

# Industry influence over global alcohol policies via the World Trade Organization: a qualitative analysis of discussions on alcohol health warning labelling, 2010–19



Pepita Barlow, Deborah Gleeson, Paula O'Brien, Ronald Labonte



## Summary

**Background** Accelerating progress to implement effective alcohol policies is necessary to achieve multiple targets within the WHO global strategy to reduce the harmful use of alcohol and the Sustainable Development Goals. However, the alcohol industry's role in shaping alcohol policy through international avenues, such as trade fora, is poorly understood. We investigate whether the World Trade Organization (WTO) is a forum for alcohol industry influence over alcohol policy.

**Methods** In this qualitative analysis, we studied discussions on alcohol health warning labelling policies that occurred at the WTO's Technical Barriers to Trade (TBT) Committee meetings. Using the WTO Documents Online archive, we searched the written minutes of all TBT Committee meetings available from Jan 1, 1995, to Dec 31, 2019, to identify minutes and referenced documents pertaining to discussions on health warning labelling policies. We specifically sought WTO member statements on health warning labelling policies. We identified instances in which WTO member representatives indicated that their statements represented industry. We further developed and applied a taxonomy of industry rhetoric to identify whether WTO member statements advanced arguments made by industry in domestic forums.

**Findings** Among 83 documents, comprising TBT Committee minutes, notifications to the WTO of the policy proposal, and written comments by WTO members, WTO members made 212 statements (between March 24, 2010, and Nov 15, 2019) on ten alcohol labelling policies proposed by Thailand, Kenya, the Dominican Republic, Israel, Turkey, Mexico, India, South Africa, Ireland, and South Korea. WTO members stated that their claims represented industry in seven (3·3%) of 212 statements, and 117 (55·2%) statements featured industry arguments. Member statements featured many arguments used by industry in domestic policy forums to stall alcohol policy. Arguments focused on downscaling and reframing the nature and causes of alcohol-related problems, promoting alternative policies such as information campaigns, promoting industry partnerships, questioning the evidence, and emphasising manufacturing and wider economic costs and harms.

**Interpretation** WTO discussions at TBT Committee meetings on alcohol health warnings advanced arguments used by the alcohol industry in domestic settings to prevent potentially effective alcohol policies. WTO members appeared to be influenced by alcohol industry interests, although only a minority of challenges explicitly referenced industry demands. Increased transparency about vested interests might be needed to overcome industry influence.

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## Introduction

Alcohol consumption is a substantial and growing contributor to ill health and premature mortality worldwide. The WHO global status report on alcohol and health 2018 estimated that alcohol was responsible for 13·5% of global deaths in people aged 20–39 years, and for 3 million (5·3%) deaths across all age groups in 2016.<sup>1</sup> National governments have made commitments to reduce alcohol-related harms, including in the WHO global strategy to reduce the harmful use of alcohol 2010<sup>2</sup> and the 2030 Sustainable Development Goals. Further progress is being made through the development of the WHO global alcohol action plan.<sup>3</sup> Alcohol control policies at the national level are

necessary to realise these goals and, to accelerate progress, barriers to effective intervention should be identified and overcome.<sup>4</sup>

The alcohol industry, including producers, importers, wholesalers, marketers, retailers, and trade associations, might have a major role in stalling effective policy development and implementation using tactics similar to those used by the tobacco and food industries.<sup>5,6</sup> These tactics include lobbying against effective interventions, arguing that they are unnecessary or too costly, promoting industry as a partner in harm reduction, and stating that information campaigns are more appropriate and effective than population-level interventions such as taxation and marketing restrictions.<sup>7,8</sup> To justify these

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Department of Health Policy, London School of Economics and Political Science, London, UK (P Barlow PhD); School of Psychology and Public Health, La Trobe University, Bundoora, VIC, Australia (D Gleeson PhD); Melbourne Law School, University of Melbourne, Carlton, VIC, Australia (P O'Brien PhD); School of Epidemiology and Public Health, University of Ottawa, Ottawa, ON, Canada (Prof R Labonte PhD)

Correspondence to: Dr Pepita Barlow, Department of Health Policy, London School of Economics and Political Science, London WC2A 2AE, UK [p.barlow@lse.ac.uk](mailto:p.barlow@lse.ac.uk)

### Research in context

#### Evidence before this study

We identified existing studies of alcohol industry influence on policy making by referring to a systematic review on this topic by McCambridge and colleagues (2019). We further searched PubMed and Google Scholar on Aug 1, 2020, for additional empirical studies on the same topic using the terms “alcohol”, “policy”, and “corporate strategy”. Existing empirical studies have identified diverse attempts by alcohol industry to influence policy making in domestic settings, primarily within high-income countries, for example by lobbying against potentially effective interventions, casting doubt about the harms of alcohol use and the efficacy of different interventions, and emphasising benefits of moderate consumption. We did not identify any empirical studies examining whether and how trade institutions, including the World Trade Organization (WTO), are forums for alcohol industry influence.

#### Added value of this study

We examined the alcohol industry’s potential influence on alcohol policy debates at the WTO’s Technical Barriers to Trade (TBT) Committee meetings. We focused specifically on discussions on novel alcohol health warning labelling policies. WTO members made 212 statements about these policy proposals during 57 discussions, between March 24, 2010, and Nov 15, 2019. WTO members expressly stated that their claims represented industry in seven (3.3%) statements. We

further found that industry arguments, commonly used to oppose effective alcohol control policies in domestic settings, featured in 117 (55.2%) WTO member statements. For example, WTO members claimed that the policies were unnecessary, costly for industry, and an administrative burden for industry, and that alternative, less costly and less trade-restrictive policies should be adopted. Members questioned the evidence used to develop the policies, and claimed that the measures were scientifically inaccurate. These claims were raised alongside statements that framed alcohol-related harms as arising from excessive or problem drinking, whereas moderate or responsible drinking was deemed unharmed and even healthy.

#### Implications of all the available evidence

These findings indicate that WTO discussions are a forum for alcohol industry influence over alcohol policy. Several actions might be necessary to accelerate progress towards reductions in alcohol-related harms. There is a need for WTO members to be more transparent and acknowledge industry input to the positions they advance at the TBT Committee; and public health departments and WHO need to be given timely opportunities to speak to government officials about the positions taken by government in the WTO. Health and trade policy officials should also be adequately equipped to counteract industry pressure within this forum.

policy positions, industry seeks to shape political, scientific, and public discussions in ways that legitimise policies that serve its interests and delegitimise those it contests. This outcome is achieved by casting doubt about the harms of alcohol use and the efficacy of different interventions, citing the benefits of moderate consumption, challenging the legality of measures, and focusing on harms to specific subpopulations only, such as youth or drink drivers. These discursive strategies are apparent in industry-funded research, policy reports, and consultation submissions, and constitute an important tool of industry influence and power.<sup>9</sup>

Despite recognition of this industry influence, empirical research on the alcohol industry’s influence at the global level remains sparse with few published studies available.<sup>10–12</sup> Most research instead focuses on the exertion of influence within nation states, primarily in high-income countries.<sup>4,7</sup> However, in the current era of globalisation, corporations have a strong incentive to extend their influence at the global level. They have expanded their profit base to new foreign jurisdictions as growth in existing domestic markets stagnates.<sup>13</sup> For example, in 2019, Anheuser-Busch InBev, the world’s largest alcohol beverage company, sold its products in more than 150 countries, and derived approximately 60% of its revenue from emerging

markets including Argentina, Colombia, Ecuador, and South Africa.<sup>14</sup>

One possible tool of industry influence at the global level is the use of international trade agreements to oppose domestic health policies.<sup>15</sup> These agreements are designed to promote trade and investment, and contain rules intended to reduce the cost of transactions and create a fair, predictable trading environment.<sup>16</sup> Trade rules operate as political and legal determinants of health and can affect health in many different ways, for example by increasing consumption of health-damaging commodities, or by reducing poverty-related illnesses, such as child mortality, provided economic gains from trade are widespread.<sup>17–20</sup> Importantly, trade agreements can serve industry interests when industry directly appeals to the rules to stall policy progress, and when the rules are cited by state representatives in a challenge to a policy in a manner that benefits industry.<sup>21</sup> Such challenges to alcohol policies might occur at the alcohol industry’s request, as previous research indicates that the tobacco, food, and pharmaceutical industries have lobbied national governments to contest health policies in trade fora, such as the World Trade Organization’s (WTO) Technical Barriers to Trade (TBT) Committee meetings.<sup>22–24</sup> States might delay, modify, or abandon policies in response to such challenges due to fears of a

protracted and costly legal dispute if the issue escalates further.<sup>25</sup>

WTO agreements have been influential in domestic health policy, particularly the Agreement on TBT which prohibits “unnecessary obstacles to international trade” created by domestic technical regulations and standards.<sup>26</sup> The Agreement further prohibits discrimination when, for example, WTO member states apply more stringent rules on products imported from one country over another, or on imported products as compared with those produced domestically.

Statements made at the TBT Committee meetings typically feature requests for information and queries about a policy’s consistency with TBT rules.<sup>24</sup> Although these statements and the specific claims raised to explain why a policy is inconsistent with the rules might originate from an industry request, there is no obligation to disclose their genesis. Committee discussions take place triannually among WTO member representatives (164 countries and the EU) in Geneva, Switzerland, and have a diplomatic tone.<sup>26</sup> The Committee is a subsidiary body of the WTO’s Council for Trade in Goods. In general, only WTO members participate in TBT Committee meetings, although intergovernmental organisations (such as WHO) are sometimes present. WHO has observer status at the Committee meetings through the WHO and UN Food and Agriculture Organization’s joint Codex Alimentarius Commission.

Multiple policies are discussed at each TBT Committee meeting, and policies are often discussed at multiple meetings. The reoccurrence of discussions on a member’s proposal suggests a level of concern and contentiousness surrounding the policy.<sup>27</sup> Concerns which cannot be resolved in the Committee meeting might be escalated to a formal dispute settlement within the WTO, but most issues are addressed, and policies are often changed, without such escalation.<sup>22</sup> Thus, the Committee is an important forum of influence on state domestic policies.

In this Article, we investigate whether the TBT Committee has served as a forum for the airing of industry arguments against policies designed to address alcohol-related harms. We focus specifically on proposals for labelling policies around alcohol health warnings with the aim of “providing consumer information about, and labelling alcoholic beverages to indicate, the harm related to alcohol”.<sup>2</sup> These policies are recommended by WHO, are within the remit of TBT rules, and have been challenged increasingly frequently at the TBT Committee meetings.<sup>28</sup> We examine whether, and which, alcohol industry arguments proposed in domestic forums were reproduced in the arguments made by national government representatives in the TBT Committee, and the extent to which these arguments were expressly attributed to the alcohol industry.

## Methods

### Data collection

In this qualitative analysis, we studied discussions on labelling policies regarding alcohol health warnings that took place at TBT Committee meetings. Using the WTO Documents Online archive, we searched the written minutes of all Committee meetings that were available since Jan 1, 1995, when the WTO was established, to Dec 31 2019, when we collected data. We identified all TBT Committee minutes and policy documentation referenced in the minutes (ie, notifications to the WTO of the policy proposal and written comments by WTO member representatives) pertaining to discussions on health warning labelling policies. We provide further details on how we searched the meeting minutes in the appendix (p 1).

### Data coding

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

We provide further details on how we identified industry arguments and the final taxonomy in the appendix (pp 6, 8–11). Briefly, we combined a systematic review of alcohol industry involvement in policy making by McCambridge and colleagues<sup>7</sup> with additional literature to create a list of industry arguments against potentially effective interventions. Additional literature was identified from the bibliography of McCambridge et al,<sup>7</sup> with updated searches for more recent papers that made reference to papers in the bibliography of McCambridge et al or to the McCambridge et al review itself (appendix p 6). We grouped industry arguments into two overarching categories: 1) policy positions, relating to alcohol industry arguments regarding policies and how they should be developed and enforced; 2) discursive strategies, relating to how the policy issue, its causes, and consequences were described, and other statements concerning the appropriateness of the policy or need for reform. We then created subcategories within these. In all cases, we further examined how these industry arguments were used to raise concerns about

For the **WTO Documents Online** archive see <https://docsonline.wto.org/>

See Online for appendix

whether a policy measure was consistent with Article 2.2 of the TBT Agreement, which requires members to ensure their regulations do not create “unnecessary obstacles to international trade”.<sup>26</sup> Article 2.2 analysis covers: contribution of a measure to the achievements of a state’s legitimate health objectives; impacts on trade of the measure; and availability of an alternative measure which would make an equal contribution to the achievement of the party’s objectives, taking into account the risks that non-fulfilment of the objectives would create, but which is less trade restrictive than the proposed measure.

Two authors (PB and DG) independently coded a sample of documents (n=5). The authors compared their coding and discussed inconsistencies. One author (PB) then recoded the sample and a second author (DG) verified the recoded sample. Finally, one author (PB) coded all other documents. We grouped coded statements into the underlying themes of policy positions and discursive strategies, and subcategories within these, using the taxonomy we had developed a priori, and cross-tabulated these to identify the most common arguments, examples of which are quoted in this paper. Coding was performed in NVivo 12. Summary figures were created with RStudio (version 1.3).

**Role of the funding source**

There was no funding source for this study.

**Results**

We identified 83 documents pertaining to discussions on ten health warning labelling policies proposed by Thailand (year first challenged: 2010), Kenya (2011), the Dominican Republic (2012), Israel (2012), Turkey (2013), Mexico (2014), India (2016), South Africa (2016), Ireland (2016), and South Korea (2016; table 1). A summary of each policy is provided in the appendix (pp 2–5). The first policy was discussed on March 24–25, 2010, and the final discussion occurred on Nov 12–15, 2019. Across the 83 documents, 212 WTO member statements about the ten policies were available.

We summarised TBT Committee discussions on the ten alcohol health warning labelling policies (figures 1 and 2). Seven of ten policies were discussed during more than one meeting, and the median number of meetings at which each policy was discussed was four (range 1–12; figure 2). Discussions intensified between 2016 and 2019, and all discussions in this period were about the Indian, Irish, and South Korean policies (figure 2). 57 discussions about the ten policies occurred. Among the 212 statements of WTO member representatives, many were made by large, high-income members, most commonly the EU (n=37 statements), USA (n=34), and New Zealand (n=20), and by some LMIC members, including Mexico (n=28), Chile (n=15), and Argentina (n=13; figure 1, appendix p 20).

We identified seven (3·3%) of 212 statements in which members stated that their comments reflected concerns

For the NVivo 12 software see <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>

	WTO documentation reference
Thailand: criteria, procedures and requirements for alcohol beverage packages or pictorial labels/warning statements on local or imported alcohol beverages (2010)*	G/TBT/N/THA/332, G/TBT/N/THA/332/Add.1, G/TBT/M/50, G/TBT/M/51, G/TBT/M/52, G/TBT/M/53, G/TBT/M/54, G/TBT/M/55, G/TBT/M/56, G/TBT/W/408, G/TBT/W/431
Kenya: alcoholic drinks control (licensing) regulations, 2010 (2011)*	G/TBT/N/KEN/282, G/TBT/N/KEN/282/Rev.1, G/TBT/M/54, G/TBT/M/55, G/TBT/M/56, G/TBT/M/57, G/TBT/M/61, G/TBT/M/62
Dominican Republic: categorisation of alcoholic beverages (including labelling requirements) (2012)*	G/TBT/N/DOM/143, G/TBT/N/DOM/143/Add.1, G/TBT/M/56
Israel: restriction on advertising and marketing of alcoholic beverages (2012)*	G/TBT/N/ISR/609, G/TBT/M/58, G/TBT/M/59, G/TBT/M/60, G/TBT/M/61
Turkey: draft communiqué on warning messages placed on containers of principles concerning domestic and foreign trading of alcohol and alcoholic beverages (2013)*	G/TBT/N/TUR/41, G/TBT/N/TUR/41/Add.1, G/TBT/N/TUR/42, G/TBT/N/TUR/42/Add.1, G/TBT/M/61, G/TBT/M/62
Mexico: draft Mexican Official Standard: alcoholic beverages health specifications (2014)*	G/TBT/N/MEX/254, G/TBT/M/64
India: draft food safety and standards regulations (2016)*	G/TBT/N/IND/51, G/TBT/M/68, G/TBT/M/69, G/TBT/M/70, G/TBT/M/71, G/TBT/M/72, G/TBT/M/73, G/TBT/M/74, G/TBT/M/75, G/TBT/M/76, G/TBT/M/77, G/TBT/M/78, G/TBT/M/79, G/TBT/W/495
South Africa: amendment to regulations relating to health messages on container labels of alcoholic beverages (2016)*	G/TBT/N/ZAF/48/Rev.1, G/TBT/M/68
Ireland: public health (alcohol) bill 2015 (2016)*	G/TBT/N/IRL/2, G/TBT/M/70, G/TBT/M/71, G/TBT/M/72, G/TBT/M/73, G/TBT/M/74, G/TBT/M/75, G/TBT/M/76, G/TBT/M/77, G/TBT/M/78, G/TBT/M/79, G/TBT/W/495
South Korea: amendment of the notifications on warning messages on smoking and drinking (2016)*	G/TBT/N/KOR/664, G/TBT/M/70, G/TBT/M/71, G/TBT/M/72, G/TBT/M/73, G/TBT/M/74, G/TBT/M/78, G/TBT/M/79, G/TBT/W/504

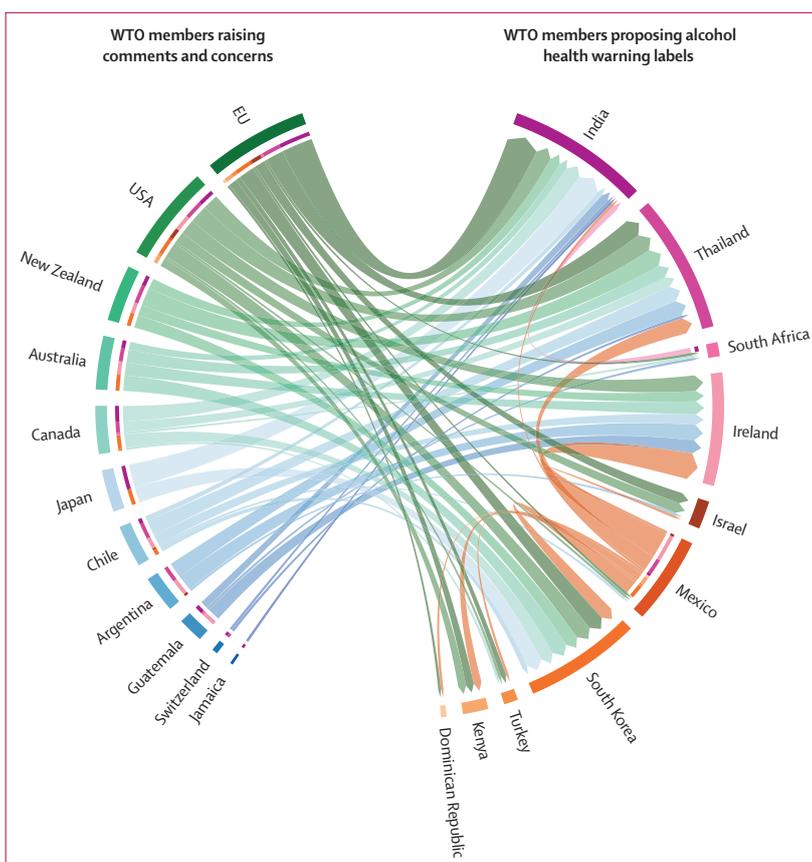
Document references refer to WTO identification numbers. All documents are publicly available and can be downloaded from the WTO Documents Online archive. If multiple policies were mentioned in a single WTO Document, each mention was treated as a different document for our analysis, creating 83 distinct documents in total. WTO=World Trade Organization. \*Years in parentheses show years the policies were first discussed at the WTO Technical Barriers to Trade Committee.

**Table 1: WTO members, domestic policies, and associated WTO documents included in the analysis**

raised by industry. Canada (n=1), Mexico (n=3), and the USA (n=3) all made such statements. For example, when commenting on Thailand's policy measure, a US representative stated that "The US industry had informed the United States trade representative that the requirement... would be extremely difficult for suppliers to manage and very disruptive to the production process" (WTO documentation reference G/TBT/M/51). A Mexican representative also "expressed concern raised by domestic industry about two of the warning messages" when commenting on the South Korean labelling measure (G/TBT/M/70).

Our novel taxonomy consisted of eight broad categories of policy positions and nine broad categories of discursive strategies used by the alcohol industry in domestic forums; the appendix (pp 8–11) describes these in detail and outlines further subcategories within each broad category. We identified 117 (55.2%) WTO member statements which featured one or more of these industry policy positions and discursive strategies (table 2; appendix pp 10–15). Many arguments could be related to Article 2.2 of the TBT Agreement (figure 3). One example was the common claim that measures were more restrictive than necessary (n=39 statements), such as when New Zealand commented that Thailand's "proposed labelling requirements were unnecessarily trade restrictive" (New Zealand to Thailand, G/TBT/M/50). The remaining 95 statements (44.8%) did not contain comments similar to the policy positions and discursive strategies used by the alcohol industry in domestic forums, and were raised by diverse country officials (WTO member representatives).

Arguments raised by the alcohol industry in domestic policy settings were echoed in the practice of WTO members questioning the evidence behind the policy decisions and promoting the ideal of science-based policy (n=46 statements). Such arguments were commonly used at the WTO meetings to discuss whether and how a measure contributes to achieving a member's objective, which often led to questions around evidence quality. The specific arguments used when making this claim featured common refrains from industry. In relation to warning messages to be used on labelling, we found calls for access to the evidence that was used in developing the warning messages (eg, USA to India, G/TBT/M/79) or to the evidence for the decision to implement the policy (Mexico to Kenya, G/TBT/M/54), implicitly questioning the evidence base. Members also made general statements calling on other member states to ensure policies "would reflect scientific consensus" on the harms from alcohol consumption (Australia to South Korea, G/TBT/M/70). Additionally, members explicitly questioned the scientific basis of the warning messages, for example stating that there was "no scientific evidence" to support the claim that "alcohol is carcinogenic" (Mexico to South Korea, G/TBT/M/70).

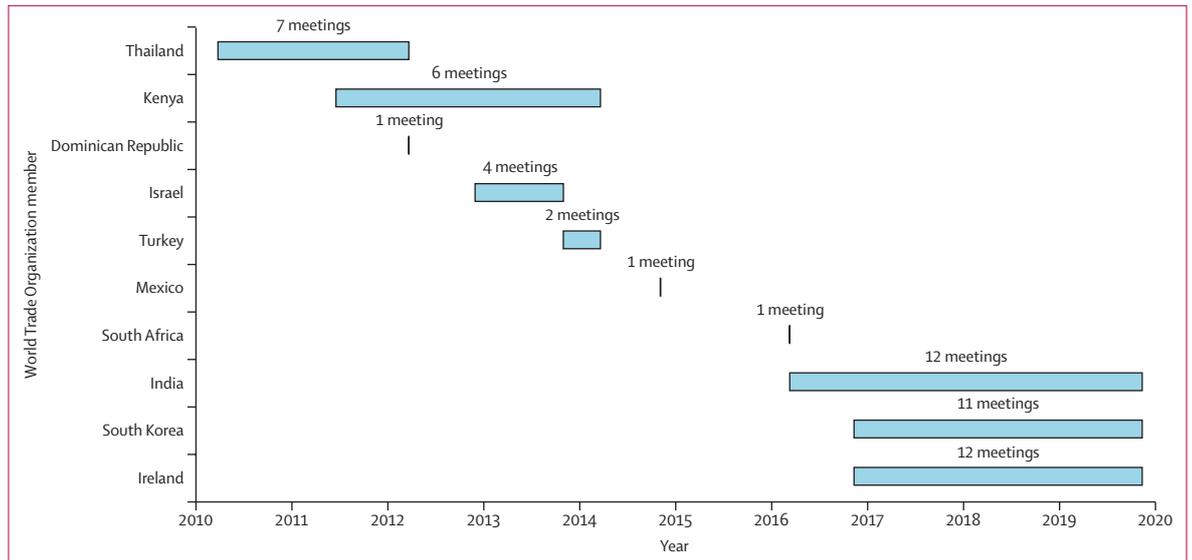


**Figure 1: WTO members raising or subject to discussions on health warning labelling proposals at the TBT Committee meetings, 2010–19**

Arrows indicate statements raised by a member (left) to the corresponding member to whom the statement was directed (right). Arrow width corresponds to the number of statements raised. Mexico and South Africa proposed health warning labels and also raised comments and concerns at the TBT Committee, therefore there are arrows both to and from these countries. Further details on features of the discussions are provided in the appendix (p 16). WTO=World Trade Organization. TBT=Technical Barriers to Trade.

We identified multiple instances in which WTO members' arguments resembled industry's common position in domestic contexts that the interventions are an undue impost on manufacturers and the economy (n=57 statements). Although the trade impacts of a measure are part of assessing Article 2.2 of the TBT Agreement, members used specific claims that industry had raised elsewhere to elaborate on these costs. They stressed the negative impacts of the policies for businesses due, for example, to "the cost involved in developing bespoke labels" (Australia to Ireland, G/TBT/M/75).

The tactic of proposing alternative policies, including those that do not directly regulate alcohol products (eg, information and education campaigns), was common of the alcohol industry in domestic policy forums. It was also common at WTO meetings (n=15 statements). Finding suitable alternatives is part of the test for whether a measure is inconsistent with Article 2.2. To expand on this argument, WTO members stated that "other, less trade-restrictive means" could be pursued (USA to South



**Figure 2: Timing and number of discussions on alcohol health warning labelling proposals at the TBT Committee meetings, 2010–19**

A total of 30 meetings occurred between March, 2010, and November, 2019. At least one labelling policy was discussed at 25 (83.3%) of these meetings. Further details on features of the discussions are provided in the appendix (p 16). TBT=Technical Barriers to Trade.

Korea, G/TBT/M/78), or that the objectives could even “be better achieved” by alternative strategies (EU to Turkey, G/TBT/M/61). The measures proposed as alternatives in the TBT Committee meetings were also consistent with those that industry has proposed elsewhere. WTO members called for targeted “initiatives to reduce drinking and driving” (USA to South Korea, G/TBT/M/78). WTO members also promoted information and awareness campaigns, for instance, when the EU urged Kenya “to reconsider” its proposed measure because “Education and information activities seemed to be appropriate means to address the public health objective pursued” (EU to Kenya, G/TBT/M/54). Mexico similarly stated that Ireland could use “campaigns to raise awareness of the harmful effects on health caused by the excessive consumption of alcohol” (Mexico to Ireland, G/TBT/M/71).

When discussing alternative policies, WTO members made arguments that industry has used in domestic debates to deflect attention, descale or minimise the issue, and reframe alcohol-related problems (n=46 statements). One common argument in the TBT Committee meetings concerned the harms from different levels of alcohol consumption, whereby moderate or responsible drinking was deemed unharmed and even healthy, whereas excessive drinking or consumers referred to as problem drinkers were the primary problem. For example, these frames featured in the EU statement, “it was excessive consumption—not any consumption—that posed a risk to consumer health” (EU to Turkey, G/TBT/M/61), and in a complaint that a warning label required generic messages “without distinguishing between abusive and harmful consumption on the one hand and responsible consumption on the other” (Argentina to Ireland, G/TBT/M/74).

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

WTO members also promoted the idea that, instead of adopting the proposed measure, industry should be a partner in alcohol harm reduction and help government to identify alternatives (n=8 statements), which industry has often proposed in domestic settings. The USA, for example, stated that it “supported several public–private partnership initiatives related to combating the harmful use of alcohol” (USA to South Korea, G/TBT/M/87). Mexico also requested South Korea to hold “a video conference with the South Korean authorities responsible for the measure, in order to clarify the nature of the scientific and technical information considered in connection with its implementation and to examine industry’s arguments concerning existing scientific literature” (Mexico to South Korea, G/TBT/M/70).

## Discussion

Our analysis found that discussions on ten alcohol health warning labelling policies at TBT Committee meetings of the WTO, during 2010–19, featured

arguments that are regularly advanced by industry in domestic settings to prevent potentially effective alcohol policy implementation. However, WTO members stated that their claims represented industry in just seven (3.3%) of 212 statements, whereas we found that 117 (55.2%) statements were similar to the policy positions and discursive strategies used by the alcohol industry in domestic policy forums.

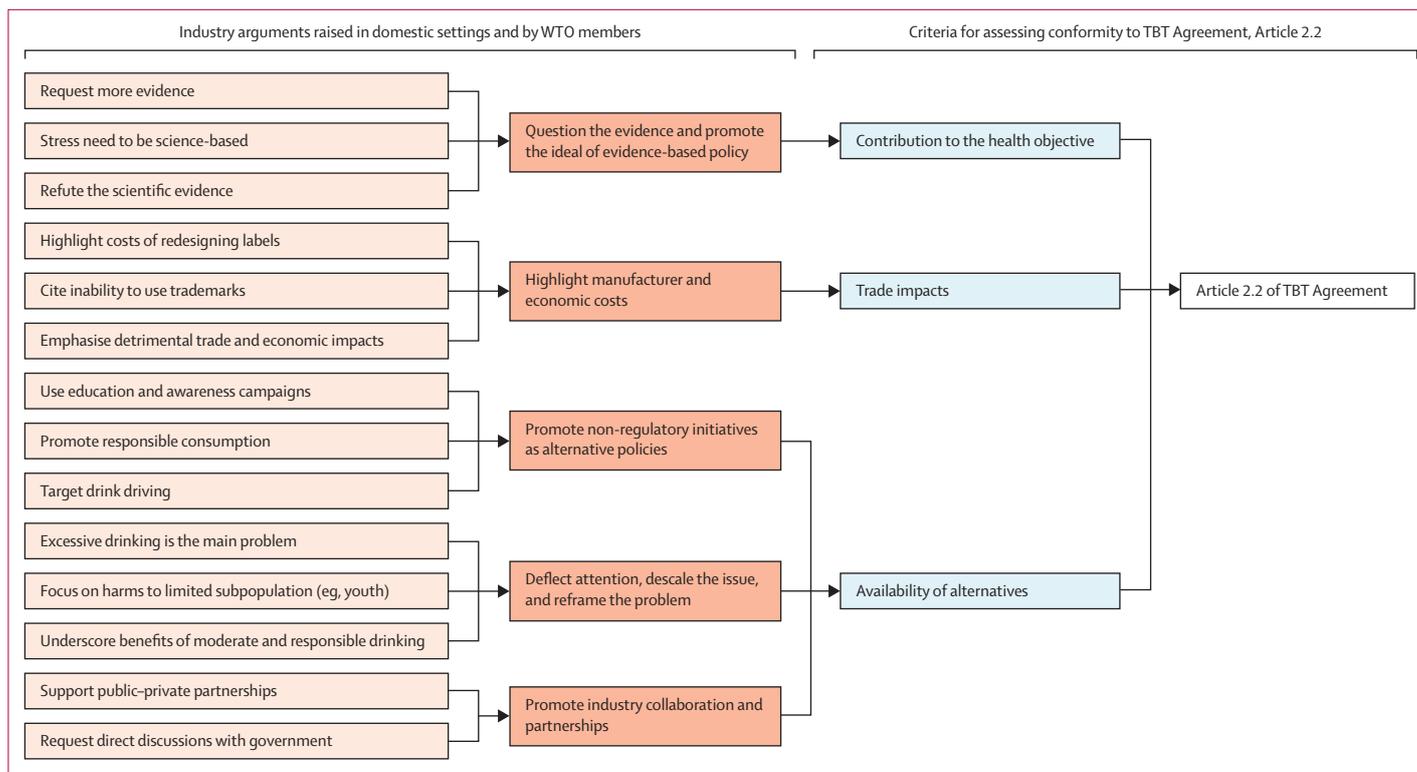
Specifically, we identified instances in which WTO members claimed that the policies were unnecessary, costly for manufacturers and the economy, and an administrative burden for industry, and that alternative, less costly and less trade-restrictive policies should be adopted. Members questioned the evidence used to develop the policies, promoted the ideal of evidence-based policy, and claimed that the measures were scientifically inaccurate. These claims were raised alongside statements that deflected attention, descaled or minimised the problem, and reframed the issue in ways that downplayed the need for policy intervention. For example, alcohol-related harms were described as arising from excessive or problem drinking, or as only applying to a specific set of conditions (such as drink driving or during pregnancy), whereas moderate or responsible drinking was deemed unharmed and even healthy. Members subsequently advanced alternative, non-regulatory, and targeted approaches for alcohol harm reduction, such as information and awareness campaigns (as opposed to the population-wide labelling approach being proposed), and promoted industry as a partner in the development of these policies. These arguments are all similar to those repeatedly used by industry to counter potentially effective policies and disseminate doubt about the harms of alcohol consumption and the efficacy of proposed interventions in domestic settings.<sup>6-8</sup>

Although member positions at the WTO are influenced by a range of matters other than industry interventions, our qualitative analysis provides evidence that the TBT Committee discussions serve industry interests and might also be directly or indirectly influenced by the alcohol industry through three avenues. First, the influence of industry can be direct when the member receives a submission from, or engages in discussion with, domestic industry about its position and the member repeats the industry position in the Committee, as identified in seven statements. Second, influence might be indirect, with no discussions between the WTO member and industry about the specific measure. However, the industry's arguments made in domestic policy settings on other occasions might feature because alcohol advertising, paid newspaper articles, paid research, and publicity on the health benefits of alcohol might influence the government's stance on the issue. Third, WTO members might question alcohol-labelling policies as a result of a proliberalisation ideology and a desire to promote national economic interests, which often coincide with alcohol industry interests.<sup>24,29</sup> Furthermore, the TBT Agreement

	Number of policies discussed	Number of coded statements (n=212)
<b>Policy positions</b>		
Promote targeted strategies	7	16 (7.5%)
Oppose whole-of-population approach as a basis to argue for alternative strategies	5	19 (9.0%)
Promote voluntary/self-regulation	0	0
Promote industry collaboration in policy development process	3	8 (3.8%)
Promote better enforcement of existing laws	0	0
Promote non-regulatory initiatives including public information and educational programmes	4	15 (7.1%)
Promote the ideal of evidence-based policy	1	4 (1.9%)
Promote actions outside corporations' area of expertise	0	0
<b>Discursive strategies</b>		
Deflect attention and descale and reframe the problem in ways that downplay the need for policy intervention	7	46 (21.7%)
Contest the necessity and highlight the redundancy of proposed measures	7	39 (18.4%)
Shift the focus on issues needing change away from alcohol consumption, sales, and marketing towards other issues (eg, drinking culture)	0	0
Challenge the legality of policies with respect to trademarks and intellectual property	3	3 (1.4%)
Emphasise the trustworthiness, responsibility, and importance of industry	0	0
Discredit public health actors' trustworthiness and scientific authority	0	0
Highlight negative (unintended) consequences of proposed regulation for manufacturers and the economy	8	57 (26.9%)
Highlight negative health consequences	0	0
Question evidence of causes of alcohol-related harms and impact of policies	9	42 (19.8%)
The percentage reported refers to the proportion of the 212 statements which contained the argument described in each row, not the percentage of all coded arguments which used a given argument. Some statements contained multiple industry arguments.		
<b>Table 2: Taxonomy of alcohol industry policy positions and discursive strategies and number of statements reflecting them in Technical Barriers to Trade Committee meetings</b>		

acknowledges the protection of public health as a legitimate policy objective, yet the focus of discussions at the Committee meetings is on raising concerns about proposed measures and their potential inconsistencies with the Agreement. This environment might encourage the prioritisation of trade over health interests.

Our findings suggest that the WTO discussions are influenced to some extent by the alcohol industry, and potentially give the alcohol industry a means of influence over the domestic alcohol policies of other countries. This influence via the WTO might delay or undermine policy. The echoing of industry arguments at the TBT Committee



**Figure 3: Relationship between WTO members’ industry-aligned arguments and criteria used to assess conformity to the TBT Agreement**

Statements in light orange boxes summarise examples of WTO member statements made in TBT meetings; themes in dark orange boxes are strategies included in our taxonomy. Some of the themes listed in table 2 are not clearly relatable to Article 2.2 and thus are not included here. Themes have been merged and abbreviated from the taxonomy where appropriate for visual presentation. WTO=World Trade Organization. TBT=Technical Barriers to Trade.

by WTO members might also reinforce the perceived validity of arguments raised by industry in domestic settings, further strengthening industry influence.

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

As with other health harming industries, our findings raise concerns about the influence (direct or indirect) that vested commercial interests can exert at the WTO and suggest this influence needs to be addressed to accelerate global alcohol policy implementation. Occasionally, connections between the position of WTO members and industry concerns were made explicit in member statements. However, in most cases we found no explicit connection, and only with the methods in this study were we able to identify the apparent raising of industry arguments.

Our findings have important implications for policy makers seeking to address the growing global burden of illness and mortality associated with alcohol consumption, and related targets, within the WHO

global alcohol strategy and Sustainable Development Goals. Curbing direct or indirect industry influence on the positions and arguments raised by WTO members at the TBT Committee appears necessary to accelerate progress towards these targets. At minimum, WTO members need to ensure there is increased transparency about if, and when, vested interests are being represented at the TBT Committee meetings, with proper acknowledgment of industry input. Our findings also suggest a need for government public health departments and other domestic stakeholders to be given timely opportunities to comment on WTO member positions, and for WTO members to justify the positions taken at the WTO TBT Committee to domestic stakeholders. Increased involvement of WHO in alcohol policy discussions at the TBT Committee would also assist in counterbalancing industry influence, as was the case with the TBT Committee discussions about plain packaging of tobacco.<sup>30</sup>

Both trade and health policy officials will also need to ensure they have access to the resources and knowledge necessary to identify and mitigate industry pressures in this forum. A government health department might not be consulted by the trade department in the formulation of a country’s position on another WTO member’s proposed alcohol policy measures. This disjuncture

between government departments is important to remediate. The UN and WHO also have an important role in fostering dialogue between trade and health sectors.

Public health researchers and trade policy analysts should continue to ensure that new trade liberalisation rules do not create negative health, social, or environmental externalities, including rules in draft plurilateral agreements scheduled for discussion at the forthcoming 12th WTO Ministerial Conference and in new bilateral or regional free trade agreements.

In summary, our analysis shows that WTO discussions at TBT Committee meetings on alcohol health warnings advanced arguments used by the alcohol industry in domestic settings to prevent potentially effective alcohol policies. Although WTO members appeared to be influenced by alcohol industry interests, only a minority of challenges explicitly referenced industry demands, suggesting that much of the influence is indirect. These findings indicate that the WTO TBT Committee is a key international forum for alcohol industry influence over policy on a global scale, in a manner similar to other health harming industries. Increased transparency about vested interests might be needed to overcome industry influence.

#### Contributors

PB was responsible for study conceptualisation, study methodology, data curation, formal analysis, writing the original draft, data visualisation, and project administration. PB and DG accessed and verified the data. DG validated the data analysis. All authors had full access to the data, reviewed and edited subsequent drafts, and had final responsibility for the decision to submit for publication.

#### Declaration of interests

We declare no competing interests.

#### Data sharing

This analysis uses publicly available data. The data used in this study can be obtained immediately, without restrictions, from the WTO Documents Online archive and from the dataset recently presented by Barlow and Stuckler.<sup>24</sup>

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