

***Co-regulation and Alcohol Industry Political Strategy: A Case Study of the Public Health England-Drinkaware Drink Free Days Campaign.***

## **Abstract**

This article examines the Drink Free Days (DFD) campaign run by Public Health England and the industry funded, alcohol education charity, Drinkaware, in eight English regions in 2018-2019. More specifically it examines uses, and usefulness, of the campaign to the alcohol producers which fund Drinkaware. It draws on 36 semi-structured interviews with policy actors and a framing analysis of industry social media accounts and news coverage of the campaign. Industry-associated bodies such as Drinkaware have been identified as key components of alcohol industry strategies to influence policy and shape the regulatory contexts in which they operate in three ways. First, funding such bodies forms part of corporate social responsibility programmes which allow companies to position themselves as legitimate policy actors and 'part of the solution' to alcohol related harms. Second, reliance on industry funding incentivises governments to co-operate with industry actors and provides leverage in policy debates. Third, their programmes absorb policy bandwidth and deflect from more effective, evidence based interventions (e.g. on pricing and advertising) which affect industry sales and profits. This is particularly effective if the perception of independence from the industry is created. The analysis presented below suggests that the DFD was not used explicitly by the industry actors for public relations purposes. However, it was useful to their broader strategic aims. It reinforced the position of Drinkaware as a key policy actor and promoted the particular, industry-favoured understanding of alcohol harms and their solutions which it promotes. This is in keeping with the previous insights from international research literature on corporate political activity in health harming industries which finds that policy influence is often subtle, indirect and designed to embed organisations within the policy architecture. It suggests that government agencies should proceed with great caution in entering into such partnerships with industry associated bodies.

**Keywords:** Alcohol policy, alcohol industry, corporate political strategy, co-regulation, conflicts of interest, UK

## Introduction

There is now an extensive body of evidence on the political strategies of health harming industries, particularly global tobacco companies (Hurt et al., 2009). This literature has revealed a panoply of policy-influencing activities including the sponsorship of government programmes and initiatives, the creation of front organisations and ‘astroturf’ organisations and attempts to influence the informational environment in which policy decisions are taken (Savell et al., 2014). Comparative studies have identified great similarity with the political strategies of other industries including alcohol (Hawkins et al., 2016, Dorfman et al., 2012). Systematic reviews of alcohol industry influence over marketing regulations identified an almost identical range of strategies to the tobacco industry globally (Savell et al., 2016, McCambridge et al., 2018). This suggests that trans-national alcohol as well as tobacco corporations employ highly similar approaches in different national markets, often as part of integrated global strategies (Hawkins et al., 2019, Hawkins B., 2020, Hawkins et al., 2016). Other literature has examined industry influencing strategies in the UK specifically and identified how alcohol industry actors seek to shape policy at all levels from local authorities, devolved administrations, the UK government and the European Union (EU) (Thornton and Hawkins, 2017, Holden et al., 2012, Hawkins and Holden, 2018, Hawkins and Holden, 2013, Holden and Hawkins, 2016, Hawkins and McCambridge, 2014, Holden and Hawkins, 2018, Hawkins and Holden, 2014, Holden and Hawkins, 2012, Hawkins and McCambridge, 2019, Hawkins and McCambridge, 2020, Katikireddi et al, 2014a, Katikireddi and Hilton, 2015, Katikireddi et al, 2014b).

Issue framing – the process through which policy actors define policy issues and solutions, highlighting and emphasising certain aspects of them and downplaying or backgrounding others (Rein and Schön, 1994, Van Hulst and Yanow, 2016) – has been identified as a key industry strategy (McCambridge et al., 2018). In particular, industry framing strategies seek to shape perceptions of the extent and nature of alcohol harms, the solutions to these and perceptions of industry actors as legitimate participants in the policy process (McCambridge et al., 2018, Hawkins and Holden, 2013, Katikireddi et al, 2014a).

The mechanisms through which policy influence is exerted are often not obvious or easily visible. Trans-national corporations, such as those in the alcohol industry, with significant resources and expertise, operate highly sophisticated, multi-dimensional global political strategies (McCambridge et al., 2018, Jahiel and Babor, 2007, Babor et al., 2018, Babor et al., 2015, Jernigan and Babor, 2015). Previous studies have identified links between the different components of industry strategy, and approaches to policy management, which highly pragmatic corporations and industry bodies employ in different contexts and for different purposes. Hawkins and Holden (2014) differentiate between short-term, pragmatic, issue-specific lobbying – designed to influence a specific event or shape a

particular piece of legislation – and longer-term, indirect forms of relationship building with decision makers through which industry bodies exert influence by embedding themselves within the fabric of the policy arena, as stakeholders to be consulted and accommodated; as legitimate participants in the development and implementation of regulations and initiatives (see also Holden and Hawkins, 2012, Hawkins and McCambridge, 2019, Hawkins and McCambridge, 2020).

Industry influencing strategies may include the delivery of ‘policy goods’ to governments; undertaking or funding specific aspects of public policy delivery in ways which (they argue) obviate the need for further government action or free up resources for other core policy tasks (Hawkins and Holden, 2014). This reflects not only industry preference for self-regulation over legislation, but offers industry a mechanism for engagement with policy makers, while the potential for withdrawal of funding offers leverage over decisions (Hawkins and Holden, 2014). For many public health actors, partnerships between government and the alcohol industry are highly controversial since they represent a potential conflict of interest (COI). Recent studies of UK alcohol policy, for example, suggest the effect of such an arrangement may be to deflect attention from more effective, evidence-based measures towards lowest-common-denominator measures amenable to self-regulatory and voluntary approaches (Hawkins and McCambridge, 2019).

Public Health England (PHE) is an executive agency of the Department of Health and Social Care which supports the promotion of public health locally and nationally in England, through the provision of health-related evidence and expertise to government, the National Health Service (NHS) and the public. It works closely with local authorities (LAs) – the regional level of government in England which assumed responsibility for public health in 2013, and which are key stakeholders in and conduits for the public health messaging campaigns that PHE runs nationally. The decision by PHE to undertake a campaign in association with the industry-funded body Drinkaware to encourage middle aged drinkers to abstain from drinking on certain days of the week was widely criticised by public health actors on the grounds that it would be used strategically by the alcohol industry to engage government and to shape perceptions of policy debates and its role within it. The Drink Free Days (DFD) campaign ran initially from 10 September to 18 November 2018. In February and March of 2019, Drinkaware ran another wave using mostly digital advertisement, without the *OneYou* branding and not in conjunction with PHE. The campaign focused on three alcohol-related harms (weight gain, blood pressure, and cancer) and ran through a combination of radio and digital advertising, majority funded by Drinkaware, with additional digital and physical materials available for download by local public health authorities and health organisations to amplify campaign messaging.

This article examines whether the DFD campaign was used by, and/or useful to the alcohol industry and, if so, how. In keeping with the understanding of corporate political strategy identified above, we sought to understand the ways in which the DFD campaign may have benefitted the industry in both proximate (short-term) and indirect (longer-term) ways. Firstly, we sought to identify if it had been used in a direct, transactional way by alcohol companies and relevant industry bodies included in the study (i.e. trade associations) for example as part of their corporate social responsibility (CSR) messaging via public statements on their websites and social media accounts. Secondly, we sought to understand the ways in which the DFD campaign served to promote industry interests and policy agendas in more indirect and long-term ways. This included an analysis of the material relating to the DFD campaign on the Drinkaware website and the coverage of the DFD campaign in media sources. We addressed these questions through a series of semi-structured interviews with policy actors familiar with the campaign, an analysis of industry online presence (i.e. websites, social media accounts) and media coverage of the campaign. While the focus of this article is on the UK, the trans-national nature of the alcohol industry and their political strategies identified in previous studies means the findings here will be of interest and relevance to scholars working in other contexts and on other health-harming industries.

Two previous evaluations of the DFD campaign examined the effectiveness of the campaign in terms of its public communications objectives (YouGov, 2019, Public Health England, 2019). Any assessment about the value of the campaign and its ability to engender behaviour change in its target demographic is beyond the scope of the current article. It is limited to assessing the potential strategic value of the campaign to the alcohol industry in light of the existing research literature on corporate political activity within health-harming industries.

### **Drinkaware: An Industry Body?**

A key question in the context of this article is whether Drinkaware should be considered an alcohol industry body. Drinkaware was established initially by the alcohol producer organisation, the Portman Group, in 2004 before being established as a separate, UK-wide entity in 2006 via a Memorandum of Understanding (MOU) between the Portman Group, the UK Department of Health and the health ministries of the devolved administrations (Miller and Harkins, 2010). Given its genesis as an organisation and ongoing reliance on alcohol industry funding for over 90% of its revenue (Lim et al., 2019, Maani Hessari et al., 2019, McCambridge et al., 2013), many public health actors claim that Drinkaware is an alcohol-industry social aspects organisation (SAO; sometimes referred to as 'social aspects and public relations organisations;' SAPROs) and should thus be treated as part of the alcohol industry (Petticrew et al., 2018). The term SAO denotes industry funded and

controlled organisations which differ from trade associations, which have a more ambiguous function and position vis-à-vis their industry paymasters (The Portman Group, 2020, Harkins, 2010). This understanding of Drinkaware is strongly contested by the organisation itself, and some public health actors who argue that its management structures and oversight mechanisms insulate its activities from funder influence.

Following the 2006 MOU, Drinkaware's governance structures were established in ways which suggested its activities involved an explicit trade-off between industry and health interests. Its board of trustees consisted of equal representation of industry and health actors overseen by only two 'independent' trustees and was a source of criticism by health policy researchers (McCambridge et al., 2013). A review of activities and governance commissioned by Drinkaware and undertaken by the consultancy 23Red in 2013 identified this organisational design as problematic, at least reputationally, and recommended the adoption of a different structure (23 Red, 2013):

There is a perception amongst a minority of trustees that there is undue industry influence, although we found no evidence of this. Perhaps more importantly, the structure fuels the perception amongst the public health community that Drinkaware is not independent of industry.

Drinkaware implemented these recommendations and moved toward a model of independent trustees overseen by a new Chairman and Chief Executive. Yet concerns persist within the alcohol policy and public health communities about its continued dependence on alcohol industry funding (Meier et al., 2018).

Drinkaware has been criticised, along with similar organisations, for the particular account of alcohol-related harms which it presents and the interventions it promotes to address them. They focus on individual consumer responsibility, normalising regular drinking and focussing only on specific aspects of alcohol harm (e.g. binge drinking, youth consumption) (Lim et al., 2019). More recently, the Drinkaware messaging on cancer has been criticised on the grounds that it omits or understates the level of this risk associated with alcohol specifically, deflects attention onto wider risk factors or multiple causality of common cancers (e.g. via smoking *and* drinking), and misrepresents the relevant research evidence, particularly in relation to breast and colorectal cancer (Lim et al., 2019, Maani Hessari et al., 2019). The existence of organisations such as Drinkaware may lead policy makers to focus on less effective policy responses (i.e. public education), which are presented by industry actors as alternatives (rather than complements) to more effective, evidence-based interventions such as pricing increases and advertising restrictions (Hawkins and Holden,

2013, Hawkins and McCambridge, 2014). Drinkaware, and associated actors, however, reject the criticism levelled in these studies (Sim et al., 2019).

## **Methods**

This article emerges from a wider study of the DFD campaign which examined the questions addressed here alongside related issues. As such, the methodology reflects a mixed-methods approach using a combination of documentary analysis (including the analysis of websites and social media accounts) and semi-structured interviews with relevant actors, conducted in accordance with the policies of the [redacted university] ethics committee, which reviewed and approved the research design.

### *Documentary Analysis*

Online and social media accounts are now a key way of disseminating information to the public. This includes both companies attempting to communicate with potential customers and governments seeking to reach citizens with public health guidance and other messaging. At the same time they provide textual data amenable to analysis by researchers. The analysis of industry websites and social media accounts was thus a crucial means of understanding if and how the DFD campaign had been used strategically by the alcohol industry as part of their CSR and political messaging strategies. For example, discussion of this in the public domain may be evidence of attempts to use participation in this campaign to bolster their credentials as socially responsible actors.

The analysis here focussed on the rhetorical use made by industry actors of their participation in the DFD campaign through a framing analysis of publicly available sources (Koon et al., 2016, Hawkins and Holden, 2013). As highlighted above, framing strategies attempt to shape policy debates by defining the nature of policy problems and the potential solutions to these (Hawkins and Holden, 2013), and is a key component of industry strategy to achieve a favourable regulatory environment (McCambridge et al., 2018). By definition, attempts to influence public understandings of policy problems are conducted in the public sphere and captured via publicly available sources (Lee and Hawkins, 2016, Freeman et al., 2015, Hawkins and Holden, 2013). Media analysis was included in the study to capture the extent to which this created favourable publicity for the alcohol industry.

Our focus is on alcohol producers (rather than retailers), their trade associations (e.g. the British Beer and Pub Association [BBPA] and the Wine and Spirit Trade Association), and SAOs such as the Portman Group (Holden et al., 2012, Holden and Hawkins, 2012, Harkins, 2010). The following

companies and multilateral bodies were included in the study:

**Producers:** Diageo, Pernod Ricard, Bacardi, AB InBev, Heineken, Molson Coors, Carlsberg, C&C.

**Trade Associations/SAOs:** BBPA, Wine and Spirits Trade Association, Scotch Whisky Association (SWA); The Portman Group.

Documents were collected via purposive searches of industry actors' online profiles, including official company websites, Facebook pages and Twitter feeds. A manual search of the official websites and Facebook pages of main producer companies, trade associations/SAOs was conducted in November 2019 in order to document the presence (or otherwise) of material relating to: a) 'Drinkaware'; and b) 'Drink Free Days Campaign'. The manual search included visual content analysis of website splash pages, homepages and any CSR pages. Search bar functions within the websites were also used where available, focusing on the key search terms 'Drinkaware' and 'Drink Free Days'. In addition, we also searched the Drinkaware website for content mentioning the DFD campaign and recorded the relevant URLs and access dates. Since websites are often updated and change over time, the *Wayback Machine*, an open-source online internet archive, was used to identify any additional material produced during the timeframe of analysis but subsequently removed. The URLs of the included producer and trade association websites were searched via the *Wayback Machine* search function for the timeframes in which the DFD campaign ran (September to November 2018 and February to March 2019). For each month, a minimum of three dates were selected randomly and checked for any mention of the DFD campaign. If a month had fewer than three dates with 'snapshots' (i.e. when webpages were archived) all available dates were checked.

We searched Twitter using the advanced search function for the hashtag '#drinkfreedays', with the date delimiter set to identify tweets after 1 August 2018 to capture the launch of the DFD campaign the following month and any subsequent activity around this. Manual visual content analysis of the search results identified any relevant content which was then captured as an image file for analysis.

To capture the presence of the DFD campaign in the media, we conducted an initial scoping search for online articles covering the DFD campaign (from September to November 2018 and February to March 2019), on the *BBC News*, *Sky News*, *The Times*, *The Telegraph*, *The Independent*, *The Guardian/Observer*, *The Mail*, *The Mirror*, *The Express*, and *The Sun* websites. We then conducted a systematic search of the LexisNexis database for further news articles using the key search terms 'Drinkaware' and 'Drink Free Days'. Records were manually screened and any relevant



content, embedded documentation or externally linked material mentioning the DFD campaign was retrieved for.

Thematic coding of the online content focused on the ways in which companies frame their activities and alcohol policy debates, both 'indirectly' via the media, as well as 'directly' via their own publications and outputs (Braun and Clarke, 2006). From this, a 'key themes' document was created summarising the findings from the documentary analysis; the principal ways in which industry engagement with the DFD campaign was framed by industry actors; and how this related to their attempts to frame alcohol policy debates and their position in the policy process, which forms the basis of the analysis presented below.

### *Semi-structured interviews*

Interviewees were provided with an information sheet in advance of the meeting and asked to give informed consent to participate in the process, to be voice recorded and to indicate how their data could be used and attributed to them in keeping with standard methodological and ethical procedures for interview-based research (Hawkins et al., 2012, Holden et al., 2012, Hawkins and Holden, 2013, Hawkins and Holden, 2014, Holden and Hawkins, 2012). Interviews lasted between 15 minutes and an hour (with most around 30 minutes).

Interview requests were sent to 53 potential respondents, identified from our stakeholder analysis (purposive sampling) and from suggestions of further potential respondents by interviewees (snowball sampling) (Hawkins and Cassidy, 2016, Brinkmann, 2013, Rubin and Rubin, 2012). A total of 36 interviews were conducted by the first and second author with local authority Directors of Public Health (DPHs) and other local authority public health representatives (n= 21), civil society organisations (n= 10), Drinkaware (n=3) and PHE (n=2). Of these, five respondents declined recording; a significantly higher number than in similar previous studies, reflecting the highly sensitive nature of the topic. 31 interviews were thus recorded and reviewed for relevance by the first author. Of these 27 were identified as containing material relevant to the study research questions and were transcribed. The other four interviews were deemed to have limited relevant information and were thus not transcribed. Their content was also identified as evidence that we had reached saturation point in data collection and had accessed all relevant and available participants. Where recording was not possible, detailed notes were taken by the interviewer. A full breakdown of interviewees is provided in Table 1. We aimed to interview at least two DPHs from each of the eight participating regions (n >16) as the South-West region was excluded from the campaign as a 'control.' The focus on local authority actors reflects the wider focus of the study from

which this article is taken, but they also provided important insights about the potential motivation for Drinkaware and its industry funders for participating in this campaign.

[Table 1 here]

The 27 transcribed interviews were analysed using NVivo10 data analysis software (Braun and Clarke, 2006). In the first instance, interview transcripts were read independently by the authors and key themes and potential codes for analysis were identified. From these separate lists, the codebook was discussed and agreed and the second author undertook the formal coding in NVivo. After the coding process interview notes from non-recorded interviews were reviewed for any differences in terms of key themes and findings and a high degree of similarity was identified. Consequently, while for practical reasons the data presented below are taken from the transcribed interviews it is representative of the wider dataset.

## **Results**

We present the analysis of the data initially in terms of the different methods and data sources before summarising the findings in the Discussion section that follows.

### *Producer Websites and Social Media Accounts*

From the analysis of industry websites and social media accounts, there was no reference to the DFD campaign identified on any of the producer websites included in the study. The SWA and BBPA carried the Drinkaware logo in the footer of their websites, but this was not related to the DFD campaign and they provided no other information about the organisation or any of its campaigns.

### *Twitter*

The Twitter search retrieved 60 tweets containing the hashtag '#drinkfreedays' from the specified time period. Among these, the most common categories included local authorities and local healthcare service providers (e.g. doctors' surgeries; n=23); followed by private individuals (n=8); Drinkaware (n=6); PHE (n=6); celebrity endorsees of the campaign (n=6); non-alcoholic beverage producers (n=4); other non-alcohol related businesses (n=4). Only one tweet was retrieved from an alcohol industry producer. Similarly, only one tweet was retrieved from a member of parliament. While the number of tweets from local authorities and service providers offers some indication about the social media imprint from their activities and the degree of prominence the campaign achieved, we did not undertake a detailed analysis of the messaging in these tweets given the focus here on industry messaging. However, we did note that the vast majority of tweets supported and

publicised the campaign, while two tweets from the private accounts of a public health researcher and an NGO actor were critical of the campaign. Tweets from Drinkaware and PHE sought to publicise the campaign, linking to their campaign websites and other materials including embedded images and references to other media event occurring in ways which would be typical of this kind of social messaging. As there was only one tweet from a company we concluded there was no systematic attempt by companies to use participation in the campaign to support their CSR strategies.

### *The Drinkaware Website*

The search for the term 'Drink Free Days' on the Drinkaware website resulted in 254 hits. Of these 254 hits, 17 of these explicitly concerned the DFD campaign and were therefore included in the analysis. In presenting the results of this analysis, we number these Drinkaware website (DAW) pages cited DAW 1-17-6. Given the high degree of similarity in the coverage of the campaign across the website entries, examples are selected from different pages which reflect the overall coverage of the campaign on the Drinkaware website.

The Drinkaware website explained that the aim of the DFD campaign was to target midlife drinkers 'aged 45-65 who are drinking routinely in the home and over the low risk drinking guidelines', who may not realise that they are doing so. Individual responsibility and behaviour change were identified as the means by which to address alcohol harms:

Incorporating Drink Free Days was found to be a positive and encouraging way for [target individuals] to change their drinking habits for the better, thereby reducing their risk of alcohol related harm (Drinkaware, 2021c).

However, the messaging repeatedly fails to mention the Chief Medical Officer (CMO)'s guidance around the maximum total volume of alcohol consumed per week (14 units) and appears to create a false dichotomy between two aspects of the guidelines which advise people both taking drink-free days and limit aggregate weekly consumption to 14 units:

Great! You've made the decision to reduce your drinking. This means you'll soon be on your way to reducing your risk of the harms associated with drinking (Drinkaware, 2021e).

It does not necessarily follow that if you abstain from alcohol on certain days that your aggregate consumption will fall or that you will be drinking safely if you continue to drink at high levels (or compensate for your periods of abstinence) on other days. This criticism of the campaign messaging

– that by focussing on drink-free days it elides out of the total consumption message – were also highlighted by interviewees (see below).

The pages examined also focused on the health benefits of cutting down alcohol consumption through the DFD campaign, including its potential effects on obesity:

Did you know that a glass of wine amounts to around the same calories as a small bar of chocolate? And that three pints of typical lager (4% ABV) have around the same calories as two cheeseburgers. Enjoying more Drink Free Days each week can help you cut back on the empty calories in alcoholic drinks, maintain a healthy weight and reduce your risks of type-2 diabetes, heart disease and several types of cancer (Drinkaware, 2021f).

While these comparisons with popular foods may be useful in highlighting the obesogenic nature of alcoholic drinks to consumers (who may otherwise underestimate the calorific content of these products) the information above may serve to underplay the specific health consequences associated with drinking. It acts to decouple the direct link between alcohol consumption and cancer (and other conditions mentioned) by introducing obesity as an intervening variable.

Furthermore, this creates a potentially misleading equivalence between drinking and eating chocolate, while the effects of each in the quantities consumed may be very different. In this framing, it is obesity rather than alcohol, which also causes cancer, while alcohol is relegated to a risk factor for obesity alongside other factors such as diet or activity levels (see below). This could be interpreted as equivocating on the health effects of alcohol by lacing these in the context of other health risk factors. As with the criticisms of the drink-free days message – that as long as you take days off you can drink safely on other days – this seems to imply that as long as you behave responsibly and look after your health in other ways you need not be concerned about your drinking.

The website also identifies specific tools to help consumers take alcohol-free days such as the DFD smartphone app. These are presented as ways for drinkers to take charge of their drinking behaviour and exercise self-control:

Top tip: Download the free Drinkaware app. It lets you pick your Drink Free Days, sends you tips and reminders to help you stick to them and tracks your achievements (Drinkaware, 2021b).

The repeated use of the second person pronoun ('you') emphasises the distinction between the product (and its producers) and the consumer and underlines where the responsibility for change lies. The role of organisations like Drinkaware is thus to facilitate individual change by the provision of information, tips and tools, which reinforces the overall policy narrative of individual responsibility.

Great emphasis is placed on the need for individuals to plan ahead, manage their non-drinking days and identify alternatives to drinking such as walking, swimming and meditation exercises:

There are plenty of healthy and relaxing activities you can try on your Drink Free Days. Here's some suggestions we think you might enjoy! (Drinkaware, 2021d).

Meditation and breathing exercises – You don't have to be a certified yogi, calming breathing techniques take just a few minutes and can be done anywhere (Drinkaware, 2021a).

These messages imply both that drink-free days are an exception to the norm and that these are hard to achieve. It normalises daily alcohol consumption and frames days off drinking as challenges to be overcome from which individuals will need distraction and/or rewards.

### *Media coverage*

In total, 88 media articles from national and local newspapers, and verbatim text from radio programmes, were identified via searches on LexisNexis and included in the analysis of the media coverage of the DFD campaign.. 54 (61.4%) of the included articles were published within 14 days of the press release announcing the campaign on 10<sup>th</sup> September 2018 (Drinkaware, 2018). 63 (71.5%) articles carried direct quotes from Drinkaware staff or associated actors (such as the organisation's Medical advisory Panel [MAP]; a panel of external public health advisors which the organisation consults on the evidentiary content of its recommendations and materials), or celebrities discussing the campaign. 26 (29.5%) of the articles carried a quote from Elaine Hindal, the Drinkaware Chief Executive. 12 (13.6%) of the articles included a reference to the level of alcohol industry funding on which Drinkaware relies; but none mentioned its historical ties to the alcohol industry via the Portman Group. 32 (36.3%) articles carried quotes from PHE officials, of which 26 (29.5%) included quotes from Duncan Selbie, the Chief Executive of PHE. Six articles (6.8%) included quotes from

academics, nine carried quotes from other public health actors outside PHE (i.e. NGO representatives such as Addaction and the British Heart Foundation), and two (2.3%) quoted the then CMO, Dame Sally Davies. Twelve (13.6%) of the articles discussed the controversy surrounding the partnership between PHE and Drinkaware. Given the strong similarities between the articles and their reliance on similar quotes from key actors in Drinkaware and PHE, the examples below reflect the content of the wider body of articles.

Media coverage of the DFD campaign highlighted the health benefits of having alcohol-free days each week. For example, Drinkaware Chief Executive Elaine Hindal said:

The more you drink, the greater the risk to your health. It's really that simple. But an increasing number of people, particularly middle-aged drinkers, are drinking in ways that are putting them at risk of serious and potentially life limiting conditions such as heart disease, liver disease and some types of cancer. That's where this campaign comes in and we're delighted to be joining forces with Public Health England for the first time to help give people that knowledge' (European Union News, 2018)[*inter alia*].

Much of the media coverage followed specific press releases from Drinkaware and carried content taken directly from this. The quote above was drawn from the Drinkaware press release cited above, which included text from Drinkaware (Elaine Hindal), PHE (Duncan Selbie) and former England footballer John Barnes, who was promoting the campaign. The quote was widely carried in the media articles referencing the DFD campaign (n=15) between 2 and 19 September 2018, with one article also printing the quote on 6 December 2018.

Drinkaware was presented in these articles as a socially responsible organisation, contributing to harm reduction by making consumers aware of the issues around heavy drinking, and supporting evidence-based policies, which help drinkers to modify their behaviour:

Evidence from behavioural science suggests that simple and easy ways of helping people to change their behaviour are the most effective, which is why Drinkaware and PHE have chosen to focus on Drink Free Days (European Union News, 2018).

In some instances, Drinkaware was identified as a public health body, obviating the need for quotations and perspectives from other public health actors to be included.

Some articles discussed low-alcohol products being developed by alcohol companies and promoted as alternatives for consumers on their drink-free days:

Heineken 0.0% [is] a potential alternative to alcoholic drinks [...]. The wider Drink Free Days campaign launched in September, and had already proved popular with consumers who are interested in taking more days off from drinking as a way of reducing their health risks from alcohol (The Grocer, 2018).

This potentially highlighted the social responsibility of companies developing less harmful products, but may also reinforce the perception, described above on the Drinkaware website, that taking days off drinking is challenging and requires bespoke substitute products to help people through. It also normalises the idea that beer is a product which is consumed daily, albeit sometimes in its alcohol-free form.

As on the Drinkaware website, the media coverage of the DFD campaign saw individual consumers as being responsible for alcohol-related harms and for addressing these. For example, three articles ran part, or all, of a quote from Drinkaware's Director of Evidence and Impact, John Larsen, of which one example is:

Research shows that an increasing number of men and women are drinking alcohol in ways that increases their risk of developing serious health problems, such as liver disease, cancer or heart disease. If you *choose* to drink, and regularly drink as much as this, then it's best to spread your drinking evenly over *three or more days*. We would also *encourage people to think about* having several drink free days a week to help them cut back and *keep the risks low* (York Press, 2018) [emphasis added].

In this quote the emphasis is on individual choice and responsibility and the health message is articulated in diluted and equivocal terms that people should 'think about' having drink-free days. It also seems to cue people to drink more by suggesting they drink on three or more days. It also presents the risk associated with taking these steps as being low rather than simply reduced in comparison to daily drinking, but it is impossible to assess this without knowing individuals' total consumption levels.

Celebrities endorsing the campaign were quoted in 25 of the articles. John Barnes, the ex-Liverpool and England footballer was particularly prominent in this regard, and his views were included in the original DA press release disseminated on 10 September 2018. His quote carried in

multiple articles used the key industry-favourable framing of individual responsibility and the health benefits of drinking less:

This is an important campaign highlighting how many of us don't realise that we are drinking in ways that could be harming our health and how we are struggling to moderate. A beer here and a glass of wine there might not seem like much but the units can add up and so too can the health risks. Having a few more days a week that are drink free is a great way of taking control of our drinking and making healthier choices for the future which is why I am supporting this fantastic campaign (European Union News, 2018) [*inter alia*].

The role of Drinkaware was presented as being to provide advice and tools to support individual behaviour change, with the ultimate responsibility for causing and thus reducing harm lying with the individual drinker not the product or the industry:

Drinkaware's website has a hub of ideas and inspiration on activities people can do on drink-free days, including taking up regular exercise, trying a new hobby and even going for something outside of your comfort zone such as outdoor swimming (Dorset Echo, 2019).

It was also publicised that 'Drinkaware Ambassadors' would be available in some supermarkets to offer advice and distribute 'factual, non-judgmental' materials to 'invite consumers to reflect on their drinking habits' (Chester and District Standard, 2019, Yorkshire Evening Post, 2019). This framing reinforces the normalisation of daily drinking highlighted above by emphasising the apparent difficulty of having drink-free days and the need for distractions and substitute activities in order to abstain.

Drinkaware was described as an 'independent charity' (York Press, 2018) which was acting 'in conjunction with Public Health England' (Press Association (East Anglia), 2018). This was reinforced by the media coverage citing medical professionals associated with Drinkaware and on their MAP (n=6). The identification of Drinkaware as a public health actor, without acknowledgement of its industry funding, had a significant effect on the coverage of the DFD campaign. Whereas journalistic norms often require balance between different perspectives on a policy event (sometimes with unintended negative consequences as in the case of climate change), the assumption that Drinkaware was an independent health charity meant articles did not seek the input of other public health actors, such as those on PHE's own Alcohol Leadership Board, who were critical of the partnership with PHE and its likely impact on public health.



Some of the media coverage focused on the controversy surrounding the partnership between an alcohol industry funded body such as Drinkaware and a public sector entity such as PHE. Responding to a letter from a range of UK public health researchers and activists published in *The Times* newspaper, Sir Leigh Lewis, Chairman of the Drinkaware Trust, contended that:

the charity did not speak for the industry. He said: 'It is saddening to see that false allegations about our independence are being used to undermine serious and genuine attempts to help people moderate their drinking' (Press Association Mediapoint, 2018)

Elsewhere, a Drinkaware spokeswoman, quoted anonymously, insisted the charity was independent and did not speak on behalf of the alcohol industry:

Our commitment to helping people make informed choices about alcohol is unswerving and to suggest otherwise is to wholly and wilfully misrepresent the charity and its aims (The Guardian, 2018).

The controversy around the partnership potentially worked in Drinkaware's favour as they were able to use the publicity to reiterate their independence and legitimacy, commitment to safe drinking and further promote their organisation:

A Drinkaware spokeswoman said: "Drinkaware is an independent charity which is not part of and does not speak on behalf of the alcohol industry. Since our inception 11 years ago, Drinkaware has provided evidence-led advice, information and support to millions of people concerned about alcohol and its harmful effects. Our website and public statements consistently promote the Chief Medical Officer's guidelines and the latest evidence and facts about alcohol and its harms. All of our output is overseen and verified by an independent medical advisory panel consisting of well-regarded and highly experienced health professionals. As well as this important campaign with Public Health England, Drinkaware works with organisations across a range of sectors from the police and Government departments to businesses in the night-time economy to promote tools, initiatives and campaigns aimed at informing the public about drinking and its harmful effects." (Mediapoint, 2018)

The news article analysed cited industry sources who reinforced their favoured policy framing that harms are limited to a minority of harmful drinkers who need help to modify their drinking behaviour and that industry partnership is key to delivering this change:

British Beer & Pub Association (BBPA) chief executive Brigid Simmonds said: BBPA welcomes the new partnership between PHE and Drinkaware to encourage those who need help to moderate their drinking habits (Morning Advertiser, 2018).

### *Interview Responses*

Quotes from interviewees on the uses, and usefulness of the campaign for industry actors are presented in Table 2 below and so are not reproduced in the text here. Civil society actors interviewed were, with one exception, highly critical of the DFD campaign and the association between Drinkaware and PHE. Drinkaware was unanimously viewed by these respondents as an industry body with insufficient separation from, or firewalls between, the organisation and its industry funders. Consequently, the DFD campaign was seen as providing favourable 'PR' for the industry (in highlighting the work done by a body funded by the industry to reduce alcohol harms). In addition, they identified that the campaign, in being co-sponsored and co-branded between Drinkaware and PHE, provided the former with vicarious credibility through its association with the latter, while having the opposite effect on PHE. Similarly, they highlighted concerns about the content of the Drinkaware website and the specific messaging this carries about alcohol-related harms in line with the analysis presented immediately above and the previous studies of Drinkaware (McCambridge et al., 2013, Petticrew et al., 2018). They felt Drinkaware messaging reflected industry-favourable narratives of individual responsibility and allowed policy makers to avoid adopting more effective policy measures. The existence of Drinkaware allowed government to cite this as evidence they were addressing alcohol-related harms and to eschew taking politically more difficult policy decisions, for example to introduce minimum unit pricing in England, or to develop a new government alcohol strategy, which were also cited as an example of inactivity in this context. Finally, concerns were raised about the level of funding provided for the campaign (and for Drinkaware more generally) by the industry with this seen as evidence that industry actors were not interested in reducing alcohol-related harm, but instead wanted to be seen to be addressing the issue without this having any meaningful impact on population-level consumption and thus sales and profits.

[Table 2 here]

One NGO actor was, however, supportive of the partnership between the organisations and was instead critical of the voices within public health who criticised PHE and the DFD campaign publicly. This, they felt, undermined the potential of the campaign to connect with consumers and for its message to hit home. In addition, they were concerned that these divisions had the effect of undermining the credibility of the public health sector more generally as it appeared unable to provide clear, unified guidance to the public. The rationale for their position was defined largely in pragmatic terms – that good policy and practice requires all stakeholders including Drinkaware to be around the table – and reflected the position adopted by the proponents group of local authority actors outlined above.

Many of the concerns raised by the civil society actors were reflected also by local government actors, particularly those identified as being opponents of the campaign. Others were less sceptical and took the stated objectives of the campaign at face value. These respondents could not see how something which stated that people should not drink on certain days would lead people to drink more and thus would not be advantageous to the industry. However, interviews also identified relatively low levels of understanding of and knowledge about alcohol harms and interventions among many local authority actors, and respondents had spent little time reflecting on how the campaign may have been politically useful to the industry. Responses to this question were often brief and prefaced by a statement that they didn't really know, hadn't considered the issue or that this would be something the industry themselves would need to comment on. This is understandable given the focus of their work and their multiple competing priorities, but is an important finding that levels of awareness about these issues is low among key actors engaged in the delivery of public health policy.

## **Discussion**

There was little evidence that industry actors sought to directly promote the DFD campaign and the role of industry funding – via their support of Drinkaware – in facilitating the campaign as a way of promoting their CSR credentials or as part of their public relations messaging. However, to limit our analysis of the uses made of the campaign to this narrow, transactional account of policy influence is inadequate. Instead, it is necessary to understand the significance of the Drinkaware/PHE campaign in light of the relevant research literature on corporate political strategy. Corporations in health-harming industries, including the alcohol industry, pursue long-term approaches to engage decision makers and to frame the terms in which policy debates are conducted and seek to shape the policy environment through the promotion of policies amenable to their business interests and the establishment and funding of arms-length organisations to deliver

these favoured policy measures directly (Hawkins and Holden, 2014, McCambridge et al., 2018). From this perspective the lack of direct engagement with the campaign by individual companies is in keeping with the strategy of presenting industry funded bodies as independent. When viewed this way, their policy interventions carry additional weight and their involvement in the policy process is less controversial. As such a clear separation between companies and arms-length bodies to which they outsource this type of policy engagement makes clear strategic sense.

The messaging around the campaign on the Drinkaware website and its wider media coverage reinforced industry favoured framings about alcohol-related harms and policy responses. Media coverage repeatedly identified Drinkaware as a public health body and carried quotes from Drinkaware actors without the voices of other public health actors concerned about the association with PHE. In addition, both sources framed alcohol-related harms and policy responses in ways in keeping with industry-favourable narratives about individual responsibility, which play down the need to reduce aggregate consumption and may even cue people to drink on more not fewer occasions. This is in keeping with previous analysis of the content of the DFD campaign, which raised concerns about the way in which the messages given to members of the public may be interpreted (Angus, 2018, Hawkins and Holden, 2013, McCambridge et al., 2018, Koon et al., 2016).

The value to the industry of initiatives like the DFD campaign is reflected in the extent to which key industry messages, including the norm of partnership, has permeated into the thinking and the responses of many interviewees from the public health sector; a finding in keeping with other recent studies of UK alcohol policy (Hawkins and McCambridge, 2019). The very existence of organisations such as Drinkaware shapes the content and direction of alcohol policy debates in ways advantageous to the alcohol industry. The reliance of alcohol health campaigns on industry funding affords alcohol companies both potential leverage over government (i.e. through the potential to withdraw funding) and a pretext for engagement with policy-makers. Secondly, the focus of current policy on Drinkaware promotes the type of targeted, consumer-focussed approaches favoured by the alcohol industry, but which are unlikely to reduce consumptions, harms or profits (Babor and al, 2010) .

The existence of Drinkaware has the effect of deflecting attention away from more effective, population-based measures such as regulation of pricing and promotion (Babor and al, 2010). It absorbs the policy bandwidth, which could be used to deliver other measures, and provides a plausible pretext for governments to eschew evidence-based policy measures and for industry actors reluctant to alter their business practices to reduce alcohol-related harms on the grounds that they are already acting via Drinkaware. From this perspective, any campaign or policy initiative which promotes Drinkaware, and confers legitimacy on it, can be seen as advantageous to the industry.

Crucially, these concerns about the effects of Drinkaware on alcohol policy debates exist independently of concerns about industry influence over the internal operations of the organisation. The content of its messaging and campaign, as examined above, and its effect on alcohol policy debates are advantageous to the industry regardless of whether this is directed by the industry or not.

### **Limitations**

Findings from interviews are limited to the themes discussed and may reflect personal views, rather than those of the institutions they represent. Sampling bias may have arisen from differences in those accepting and declining invitations to be interviewed, or referring us on to colleagues who may have had different perspectives and levels of awareness about the campaign and alcohol policy more generally.

A further potential focus for understanding industry strategy would have been to examine attempts by industry to engage directly with government actors under the pretext of the DFD campaign. However, this would have required a different methodology involving interviews with policy makers and, potentially, freedom of information requests for details of meetings between industry actors and policy makers. This would have had significant implications for the time and resources needed to complete the study. In addition, there was a strong likelihood (based on past experience) that such materials would be deemed commercially sensitive and thus not released. As such, we could not guarantee having useful data in a timely manner. We assume also that the principal benefit to industry actors, in promoting this type of intervention and framing themselves as legitimate policy actors, is best served through public interventions. Attempts to promote the campaign for these purposes can thus be captured via the data and methods set out above.

### **Conclusion**

We found limited evidence that the DFD campaign was used strategically by the industry in intentional, short-term, transactional terms. Yet the campaign was advantageous to the industry in other ways, particularly in terms of reinforcing the position of Drinkaware as a key policy actor and thus the engagement of industry-funded bodies in the alcohol policy process. Interview respondents identified the reputational advantage to Drinkaware through the association with a government health body such as PHE, which reinforced its claim to be a legitimate source of health information and a partner to government in policy delivery. The very existence of Drinkaware thus represents both an informational and a diversional advantage to the alcohol industry actors, by promoting

favourable policy narratives and deflecting attention from more effective policy interventions such as the regulation of pricing and promotional activity. Understanding the importance of these entities requires a nuanced understanding of corporate political strategy as subtle, ongoing and often imperceptible as has been advanced by alcohol scholars previously. Campaigns such as DFD which increase the prominence of Drinkaware or convey vicarious credibility on it are thus of key importance and value to the long-term strategic interest of the alcohol industry. As such, both government agencies and public health actors should exercise great caution when considering engagement with Drinkaware and other industry-associated entities.

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