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Reassessing policy paradigms: A comparison of the global tobacco and alcohol industries

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ABSTRACT

Tobacco is widely considered to be a uniquely harmful product for human health. Since the mid-1990s, the strategies of transnational tobacco corporations to undermine effective tobacco control policy has been extensively documented through internal industry documents. Consequently, the sale, use and marketing of tobacco products are subject to extensive regulation and formal measures to exclude the industry from policy-making have been adopted in the Framework Convention on Tobacco Control. In contrast to tobacco, alcohol is subject to less stringent forms of regulation, and the alcohol industry continues to play a central role in policy-making in many countries and at the global level. This article examines whether there is a sufficient rationale for such different regulatory approaches, through a comparative analysis of the political economy of the tobacco and alcohol industries including the structure of the industries, and the market and political strategies they pursue. Despite some important differences, the extensive similarities which exist between the tobacco and alcohol industries in terms of market structure and strategy, and political strategy, call into question the rationale for both the relatively weak regulatory approach taken towards alcohol, and the continued participation of alcohol corporations in policy-making processes.

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Introduction

When consumed precisely as intended by their manufacturers, tobacco products kill 50% of their long-term users prematurely (WHO, 2013). Consequently, they have been identified as posing a unique threat to public health. Since the public release of internal industry documents, principally as a result of litigation from the mid-1990s, an extensive literature has documented the strategies employed by transnational tobacco corporations (TTCs) to further their corporate interests at the expense of public health (Proctor, 2012). Partly as a result of this exposure, TTCs have been increasingly excluded from direct and formal involvement in policy-making processes in many countries and at the global level (Brandt, 2012), although they continue to influence policy through indirect and informal mechanisms (Savell, Gilmore, & Fooks, 2014). The need for effective tobacco control

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policies, and to protect policy-making processes from undue influence by the tobacco industry, have given rise to far-reaching regulation at the national level and a unique global policy response (WHO, 2013). The WHO Framework Convention on Tobacco Control (FCTC) commits states parties to implement a range of evidence-based tobacco control policies including restrictions on industry influence over policy-making. This unprecedented measure was facilitated, in part, by claims about the exceptional nature of both the tobacco epidemic and the industry identified as its key vector (Jahiel & Babor, 2007; Wipfli, 2015).

The logic of tobacco exceptionalism has been deployed by public health advocates to great effect, and has become a key pillar of the tobacco control community's policy discourse. For example, tobacco control advocates successfully used the exceptional public health threat which smoking poses to push for a 'carve out' of tobacco products from international trade and investment agreements, such as the Trans-Pacific Partnership (Freeman, 2015; McGrady, 2007; Sy & Stumberg, 2014). However, the tobacco exceptionalism argument is now being called into question by the increasing focus on the health impacts of other products and political strategies of corporations in other sectors, including the alcohol industry (Jahiel & Babor, 2007; Moodie et al., 2013). There is an increasing recognition of the substantial health harms caused by alcohol (Rehm et al., 2009). While tobacco remains the leading cause of avoidable death globally, responsible for around 5.4 million death per year (8% of global mortality), alcohol causes an estimated 3.3 million deaths per year (5.9% of global mortality) (WHO, 2014) and accounts for 5.1% of the global burden of disease measured in disability-adjusted life-years (WHO, 2015a). In addition, alcohol is responsible for a range of socio-economic as well as health harms (WHO, 2014). Recent scholarship on alcohol industry actors also suggests they employ political strategies highly similar to those more extensively documented among the tobacco industry (Babor, 2009; Babor & Robaina, 2013; Hawkins & Holden, 2012, 2013; Hawkins, Holden, & Mccambridge, 2012; Holden & Hawkins, 2012; Holden, Hawkins, & Mccambridge, 2012; Jernigan, 2012; Mccambridge, Hawkins, & Holden, 2013b; Stenius & Babor, 2010).

Despite the substantial health harms associated with alcohol, and the emerging literature on the activities of the alcohol industry, policies in many countries (and in sub-national jurisdictions responsible for alcohol policy) remain weak in comparison with tobacco control policies. At the global level, there is no equivalent of the FCTC for alcohol policy, and few signs that political will exists to negotiate such an agreement. Moreover, alcohol industry engagement in policy-making remains extensive (Babor & Robaina, 2013; Ferreira-Borges et al., 2014; Jernigan, 2012; Mccambridge, Hawkins, & Holden, 2013a).

This article critically assesses the rationale, or justification, for the very different regulatory approaches taken to tobacco and alcohol through a comparison of the tobacco and alcohol industries. It is important to highlight that we do not seek to explain the emergence and maintenance of different policy regimes applied to each type of product and their respective industries. This would require a fuller engagement with the myriad factors which determine policy outcomes and is beyond the remit of the current paper. Our objective is instead to scrutinise the prevailing policy regimes in each area in light of the similarities and differences which exist between the two products and industries. We take a political economy approach, focusing on the structure of each industry and the political and market strategies they pursue. We employ the term political economy here to denote an approach premised upon the essentially inseparable nature of the political and economic spheres. In relation to corporate strategy, this entails a recognition that corporations will employ both market and political strategies as 'two sides of the same coin', in pursuit of their interests (Baron, 1995). Specifically, in this analysis, we focus on two related but distinct aspects of the interface between political decision-making and key economic actors. First, we examine how the structure of the industries, and their market strategies impact on consumption and public health, creating policy problems to which governments must respond. Second, we examine the role played by these powerful economic actors in the policy-making process and their ability to shape policy outcomes.

This approach recognises both that corporate strategy is a key driver of non-communicable diseases (NCDs) (Moodie et al., 2013) and that, to date, no systematic comparison of these aspects of the two industries has been undertaken. While market strategies are a key driver of consumption (and thus harm), requiring specific regulatory responses by governments, political strategies seek explicitly to shape the regulatory environments in which corporations operate. Market structure, particularly the degree of concentration and transnationalisation of a sector, affects the ability of corporations to execute both their market and political strategies. It is thus vital to consider both aspects of corporate strategy in evaluating the rationale for the current differences in alcohol and tobacco policy, and the broader policy paradigms which inform the regulatory approach to each industry. While there have been comparisons between tobacco and other sectors, such as the soft drinks, pharmaceutical and chemical industries (Dorfman, Cheyne, Friedman, Wadud, & Gottlieb, 2012; White & Bero, 2010), to date there has been no systematic comparison of the alcohol and tobacco industries as political actors. Consequently, the article addresses an important gap in the comparative literature on corporations and health.

The structure of the article is as follows: we begin by setting out the current regulatory approaches to tobacco and alcohol at both the global and national levels, and the status afforded to each industry within policy-making processes. We then compare the structure of the two industries and the market and political strategies pursued by corporations in each sector. The final part of the article reflects on the rationale for the different approaches taken to tobacco, alcohol and their producers in light of the analysis presented.

Differing policy approaches

Approaches to regulating tobacco products vary between the different countries and regions of the world (Cairney, Studlar, & Mamudu, 2011). This reflects, among other factors, the different socio-cultural positions of these products and the relative success of tobacco control advocates in different contexts in lobbying for policy change (Mamudu et al., 2014). In general, less robust policy regimes are in place in much of the developing world than in most high-income countries (Holden & Lee, 2009), although there are some notable exceptions to the rule such as Thailand (Chantornvong & McCargo, 2001; Levy, Benjakul, Ross, & Ritthiphakdee, 2008). Policy approaches in the 180 ratifying countries are now guided by the FCTC, and are reinforced by the MPOWER measures developed by WHO (2015b) which aim to facilitate effective implementation of the treaty by governments. Price increases through taxation have been widely accepted as a means of reducing tobacco consumption (Chaloupka, Hu, Warner, Jacobs, & Yurekli, 2000). Bans on smoking in public places are now widespread in Europe, North America and beyond. Despite variations in their size and form (e.g. the inclusion of graphic images), health warnings on cigarette packaging are commonplace. These measures have been accompanied by restrictions to advertising and promotion of tobacco products across different media (and at point of sale), and to tobacco industry sponsorship of sporting and cultural events. Marketing restrictions were further extended with the introduction of generic packaging for cigarettes in Australia (Mitchell & Studdert, 2012). Furthermore, this approach highlights that there is now widespread acceptance of the internationalisation of tobacco control as a policy area in which international organisations, not just states, play a key role (Cairney, Mamudu, & Studlar, 2015).

In contrast, the WHO Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2010) is significantly weaker than the FCTC. Unlike the FCTC, the Global Alcohol Strategy is not a legally binding international treaty, and the measures it contains are considerably less extensive, reflecting the continued framing of alcohol policy as a national issue. As with tobacco, national alcohol policies vary considerably in scope and effectiveness. Alcohol tax regimes vary across territorial domains and product categories, leading to differences in the prices of similar products between markets, and between products categories within a given market. Other laws regulate maximum blood alcohol levels for drivers. Despite exceptions, such as the French *Loi Evin*, restrictions on alcohol marketing and sponsorship are generally less extensive than for tobacco (Cairney & Studlar, 2014; Casswell, 2012), and are often policed through ineffective self-regulatory regimes and voluntary codes of practice promoted by the alcohol industry (Baggott, 2010; Harkins, 2010; Hawkins & Holden, 2012). To date, there has been no equivalent in the alcohol field of the globally co-ordinated health education campaigns seen for tobacco.

The difference in approach to tobacco and alcohol is underlined by the policy regimes in force in Europe: the region with the world's highest levels of alcohol consumption and alcohol attributable mortality and morbidity. Despite the harms attributable to alcohol, a far weaker policy regime is in place at the European Union (EU) level for alcohol than for tobacco (Gornall, 2014). Many aspects of tobacco policy, including product packaging and labelling, are extensively regulated at the EU level via the 2014 Tobacco Products Directive (TPD). In contrast to this, the European Commission's 2006 Alcohol Strategy lacks the regulatory force of the TPD, and adopts a voluntary approach based on partnership with industry via the *Alcohol and Health Forum* (Gornall, 2014). Moreover, the strategy expired in 2012 and has yet to be replaced despite widespread criticism from non-governmental organisations (NGOs).

Perhaps the clearest distinction between the tobacco and alcohol industries is the status each occupies in policy-making. The extensive documentation of tobacco industry tactics has led to widespread exclusion of tobacco companies from policy-making processes, both globally and nationally (Holden & Lee, 2009; Hurt, Ebbert, Muggli, Lockhart, & Robertson, 2009). The protection of public policy from tobacco industry influence is enshrined in Article 5.3 of the FCTC. In addition, Clause 38 of the *Political Declaration of the United Nations High Level Meeting on the Prevention and Control of Non-communicable Diseases* (WHO, 2012b), which sought to address the prevention and control of NCDs at the global level, precludes engagement with TTCs, explicitly recognising 'the fundamental conflict of interest between the tobacco industry and public health' (WHO, 2012b, p. 5).

The alcohol industry, by contrast, remains an accepted participant in public policy-making, despite fundamental conflicts of interest (Casswell, 2013; Gilmore, Savell, & Collin, 2011; Mccambridge, Kypri, Miller, Hawkins, & Hastings, 2013; Room, 2004). The UN Declaration contains multiple references to engagement with private sector actors (other than the tobacco industry), viewing them as civil society organisations (WHO, 2012b). This allowed the direct participation of alcohol industry actors, including AB-Inbev and SABMiller, in influential hearings which fed into debate at the meeting and the political declaration which followed (Stuckler, Basu, & Mckee, 2011). In many countries, such as the UK, the alcohol industry is treated as a key stakeholder in policy debates and given extensive access to decision-makers (Hawkins & Holden, 2012; Holden & Hawkins, 2012).

Despite the exclusion of the tobacco industry from many policy-making forums, it is important not to overstate the extent to which its influence has been curtailed. The openness of governments to tobacco industry actors varies greatly; some countries have not signed or ratified the FCTC, and implementation remains partial among those that have (WHO, 2012a). Even where direct engagement is politically problematic, indirect influence persists through the creation of front groups, third-party lobbying and funding of political campaigns (Savell et al., 2014). Events surrounding the TPD demonstrate the resources and tactics which TTCs are still able to deploy to influence policy debates (McKee, 2013). In addition, recent challenges to generic packaging in Australia, by five states under the World Trade Organization (WTO) Dispute Settlement Mechanism, highlight the continuing ability of TTCs to enlist sympathetic governments, and to use international forums to pursue their interests (Jarman, Schmidt, & Rubin, 2012). Ukraine withdrew its claim against Australia in June 2015 leaving Honduras, Cuba, Indonesia and the Dominican Republic as the remaining plaintiffs. Nevertheless, alcohol companies generally continue to enjoy far greater access to policy-makers at all levels than tobacco companies.

Methods

While we do not seek to explain how different policy regimes emerged for alcohol and tobacco, we use a political economy lens to investigate whether there is an adequate rationale for the clear differences which exist in the current regulatory approaches to each product, and the status of the two industries in the policy process. We do this through a comparative analysis of three key factors relating to the political economy of each industry: industry structure, market strategy and political strategy. We know from a large literature on the behaviour of TTCs, a less developed literature on the alcohol sector and on other health-harming industries, and from the broader political economy and management literature, that corporations utilise both market and political strategies to further their underlying objectives to drive sales and thus profits (Baron, 1995; Farnsworth, 2004; Holden & Lee, 2009; Mccambridge et al., 2013a).

Market strategies include activities such as branding, advertising, promotion, pricing and the establishment of new markets to increase sales. Consequently, they are key drivers of consumption and thus harm for products such as tobacco and alcohol. Policy-makers seek to respond to such strategies with measures that are primarily designed to reduce demand for harmful products, such as price increases, product labelling and advertising restrictions. The specific measures enacted by governments will be partly determined by the market strategies pursued by the industry in question. This means a clear understanding of market strategy pursued by the tobacco and alcohol industries is essential in evaluating the rationale for current policy regimes.

Political strategies are defined as measures employed by corporations to avoid, evade, moderate, block or otherwise influence policies relating to the industry and influence the ways in which industry actors will be viewed, and engaged with, by policy-makers. This includes lobbying decision-makers, funding campaigns and political parties, engaging in co- and self-regulatory regimes and funding and promoting policy relevant research. Understanding variations in market and political strategies between industries is of central importance in evaluating the different regulatory approaches taken to them. Differences in market strategy between sectors would provide a rationale for different regulatory approaches, while differences in political strategy may suggest different statuses be afforded to industry actors in the formation and delivery of policy measures.

The structure of an industry – in terms of market concentration, and the size, profitability and transnationality of the major corporations active in the sector – is a key factor influencing the market and political strategies adopted by firms and their ability to execute these strategies. In terms of market strategy, the more concentrated an industry is, the more likely firms within it will be able to exert control over pricing (Adams & Brock, 1998; Holden & Lee, 2009). Similarly, size and profitability will all affect the resources that firms dedicate to branding and promotional activities. Measures of transnationalisation reflect the scale of expansion into new markets. The greater resources commanded by large firms are known to increase their ability to exert political influence (Dür & Mateo, 2012). Market concentration places control over entire sectors into the hands of a limited number of powerful economic actors. Their economic importance as providers of employment and tax revenues means they are of key strategic importance to governments, affording companies commensurately high levels of access to policy-makers. The transnationality of corporations further augments their political power. As we explain below, corporations active across national borders may have the ability to engage in 'venue shopping' (Baumgartner & Jones, 1993) to locate favourable regulatory environments, or use the threat of 'exit' to secure concessions or incentives from a host government (Farnsworth & Holden, 2006).

We investigate industry structure using the following measures: the concentration ratio of each sector using the Hirschman–Herfindahl Index (HHI); the size of leading corporations in each sector by revenue using *Fortune* magazine's Global 500 list; the degree of transnationality of corporations in each sector using UNCTAD's transnationality index and corporate profitability in each sector measured by earnings before interest, taxes and amortization (EBITA) margin. More details of each of these measures are given in the relevant section of the article below.

Both market and political strategies are analysed via a narrative review of peer-reviewed articles, other scholarly publications, and market analyses and reports published by scholars, government agencies and NGOs. We began by searching the Web of Science database using the terms 'alcohol industry' AND 'policy', and 'tobacco industry' AND 'policy', and then employed a snowballing technique whereby the reference lists of identified publications were used to generate additional relevant sources. Articles were included in the review where they related primarily to the market or political strategies of relevant corporations. While we aimed to investigate these factors in a rigorous manner, developing our argument on the basis of a concise summary of the available evidence, it was not our objective to present a comprehensive review of the various literatures on tobacco and alcohol policy, nor to conduct a systematic review.

Industry structures

Industry structure is a key variable to consider when analysing the market and political strategies of alcohol and tobacco companies. Increased concentration of ownership by a small number of global actors is a key determinant of such strategies. In the case of tobacco and alcohol corporations, this has significant consequences for consumption and harm levels. A key indicator of market structure is the concentration ratio of a sector. Both the tobacco and alcohol industries are highly concentrated around a small number of large producers. The global tobacco industry is now dominated by four transnational corporations (TNCs) – Philip Morris, British American Tobacco (BAT), Japan Tobacco International and Imperial Tobacco – controlling over 50% of the world market (by volume) outside of China.[1] The most commonly accepted measure of market concentration is the HHI.[2] Market scores range from a large number of small firms (HHI = close to 0) to one single, dominant firm (HHI = 10,000). HHI scores of less than 1000 indicate low market concentration, those between 1000 and 1800 moderate concentration, while scores above 1800 signify highly concentrated markets. HHI figures for the tobacco industry show that almost all countries have very high concentration ratios, with tobacco often the most concentrated sector in an economy.[3] For instance, the HHI scores for the tobacco industry in Europe are on average 2750. Figures for other regions and countries are similar or even higher (see Table 1).

It is more difficult to assess the concentration ratio of the alcohol sector given its split among different product categories (e.g. beer, cider, wine and spirits), but three important observations can be made.[4] First, market liberalisation has facilitated a trend towards consolidation of all segments of the alcohol industry (Jernigan, 2009; Zeigler, 2009). Second, despite consolidation, the global and national market concentration in the alcohol industry remains much lower than in tobacco. Third, the beer sector is significantly more concentrated than the wine and distilled spirits sectors, although this varies by region. In most European markets, the HHI score for the beer sector is between 800 and 1300, suggesting low to moderate concentration. However, many non-European markets are significantly more concentrated than this (see Table 1). The proposed merger between two of the

Table 1. HHI scores for the tobacco and beer industries by country/region.

Country/region	Tobacco	Beer
Russia	2500	1750
Europe	2750	800–1300
US	3100	2750
Australia	3500	3500
Japan	4000	2500
India	6100	3500
Brazil	6200	4300
South Africa	6900	6300
China	10,000	1200

Source: Authors' calculations based on Euromonitor (2013) data.

largest transnational brewing corporations, Ab-Inbev and SABMiller announced in October 2015, suggests a trend towards even greater international concentration of ownership in the beer sector.

In addition to market concentration, similarities exist in terms of the size, profitability and transnationality of corporations in both sectors (see Table 2). Tobacco companies rank among the world's largest and most profitable corporations (Gilmore, Branston, & Sweanor, 2010). Three tobacco companies feature in *Fortune* magazine's *Global 500* list of the world's largest companies by revenue, with Philip Morris International ranked at 362 in 2012. Transnational alcohol corporations (TACs) are also highly profitable with the two largest, Anheuser-Busch InBev and Heineken, listed in the *Global 500*. Moreover, both TTCs and TAC are amongst the most world's most transnationalised corporations as measured by UNCTAD's (2013) transnationality index. In rankings of corporate profitability, measured by EBITA margin,[5] tobacco corporations are uniquely profitable companies. In 2011 BAT had an EBITA margin of 33.7% and Imperial 39.5%, almost double that of companies on the food (Danone = 15.9%) and fast-moving consumer goods sectors

Table 2. Tobacco and alcohol producers compared by size and transnationality (2012).

Company	Anheuser-Busch InBev	Philip Morris International	Heineken Holding	Japan Tobacco	BAT	SABMiller PLC	Pernod-Ricard SA
Industry	Alcohol	Tobacco	Alcohol	Tobacco	Tobacco	Alcohol	Alcohol
Home economy	Belgium	U.S.A.	The Netherlands	Japan	UK	UK	France
G500 ranking	264	362	458	459	485	n/a	n/a
UNCTAD ranking by foreign assets	15	n/a	n/a	90*	68	48	99
UNCTAD ranking by TNI	4	n/a	n/a	75*	21	13	15
Total assets (US$ millions)	122,621	37,670	47,428	44,573*	44,183	56,294	35,692
Foreign assets (US$ millions)	115,913	n/a	n/a	32,789*	42,165	55,896	30,457
Total sales (US$ millions)	39,758	31,377	25,565	25,741*	24,073	34,487	10,991
Foreign sales (US$ millions)	39,046	n/a	n/a	12,430*	18,618	28,720	9993
Total employment	117,632	n/a	n/a	48,472*	56,363	71,144	18,307
Foreign employment	109,566	n/a	n/a	23,902*	44,660	57,049	15,594
TNI %	92.8	n/a	n/a	57.1*	84.0	87.6	87.1
Profits (US$ millions)	7243	8800	1898	4138	6087	n/a	n/a
Profit as % of revenue	18.2	28	7.4	16.2	25.3	n/a	n/a
Profits as % of assets	5.9	23.4	4	10.1	13.7	n/a	n/a

Notes: Data are for the financial year ending on or before 31 March 2013 (*except UNCTAD data for Japan Tobacco, which is for the financial year ending on or before 31 March 2012). *Fortune* magazine's G500 list ranks the world's 500 largest corporations by revenue. UNCTAD ranks the transnationality of the world's top 100 non-financial TNCs by foreign assets and by a 'Transnationality Index' (TNI). The TNI is calculated as the average of the following three ratios: foreign assets to total assets, foreign sales to total sales and foreign employment to total employment. UNCTAD employment data for SABMiller PLC refers to revised 2011 figures. BAT, British American Tobacco; n/a, not available.

Sources: G500 ranking, profits, profits as % of revenue and profits as % of assets from (*Fortune*, 2013). Total assets and total sales for Philip Morris International and Heineken Holding from (*Fortune*, 2013). All other data from UNCTAD (2013) (except *Japan Tobacco UNCTAD data, which is from UNCTAD, 2012).

(L'Oreal = 5.6%), which offer relevant points of comparison (Gilmore et al., 2010). Alcohol companies are also highly profitable with Diageo (31.8%) yielding profit ratios approaching those of the TTCs. Brewers SABMiller (18.5%) and Carlsberg (17.1) lag some way behind the spirit producer, but are significantly more profitable than most other consumer goods firms (Gilmore et al., 2010).

There are important similarities, but also some differences between the tobacco and alcohol industries in terms of concentration of ownership, the degree of transnationalisation and the profitability of the corporations in each sector. While both sectors are dominated by a small number of highly profitable TNCs in comparison with other industries, the tobacco industry remains more concentrated and more profitable than the alcohol sector. The relative significance of these similarities and differences are key factors in understanding the market and political strategies employed by each industry, and thus evaluating the appropriateness of current policy responses.

Market strategy

The market strategies pursued by corporations have important implications for both public health and the way in which different sectors are regulated. There are marked similarities which exist between the market strategies pursued by TNCs in the tobacco and alcohol sectors. The tobacco industry has developed the white stick cigarette as a standardised product sold worldwide (Proctor, 2012) and TTCs are heavily reliant on branding and marketing to differentiate their products, and to establish and retain customers (Hafez & Ling, 2005; Hastings & Macfadyen, 1998). The concentration of the global cigarette market means TTCs dominate most national markets. This grants TTCs a high level of control over product pricing (Gilmore, 2012; Hedley, 2007) which has become a key component of their business strategies, particularly in markets where branding activities are curtailed (Burton et al., 2013; Shepherd, 1985). TTCs have been able to offset the decline in sales in traditional markets, and maintain profits, through price increases (Gilmore et al., 2010) and 'premiumisation': encouraging more affluent smokers to trade up to more expensive brands (Gilmore, 2012). At the same time, they have introduced an ultra-low-price category and have discounted cigarettes to target lower-income groups, creating an entry point for non-smokers and deterring price sensitive smokers from quitting (Burton et al., 2013; Gilmore, 2012).

The alcohol industry is more diversified than the tobacco industry, involving a number of drinks categories. Nevertheless, it is also highly dependent on branding, pricing and marketing activity (Giesbrecht, 2000; Jernigan, 2009; Jernigan & Babor, 2015). 'Premiumisation' has also been identified as a key alcohol industry strategy (EUROCARE, 2009; Jernigan & Babor, 2015), and TACs, like tobacco companies, segment their markets at different price points and lobby strongly to defend their right to sell cheap alcohol (Holden & Hawkins, 2012; Jernigan & Babor, 2015). This has seen a marked increase in the affordability of alcohol in recent decades as producers and retailers compete on price to achieve greater sales volumes and market share (Hawkins et al., 2012; Seabrook, 2010).

The increasingly transnational character of the tobacco and alcohol industries, combined with sophisticated marketing and pricing strategies, reflects the strategy of TTCs and TACs to establish new markets worldwide. This leads to increased consumption of their respective products, with a significant impact on public health (Connolly, 1992; Jernigan & Babor, 2015; Stebbins, 1991; Stuckler, Mckee, Ebrahim, & Basu, 2012). A particularly noteworthy development in this regard has been the entry of TTCs and TACs into emerging markets in low- and middle-income countries (LMICs). Market saturation, and the unfavourable regulatory environments in established markets, have led both industries to seek new customers and new sources of profit. Populous and increasingly affluent LMICs, with weak public health policies and comparatively low rates of alcohol and tobacco consumption offer the potential for significant growth (Jernigan & Babor, 2015; Stuckler et al., 2012).

The reorientation towards emerging markets has been well documented in the tobacco industry (Lee, Holden, & Lee, 2013). TTCs deployed significant resources to access markets in Latin America (Shepherd, 1985), Asia (Lambert, Sargent, Glantz, & Ling, 2004; Lee, Lee, & Holden, 2012) and Eastern Europe (Gilmore & McKee, 2004). However, TACs have also been quick to recognise the opportunity for expansion into new markets (Bakke & Endal, 2010; 'Replenishing the drinks cabinet', *Economist*, 2011; Jernigan, 2009; Moodie et al., 2013), particularly in areas of the world with high rates of abstention (Jernigan & Babor, 2015). Notwithstanding the differences identified, there are key parallels between the responses of transnational actors in each industry to the challenges and opportunities presented by a globalising market place.

Political strategy

Political strategy refers to all activities undertaken by corporations to shape the regulatory environment, and has long been recognised as a key component of corporate strategy (Baron, 1995). Variations in corporate strategy between sectors offer a potential rationale for the different approaches to the tobacco and alcohol sectors by policy-makers. Access to internal documents, and monitoring and cataloguing of TTCs' strategies by scholars and public health actors, has led to a fuller understanding of the political strategies pursued by TTCs than other industries (Holden & Lee, 2009; Hurt et al., 2009; Proctor, 2012; Savell et al., 2014; Smith, Savell, & Gilmore, 2013). TTCs' attempts to influence policy included lobbying key decision-makers, donations to political parties and campaigns and the provision of various gifts and corporate hospitality (Givel & Glantz, 2001). In addition, tobacco industry actors sought to shape wider social perceptions of smoking and the emerging policy debates through the subversion of science, and the deliberate creation of doubt about the effects of smoking and the effectiveness of tobacco control measures (Conway & Oreskes, 2014; Michaels, 2008). The aim of this strategy is to create controversy around the effects of smoking and the effectiveness of policy proposals; a perception that the scientific debate is not settled and that governments should delay acting until more is known. Tactics employed included the recruitment and promotion of industry favourable scientists (Bero, 2005; Brandt, 2012) and the formation of front groups and 'astroturf' organisations: apparently independent campaign groups whose industry connections and funding are obscured (Apollonio & Bero, 2007; Givel & Glantz, 2001). As these practices were documented, and contact between policy-makers and the tobacco industry became more controversial, TTCs have attempted to regain lost legitimacy and gain access to decision-makers via 'corporate social responsibility' (CSR) programmes (Fooks, Gilmore, Collin, Holden, & Lee, 2012; Fooks et al., 2011).

The transnational nature of the tobacco industry, and the increasingly global nature of policy-making, provides TTCs with ample opportunities to engage in venue shopping (or forum shifting) (Baumgartner & Jones, 1993) and to target those decision-making arenas which are most favourably disposed towards their policy preferences (Eckhardt & De Bièvre, 2015). For example, the protections provided to corporations within the WTO have been used to oppose tobacco control policies at the national level (Jarman et al., 2012; Sell, 2003). In addition, they have used Investor–State Dispute Settlement Mechanisms within Bilateral Investment Treaties (BITs) to challenge the policies of national governments directly, mostly notably Australia and Uruguay in relation to cigarette packaging (Crosbie & Glantz, 2012).

While analyses of the political activities of the alcohol industry remain relatively limited, existing studies indicate a similar pattern of policy-influencing direct and indirect strategies employed by TACs, including extensive lobbying and attempts to shape public perceptions of alcohol and the scientific content of regulatory debates (Babor & Robaina, 2013; Mccambridge et al., 2013b; Stenius & Babor, 2010). In part, the similarity in tactics may be due to the co-ownership of alcohol and tobacco industry actors (Bond, Daube, & Chikritzhs, 2009, 2010; Jiang & Ling, 2013), and the transfer of strategies between sectors. Alcohol corporations have learned from the experience of TTCs, foreseeing the emergence of regulatory challenges and the need for strategic responses (Casswell, 2013). Similar conclusions have been drawn about the links between pharmaceutical and tobacco corporations (Shamasunder & Bero, 2002). This suggests a more general set of strategies and tactics which may be common to corporations in other health-relevant industries (Conway & Oreskes, 2014; Dorfman et al., 2012; White & Bero, 2010).

Alcohol industry actors, including both producers and retailers (e.g. bar operators, convenience stores and supermarkets), attempt to exert influence at all stages of the policy-making process, from agenda setting to implementation and evaluation, and at all levels of decision-making (Hawkins & Holden, 2012), including attempts to frame the terms in which policy debates are couched (Hawkins & Holden, 2013). Their objective is to develop long-term relationships with policy-makers, positioning themselves as key stakeholders in the regulatory process. CSR activities help to define them as responsible corporate citizens who are part of the policy solution, not the problem (Casswell, 2013; Yoon & Lam, 2012). Industry social aspects organisations such as the International Centre for Alcohol Policies – recently superseded by the International Alliance for Responsible Drinking – are a key component of this strategy (Jernigan, 2012). TACs' perceived ability to deliver key 'policy goods' – e.g. information, employment, taxation revenue – and to implement policy objectives (e.g. public information campaigns via Drinkaware in the UK and other self-regulatory regimes) means that partnerships are valued by government actors (Hawkins & Holden, 2012). Consequently, industry views are heard and, where possible, accommodated by policy-makers (Hawkins & Holden, 2012). In Africa, alcohol industry influence has extended so far as drafting virtually identical policies for four national governments (Bakke & Endal, 2010).

One key difference between the two industries is that partnership-based approaches can no longer be pursued by TTCs in many environments due to restrictions on government engagement with the tobacco industry under FCTC Article 5.3. There remains significant scope for policy influence afforded to the alcohol industry through this form of engagement. However, when the partnership-building approach fails, like the tobacco industry, TACs are prepared to resort to more confrontational methods such as legal action. This was seen in the case of minimum unit pricing in Scotland where EU competition and trade law was invoked to challenge the legislation (Holden & Hawkins, 2012). If the political status of the industry shifts further, and the level of access to decision-makers declines, TAC strategy may further come to resemble that of TTCs, using WTO agreements and BITs to stymie effective policy measures.

Discussion

Tobacco use is widely regarded as an exceptional threat to public health which has given rise to a unique global policy response in the FCTC, including Article 5.3 requiring the exclusion of the industry from direct participation in the policy-making process. The unique public health threat posed by tobacco has provided a powerful rationale for strengthening tobacco control policies worldwide. Yet, a narrow focus on the exceptional nature of tobacco as a product may limit the potential 'spillover' of proven forms of regulation (e.g. on price, labelling and product availability) into other policies relating to harmful products. Furthermore, it may serve to facilitate the participation of corporate actors beyond the tobacco industry in the policy process, with a detrimental effect on public health. Alcohol, for example, is currently subject to less extensive forms of regulation than tobacco, and alcohol industry actors continue to be afforded access to national and global policy-making forums in ways which are now often closed to tobacco industry actors.

Important differences exist between tobacco and alcohol as products, which may influence their perception by policy-makers and the wider public. There is evidence that low levels of alcohol consumption do not pose significant health risks (Fekjaer, 2013; Mccambridge & Hartwell, 2014), although the definition of what constitutes a safe level of alcohol consumption remains the subject of intense debate within the public health community (Stockwell & Room, 2012). In contrast, there is no safe level of cigarette smoking (WHO, 2008), a fact now acknowledged even by the tobacco industry (British American Tobacco, 2014). However, a narrow focus on the harmfulness of the products ignores other crucial factors such as industry structure and strategy, which shape the health impacts of each sector, and may provide alternative rationales for the policy approaches taken towards them.

There are significant similarities between the alcohol and tobacco industries which appear at odds with the very different policy approaches in each area. Tobacco and alcohol are both responsible for high levels of global morbidity and mortality (WHO, 2015a, 2015b). While the degree of concentration in the tobacco industry exceeds that in the alcohol industry, both industries are dominated by a small number of large, transnational, and highly profitable corporations. Moreover, the current trend in the alcohol industry appears to be towards even greater consolidation and transnationalisation (Jernigan & Babor, 2015). TACs are the only corporations approaching the levels of profitability seen in the tobacco industry (Gilmore et al., 2010). Corporations in both sectors employ sophisticated marketing and pricing strategies to drive consumption, including in their expansion into emerging markets, and attempt to shape regulatory debates through remarkably similar political strategies.

The comparison of the political economy of the tobacco and alcohol industries presented above challenges the rationale for the current variations in policy and industry engagement. The differences which exist between the alcohol and tobacco industries, and the products they make, do not appear to be significant enough to justify such widely diverging regulatory approaches given the similarities which exist in terms of the market and political strategies pursued, and the industry structures which facilitate these. Above all, the rationale for the 'partnership' approach often extended to alcohol corporations and their common status as 'insiders' in the policy-making process must be called into question.

The current article is limited in its scope, focusing on the political economy of each industry. It seeks also to critique and problematise current policy regimes without attempting to explain their historical emergence. To explain the different policy regimes, and the status afforded to the tobacco and alcohol industries would require a far deeper engagement with a range of different factors influencing policy outcomes. The prevailing policy regimes in each area reflect not just evidence about the health harms caused by tobacco and alcohol and the depth of knowledge we have about the activities of these industries (Hurt et al., 2009), but the political priorities of policy-makers, the wider public acceptability of regulation in each area and the ability of advocates and campaigners to agitate for effective policy responses (Gneiting, 2015; Gneiting & Schmitz, 2016; Schmitz, 2015; Wipfli, 2015). The relative marginalisation of the tobacco industry was brought about in part through the disclosure of TTCs' attempts to undermine research and public policy in the pursuit of profit, and the use of this information by advocates to shape policy debates. The unavailability of internal alcohol industry documents, in particular, means far less is known about their political strategies. As a result of this, TACs are perceived differently from the tobacco industry by both policy-makers and the general public.

Conclusion

An emerging literature has begun to catalogue the alcohol industry's activities based on publically available sources and key informant interviews. As well as more research on the political strategies of TACs, similar studies are needed of other health-harming industries, including comparative studies across sectors. The political economy approach outlined in this article aims to facilitate such cross-industry comparisons in the pursuit of more effective health policy. It focuses on key factors influencing the political and market strategies pursued by corporations, their ability to execute these strategies and the rationale for different policy approaches and government engagement with industry actors. The similarities in political strategies pursued by the tobacco and alcohol industries raise important questions about the appropriateness of current forms of engagement between policy-makers and the alcohol industry. It appears that far closer scrutiny of the alcohol industry's involvement in policy-making is warranted. We are unable on the basis of the preceding analysis to explain the emergence and maintenance of the very different policy regimes applied to tobacco and alcohol. However, given the similarities we identify between industries, alcohol policy-makers may look to tobacco control, and the range of policy measures implemented in this area, as a source of effective and justifiable regulatory approaches (e.g. on pricing, promotion and availability). Likewise, alcohol policy advocates may seek to learn from the success of the tobacco control community, and the successful policy-influencing strategies they have employed, in their efforts to bring about more effective alcohol policies at the national and global levels.

Notes

1. The Chinese market is almost completely controlled by the government Chinese National Tobacco Corporation with around 2% of the market held by TTCs.
2. HHI is calculated by squaring the market share of all the firms competing in a particular sector and then summing the result. For instance, if four companies have market shares of 40%, 25%, 20%, and 15%, respectively, the HHI is $40^2 + 25^2 + 20^2 + 15^2 = 2850$.
3. Figures presented in this section are the authors' calulations (based on 2013 Euromonitor data).
4. Figures in this section are authors' calculations (based on 2013 Euromonitor data).
5. A company's earnings before interest, taxes, and amortisation, expressed as a percentage of total revenue.

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References

Adams, B., & Brock, J. (1998). Tobacco: Predation and persistent market power. In D. I. Rosenbaum (Ed.), *Market dominance: How firms gain, hold, or lose it and the impact on economic performance* (pp. 39–54). Westport, CT: Praeger.

Apollonio, D. E., & Bero, L. A. (2007). The creation of industry front groups: The tobacco industry and "get government off our back". *American Journal of Public Health*, *97*(3), 419–427. doi:10.2105/AJPH.2005.081117

Babor, T. F. (2009). Alcohol research and the alcoholic beverage industry: Issues, concerns and conflicts of interest. *Addiction*, *104*(Suppl. 1), 34–47. doi:10.1111/j.1360-0443.2008.02433.x

Babor, T. F., & Robaina, K. (2013). Public health, academic medicine, and the alcohol industry's corporate social responsibility activities. *American Journal of Public Health*, *103*, 206–214. doi:10.2105/AJPH.2012.300847

Baggott, R. (2010). A modern approach to an old problem? Alcohol policy and New Labour. *Policy & Politics*, *38*, 135–152. Retrieved from http://www.ingentaconnect.com/content/tpp/pap/2010/00000038/00000001/art00008

Bakke, Ø., & Endal, D. (2010). Vested interests in addiction research and policy alcohol policies out of context: Drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction*, *105*, 22–28. doi:10.1111/j.1360-0443.2009.02695.x

Baron, D. P. (1995). Integrated strategy: Market and nonmarket components. *California Management Review*, *37*, 47–65. doi:10.2307/41165788

Baumgartner, F. R., & Jones, B. D. (1993). *Agendas and instability in American politics*. Chicago, IL: University of Chicago Press.

Bero, L. A. (2005). Tobacco industry manipulation of research. *Public Health Reports*, *120*(2), 200–208. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497700/

Bond, L., Daube, M., & Chikritzhs, T. (2009). Access to confidential alcohol industry documents: From 'Big Tobacco' to 'Big Booze'. *Australasian Medical Journal*, *1*(3), 1–26. doi:10.4066/AMJ.2009.43

Bond, L., Daube, M., & Chikritzhs, T. (2010). Selling addictions: Similarities in approaches between Big Tobacco and Big Booze. *Australasian Medical Journal*, *3*(6), 325–332. doi:10.4066/AMJ.2010.363
Brandt, A. M. (2012). Inventing conflicts of interest: A history of tobacco industry tactics. *American Journal of Public Health*, *102*, 63–71. doi:10.2105/AJPH.2011.300292
British American Tobacco. (2014). *The health risks of smoking: A cause of serious disease*. Retrieved November 21, 2014, from http://www.bat.com/group/sites/UK__9D9KCY.nsf/vwPagesWebLive/DO52AMG6?opendocument&SKN=1
Burton, S., Williams, K., Fry, R., Chapman, K., Soulos, G., Tang, A., … Egger, S. (2013). Marketing cigarettes when all else is unavailable: Evidence of discounting in price-sensitive neighbourhoods. *Tobacco Control*. doi:10.1136/tobaccocontrol-2013-051286
Cairney, P., Mamudu, H., & Studlar, D. T. (2015). Global public policy: Does the new venue for transnational tobacco control challenge the old way of doing things? *Public Administration*, *93*(4), 856–873. doi:10.1111/padm.12143
Cairney, P., & Studlar, D. (2014). Public health policy in the United Kingdom: After the war on tobacco, is a war on alcohol brewing? *World Medical & Health Policy*, *6*(3), 308–323. doi:10.1002/wmh3.106
Cairney, P., Studlar, D., & Mamudu, H. M. (2011). *Global tobacco control: Power, policy, governance, and transfer*. Basingstoke: Palgrave Macmillan.
Casswell, S. (2012). Current status of alcohol marketing policy – an urgent challenge for global governance. *Addiction*, *107*(3), 478–485. doi:10.1111/j.1360-0443.2011.03701.x
Casswell, S. (2013). Vested interests in addiction research and policy. Why do we not see the corporate interests of the alcohol industry as clearly as we see those of the tobacco industry? *Addiction*, *108*(4), 680–685. doi:10.1111/add.12011
Chaloupka, F., Hu, T., Warner, K., Jacobs, R., & Yurekli, A. (2000). The taxation of tobacco products. In P. Jha & F. Chaloupka (Eds.), *Tobacco control in developing countries* (pp. 237–268). Oxford: Oxford University Press.
Chantornvong, S., & McCargo, D. (2001). Political economy of tobacco control in Thailand. *Tobacco Control*, *10*, 48–54. doi:10.1136/tc.10.1.48
Connolly, G. N. (1992). Worldwide expansion of transnational tobacco industry. *Journal of the National Cancer Institute Monographs*, *12*, 29–35.
Conway, E. M., & Oreskes, N. (2014). *Merchants of doubt*. London: Bloomsbury.
Crosbie, E., & Glantz, S. A. (2012). Tobacco industry argues domestic trademark laws and international treaties preclude cigarette health warning labels, despite consistent legal advice that the argument is invalid. *Tobacco Control*. doi:10.1136/tobaccocontrol-2012-050569
Dorfman, L., Cheyne, A., Friedman, L. C., Wadud, A., & Gottlieb, M. (2012). Soda and tobacco industry corporate social responsibility campaigns: How do they compare? *PLoS Medicine*, *9*(6), e1001241. doi:10.1371/journal.pmed.1001241
Dür, A., & Mateo, G. (2012). Who lobbies the European Union? National interest groups in a multilevel polity. *Journal of European Public Policy*, *19*, 969–987. doi:10.1080/13501763.2012.672103
Eckhardt, J., & De Bièvre, D. (2015). Boomerangs over Lac Léman: Transnational lobbying and foreign venue shopping in WTO dispute settlement. *World Trade Review*, *14*, 507–530. doi:10.1017/S1474745614000500
EUROCARE. (2009). *Alcohol trends: Markets and innovations*. Retrieved from www.eurocare.org/ … /2/ … /Alcohol+market+trends_AU_April+2009.pdf
Euromonitor. (2013). *Statistics* [Euromonitor Passport Database]. Retrieved January 22, 2015, from https://www.portal.euromonitor.com/portal/magazine/homemain
Farnsworth, K. (2004). *Corporate power and social policy in a global economy*. Bristol: Policy Press.
Farnsworth, K., & Holden, C. (2006). The business-social policy nexus: Corporate power and corporate inputs into social policy. *Journal of Social Policy*, *35*(3), 473–494. doi:10.1017/S0047279406009883
Fekjaer, H. O. (2013). Alcohol – a universal preventive agent? A critical analysis. *Addiction*, *108*(12), 2051–2057. doi:10.1111/add.12104

Ferreira-Borges, C., Endal, D., Babor, T., Dias, S., Kachiwiya, M., & Zakeyu, N. (2014). Alcohol policy process in Malawi: Making it happen. *The International Journal of Alcohol and Drug Research*, *3*(3), 187–192. doi:10.7895/ijadr.v3i3.156

Fooks, G., Gilmore, A., Collin, J. Holden, C., & Lee, K. (2012). The limits of corporate social responsibility: Techniques of neutralization, stakeholder management and political CSR. *Journal of Business Ethics*, *112*(2), 283–299. doi:10.1007/s10551-012-1250-5

Fooks, G. J., Gilmore, A. B., Smith, K. E., Collin, J., Holden, C., & Lee, K. (2011). Corporate social responsibility and access to policy élites: An analysis of tobacco industry documents. *PLoS Medicine*, *8*(8), e1001076. doi:10.1371/journal.pmed.1001076

Freeman, B. (2015). *Tobacco carve-out in TPP, major victory for public health*. *British Medical Journal* blogs. Retrieved from http://blogs.bmj.com/tc/2015/10/06/tobacco-carve-out-in-tpp/

Giesbrecht, N. (2000). Roles of commercial interests in alcohol policies: Recent developments in North America. *Addiction*, *95*(Suppl. 4), 581–595.

Gilmore, A. B. (2012). Understanding the vector in order to plan effective tobacco control policies: An analysis of contemporary tobacco industry materials. *Tobacco Control*, *21*, 119–126. doi:10.1136/tobaccocontrol-2011-050397

Gilmore, A. B., Branston, J. R., & Sweanor, D. (2010). The case for OFSMOKE: How tobacco price regulation is needed to promote the health of markets, government revenue and the public. *Tobacco Control*, *19*, 423–430. doi:10.1136/tc.2009.034470

Gilmore, A. B., and Mckee, M. (2004). Tobacco and transition: An overview of industry investments, impact and influence in the former Soviet Union. *Tobacco Control*, *13*, 136–142. doi:10.1136/tc.2002.002667

Gilmore, A. B., Savell, E., & Collin, J. (2011). Public health, corporations and the new responsibility deal: Promoting partnerships with vectors of disease? *Journal of Public Health*, *33*(1), 2–4. doi:10.1093/pubmed/fdr008

Givel, M. S., & Glantz, S. A. (2001). Tobacco lobby political influence on US state legislatures in the 1990s. *Tobacco Control*, *10*, 124–134. doi:10.1136/tc.10.2.124

Global 500. (2013). *Fortune*. Retrieved from http://money.cnn.com/magazines/fortune/global500/2013/full_list/?iid=G500_sp_full

Gneiting, U. (2015). From global agenda-setting to domestic implementation: Successes and challenges of the global health network on tobacco control. *Health Policy and Planning*. doi:10.1093/heapol/czv001

Gneiting, U., & Schmitz, H. P. (2016). *Comparing global alcohol and tobacco control efforts: Network formation and evolution in international health governance*. Retrieved from http://heapol.oxfordjournals.org/content/early/2016/01/04/heapol.czv125.full.pdf+html

Gornall, J. (2014). Europe under the influence. *British Medical Journal*, *348*. doi:10.1136/bmj.g1166

Hafez, N., & Ling, P. M. (2005). How Philip Morris built Marlboro into a global brand for young adults: Implications for international tobacco control. *Tobacco Control*, *14*, 262–271. doi:10.1136/tc.2005.011189

Harkins, C. (2010). The Portman Group. *British Medical Journal*, *340*. Retrieved from http://www.bmj.com/content/340/bmj.b5659

Hastings, G., & Macfadyen, L. (1998). Smoking, branding, and the meaning of life. *Tobacco Control*, *7*, 107–108. doi:10.1136/tc.7.2.107

Hawkins, B., & Holden, C. (2012). 'Water dripping on stone'? Industry lobbying and UK alcohol policy. *Policy and Politics*, *42*(1), 55–70. doi:10.1332/030557312X655468

Hawkins, B., & Holden, C. (2013). Framing the alcohol policy debate: Industry actors and the regulation of the UK beverage alcohol market. *Critical Policy Studies*, *7*(1), 53–71. doi:10.1080/19460171.2013.766023

Hawkins, B., Holden, C., & Mccambridge, J. (2012). Alcohol industry influence on UK alcohol policy: A new research agenda for public health. *Critical Public Health*, *22*(3), 297–305. doi:10.1080/09581596.2012.658027

Hedley, D. (2007). *Consolidation endgame in sight – but is there one more big throw of the dice*. Euromonitor. Retrieved from http://www.euromonitor.com/Consolidation_endgame_in_sight_but_is_there_one_more_big_throw_of_the_dice

Holden, C., & Hawkins, B. (2012). 'Whisky gloss': The alcohol industry, devolution and policy communities in Scotland. *Public Policy and Administration*, *28*(3), 253–273. doi:10.1177/0952076712452290

Holden, C., Hawkins, B., & Mccambridge, J. (2012). Cleavages and co-operation in the UK alcohol industry: A qualitative study. *BMC Public Health*, *12*, 483–483. doi:10.1186/1471-2458-12-483

Holden, C., & Lee, K. (2009). Corporate power and social policy: The political economy of the transnational tobacco companies. *Global Social Policy*, *9*(3), 328–354. doi:10.1177/1468018109343638

Hurt, R. D., Ebbert, J. O., Muggli, M. E., Lockhart, N. J., & Robertson, C. R. (2009). Open doorway to truth: Legacy of the Minnesota tobacco trial. *Mayo Clinic Proceedings*, *84*(5), 446–456. doi:10.1016/S0025-6196(11)60563-6

Jahiel, R. I., & Babor, T. F. (2007). Industrial epidemics, public health advocacy and the alcohol industry: Lessons from other fields. *Addiction*, *102*(9), 1335–1339. doi:10.1111/j.1360-0443.2007.01900.x

Jarman, H., Schmidt, J., & Rubin, D. B. (2012). When trade law meets public health evidence: The World Trade Organization and clove cigarettes. *Tobacco Control*, *21*, 596–598. doi:10.1136/tobaccocontrol-2011-050376

Jernigan, D. H. (2009). The global alcohol industry: An overview. *Addiction*, *104*(Suppl. 1), 6–12. doi:10.1111/j.1360-0443.2008.02430.x

Jernigan, D. H. (2012). Global alcohol producers, science, and policy: The case of the International Center for alcohol policies. *American Journal of Public Health*, *102*(1), 80–89. doi:10.2105/AJPH.2011.300269

Jernigan, D. H., & Babor, T. F. (2015). The concentration of the global alcohol industry and its penetration in the African region. *Addiction*, *110*(4), 551–560. doi:10.1111/add.12468

Jiang, N., & Ling, P. (2013). Vested interests in addiction research and policy: Alliance between tobacco and alcohol industries to shape public policy. *Addiction*, *108*(5), 852–864. doi:10.1111/add.12134

Lambert, A., Sargent, J. D., Glantz, S. A., & Ling, P. M. (2004). How Philip Morris unlocked the Japanese cigarette market: Lessons for global tobacco control. *Tobacco Control*, *13*, 379–387. doi:10.1136/tc.2004.008441

Lee, S., Holden, C., & Lee, K. (2013). Are transnational tobacco companies' market access strategies linked to economic development models? A case study of South Korea. *Global Public Health*, *8*, 435–448. doi:10.1080/17441692.2012.758762

Lee, S., Lee, K., & Holden, C. (2012). Creating demand for foreign brands in a 'home run' market: Tobacco company tactics in South Korea following market liberalisation. *Tobacco Control*, *8*(4), 435–448. doi:10.1080/17441692.2012.758762

Levy, D. T., Benjakul, S., Ross, H., & Ritthiphakdee, B. (2008). The role of tobacco control policies in reducing smoking and deaths in a middle income nation: Results from the Thailand SimSmoke simulation model. *Tobacco Control*, *17*, 53–59. doi:10.1136/tc.2007.022319

Mamudu, H. M., Dadkar, S., Veeranki, S. P., He, Y., Barnes, R., & Glantz, S. A. (2014). Multiple streams approach to tobacco control policymaking in a tobacco-growing state. *Journal of Community Health*, *39*(4), 633–645. doi:10.1007/s10900-013-9814-6

Mccambridge, J., & Hartwell, G. (2014). Has industry funding biased studies of the protective effects of alcohol on cardiovascular disease? A preliminary investigation of prospective cohort studies. *Drug and Alcohol Review*, *34*(1), 58–66. doi:10.1111/dar.12125

Mccambridge, J., Hawkins, B., & Holden, C. (2013a). The challenge corporate lobbying poses to reducing society's alcohol problems: Insights from UK evidence on minimum unit pricing. *Addiction*, *109*(2), 199–205. doi:10.1111/add.12380

Mccambridge, J., Hawkins, B., & Holden, C. (2013b). Industry use of evidence to influence alcohol policy: A case study of submissions to the 2008 Scottish government consultation. *PLoS Medicine*, *10*. doi:10.1371/journal.pmed.1001431

Mccambridge, J., Kypri, K., Miller, P., Hawkins, B., & Hastings, G. (2013). Be aware of Drinkaware. *Addiction*, *109*(4), 519–524. doi:10.1111/add.12356

McGrady, B. (2007). Trade liberalisation and tobacco control: Moving from a policy of exclusion towards a more comprehensive policy. *Tobacco Control*, *16*(4), 280–283. doi:10.1136/tc.2006.019141

McKee, M. (2013). European Union's tobacco products directive. *British Medical Journal*, *347*. doi:10.1136/bmj.f6196

Michaels, D. (2008). *Doubt is their product: How industry's assault on science threatens your health*. Oxford: Oxford University Press.

Mitchell, A. D., & Studdert, D. M. (2012). Plain packaging of tobacco products in Australia: A novel regulation faces legal challenge. *The Journal of the American Medical Association*, *307*(3), 261–2. doi:10.1001/jama.2011.2009

Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Neal, B., Thamarangsi, T., … Casswell, S. (2013). Profits and pandemics: Prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *The Lancet*, *381*(9867), 670–679. doi:10.1016/S0140-6736(12)62089-3

Proctor, R. N. (2012). *Golden holocaust: Origins of the cigarette catastrophe and the case for abolition*. Berkeley: University of California Press.

Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., & Patra, J. (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *The Lancet*, *373*(9682), 2223–2233. doi:10.1016/S0140-6736(09)60746-7

Replenishing the drinks cabinet. Raki with a bourbon chaser? (2011). *Economist*. Retrieved from http://www.economist.com/node/18285786

Room, R. (2004). Disabling the public interest: Alcohol strategies and policies for England. *Addiction*, *99*(9), 1083–1089. doi:10.1111/j.1360-0443.2004.00803.x

Savell, E., Gilmore, A. B., & Fooks, G. (2014). How does the tobacco industry attempt to influence marketing regulations? A systematic review. *PLoS One*, *9*. doi:10.1371/journal.pone.0087389

Schmitz, H. P. (2015). The global health network on alcohol control: Successes and limits of evidence-based advocacy. *Health Policy and Planning*. doi:10.1093/heapol/czu064

Seabrook, R. (2010). A new measure of alcohol affordability for the UK. *Alcohol and Alcoholism*, *45*(6), 581–585. doi:10.1093/alcalc/agq072

Sell, S. K. (2003). *Private power, public law: The globalization of intellectual property rights*. Cambridge: Cambridge University Press.

Shamasunder, B., & Bero, L. (2002). Financial ties and conflicts of interest between pharmaceutical and tobacco companies. *Journal of the American Medical Association*, *288*(6), 738–744. doi:10.1001/jama.288.6.738

Shepherd, P. (1985). Transnational corporations and the international cigarette industry. In R. S. Newfarmer (Ed.), *Profits, progress, and poverty: Case studies of international industries in Latin America* (pp. 63–112). Notre Dame, IN: University of Notre Dame Press.

Smith, K. E., Savell, E., & Gilmore, A. B. (2013). What is known about tobacco industry efforts to influence tobacco tax? A systematic review of empirical studies. *Tobacco Control*, *22*(2), 144–153. doi:10.1136/tobaccocontrol-2011-050098

Stebbins, K. R. (1991). Tobacco, politics and economics: Implications for global health. *Social Science & Medicine*, *33*(12), 1317–1326. doi:10.1016/0277-9536(91)90275-H

Stenius, K., & Babor, T. F. (2010). The alcohol industry and public interest science. *Addiction (Abingdon, England)*, *105*(2), 191–198. doi:10.1111/j.1360-0443.2009.02688.x

Stockwell, T., & Room, R. (2012). Constructing and responding to low-risk drinking guidelines: Conceptualisation, evidence and reception. *Drug and Alcohol Review*, *31*(2), 121–125. doi:10.1111/j.1465-3362.2011.00416.x

Stuckler, D., Basu, S., & Mckee, M. (2011). Commentary: UN high level meeting on non-communicable diseases: An opportunity for whom. *British Medical Journal*, *343*, d5336. doi:10.1136/bmj.d5336

Stuckler, D., Mckee, M., Ebrahim, S., & Basu, S. (2012). Manufacturing epidemics: The role of global producers in increased consumption of unhealthy commodities including processed foods, alcohol, and tobacco. *PLoS Medicine*, *9*(6), e1001235. doi:10.1371/journal.pmed.1001235

Sy, D. K., & Stumberg, R. K. (2014). TPPA and tobacco control: Threats to APEC countries. *Tobacco Control*. doi:10.1136/tobaccocontrol-2014-051900

UNCTAD. (2012). *World investment report 2012*. Retrieved from http://unctad.org/Sections/dite_dir/docs/WIR12_webtab28.xls

UNCTAD. (2013). *World investment report 2013*. Retrieved from http://unctad.org/en/pages/DIAE/World%20Investment%20Report/Annex-Tables.aspx

White, J., & Bero, L. A. (2010). Corporate manipulation of research: Strategies are similar across five industries. *Stanford Law & Policy Review*, *21*(1), 105–134.

WHO. (2008). *WHO report on the global tobacco epidemic, 2008: The MPOWER package*. Retrieved from http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf

WHO. (2010). *Global strategy to reduce the harmful use of alcohol*. Retrieved from: http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1

WHO. (2012a). *2012 global progress report on implementation of the WHO Framework Convention on Tobacco Control*. World Health Organization. Retrieved from http://www.who.int/iris/handle/10665/79170#sthash.wBPj9l1B.dpuf

WHO. (2012b). *Political declaration of the high-level meeting of the general assembly on the prevention and control of non-communicable diseases*. Retrieved from http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf

WHO. (2013). *WHO report on the global tobacco epidemic, 2013: Enforcing bans on tobacco advertising, promotion and sponsorship*. Retrieved from http://www.who.int/tobacco/global_report/2013/en/

WHO. (2014). *Global status report on alcohol and health-2014*. Retrieved from http://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_1.pdf?ua=1

WHO. (2015a). *Alcohol fact sheet*. Retrieved October 14, 2015, from http://www.who.int/mediacentre/factsheets/fs349/en/

WHO. (2015b). *WHO report on the global tobacco epidemic*. Retrieved from http://apps.who.int/iris/bitstream/10665/178574/1/9789240694606_eng.pdf?ua=1

Wipfli, H. (2015). *The global war on tobacco*. Baltimore, MD: Johns Hopkins University Press.

Yoon, S., & Lam, T.-H. (2012). The alcohol industry lobby and Hong Kong's zero wine and beer tax policy. *BMC Public Health*, *12*, 717–717. doi:10.1186/1471-2458-12-717

Zeigler, D. W. (2009). The alcohol industry and trade agreements: A preliminary assessment. *Addiction*, *104*(Suppl. 1), 13–26. doi:10.1111/j.1360-0443.2008.02431.x