



Canadian Alcohol Policy Evaluation (CAPE) Community of Practice Event Series

Event #6 – Overt and Covert Alcohol Industry Activities: Navigating the Canadian Landscape

Event Summary

Presenters: Ashley Wettlaufer, CAMH; Laura Kennedy, Nova Scotia Health; Dr. May van Schalkwyk, London School of Hygiene and Tropical Medicine; Dr. Mark Petticrew, London School of Hygiene and Tropical Medicine

Government alcohol monopolies in Canada and beyond, Ashley Wettlaufer (slides 7-17)

Monopolies are a system of government control over the retail sale or distribution of alcohol and currently exist in countries such as Canada, the US, northern Europe, and India. Studies (e.g., Sweden & Finland – see Stockwell et al. [2018](#), [2019](#)) have shown that a full government monopoly system, as opposed to a partially privatized monopoly, can substantially decrease consumption and reduce alcohol-caused deaths.

Government monopolies can mitigate alcohol harms and costs because they:

- allow fewer stores per capita
- have shorter hours of sale
- more effectively ID check for customer age
- can report to Health and Safety ministries
- have legislated ‘social responsibility’ mandates
- have mandates beyond profit-maximization
- hold a fixed inventory of products with prices defined by markups and taxes
- can enforce restrictions on marketing and promotions

Alcohol use in Canada contributed to 18,320 deaths, 105,065 hospitalizations and upwards of \$16.6 billion in costs in 2017, far outstripping tobacco, cannabis, opioids, and other drugs ([CSUCH, 2018](#)). The costs of alcohol harms also far exceeded the revenues generated by alcohol sales in every jurisdiction in Canada ([Sherk, 2020](#)). While all Canadian provinces and territories retain some government control over the distribution and/or sale of alcohol, we see a growing trend of increased privatization of government monopolies. Increases in consumption and harms have been shown in jurisdictions where this has been the case; best practice would be a return to a full government monopoly.

Best practices for government monopolies in Canadian provinces and territories:

- legislated health and safety mandate instead of ‘social responsibility’ mandate
- report to health- and safety-based ministries rather than finance (see alcohol deficit: [Sherk, 2020](#))
- restrict marketing and advertising to prevent normalization and increased consumption
- prevent industry-funded corporate social responsibility (CSR) bodies from undermining health evidence and public health policies





Canadian Alcohol Policy Evaluation (CAPE) Community of Practice Event Series

“You drink at home so they can go to work safely”: Nova Scotia case study of alcohol marketing during the pandemic, Laura Kennedy (slides 18-39)

The COVID-19 pandemic provided an ideal window of opportunity for alcohol industry-charity partnerships. A substantial relaxation of several alcohol policies and increased alcohol use occurred during this time. In this case study, a brewery in Nova Scotia released a beer called “Frontliner” dedicated to frontline health care workers. Half of the profits were to be donated to a local hospital-based health charity’s COVID-19 fund for urgently needed medical supplies.

Why the industry-charity partnership was problematic:

- It associated an organization that promotes health with a product that is a significant driver of health harms and healthcare cost.
- It was forged at a time when alcohol regulations were relaxed, and healthcare systems were stretched.
- The charity did not have any existing policies in place to guide partnership decisions.
- It was marketed on the brewery’s website and social media platforms, with use of the charity’s logo and photographs featuring healthcare staff, and posts shared widely.
- None of the posts included information about alcohol harms or potential risks related to alcohol and COVID-19 symptoms.

Local health promoters in Nova Scotia took the initiative to respond to this partnership and approach it as an opportunity for connection. The approach was guided by principles of being helpful and knowledgeable, being invited to the table and following up.

How health promoters responded:

- Engaged with leaders of the charity to start a conversation about the potential risks of industry partnership rather than providing a critique.
- Provided examples of local/national marketing policies and lessons learned from research on the control of other harmful substances (e.g., tobacco) to emphasize both the role that institutional health policy can have on influencing the health behaviours of communities and the institution’s position as a leader.
- Initiated motivational conversations with health communications staff and discussed the potential impacts of staff promoting alcohol products on public-facing social media channels.
- Indicated that institutions are encouraged by the World Health Organization to adopt policies that restrict alcohol marketing and to avoid taking funds from alcohol companies.

The health promoters’ efforts in engaging in a respectful dialogue with the hospital charity’s leaders and communications staff had a ripple effect. After the discussions, an organization-wide email from the health authority reminded health care workers that promotion of commercial products, specifically alcohol, were not permitted at any time. It was also later noted that the brewery took down all partnership logos and photos featuring staff (see commentary by [Kennedy et al, 2021](#)).





Canadian Alcohol Policy Evaluation (CAPE) Community of Practice Event Series

Corporate social responsibility and the alcohol industry, May van Schalkwyk (Slides 40-56)

Generating profit is the main purpose of private corporations, which is how they prioritize their interests. Unfortunately, this often comes at the price of public health. Through extensive corporate social responsibility (CSR) activities, harmful commodity industries such as fossil fuel, tobacco, food, and alcohol have been shown to exploit crises to appear as part of the solution and to deflect evidence that threatens to undermine their political power and corporate image. Harmful industries tend to adopt a narrow view of what is understood to be ‘socially responsible’ and have been shown to use CSR activities to build legitimacy and gain access to policymakers and other credible partners (See [van Schalkwyk, 2021](#)).

Main tenets of corporate social responsibility:

- Corporate philanthropy is restricted to activities carefully chosen by the corporation
- Funding of ‘distraction science’ or ‘red herring research’
- Support for education-based interventions
- Activities tend to place the blame on individuals and prioritise personal behaviour change
- ⇒ **Nothing that threatens the interest of the corporation**

The alcohol industry: corporate social responsibility and the risks to public health, Mark Petticrew (Slides 57-75)

The alcohol industry’s CSR bodies seek to influence and undermine policy, and ultimately generate profit to advance their agenda. They have achieved this through forming partnerships with health organizations, which allows policy substitution, promoting ineffective alternatives (i.e., information and education) via front organizations. The alcohol industry also shifts the responsibility for health harms away from industry onto individuals.

The results from an analysis of publicly available information disseminated by 27 alcohol industry and industry-funded organizations (e.g., [Drinkwise](#) in Australia, [Drinkaware](#) in the UK, [Éduc'alcool](#) in Canada – see [Petticrew et al., 2022](#)) revealed that the alcohol industry is misleading the public on cancer risk through three main strategies: denial and omission, distortion, and distraction ([Petticrew et al., 2018](#)). This is an example of “corporate pseudoscience,” where harmful commodity industries misappropriate scientific language to promote corporate aims and mislead the public. CSR bodies attempt to act as replacements for existing evidence-based public health interventions and approaches and pose a threat to public health.

Alcohol-industry strategies:

- **Denial and omission** - denies or disputes any link between alcohol and cancer, even omitting the relationship.
- **Distortion** - mentions that there is some cancer risk associated with alcohol consumption, but downplay or misrepresent the nature and extent of the risk.
- **Distraction** - focuses the discussion away from the independent effects of alcohol and instead points to a wide range of other risk factors/causes of illness.
- **The alternate causation approach** - another powerful technique employed by industries such as alcohol, tobacco, and fossil fuels to promote alternative explanations for harms related to their product.





Canadian Alcohol Policy Evaluation (CAPE) Community of Practice Event Series

How to recognize an alcohol industry argument:

- **Problem deflation:** (“binge drinking is declining; most people drink moderately”) – this is a logical fallacy – just because something is declining, does not mean it is not a serious problem
- **Peers and parents:** Strong emphasis on peer influence and parents – no mention of industry, advertising/marketing
- **Information and education:** Emphasis on the need for information and education (despite, or because of, the limited evidence of effectiveness)
- **Emphasis on drinking behaviour,** especially antisocial behaviour in young people and “responsible” or “moderate” drinking (as opposed to consumption)
- **Partnership:** “We need to work in partnership” (with local councils, government, police, schools, health organisations) – policy substitution
- **Emphasis on complex nature of the problem,** need for local solutions: “It is a complex problem; we don’t need simple, one-size-fits all solutions; we need culturally appropriate, locally tailored solutions” – this argument is tailored to help reject population-based regulatory measures (minimum unit pricing, advertising restrictions, etc.)

-Petticrew, slide 74

Funding and Support

The Canadian Alcohol Policy Evaluation (CAPE) team gratefully acknowledges funding and support from: the Public Health Agency of Canada (PHAC), Health Canada’s Substance Use and Addictions Program (SUAP), the Social Sciences and Humanities Research Council (SSHRC), the Health Ethics, Law and Policy (HELP) Lab at Western University, and several dedicated knowledge users and government stakeholders. *Please note that the views and opinions expressed in this document are those of the presenters alone, and do not necessarily represent those of our funders.*

Questions or comments? Feel free to contact us at: CAPECoPCoord@uvic.ca or visit the CAPE Community of Practice website <www.alcoholpolicy.cisur.ca>



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