

Should tobacco and alcohol companies be allowed to influence Australia's National Drug Strategy?

Becky Freeman^{a,d}, Ross MacKenzie^b and Mike Daube^c

^a School of Public Health, University of Sydney, NSW, Australia

^b Department of Psychology, Macquarie University, Sydney, NSW, Australia

^c Public Health Advocacy Institute, Curtin University, Perth, Western Australia

^d Corresponding author: becky.freeman@sydney.edu.au

Article history

Publication date: April 2017

Freeman B, MacKenzie R, Daube M.

Should tobacco and alcohol companies be allowed to influence Australia's National Drug Strategy? *Public Health Res Pract.* 2017;27(2):e2721714. doi: <http://dx.doi.org/10.17061/phrp2721714>

Key points

- Submissions made to the National Drug Strategy consultation by the alcohol and tobacco industries are not publicly available for scrutiny
- Commercial bodies that profit from the sale of addictive and harmful products promote policies that serve their own interests, rather than those proven to be most effective in reducing harm
- The alcohol and tobacco industries should have no role in assisting government planning to reduce the burden of disease caused by their products

Abstract

Formation of Australia's National Drug Strategy (NDS) included an extensive consultation process that was open not only to community and public health stakeholders, but also to representatives of the tobacco and alcohol industries. Australia is bound by the World Health Organization Framework Convention on Tobacco Control, which requires governments to protect tobacco control measures from interference by the tobacco industry. NDS consultation submissions made by these conflicted industries are not publicly available for scrutiny. The NDS goals are at odds with the commercial agenda of industries that support regulatory stagnation, oppose and undermine effective action, ignore and distort evidence, and prioritise profits over health.

Introduction

The aim of Australia's National Drug Strategy (NDS) since 1985 has been to ensure "safe, healthy and resilient Australian communities through minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities".¹ The latest NDS (2016–2025) highlights the importance of measures to reduce both demand and supply in minimising social and economic harms caused by use of alcohol, tobacco and other drugs. Comprehensive approaches, including taxation, government regulation, education and treatment, are essential to achieving these objectives.

Development of the latest NDS included an extensive consultation process that involved a range of health and community stakeholders, and other interested parties. These included representatives of the tobacco and alcohol industries, who were free to participate by making submissions. Although the NDS consultation document notes that such industry participation "is critical to supply reduction efforts"¹, unlike other similar government processes, neither a list of people and organisations making submissions nor the submissions themselves were made public.

Discussion

Information acquired through a freedom of information request posted on the Australian Government Department of Health website² indicates that submissions were received from industry members, including the tobacco company Philip Morris Ltd, four alcohol industry bodies (the Australian Wine Research Institute, the Winemakers' Federation of Australia, the Brewers Association of Australia & New Zealand, and the Australian Liquor Stores Association), beer industry sales leader Carlton & United Breweries, and the alcohol industry-funded organisation DrinkWise.

Commercial interests of tobacco and alcohol corporations to maximise profits mean that they are effectively required to oppose public health measures that would affect their bottom lines.³

This raises the question of why representatives of addictive industries – whose commercial interests are diametrically opposed to the aims and objectives of public health – are given equal standing with others in contributing to governmental policy processes aimed at minimising the harm caused by their products. As the NDS consultation document notes, 15 000 deaths each year result from tobacco use, and 3000 deaths and 65 000 hospitalisations were attributable to alcohol consumption in 2004–05. Combined costs to Australia in 2004–05 were \$46.8 billion – 83.5% of the total cost to the nation of all drug use in the country.¹

Australia is bound by Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (FCTC), which requires governments to protect tobacco control measures from interference from “commercial and other vested interests of the tobacco industry”. There is a strong global history of the tobacco industry exercising undue influence on governments, resulting in weak and delayed tobacco control policy reforms.⁴ Allowing the tobacco industry to participate in government processes – in this case through a closed submission to the NDS consultation process – could possibly be in violation of the FCTC.

At a minimum, any submissions made by industries with a clear conflict of interest in formulating a strong NDS should be made publicly available. This would allow civil society to access arguments presented by those with commercial interests, and to effectively monitor whether governments have prioritised the commercial concerns of industry over protecting public health. This is especially important because industry has access to vastly greater financial resources, lawyers and consultants to help it prepare influential submissions. Further, tobacco industry strategies to mislead governments and provide deceptive information about virtually all aspects of tobacco and tobacco control are well documented.⁵ If industry submissions are not in the public arena, there may be no capacity for health experts to analyse and respond, and public policy may be made on the basis of misleading information.

A more appropriate and effective approach would be to prevent these industries from influencing the formulation and development of public health policies and programs. Strategies favoured by conflicted industries, such as self-regulation and public–private partnerships, are globally recognised as weak and unproven in protecting public health. Commercial bodies that profit from the sale of addictive and harmful products will inevitably promote policies that serve their own interests, rather than give sound advice on how best to reduce the use of these products.

Conclusion

In Australia, any industry can participate in democratic processes, and provide comment and information as required by governments. There is no benefit to be gained by permitting the alcohol and tobacco industries to assist government planning to reduce the burden of disease caused by their products. As noted in a prominent 2013 *Lancet* article, “unhealthy commodity industries should have no role in the formation of ... non-communicable disease policy”.⁶

The NDS process must be objective, based on the best available evidence, untainted by vested interests, consistent with Australia's international treaty commitments and – above all – focused on the health of the community. This is at odds with a commercial agenda that supports regulatory stagnation, opposes and undermines effective action, ignores and distorts evidence, and prioritises profits over health.

Acknowledgements

RM was funded in relation to this work by a grant from the National Cancer Institute, US National Institutes of Health, Grant R01-CA091021.

Competing interests

BF has worked a consultant for the WHO, the Australian Department of Health, NSW Health, Cancer Council NSW, Cancer Institute NSW and Quit Victoria. RM has worked on projects funded by the Rockefeller Foundation, US National Institutes of Health and Cancer Council NSW. MD has worked as a consultant to the WHO and other national and international health organisations, and on research grants funded by national and state research funding agencies. He is a committee member for various health organisations including the Australian Council on Smoking and Health (ACOSH) and the WA Heart Foundation.

Author contributions

All authors contributed to the writing of the manuscript.

References

1. Intergovernmental Committee on Drugs. National Drug Strategy 2016–2025. Draft: for public consultation. Canberra: 2015 [cited 2017 Mar 23]. Available from: tinyurl.com/z95kjme
2. The Department of Health. Canberra: Australian Government Department of Health; 2017. FOI request 159–1516. Released documents comprise a register of submissions and list of consulted stakeholders; 2016 May 3 [cited 2017 Mar 23]; [about 1 screen]. Available from: www.health.gov.au/internet/main/publishing.nsf/Content/foi-159-1516
3. Wiist WH. Public health and the anticorporate movement: rationale and recommendations. *Am J Public Health*. 2006;96:1370–75.
4. Gilmore AB, Fooks G, Drope J, Bialous SA, Jackson RR. Exposing and addressing tobacco industry conduct in low-income and middle-income countries. *Lancet*. 2015;385(9972):1029–43.
5. Trochim WM, Stillman FA, Clark PI, Schmitt CL. Development of a model of the tobacco industry's interference with tobacco control programmes. *Tob Control*. 2003;12(2):140–7.
6. Moodie R, Stuckler D, Monteiro C, Sherond N, Neal B, Thamarangsi T, et al., Lancet NCD Action Group. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013;381(9867):670–9.

Copyright: 

© 2017 Freeman et al. This article is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Licence, which allows others to redistribute, adapt and share this work non-commercially provided they attribute the work and any adapted version of it is distributed under the same Creative Commons licence terms. See: www.creativecommons.org/licenses/by-nc-sa/4.0/