrific epidemic in developing countries, so that by 2015 smoking will be the cause of 10% of the world's deaths. Nonetheless, in Australia smoking is on the way out, tobacco companies are social and business pariahs, and we are reaping the reward in terms of lives saved.

I have heard equally cogent arguments as to why working on tobacco or alcohol is easier. The truth is that both are difficult, complex campaigns, taking on formidable vested interests.

So what have been the key components of the tobacco success story?

OVERNIGHT SUCCESS TAKES TIME

It took a while to educate even some of our clinical colleagues. (Here you see an example of prevention ignored: the first four French heart transplants at a reunion – three of them smoking.).

Serious advocacy on tobacco started in the early 1970s in a few countries – particularly the UK, US, Australia, Canada and some Nordic countries. Twenty, even ten years ago we were still fighting off criticisms that we were not effective.

We have achieved far less than we should have done; but at least now after thirty years there is some recognition that tobacco control is one of the great public health success stories of the past century. Specific campaigns – such as for bans on tobacco advertising or smoking in pubs and clubs – have themselves taken years of planning and advocacy. It takes time. Don't give up on campaigns because they don't get instant results.

OVERWHELMING EVIDENCE – NEW APPROACHES

Overwhelming evidence is not enough: it must be presented over and over again in different ways. We may think that public and opinion-leaders alike are so familiar with the magnitude of the problem that it needs no repetition. But if we want politicians and the community to respond, we need to keep reminding them of the problem. 34 years ago the Science Editor of a Fleet Street tabloid – The Sun – said to me, “You'll never find anything new to say about smoking”. He was wrong. The media will not want to run exactly the same story over and over again, but that simply a challenge to the campaigner's ingenuity. There have been almost innumerable approaches to keeping tobacco in the news – and crucially linking this to denormalising the industry and calls for action.

CONSENSUS POLICY

We need agreed policy objectives.

I still see a distressing lack of unanimity as to both the consensus policy required for alcohol and the top advocacy priorities, reminiscent of tobacco control until the mid-1970s.

The world of tobacco control changed in 1976, largely because of the work of Dr. Nigel Gray, then Director of the Anti-Cancer Council of Victoria. Under the auspices of the International Union against Cancer – the UICC - Nigel brought together a group of international leaders who wrote an expert report on tobacco control – and developed a comprehensive set of tobacco control policy recommendations. They were adopted by UICC, then by a Who's Who of national and international health organizations including WHO, and with some tinkering at the fringes have formed the basis for tobacco control advocacy – and action by governments – ever since.

This may all seem simple and obvious now. But until Guidelines for Smoking Control there was no talk of a comprehensive approach, let alone action to develop one. After Nigel's initiative, there was almost immediate and universal acceptance by health organizations of the both the need for such an approach and its main components. And the consensus has remained.

Scratch anyone involved in tobacco advocacy whether here, or in Perth – or New York, London, Brussels, Beijing or Buenos Aires – and we all take the same approach. We all know the same mantras, all can recite the comprehensive tobacco control program components in unison, all with the instinct born of long experience know which are the priorities at any one time. We all sing the same songs to politicians, media, community and our opposition. There is little daylight between us, even though tobacco companies keep trying through funding, through phoney concessions, or through occasional diversions such as approaches to purported lower risk smoking.

I do not perceive the same unanimity of approach in the alcohol arena. As Tim Stockwell and others have shown, we know what needs to be done – which measures work both in isolation and even more effectively as part of a comprehensive program. There has been some outstanding work in the alcohol policy arena, but there are still different public approaches to tax, alcohol advertising, public education, labeling and other policy issues. That makes us less credible, less effective and much easier to pick off.

COMPREHENSIVE APPROACH

I also do not see the same focus on a comprehensive approach, which is so important for virtually all public health problems. There is no single magic bullet for tobacco control, any more than for alcohol. We have constantly stressed that the answers to tobacco control do not lie simply in tax, or ad bans, or public education, or smoking restrictions – but in a comprehensive approach. It is because Australia and Canada are closest to implementing such an approach that our smoking declines lead the world.

ADVOCACY WORKS

Advocacy works. The developments that brought about the decline in smoking have all resulted from coordinated, planned and professional advocacy activity by prestigious medical and health organizations, and those working with them. The campaign for a ban on tobacco advertising and promotion ran for close to ten years, against powerful and ruthless opposition that initially included not only the tobacco multinationals, but also most of the media, the sports and arts lobbies, and many other commercial interests. By and large, it was a disciplined campaign characterized by:

- * Consistent focus on the medical evidence
- * Coalition approach – there is little room in good advocacy campaigns for prima donnas who want to sing their own song. All the organizations concerned for tobacco control have a history of working closely together, towards agreed common objectives.
- * Using the entire coalition – while the core group of advocates is small, we have had tremendous and willing support from across virtually every health discipline –and many others.
- * Coordination – all the partners accepting the need for good coordination.
- * Long-term focus – recognizing that campaigns take time. Even in the early 80s a ban on tobacco advertising was opposed just as strongly as serious curbs on alcohol advertising would be today – but we got there by the end of the decade..

TREATMENT IS NOT PREVENTION

One interesting difference between alcohol and tobacco is the focus on treatment. While much valuable work has been done in smoking cessation, more than 90% of smokers quit cold. There is a role for treatment or cessation programs; and there is certainly a role for advice by GPs and health professionals. But the need for cessation activity – or treatment – should be limited. In Western Australia, where we have the lowest smoking prevalence in Australia, we have just the one formal “Fresh Start” smoking cessation program, run by the Cancer Council.

Perceived needs in alcohol are currently different: that is a debate for others to pursue.

The point I want to make here is that the great gains come through prevention. I do not of course argue against treatment programs, especially those that take the constructive approach advocated by Alex Wodak, but they should not be at the expense of prevention; there should be no pretence that funding for treatment is an acceptable alternative to prevention; and it would be good to see more of those involved in alcohol treatment playing as active a role in tough advocacy as chest physicians and surgeons have played in tobacco control.

PUBLIC EDUCATION – PROPERLY DONE

There is a vast quantum of evidence showing that advertising works across a range of products and has done for centuries. Poorly run, short-term, ill-funded campaigns work no better in health than anywhere else, but there is clear evidence from tobacco and other health issues such as immunization and sexual health that hard-hitting, sustained, adequately funded media campaigns work. Other than in road safety, public education on alcohol is notable for its absence. Media campaigns, insofar as they exist, are generally low-key, poorly funded, short-term, soft and ineffective. That doesn't mean that media campaigns don't work: it means they haven't been properly tried. They have been tried in tobacco – and they work.

The drinks industry currently has all the best tunes – and massively more money. It is ludicrous to imagine that prevention messages can have equal impact when they attract minimal funding. If governments are not willing to constrain drinks industry advertising, they should at least ensure equal money for effective preventive campaigns.

There are two important lessons from tobacco here. First, the history of tobacco control shows that well-funded, professionally run public education programs get good results. (Here, for example, you see the contrast in the 90s between Massachusetts, with a media campaign (modestly funded by commercial standards), and the rest of the US bar California.)

Second, cigarette ads disappeared from TV in the US in the 1960s not because Congress legislated to ban them, but because litigation in the US resulted in a decision that tobacco companies had to fund corrective advertising as well as their own TV ads. The counter-advertisements were so effective that the cigarette companies took their own ads off air, thus ending the counter-advertising blitz.

Whether funded by governments, health agencies, or manufacturers themselves: good, hard-hitting, well-funded campaigns work.

AVOID SOFT MESSAGES

Don't be side-tracked by soft messages. For years tobacco companies supported and even funded cozy education campaigns supposedly aimed at young people or presenting feelgood messages about parents talking with their kids. Recent research by Melanie

Wakefield shows that these ads not only do no good – they can even encourage kids to start smoking. And why wouldn't they? No industry in its right mind would willingly spend good money advertising against its own product. So beware whatever is offered up by the manufacturers.

Alcohol companies have a long history of claiming to be credible because they talk the language of drinking responsibly, put small print messages about sensible drinking on some of their products and advertisements and run low-key activities which they claim are education programs. But the talk of drinking responsibly flies in the face of all the industry's promotional activities. The messages about responsible drinking are so low-key and mildly phrased that they are meaningless – contrast them with our tobacco health warnings, which are research-based and effective. The industry's education programs are also manifestly for show only. They are low-key, with the kind of soft messages and approach that are guaranteed to have no impact – and in the case of tobacco have even been shown to be counterproductive.

So our experience from tobacco is to avoid soft messages, and avoid even more being any part of the industry's efforts to promote these programs and activities as an alternative to serious action. Anyone who works with the industry in these areas is part of the industry's marketing and public relations program.

HEALTH WARNINGS

Tobacco campaigns have gained substantially from strong, prominent health warnings. There is clear evidence from Australia and overseas that feeble warnings designed by and for industry bring feeble results – but strong, graphic warnings designed by health authorities on the basis of market research have a significant impact even in isolation, and all the more as part of a comprehensive program.

We had to go through a few phases to get to the present warnings- fiercely resisted at every step by the industry – itself a good measure of their likely impact – but now large graphic warnings are accepted as best practice in tobacco control.

Even the labelling of standard drinks here was only accepted by the drinks industry here after six years of pressure. This labelling generally appears as small print, unlikely to be noticed by the drinker who is not specifically looking for this information. Strong, noticeable, effective warnings on alcoholic beverages should be an early and achievable target. That might upset the boutique wine industry, but it is a small price to pay for preventing even a few road crashes.

CONTROL ADVERTISING

Target advertising for the product as we did. Even if a ban on alcohol promotion is not feasible, there should at the least be pressure for legislated constraints and a cap on the

amount spent. Constraints on alcohol promotion will be more fiercely opposed by the industry than anything apart from tax increases – a clear pointer to their likely impact.

There is currently no control on the quantum of alcohol advertising or promotion. The drinks companies in Australia spend at least \$200 million advertising and promoting their products – probably substantially more if one takes into account expenditure on all forms of direct and indirect promotion, from TV shows to point-of-sale promotion to the sports sponsorship that at times gives them near-saturation coverage on both free-to-air and pay TV.

The Alcohol Beverage Advertising Code was developed and is administered by the Australian Beverages Advisory Council (ABAC). The ABAC was established and is funded and administered by “the four major alcohol beverage industry associations: Australian Associated Brewers (AAB), Distilled Spirits Industry Council of Australia Inc (DSICA), Liquor Merchants Association of Australia Ltd (LMA), Winemakers Federation of Australia Inc (WFA)”.

As with many self-regulatory codes, the phrasing is designed, by the people it purports to regulate, to preclude as little as possible.

“The Code (they say) is designed to ensure that alcohol advertising will be conducted in a manner which neither conflicts with nor detracts from the need for responsibility and moderation in liquor merchandising and consumption, and which does not encourage consumption by underage persons”.

Gobbledegook.

Responsibility in marketing? Look at these advertisements!

In alcohol, as in tobacco, voluntary codes are useless, full of weasel words. The system is complaints-based, which means that people have to know about the code, know how to complain, find something in a carefully phrased code to complain about, and then get around to lodging a complaint.

The system is controlled by the industry. The management committee of the ABAC has six members; four from the drinks industry, one from the advertising industry, and one lone figure from the Commonwealth Government.

So anything goes. There are no significant penalties for non-compliance; the codes are minimally promoted; and there seems to be little activity. A former member of a panel established to consider possibly offending advertisements told me recently that he was not called on once for comment in the four years of his panel membership.

A variety of reports have demonstrated over a number of years that the codes are of no value. There is also good Australian evidence that despite all the voluntary codes and commitments to responsible practice, the drinks industry has targeted children and young people.

And the codes have no impact on the way alcohol advertising dominates our television sports coverage. Kids watching cricket see their idols being used to promote whisky brands such as Johnny Walker, VB beer and Wolf Blass wine on one channel – and if they switch over to another channel they see equally intense promotion of XXXX beer. They can switch channels again and see superbly produced ads for Cougar, Hahn Ice, Heineken or assorted other brands. They can buy Boonie and Beefy (Botham) figurines promoting VB. Wherever they look there is advertising for alcohol, and as much sponsorship as television can show.

Why are the companies so keen on sponsorship? As a confidential Philip Morris market research report – commissioned when PM also owned the Miller Beer company put it as long ago as 1989,

Not only do active viewers of sports TV programming notice the sponsors' signage, but they also have a pronounced favorable attitude toward the sponsoring companies.

Their conclusion was,

This strong favorable attitude toward the sponsoring companies whose signs are often seen on television at the site of a sports event is definitive testimony to the added value of thoughtfully considered and well-executed sports marketing.

There is no case for promotion of this kind. The phoney defence arguments – reliance on voluntary codes, solemn claims that they do not target children – have no veracity.

OPPOSE THE OPPOSITION

Unlike tobacco, our objective is not to end all alcohol use. The makers of boutique wines are no more our opposition than the restaurateurs who serve their products. But the organizations that seek to promote and sell as much of their product as possible to anyone who will use it are in direct opposition to those concerned for the public health and well-being.

Some decades ago, governments, scientists and others concerned to reduce smoking thought that the rhetoric of the tobacco industry could be taken seriously – that it was possible to work with them. But nobody involved in tobacco control now seriously doubts that they are the opposition. What is in their interests is contrary to our interests, and we must do all that we can to oppose them.

It is hard to see how the same arguments should not apply to the mainstream drinks industry. Many people and organizations have tried to work with them – at one stage, in

the early 90s, I was one. But over and over again we have learned of the drinks industry that – like the tobacco industry – they just can't help themselves. The large animals in the commercial jungle may be urbane, they may speak in the soft tones of corporate responsibility, they may offer to put some of their petty cash into charitable endeavours – but their duty to their shareholders is to sell as much of the product as possible. They are the opposition, like tobacco companies – and we have learned from tobacco control that success comes only if the opposition is exposed and opposed.

Three simple rules have served us well. If the industry are for it, we know what to oppose. If they are against it, we know what to aim for. And the more they object, the more worthwhile it will be.

The once-confidential tobacco documents also give us good insights into drinks industry thinking. From 1969 – 2002 the Miller Beer company was owned by the Philip Morris tobacco company, so we have access to confidential drinks industry material showing exactly what the industry supports and opposes.

Exhibit A is the Briefing Book prepared in 1996 for the company's Chief Executive, Geoffrey Bible. In 236 pages this presents company and industry policy over a wide range of potentially controversial issues – with an interestingly similar approach to tobacco and alcohol.

This offers a simple guide as to what they support and oppose – and hence where alcohol advocates should take a different view.

- * They “market appropriately and responsibly to adult beer drinkers”.
- * Alcohol problems occur only if people are drunk.

The root of the “drunk driving” problem is “repeat offender(s) with BAC of .17 or more”.

“It is a mistake to blame the product.” But “the average drinker who drinks responsibly can drive safely”.....and “reducing the BAC (to less than .17) will not get to the root of the drunk driving problem”.

Of course: “it's tragic”.....but the answer is “need to support strict enforcement of drunk-driving laws”.

And of course too, they should continue with “saturation” advertising targeting minority communities. Why? Because “critical issues” such as “crime, illicit drugs, education, etc. will not be resolved by band-aid solutions such as advertising restrictions”.

Their responsible drinking programs “are not ploys. They are sincere comprehensive programs.....They (have) made meaningful impact on reducing the problems”.

They “oppose all product-specific excise taxes which are regressive and fall heaviest on middle and lower income taxpayers.” Taxes “depress sales” but are “hidden” and “unfair to consumers and the growers”.

And so it goes.

In summary, the drinks industry is for:

Drinks industry education programs

Emphasis on illicit drugs and the “the root causes of dysfunctional behaviour”

Advertising deductibility

Voluntary advertising guidelines

Advertising in all media; sports sponsorship; marketing targeted to ethnic and other minority communities

Enforcement of drunk-driving laws – but driving at levels up to .17 BAC.

They are against:

Lower BAC levels

Legislated or any other restrictions on advertising, sports sponsorship and all other forms of promotion

Increased excise duties

Strong enforced labeling

Any limits on availability

Significant government expenditure on public education.

A lesson from tobacco would be that they have written the targets for us.

SLEEPING WITH THE ENEMY

For many years now it has been unthinkable for reputable researchers to work directly or indirectly with tobacco companies – or to take any funding from them. There are simple and obvious issues here about integrity and conflict of interest. Confidential industry documents have also confirmed that the industry’s motivation in funding scientists and

other potential critics is as cynical as we might have expected. Industry funding for research and projects is easy money – but that does not make it any more ethically acceptable. In the year 2007 those who accept tobacco industry funding for their work or who participate in industry committees and projects must be seen as supporting the industry's objectives, and helping the industry to mute the opposition.

The same clearly applies to funding offered indirectly through the drinks industry and its front organizations, such as the Australian drinks industry's "Drinkwise" organisation. Drinkwise claims to be independent – its initial brochure made that claim no less than thirteen times – but it is a creature of the drinks industry, established to promote drinks industry agendas.

KEEP THE INDUSTRY AT ARM'S LENGTH

The 7th World Conference on Tobacco or Health in Perth, in 1990, set a precedent that has been followed by all major conferences of this kind. We decided that we would not accept participants from the tobacco industry or those associated with it. Why? Because this is an adversarial relationship. They are in the business of promoting and selling as much as possible of the product; we are in the business of preventing and responding to the harms they and their products cause. Why should they be at meetings where there are discussions about how to counter their activities? I am not aware that the drinks industry offers similar scope to alcohol control advocates.

So in summary, from a hard-line tobacco campaigner you get a hard-line approach. We have learned over many years that soft approaches play well to some galleries, but get soft results. The hard-line approach with tobacco is working, as well in Australia as anywhere around the world, and as a result of good advocacy it has strong public support. And the most rewarding lesson of all is that it is working and saving lives.

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