

Now you see it, now you don't

How alcohol industry interference made marketing restrictions disappear from the 10 Year Health Plan in England



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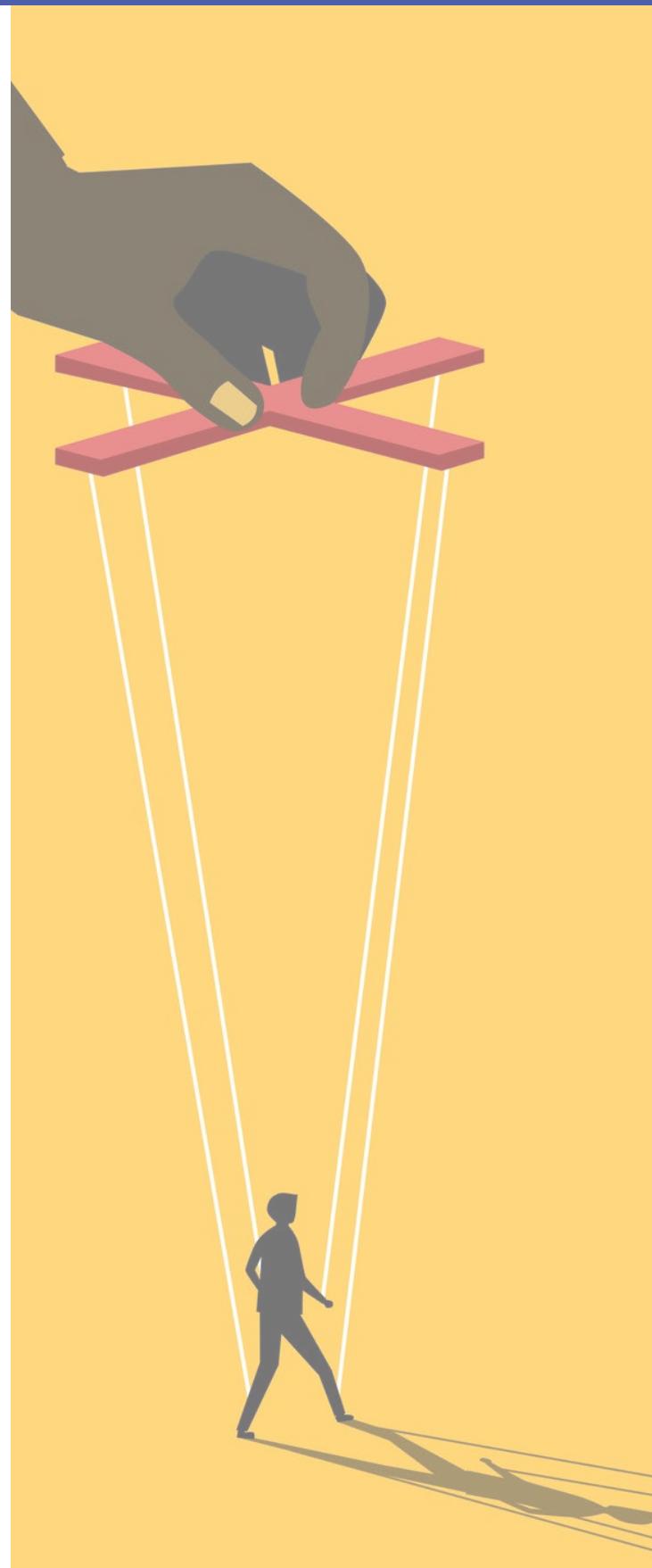
About IAS

The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society.

Our purpose is to advance the use of the best available evidence in public policy discussions on alcohol. The IAS is a company limited by guarantee (no. 05661538) and a registered charity (no. 1112671).

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Executive summary

In July 2025, the UK Government published its [10 Year Health Plan for England](#). Despite a media leak and subsequent Department of Health and Social Care (DHSC) statement indicating that the Plan would contain alcohol marketing restrictions, these did not appear in the final document.

Alcohol industry influence has been identified as a major barrier to the introduction of effective policies to reduce alcohol harm.¹ We were therefore keen to understand to what degree the removal of marketing restrictions from the 10 Year Health Plan might have been a result of commercial influence. To investigate further, we made freedom of information (FOI) requests to different UK Government departments for correspondence with the alcohol industry in the month ahead of the Plan's release.

From the documents we received, we can demonstrate:

The alcohol industry targeted the Health Secretary and DHSC over potential marketing restrictions – This is a clear example of alcohol companies seeking to interfere with health policy and the NHS.

Other Government departments were leveraged to lobby DHSC on behalf of the alcohol industry – The documents we received show that alcohol companies and industry-funded organisations wrote to the Department for Business & Trade, the Department for Culture, Media & Sport and HM Treasury, encouraging them to put pressure on DHSC to drop the planned marketing restriction policy.

“As Chancellor, we urge that you make immediate representations to the Department of Health and ensure that these restrictions are not enforced.”

- Budweiser to the Chancellor of the Exchequer

Alcohol industry actors likely coordinated their approach – The existence of joint letters, the timing of correspondence and striking similarities in the content of the letters all suggest a coordinated campaign.

Alcohol industry correspondence contained a range of well-known arguments and rhetorical strategies used by alcohol, tobacco, unhealthy food and drink and fossil-fuel companies, among others – These included: cherry-picking data about alcohol harm trends and the evidence base for restrictions; arguing (contrary to the evidence) that self-regulation is effective; making catastrophic economic claims; arguing that the alcohol industry is an appropriate partner in reducing harm (despite evidence that this is ineffective and even harmful); and stating (contrary to the evidence) that advertising does not increase drinking and benefits society. Specific arguments used are outlined and compared to authoritative sources of evidence and found to be misleading in our full report.

Obstacles to the FOI process

Access to documents via FOI requests made it possible to uncover this alcohol industry lobbying campaign. Though our report provides sufficient evidence of a coordinated campaign by the alcohol industry, we are aware that not all relevant industry correspondence was released. Our experience of making FOI requests across

Government departments highlighted issues with the process, including delays beyond statutory deadlines and inconsistencies in the withholding and redaction of information. This

suggests a tendency to protect commercial interests at the expense of public health policy interests and raises wider concerns about transparency and accountability.

Example claims contrasted with the public health evidence

Alcohol industry claim	Quote	What the evidence says
Alcohol harm is reducing, so marketing restrictions are unnecessary.	<i>"We believe that such a proposal would be disproportionate and ill-targeted, given the generally positive trends on alcohol across society."</i> - Portman Group in a letter to DHSC	Alcohol consumption has been increasing over the past decade. Data from 2025 showed that alcohol deaths were at record levels across the UK, and England's alcohol-related hospital admission rates were at their highest.
Claims that the alcohol industry cares about, and has a role to play in supporting, public health.	<i>"We support efforts to improve public health and tackle inequalities."</i> <i>BBPA and Heineken in letters to DHSC</i>	There is a conflict of interest between public health goals and the alcohol industry's business model. The alcohol industry has no expertise in health evidence or health policy and is not an appropriate partner.

Alcohol marketing restrictions are an effective tool to reduce harm among children, young people and the broader population. The latest evidence review from Public Health Scotland (2025) concluded that alcohol marketing drives consumption and resulting harm. It states that comprehensive restrictions can be effective at reducing this harm. Marketing restrictions have been recommended by WHO since 2017 and are used effectively in France, Ireland and Norway.

Based on our findings, we make the following recommendations to UK Government:

- Revisit and introduce the proposed alcohol marketing restrictions
- Issue a new national strategy to tackle rising alcohol harm
- Reject industry self-regulation
- Say no to partnerships with the alcohol industry in line with WHO recommendations
- Recognise the inherent conflict of interest between the alcohol industry and health policy as recommended by WHO
- Introduce principles for government departments to manage conflicts of interest arising from the involvement of companies that profit from unhealthy products in health policy

Background

The UK Government published its 10 Year Health Plan for England on 4 July 2025.² The document outlines a long-term vision for health in England, which includes a shift “from sickness to prevention”, in line with Government rhetoric, manifesto commitments related to health and the findings of the Darzi review.^{3,4}

10 Year Health Plan for England **A turning point on prevention**

We stand at the cusp of a historic transformation in our means to deliver on the promise of prevention.

Unfortunately, despite the stated emphasis on prevention, the Plan largely falls short in terms of introducing evidence-based prevention policies to tackle alcohol harm. At a time of record alcohol harm in England and across the UK, this has been described by leading health experts as a missed opportunity to improve the population’s health and reduce inequalities and contribute to the Government’s “prevention revolution”.⁵

Missing alcohol marketing restrictions

Shortly before the Plan’s publication, on 25 June 2025, leaks began to appear in the media suggesting that it would include alcohol advertising restrictions.⁶ Media leaks can be used as part of an influencing strategy to undermine or weaken policy proposals.⁷ In response to the media leaks, which were widely reported in the mainstream and trade press, the Department for Health and Social Care (DHSC) confirmed that, short of a total ban, they were “exploring options for partial restrictions to bring [alcohol] closer in line with the advertising of unhealthy food”.⁸

However, when the Plan was published the following week, it contained no mention of alcohol marketing. This apparent U-turn was reported in the media as due to “industry backlash” and a “furious response” from the alcohol industry.⁹ This appeared to reflect previous opposition from the alcohol industry to marketing regulations and other public health policies in a range of contexts.^{10,11,12,13,14}

An investigation of what happened

This report aims to provide an account of how the alcohol industry was able to mobilise key government stakeholders and influence this crucial window of opportunity for the nation’s health. It is based on correspondence between key alcohol industry actors and different UK Government departments in relation to the 10 Year Health Plan obtained via Freedom of Information (FOI) Act requests. These letters and emails illustrate a coordinated strategy deployed by alcohol industry bodies to achieve this outcome.

What are alcohol marketing restrictions?

Alcohol marketing describes a group of activities including advertising in traditional media, online, social media, and sponsorship of sport and cultural events and institutions. Reviews of the scientific evidence have found that alcohol marketing drives consumption of alcohol and related harms, including among children.^{15,16,17}

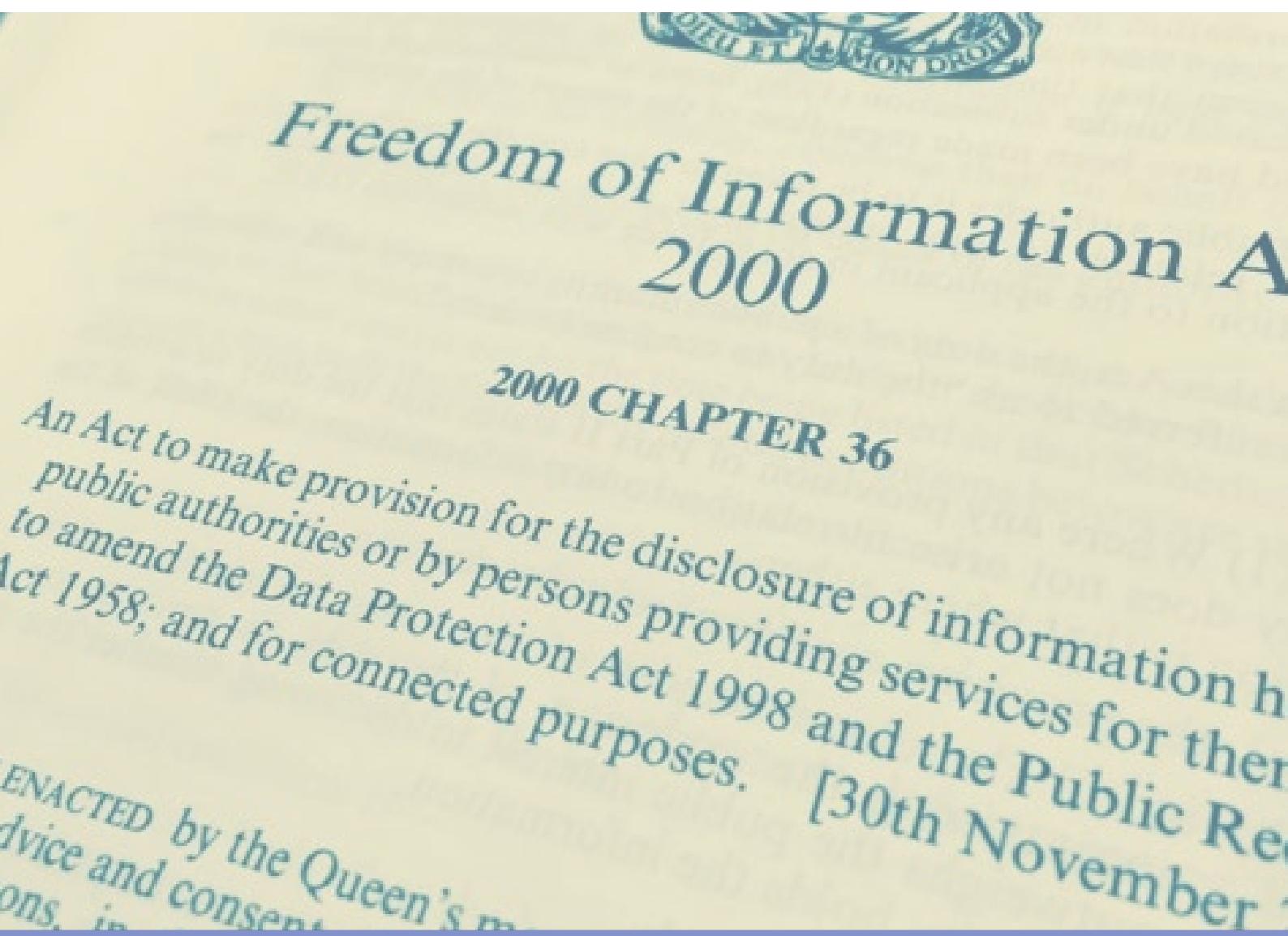
Restrictions would limit the alcohol industry’s ability to market its products, with the overall goal of lowering consumption and protecting children and young people. The World Health Organization (WHO) has recognised marketing restrictions as one of the most effective and

cost-efficient strategies (a “best buy”) to reduce alcohol harm since 2017.¹⁸

Countries such as France, Ireland and Norway already restrict alcohol marketing and offer examples of effective independent regulation systems.¹⁹ Unlike these countries, and contrary to recommendations from WHO and the Organisation for Economic Co-operation and Development (OECD),^{20,21} the UK uses a co-regulatory and self-regulatory model for alcohol marketing, administered by bodies like Ofcom, the Advertising Standards Authority and the alcohol industry-funded Portman Group.²² Evidence demonstrates this model is ineffective, particularly in the context of online

advertising, which young people are exposed to.²³

The Scottish Government has explored introducing marketing restrictions and carried out a consultation on such a policy in 2022-23.²⁴ After fierce lobbying and public campaigns from the alcohol and advertising industries against proposals, plans were put on hold pending the publication of an independent evidence review by Public Health Scotland (PHS). PHS published its review on 2 September 2025, which found strong evidence that alcohol marketing drives consumption and contributes to harm, particularly among children and young people.²⁵ It also recommends comprehensive alcohol marketing restrictions.



Methods

Freedom of Information (FOI) Act requests

The Freedom of Information (FOI) Act gives people the right to ask public authorities for access to information they hold by submitting FOI requests.²⁶ IAS made several requests to different UK Government departments under the FOI Act. Details on the FOI process and the challenges faced in accessing information are presented later in this report.

Analysis

All documents received from the FOI request

were screened for their relevance to the 10 Year Health Plan. Of the 47 documents received, 22 contained information related to the Plan and underwent thorough qualitative analysis.

Table 1 provides an overview of all documents analysed. None of the documents received from the Department for Environment and Rural Affairs (Defra) contained information pertaining to the 10 Year Plan. A list of all correspondence, with links to the full documents, is included in the annex to this report.

Table 1: Overview of documents analysed, including recipients and authors of correspondence

DHSC	DBT	DCMS	HMT
Molson Coors (cover email and letter)	Molson Coors (letter)		
Budweiser (email containing cover email and letter)	Budweiser (cover email and letter) Brown Forman (cover email and letter)	Budweiser (cover email only; full letter missing)	Budweiser (letter)
	Diageo (letter)	Diageo (cover emails only; full letter missing)	
	Asahi (letter)		
British Beer and Pub Association (letter)	DBT correspondence to UKHospitality (cover email only; full letter missing)	British Beer and Pub Association (presumed*; cover email only; full letter missing)	
Chivas Brothers (email)			
Greene King (letter)			
Heineken (letter)			
National Association of Cider Makers (letter)			
Portman Group (cover email and letter)			
Scotch Whisky Association (cover email and letter)			
Joint letter (BBPA, Pernod Ricard, SWA, WSTA and redacted co-authors)			

*Presumed to be BBPA as the email subject was the same as the subject mentioned in BBPA's letter to DHSC

Findings

Our analysis revealed a coordinated campaign by alcohol industry representatives to influence the 10 Year Health Plan, with significant implications for health policy and the NHS. However, because our study was limited to the correspondence made available to us, the following findings may only represent a small portion of widespread but less-documented influencing efforts, with further lobbying possibly happening behind the scenes.

The alcohol industry targeted the Health Secretary and DHSC over potential marketing restrictions

We found evidence that the alcohol industry – alcohol companies and organisations funded by alcohol companies – targeted Wes Streeting directly over the leaked alcohol marketing policy.

At least 10 letters were sent by alcohol industry representatives to the Health Secretary between 26-30 June 2025, with most sent on 26 June. This is a clear example of alcohol companies seeking to influence health policy and the NHS and is consistent with previous

evidence of alcohol industry interference. A summary of key arguments and rhetorical strategies used in these letters is presented below.

Other Government departments were leveraged to lobby DHSC on behalf of the alcohol industry

Within the documents obtained via our FOI requests, there was also evidence of alcohol companies and industry-funded organisations writing to other UK Government departments about the 10 Year Health Plan.

These included:

- Department for Business & Trade (DBT)
- Department for Culture, Media & Sport (DCMS)
- HM Treasury (HMT)

Letters raised concerns about potential alcohol marketing restrictions and encouraged these different departments to put pressure on DHSC. As shown in Table 2, some of the correspondence even included explicit requests to intervene:

Table 2: Examples of alcohol industry requests for government intervention on DHSC plans to introduce alcohol marketing restrictions

Email from British Beer and Pub Association (presumed) to DCMS	"This policy would impact our industry across the briefs of many departments so I thought pertinent to be shared with you all. Any support behind the scenes would be massively appreciated."
Letter from Budweiser to Secretary of State for Business and Trade	"We hope that you are able to support the UK business community and investment and economic growth by raising our concerns with the Department of Health."
Letter from Budweiser to Chancellor of the Exchequer	"As Chancellor, we urge that you make immediate representations to the Department of Health and ensure that these restrictions are not enforced."

Messaging was relatively consistent across departments. For example, Budweiser sent essentially the same letter to DHSC, HMT and DBT (albeit additional brief references were made to tariffs, international investment, excise tax and extended producer responsibility (EPR) in the latter two letters).

Though we have evidence of alcohol industry correspondence to DHSC and at least three other Government departments, outreach may have been more extensive. Given the lack of letters received from other departments from our FOI requests, we cannot rule out that alcohol industry actors wrote to further departments about alcohol marketing. The letters we do have indicate that correspondence was also sent to the Prime Minister's Office at 10 Downing Street (No.10) and Defra.

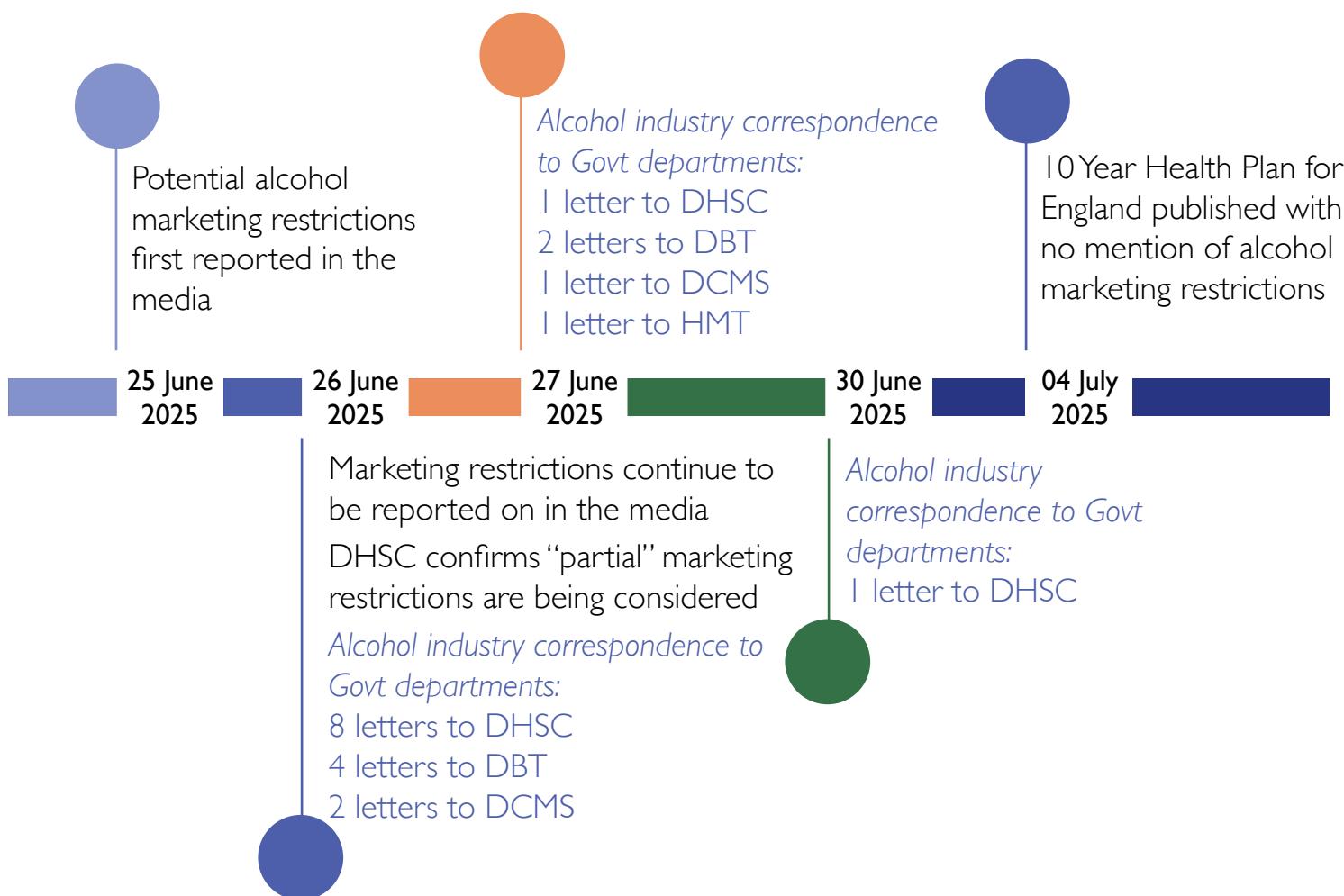
Alcohol industry actors likely coordinated their approach

Several factors indicate that this was a coordinated effort from the alcohol industry to influence the 10 Year Health Plan.

The most obvious example is the preparation of a joint letter sent to DHSC on 26 June by the British Beer and Pub Association (BBPA), Pernod Ricard, the Scotch Whisky Association (SWA) and the Wine and Spirit Trade Association (WSTA), alongside other redacted signatories.

Other indications of coordination include timing, with most correspondence sent 26 or 27 June, and language.

Figure 1: Timeline of events from media leak to issuing of 10 Year Health Plan



There were also striking similarities between letters from different authors, with the same arguments made and evidence cited at a notable rate. Some letters from different senders had identical text, or very similar passages, as outlined in Table 3.

Table 3: Examples of similar language and arguments used in alcohol industry correspondence

Letters from Budweiser to Secretary of State for Business and Trade; Secretary of State for Health and Social Care; and the Chancellor of the Exchequer	"As a result, underage drinking is at the lowest levels since records began in 1988. We therefore remain unclear as to the issue the Government is aiming to address by implementing such a policy."
Letter from Diageo to Secretary of State for Business and Trade	"It is unclear what problem the Government is seeking to address here: underage drinking is at the lowest levels since records began in 1988."
Letter from Heineken to Secretary of State for Health and Social Care	"Underage drinking is now at its lowest level since records began in 1988."
Letter from BBPA to Secretary of State for Health and Social Care	"In fact, underage drinking is now at its lowest level since records began in 1988."

What the evidence says

Despite the claims made in this example, underage drinking is still a concern. Great Britain – and England in particular – has some of the highest rates of young children drinking compared with other countries.²⁷ More detail on this topic is provided below.

Alcohol industry correspondence contained a range of rhetorical strategies

Within the correspondence, alcohol companies and industry-funded organisations employed several well-known rhetorical strategies.²⁸ These included:

- Narrowing and downplaying the problem to offer industry-favoured solutions

- Presenting public health policy as extremist
- Cherry-picking of data and evidence
- Catastrophic economic claims
- Appeals to heritage, culture and inclusion
- Positioning industry as a partner and part of the solution
- Using third-party voices

A more detailed analysis of the correspondence will now follow, including the key arguments used and clarifying statements which unpick different claims.

Summary of key industry arguments

I. Arguments about evidence, redefining alcohol harm and what constitutes 'appropriate' policy

This first group of arguments we identified centred around evidence (or a claimed lack of evidence) related to alcohol marketing restrictions and redefining alcohol harm as a minority issue rather than a public health problem. Population-wide measures like alcohol marketing restrictions were portrayed as inappropriate and alternative industry-friendly 'solutions' were promoted.

Industry arguments

Cherry-picking data to claim that alcohol harm is reducing

According to the Office for National Statistics and DHSC, alcohol harm is at concerning levels, with data published in 2025 showing record levels reported for alcohol deaths across the UK and for alcohol-related hospital admission rates in England.^{29,30}

Despite this evidence of increasing harm, our analysis found that it was common for the alcohol industry's letters to Government departments to reference apparent "positive trends" in alcohol harm to argue that restrictions on alcohol advertising are inappropriate or unnecessary.

“We believe that such a proposal would be disproportionate and ill-targeted, given the generally positive trends on alcohol across society.”

- Portman Group letter to DHSC

These statements often centred on narrow topics where harm has declined, such as heavy episodic drinking and largely ignored areas of growing harm. A small subset of letters acknowledged that alcohol-specific deaths

have increased as a caveat to these so-called "positive trends". Such arguments presented alcohol harm as a problem affecting a minority of people and placed the onus upon individuals, rather than looking at the effects on the whole population.

“We accept that despite this overall positive trend, there is a recent increase in alcohol-specific deaths, and concerns that those already drinking at heavier rates increased their consumption during the pandemic.”

- Asahi letter to DBT

What the evidence says: Alcohol harm has increased in recent years

The framing of "positive trends" in alcohol harm is an example of cherry picking of data and deflecting from areas of growing harm. Several letters emphasised an apparent shift to moderation and that people are consuming less alcohol on average. Contrary to industry reports, alcohol consumption has been increasing over the past decade.³¹ Risky drinking hugely increased during the COVID-19 pandemic and is only recently reducing to levels which still exceed low-risk targets.³² Alcohol deaths are at record levels across the UK,³³ and in England alcohol-related hospital admission rates are at their highest.³⁴

Ignoring the evidence to claim that marketing bans are ineffective

Several leading health authorities, including WHO, PHS and the International Agency for Research on Cancer, have found that there is sufficient evidence to support alcohol marketing restrictions.^{35,36,37}

Yet many of the alcohol industry's letters to Government departments ignored the evidence base, claiming that restricting alcohol marketing would be ineffective, disproportionate, or would have adverse effects. Such arguments often came with claims about an apparent lack of evidence for advertising restrictions.

“There is little evidence that advertising bans reduce harmful consumption.”

- Letter from Heineken to DHSC, undated

Three letters to DHSC claimed a lack of evidence that alcohol advertising increases consumption, citing an alcohol industry-commissioned study carried out by an advertising industry think tank in response to the Scottish Government's proposals to introduce marketing restrictions in 2022.



alcohol consumption, including among children and young people” and that comprehensive marketing restrictions can be an effective way to reduce consumption.⁴⁰

The industry claims identified in our analysis about an alleged lack of evidence for marketing restrictions is consistent with alcohol industry patterns to deny and distort evidence, including on marketing.⁴¹ Casting doubt on scientific evidence is a well-known tactic used by health-harming industries to avoid regulation and protect profits.⁴²

Misleading claims about self-regulation being effective

Self-regulation of alcohol marketing, where the alcohol industry voluntarily develops its own rules, has been identified by OECD and WHO as ineffective, particularly in terms of protecting children.^{43,44}

Contrary to this, several of the alcohol industry letters claimed that existing self-regulation or co-regulation models in the UK are working well, so there is no need for a policy change. Current systems for self-regulation, such as the Advertising Standards Authority, Ofcom and voluntary alcohol industry-funded initiatives and organisations like the Portman Group, Drinkaware and Community Action Partnerships were frequently referenced.

“Such measures are unnecessary. The UK already benefits from a best-in-class, high-functioning and co-regulatory approach to alcohol marketing, in particular in relation to the protection of minors, enforced via the Advertising Standards Authority and the Portman Group.”

- Brown Forman letter to DBT

Some industry groups even claimed that voluntary industry measures were the reason for “positive trends” in alcohol harm.

“ As the Government’s own data shows there has been a cultural shift to moderation, with an increasingly large proportion (78%) of English adults either drinking within the Chief Medical Officer low-risk guidelines or not at all. Much of this change has been driven by the self-regulatory system and industry schemes to encourage moderation.”

- Portman Group letter to DHSC

So-called ‘responsible drinking’ campaigns and the increased availability of no- and low-alcohol products were also used to demonstrate the alcohol industry’s apparent commitment to reducing harm. Heineken represented a “ground-breaking” brand deal with ITV to place Heineken 0.0 on Coronation Street and Emmerdale in the soaps’ on-screen pubs as providing an educational message about non-alcoholic products to the public in a letter to Wes Streeting:

“ Through product placement and in-script references to ‘pints of zero’, the collaboration has helped normalise alcohol-free choices in everyday settings.”

- Heineken letter to DHSC

purchasing age and is linked to higher rates of drinking.⁴⁷ WHO and OECD have both identified that self-regulation is problematic due to weak enforcement and compliance,^{48,49} while self-regulation has been found to be less effective than government regulation for NCD prevention.⁵⁰

No- and low-alcohol products are often represented by the alcohol industry as a key voluntary measure to reduce harm. These products have been a feature of UK alcohol policy for several years and are included in the 10 Year Plan as one of the main avenues to address alcohol harm. However, there is no evidence to indicate that promoting this category of product to the exclusion of other public health measures will have any significant impact on harm.⁵¹ In addition, it is notable that Heineken placed such emphasis on these products, e.g. through its ITV brand deal, since a Heineken case study in an advertising industry publication about a campaign for a non-alcoholic beer made clear that the product was being advertised to encourage people to supplement rather than replace full-strength products.⁵² Since the Heineken 0.0 branding is almost identical to the alcoholic version of the product, the ITV deal is also problematic in that it effectively advertises Heineken – not just the no- and low- variant – on programmes airing before the 9pm watershed. Research shows that, due to shared branding, young people tend to not recognise a distinction between the marketing of no- and low-alcohol products and full-strength alcoholic products.⁵³

What the evidence says: Self-regulation does not work – statutory regulation is needed

Self-regulation of alcohol marketing is ineffective, as evidenced by the fact that despite the apparent “best-in-class” self-regulatory system in place, children and young people continue to report high rates of exposure to alcohol advertising.^{45,46} This is important because evidence shows that alcohol advertising is appealing to people below legal

Claims that alcohol is different from unhealthy foods

Restrictions on unhealthy food marketing were brought into force in the UK in January 2026.⁵⁴ Though this policy was delayed and

weakened due to food industry influence, its introduction was based on evidence that advertising shapes children's consumption of unhealthy products.⁵⁵ Evidence also shows that exposure to alcohol marketing similarly influences the likelihood of youth drinking.⁵⁶

Yet, despite the clear similarities, several letters stated that alcohol is different from unhealthy foods and should not be regulated in the same way. These points were often very similarly worded across the correspondence. Often, these statements narrowly compared childhood obesity with underage drinking to imply that alcohol harm is somehow a less severe issue, making advertising restrictions "disproportionate" (BBPA letter to DHSC).

“Analogy to planned marketing restrictions on foods high in fat, salt and sugar are misleading: it is already illegal to sell or market alcohol to children; and underage drinking, unlike rising obesity in young people, continues to fall sharply.”

- Diageo letter to DBT (almost identical wording in Heineken and BBPA letters to DHSC)

forms of harm from alcohol and so would also stand to benefit from the introduction of marketing restrictions, yet the alcohol industry's singular focus on childhood obesity rhetorically leaves them behind.

Given the alcohol industry's attempts to distance alcohol from the issue of unhealthy foods and childhood obesity, it should also be noted that drinking alcohol contributes to obesity rates. Policies to reduce alcohol consumption could thus have potential positive impacts on obesity, as well as a range of physical and mental health issues.⁶¹

Claims that underage drinking is decreasing, so advertising restrictions are unnecessary

England has some of the highest rates of young children drinking compared with other countries⁶², and children are reporting exposure to alcohol-related content online⁶³.

Many of the industry's letters interpreted alcohol marketing restrictions as a policy measure solely aimed at protecting children, despite evidence that heavy drinkers and people in recovery are particularly influenced by marketing.⁶⁴ This framing gave the industry groups opportunity to advance arguments such as "it is already illegal to sell or market alcohol to children" (identical text in BBPA and Heineken letters to DHSC) and to imply that underage drinking is less of a concern and so marketing restrictions are unwarranted:

“It is unclear what problem the Government is seeking to address here: underage drinking is at the lowest levels since records began in 1988.”

- Diageo letter to DBT

What the evidence says: Alcohol advertising restrictions are good for children and others

Alcohol advertising normalises alcohol consumption as an essential part of life, despite its harms, and exposure to alcohol advertising has been found to influence youth drinking.⁵⁷ Restricting advertising is thus an important policy to protect children's health.

However, there are other populations who are affected by, or aggressively targeted by, alcohol marketing, including women,⁵⁸ LGBTQ+ people,⁵⁹ heavy drinkers and people in recovery⁶⁰. These groups experience unique

What the evidence says: Underage drinking is still a concern – and children are seeing online ads

As several of the alcohol industry representatives noted, it is illegal to market alcohol to children. Nonetheless, underage drinking is still a concerning issue. A recent global study found that Great Britain – and England in particular – has particularly high rates of young children drinking compared with other countries.⁶⁵ It is therefore important to tackle and denormalise this worrying trend.

Cancer Research UK recently surveyed children and young people and found that over one third were exposed to alcohol-related content from businesses and influencers online.⁶⁶ This demonstrates that the current self-regulatory system is inadequate at protecting children on online platforms. In addition, UK children are also exposed to alcohol industry-funded materials in primary and secondary schools which normalise alcohol consumption.⁶⁷

Framing alcohol harm as affecting a minority of people who need targeted measures

Alcohol harm is estimated to cost over £27 billion in England, with harms extending beyond the individuals who drink to affect families, communities, the NHS and public services.⁶⁹

Despite the known ways in which alcohol harm affects the broader population, there were further attempts to rhetorically narrow the issue of alcohol harm down to one affecting a “minority” of “high-risk” people. This population was usually discussed as running counter to apparent “positive trends” in alcohol harm (Portman Group letter to DHSC).

After framing alcohol harm as affecting a smaller number of people, some letters claimed that “targeted” measures would be a more appropriate solution than population-wide policies like marketing restrictions.

“We are committed to helping address these issues and believe a more targeted approach - focused on the minority of high-risk drinkers - would be more effective than broad whole population measures. To this end, we are active funders of several alcohol harm charities – each provides targeted and evidenced support to those most at risk.”

- Asahi letter to DBT

“These positive trends across the population, combined with the tragic recent increase in alcohol-specific deaths and concerns that those already drinking at heavier rates increased their consumption during the pandemic, would suggest a targeted rather than whole population approach should be taken by the Government to make more of an impact and take pressure off the NHS.”

- Portman Group letter to DHSC

What the evidence says: Alcohol harm is not a ‘targeted’ problem – population measures are needed

Alcohol harm is objectively not a minority issue affecting a small number of people and is estimated to cost over £27 billion in England alone.⁷⁰ Harms ‘spill over’ from individuals who drink, affecting communities via crime, harm to families and increased burdens on the NHS and public services.⁷¹ Tackling alcohol harm thus needs a population-wide, public health approach. All three of the ‘best buy’ evidence-based policies to tackle alcohol harm recommended by WHO are population-wide measures: restricting alcohol marketing,

increasing pricing and restricting physical availability of alcohol.⁷²

The substance of the 'targeted' measures being recommended in the alcohol industry correspondence are not really expanded upon. This may mean industry-funded education, which is ineffective and may even be harmful,^{73,74} or treatment for alcohol dependence which, though incredibly important, cannot prevent or solve all alcohol harms in the absence of

structural changes. Since a relatively small proportion of people who drink meet the criteria of alcohol dependence, a focus solely on treating alcohol dependency would miss a significant amount of harm. Of the over 10 million people in England who consume alcohol at levels that exceed the Chief Medical Officers' low risk guidelines, NHS England estimates that a small fraction are alcohol dependent.^{75,76} Similarly, most people who die from alcohol are not dependent.



2. Economic arguments

Another core group of arguments sought to position alcohol marketing restrictions as potentially harmful to the economy.

Industry arguments

Claims that marketing restrictions undermine the UK Government's growth policy

Alcohol harm is a drain on the national economy, costing England an estimated £27 billion per year.⁷⁷ Reducing this harm would bring positive economic benefits, while helping the Government realise its goals to improve health.

Though we know alcohol harm is costly, several of the alcohol industry's letters instead depicted restrictions on alcohol marketing as conflicting with policy commitments to boost national economic growth, implying that the policy would have negative economic consequences. Such points often referred to specific statements made by the Labour Party or the UK Government related to supporting business:

“ These proposals were not included in the Labour Party's 2024 manifesto and risk being widely perceived as anti-growth and anti-business.”

- BBPA letter to DHSC

“ This news has come as a shock to us and others in the sector, especially as Labour came into Government promising to be a “pro-business Government”. However, this proposal appears to go entirely against this pledge.”

- Budweiser letters to DBT, DHSC, HMT

Interestingly, these arguments equally

appeared in letters to DBT and to DHSC; economic arguments were made to the Health Secretary as much as they were to the Business and Trade Secretary.

Several letters presented the UK alcohol sector as experiencing severe economic hardship. These statements often brought together a range of policies like extended producer responsibility (EPR), which makes companies financially responsible for packaging waste, and increases in minimum wage and national insurance to claim that the industry is under strain.

“ ...the cumulative burden currently facing the brewing and hospitality sector - including Extended Producer Responsibility (EPR) fees, the forthcoming Deposit Return Scheme (DRS), rising taxes, and reduced business rates relief for our hospitality customers - is already substantial.”

- Molson Coors letter to DBT

Such arguments were used to present an advertising ban as unreasonable or unsustainable, with Greene King even suggesting the potential for “a crippling impact on the UK's pubs and brewers” (Greene King letter to DHSC).

What the evidence says: Marketing restrictions are consistent with Government commitments to prevention and are an investment

Alcohol marketing restrictions would be

consistent with Labour's commitments to public health: the Party entered Government promising a "prevention revolution" and to tackle health inequalities.^{78,79} Comprehensive alcohol marketing restrictions could make important contributions to this mission.

Alcohol harm is estimated to cost England over £27 billion per year.⁸⁰ Given the major economic implications of alcohol harm, efforts to reduce the problem would likely bring major positive implications for growth and should be seen as an investment.⁸¹ Examples of how reducing alcohol consumption could benefit the economy are boosted productivity, alleviating the burden on public services and freeing up spending for other areas in the economy.

The industry's claims about the UK alcohol sector's apparent precarious economic position echo longstanding talking points used to push back against policy deemed threatening to its interests.⁸² The alcohol industry also has a track record of misrepresenting its financial position in such circumstances, as was the case when excise duty rates changed in August 2023.⁸³

Claims that advertising restrictions would damage international trade

The alcohol industry has sought to use global trade agreements to undermine policies which threaten their interests, such as regarding discussions on alcohol labelling policy at the World Trade Organization (WTO).⁸⁴

We found evidence of this tactic being used, with some letters claiming that marketing restrictions would damage the UK's standing in terms of international trade. In this context, alcohol was positioned as strategically important for UK trade:

“We also note the enormous contribution to UK exports which alcohol makes, which you will be aware of from your recent successful efforts on negotiating trade deals with countries such as the United States."

- Joint letter sent to DHSC

The broader policy environment for alcohol producers was presented as damaging to international trade. For example, Brown-Forman referenced excise tax and EPR in these terms:

“They are experienced by us, and affect our UK investment case, similarly to non-tariff barriers."

- Brown-Forman letter to DBT

The implication of such a statement is that marketing restrictions would be viewed similarly. In letters to DBT and HMT, Budweiser asked whether marketing restrictions had been assessed as being perceived as a potential "new non-tariff barrier" by the US Trade Representative, while Diageo drew a parallel with debates related to Irish alcohol labelling policy:

“We would also anticipate that introducing this measure would likely be seen as a new non-tariff barrier by the US Trade Representative, as we saw recently when USTR deemed proposed Irish labelling laws to be a disproportionate barrier to US alcohol imports. To assist its alcohol producers, the Irish Government yesterday announced it would not proceed with the new labels at this time."

- Diageo letter to DBT

Diageo's statement that the labelling policy is "not proceed[ing] at this time" is a misrepresentation. The policy has been

delayed by two years, which is disappointing for public health reasons, but is not the cancellation Diageo implies.⁸⁵

What the evidence says: Marketing restrictions are not incompatible with international trade agreements

Health-harming industries have a history of weaponising global trade agreements to undermine policies which jeopardise their interests.⁸⁶ The alcohol industry engages in this tactic, for example in seeking to influence discussions on alcohol labelling policy at the WTO.⁸⁷

However, within trade agreements there are often provisions to protect countries' right to develop public health policy.⁸⁸ Ireland recently went through formal notification processes to the European Commission and WTO regarding its forthcoming alcohol labelling policy, with the European Commission finding the policy to be "justified on public health grounds".⁸⁹ The UK Government has also previously gone through the WTO notification process when successfully introducing plain packaging for tobacco products.⁹⁰

It is important to note that claims of public health policy violating international trade agreements are not always upheld. The SWA launched a series of legal challenges against the introduction of MUP in Scotland claiming that the policy conflicted with EU trade law.⁹¹ Although they significantly stalled the policy's implementation, the trade group was ultimately unsuccessful as the policy was deemed to be proportionate to the aim to reduce harm.

Claims of the alcohol industry's importance to the UK economy

Despite the costs of alcohol harm, we found

that many letters sought to position the alcohol industry as integral to the UK by referencing its size, history and economic contributions. This included claims about the number of jobs supported:

“ Greene King has brewed beer in Bury St Edmunds and sold it through our pubs for over 200 years. Today, we employ close to 40,000 people and operate c. 2,600 managed and tenanted pubs, restaurants and hotels across England, Wales and Scotland."

- Greene King letter to DHSC

Letters also referenced financial investment in the UK, sometimes with an emphasis on specific regions or sites. While the National Association of Cider Makers (NACM) described how the cider industry "plays a significant role in supporting rural economies" (NACM letter to DHSC), Budweiser emphasised the company's heritage and mentioned its investment in two regions historically affected by deindustrialisation:

“ As an alcohol producer with a proud British heritage including brands such as Boddingtons and Bass Ale (first trademark ever registered in the UK and brewed since 1777), we have invested in the UK since 1972, and most recently £115 million in South Wales and Lancashire."

- Budweiser letters to DBT, DHSC and HMT

Such points position the alcohol industry as a partner to the UK Government in economic growth, implying that if Government does not go along with its wishes, jobs and investment will be at risk, as in this statement from Heineken:

“ These new proposals to ban alcohol

advertising threaten to add to this significant cumulative burden, acting as a disincentive to investment and endangering many businesses and livelihoods throughout the UK.”

- Heineken letter to DHSC

What the evidence says: Claims about small businesses are unfounded

There is no evidence that marketing restrictions would put smaller companies at a particular disadvantage. However, it is interesting that the SWA referenced a disproportionate impact on “small companies”. Though their membership is vast, the SWA is led by larger players, with its Council mostly comprising major transnational alcohol companies.⁹⁶ The alcohol industry is highly concentrated and made up of a handful of large firms.⁹⁷ For example, over half of the beer produced globally is made by just six companies.⁹⁸ Larger alcohol companies have a track record of using emotive language about small businesses, to which policy audiences and the public may be more sympathetic, to resist policy and protect their own interests.⁹⁹

What the evidence says: Industry claims about jobs are overstated

The alcohol industry does employ a significant number of people across the UK. However, many of these jobs tend to be among the lowest paid jobs in the economy – with more people employed in low-paying hospitality roles in bars, pubs and restaurants than production.⁹² Alcohol industry trade groups have also faced criticism for misrepresenting the impact of policy change on employment.⁹³

Threatening jobs and investment is another longstanding tactic used by the alcohol industry to push back on policies deemed threatening to its interests. During debates about MUP in Scotland, industry actors maintained that jobs would be lost and that economic implications would be severe.⁹⁴ However, since the policy has been in place, these impacts have not materialised.⁹⁵

Restrictions will harm small businesses

Some correspondence also stated that marketing restrictions would be unfair on small producers, as it would affect their ability to compete with larger companies.

“ Whilst the impact will be felt across the sector, it will be greater for small companies and those new to the market, impeding the potential of the industry and wider supply chain.”

- SWA letter to DHSC

3. Arguments about the purpose of marketing

This group of arguments dispute the purpose of marketing, by claiming that advertising is not about increasing consumption and that advertising benefits society by promoting 'responsible drinking', fostering inclusivity and sponsoring key cultural and sporting institutions.

Industry arguments

Claims that marketing does not increase drinking rates

According to PHS, the scientific evidence shows that alcohol marketing increases consumption and that comprehensive restrictions can help reduce harm.¹⁰⁰ Ignoring the evidence, several letters sought to portray marketing restrictions as ineffective by claiming that alcohol advertising does not lead people to consume more alcohol.

“*Evidence shows that the main drivers of alcohol-related harms are not advertising and marketing-related.”*

- Joint letter to DHSC

Such statements often involved cherry-picking or selective use of evidence. For example, the alcohol industry-commissioned study carried out by the advertising industry in Scotland in 2022 was frequently cited to claim a lack of a link between advertising and consumption.¹⁰¹ Importantly, the conflicts of interest related to the authors and commissioners of this research were not disclosed.

“*In 2022, research from Scotland showed there is no relationship between the amount of alcohol advertised and the number of alcohol-specific deaths, hospitalisations, or underage drinking in that nation.”*

- Joint letter to DHSC

Some letters claimed that alcohol advertising's purpose is solely to influence brand or product choice, not to increase consumption of products.

“*While advertising may influence brand choice, it does not increase aggregate alcohol consumption.”*

- BBPA letter to DHSC

[What the evidence says: Alcohol marketing increases consumption – comprehensive restrictions can reduce this](#)

The recent PHS evidence review found that alcohol marketing does increase consumption and that comprehensive restrictions can help reduce drinking rates.¹⁰²

The 2022 Scottish paper frequently cited in the correspondence to claim that advertising does not influence consumption has a major conflict of interest, as it was commissioned by the alcohol industry and carried out by the advertising industry, both of which have vested interests in alcohol marketing continuing.¹⁰³ Industry funding can significantly bias research outcomes, distorting the evidence base.¹⁰⁴ It is therefore highly problematic that several alcohol industry actors cited the paper in letters to Government departments without disclosing its funding source. In contrast, the recent PHS review was carried out independently.

Contrary to claims that advertising only influences brand choice rather than consumption

rates, an analysis of internal advertising case studies found that the contrary was in fact true.¹⁰⁵ These industry documents made clear that advertising campaigns sought to 'recruit' specific target populations, such as younger people, women and new or lapsed drinkers, or to appeal to heavy drinkers. For decades, the tobacco industry similarly claimed that the purpose of its marketing was to encourage adults who already smoked to switch or keep using certain brands, yet internal documents revealed this to be false.¹⁰⁶

Claims that alcohol advertising benefits society

The correspondence also contained several claims about how alcohol advertising ostensibly plays a positive role in society. A common argument was that advertising helps to promote and encourage 'responsible drinking'.

“We believe that advertising {and sponsorship} play a valuable social and economic role, particularly in relation to promoting safe and responsible alcohol consumption levels.”

- Budweiser letters to DHSC, DBT and HMT

“It is vital to recognise that advertising (particularly of alcohol-free alternatives) plays a positive role in influencing social norms around how and where alcohol should be consumed.”

- Heineken letter to DHSC

In addition, letters stated that alcohol advertising contributes financially to sport, media and cultural institutions in the UK.

“We ask that Ministers reflect upon the very serious concerns that many sectors have, particularly the impact any ban or restrictions could have on funding and sponsorship for our

public service and commercial broadcasters, publishers, online media, sports teams and cultural institutions – as well as on the brands themselves and the retail, tourism and hospitality sectors.”

- Joint letter to DHSC

The BBPA notably also implied that alcohol advertising's "positive role" extends to promoting a more progressive and inclusive society:

“It is vital to recognise that advertising plays a positive role in influencing social norms, by shaping cultural values, promoting new lifestyles, and normalising diverse identities, thereby playing a key role in how society perceives trends, behaviours, and inclusion.”

- BBPA letter to DHSC

What the evidence says: 'Responsible drinking' campaigns are ineffective and harmful

The fact that alcohol harm has persisted and increased even though 'responsible drinking' campaigns and messaging have existed for decades corroborates the evidence that they are ineffective. 'Responsible drinking' messaging has been identified as confusing, and is more aligned with marketing, PR and reputation management than a public health intervention.¹⁰⁷ It also detracts from more effective policy measures.¹⁰⁸ These campaigns may even cause additional harm: Drinkaware's 'responsible drinking' tools have been found to share misleading information and communicate in ways that may nudge users to drink more.¹⁰⁹

What the evidence says: Alcohol companies stand to benefit from sponsorship more than the public

Sponsorship of sport, media and culture is a strategic form of marketing used by alcohol companies to improve their corporate image and increase profits. In its own words, Diageo – a major sport sponsor – has stated that its sponsorship of the Women's Six Nations “is a key pillar in delivering against our strategy of making Guinness more relevant to more people, on more occasions, more of the time”, which suggests that the partnership aims to increase consumption rather than advance solely philanthropic goals.¹¹⁰

The risk of ending sponsorship is likely being overstated relative to the benefits associated with reduced consumption and harm. Sporting and cultural sectors have not collapsed in countries with alcohol marketing restrictions in place, like France, Norway and Ireland. On the other hand, evidence shows that exposure to sport sponsorship increases the risk of alcohol-related harm among sportspeople of all ages.¹¹¹

Ending alcohol industry sponsorship would be a key aspect of ‘denormalising’ alcohol as an essential part of everyday life. Tobacco industry sponsorship used to be widespread and is now viewed as much less acceptable in many contexts.¹¹² There is also an ongoing movement to transition away from accepting funding from controversial industries like fossil fuel and gambling in some contexts due to the harms of such partnerships.^{113,114}

What the evidence says: The alcohol industry is not an ally

In their letter to Wes Streeting, the BBPA claimed that advertising benefits society by “promoting new lifestyles” and “normalising diverse identities”, gesturing towards how the alcohol industry ostensibly contributes to a more inclusive and progressive world. One example of ‘promoting new lifestyles’ is through targeting women with adverts that represent alcohol consumption as empowering or as a tool to cope with gendered expectations.^{115,116} Similarly, ‘normalising diverse identities’ may refer to the industry’s advertising towards LGBTQ+ communities, e.g. through Pride promotions.¹¹⁷ Given the distinct alcohol-related harms and vulnerabilities affecting LGBTQ+ people, such advertising is problematic and may be construed as ‘rainbow-washing’ rather than genuine allyship.^{118,119}

4. Claims that the alcohol industry has a role in health policy and reducing harm

These arguments centre on claiming that the alcohol industry supports public health and is an appropriate partner in developing and delivering strategies to reduce harm.

Industry arguments

Claims that the alcohol industry supports public health

WHO states that there is a conflict of interest between the alcohol industry's objectives to sell more alcohol and generate profits and the public health goal of reducing alcohol consumption.¹²⁰ Despite this clear and irreconcilable tension, the correspondence contained several claims that the alcohol industry supports public health and reducing alcohol harm.

“We support efforts to improve public health and tackle inequalities.”

Identical statement in letters from BBPA and
- Heineken to DHSC

This stated commitment to 'supporting public health' was often confined to industry-friendly constructs like 'responsible drinking' and addressing 'harmful consumption':

“The industry takes its role in promoting moderation and tackling harmful consumption very seriously.”

- SWA letter to DHSC

The work of initiatives and organisations funded almost entirely by alcohol companies and charities they support – such as the Portman Group and Drinkaware – were also referenced as contributing to efforts to address harm.

“We are committed to tackling harmful drinking and supporting moderation, as such we are a major contributor to the Drinkaware Trust and a member of organisations such as the Portman Group and the International Alliance for Responsible Drinking (IARD).”

- Asahi letter to DBT

What the evidence says: There is a conflict of interest between the alcohol industry and public health

There is a fundamental conflict of interest between the alcohol industry's profitmaking objectives and the public health goal to tackle alcohol harm.¹²¹ All of the 'best buy' policy measures to address alcohol harm centre on reducing alcohol consumption, which is directly at odds with the industry's goal to produce and sell more alcohol. In a job vacancy for a London-based lobbyist in early 2025, Diageo described global public health efforts to reduce alcohol consumption as "unprecedented challenges" to their business.¹²² It has also been shown that the alcohol industry is financially dependent on heavy drinking in England, and that if all consumers drank within the low-risk guideline levels (14 units per week), revenues would fall significantly.¹²³

Such examples demonstrate how, despite several of the alcohol industry letters making claims about supporting public health, the opposite is true. The alcohol industry-funded organisations or initiatives cited in the letters

as allegedly helping to reduce harm, e.g. Drinkaware, do not perform an effective public health role but are likely causing more harm due to persistently sharing misleading information about alcohol and health.^{124,125,126} Drinkaware maintains that it is an “independent charity” yet is funded almost entirely by alcohol companies.¹²⁷ However, it was recently reported that Drinkaware is under pressure from its alcohol industry funders who appear to be seeking to control its activities further to match their business interests.¹²⁸

Claiming that the alcohol industry should be involved in policy decisions

WHO and Public Health England have previously stated that, due to the risk of undue influence, partnerships with the alcohol industry are inappropriate in public health.^{129,130} Yet within the industry correspondence on the 10 Year Health Plan, we found that the alcohol industry was very frequently positioned as an appropriate partner for designing and implementing public health policy. Industry actors frequently voiced concern about how they had not been consulted about potential marketing restrictions.

“There has been no discussion or engagement with the industry on this issue.”

SWA letter to DHSC

“During our meetings with the Labour Government last year, we were assured that there would be no sudden or unexpected changes.”

- Asahi letter to DBT

Several letters contained references to the fact that policy ‘should’ be developed with the alcohol industry:

“We firmly believe that any policy changes should be evidence based, proportionate, and developed in close consultation with industry representatives.”

- NACM letter to DHSC (Similar wording in BBPA letter to DHSC; and Molson Coors letter to DBT)

Alcohol companies also expressed a keenness to work with the Government as a partner:

“We are always eager and willing to work with Government to promote alcohol responsibility, help safeguard the NHS, reduce alcohol harm, and boost economic growth.”

- Asahi letter to DBT

“We are always open to collaboration and value constructive dialogue with Government.”

- Heineken letter to DHSC

What the evidence says: The alcohol industry is not an appropriate partner in tackling harm

Due to the fundamental conflict of interest between the alcohol industry and public health, the alcohol industry is not an appropriate partner in health policy. Recognising this, Public Health England previously advised against partnerships with the alcohol industry, due to the threat of influence.¹³¹ Our findings in this report – that alcohol companies and trade groups mounted a coordinated strategy to influence the 10 Year Health Plan – demonstrate plainly that the alcohol industry should never be considered as a partner in efforts to tackle alcohol harm.

IAS has developed a guide on managing interactions with the alcohol industry to protect policymaking.¹³²

Influence on the 10 Year Health Plan

Alcohol industry actors engaged in a successful campaign to push for the complete removal of marketing restrictions in the 10 Year Health Plan, despite indications that these were being considered just a week before publication.

However, other elements of the document warrant closer consideration for subtler forms of alcohol industry influence. For example:

- The use of terms like **“harmful alcohol consumption”**, which reflects alcohol industry framing of alcohol harm. However, this term is misleading, as it conflicts with the growing scientific consensus that there is no level of alcohol consumption which is safe for health.¹³³ This framing also places the onus on individuals who drink – so that the alcohol industry can suggest ineffective policies like education and ‘targeted measures’ – rather than considering key drivers of alcohol harm which can be prevented.
- The **emphasis on no- and low-alcohol products** is another example of an industry-backed solution which is as yet unproven to reduce harm to the levels required. Consider Heineken’s letter to DHSC promoting its brand deal with ITV soaps as a public health intervention, while the company is describing these products as supplementing the full-strength alcohol market in marketing publications.
- **Ignoring the WHO Best Buy measures**, the alcohol policies for which there is the strongest evidence. This obviously includes marketing restrictions, but also relates to pricing increases (e.g. MUP, excise taxes) and restricting the physical availability of alcohol products.

These terms and issues have been a feature of previous policy documents in England, the UK and in other contexts. What is notable is that the 10 Year Health Plan appears to be continuing in this ineffective, industry-friendly vein rather than pushing for bold, evidence-based public health policy in line with broader goals for prevention.



Implications for public health policy

The 10 Year Health Plan was a big opportunity for the Government to set out a vision for how it will improve England's health, reduce inequalities and alleviate pressure on the NHS. Unfortunately, where alcohol is concerned, it leaves a lot to be desired and the promised "prevention revolution" has not yet materialised. Our investigation points to one reason for this.

The removal of marketing restrictions represents a case of regulatory capture, where commercial interests overrode public health evidence. Allowing industry actors to frame the debate has significantly set back prevention efforts. This is very concerning at a time of high alcohol harm.

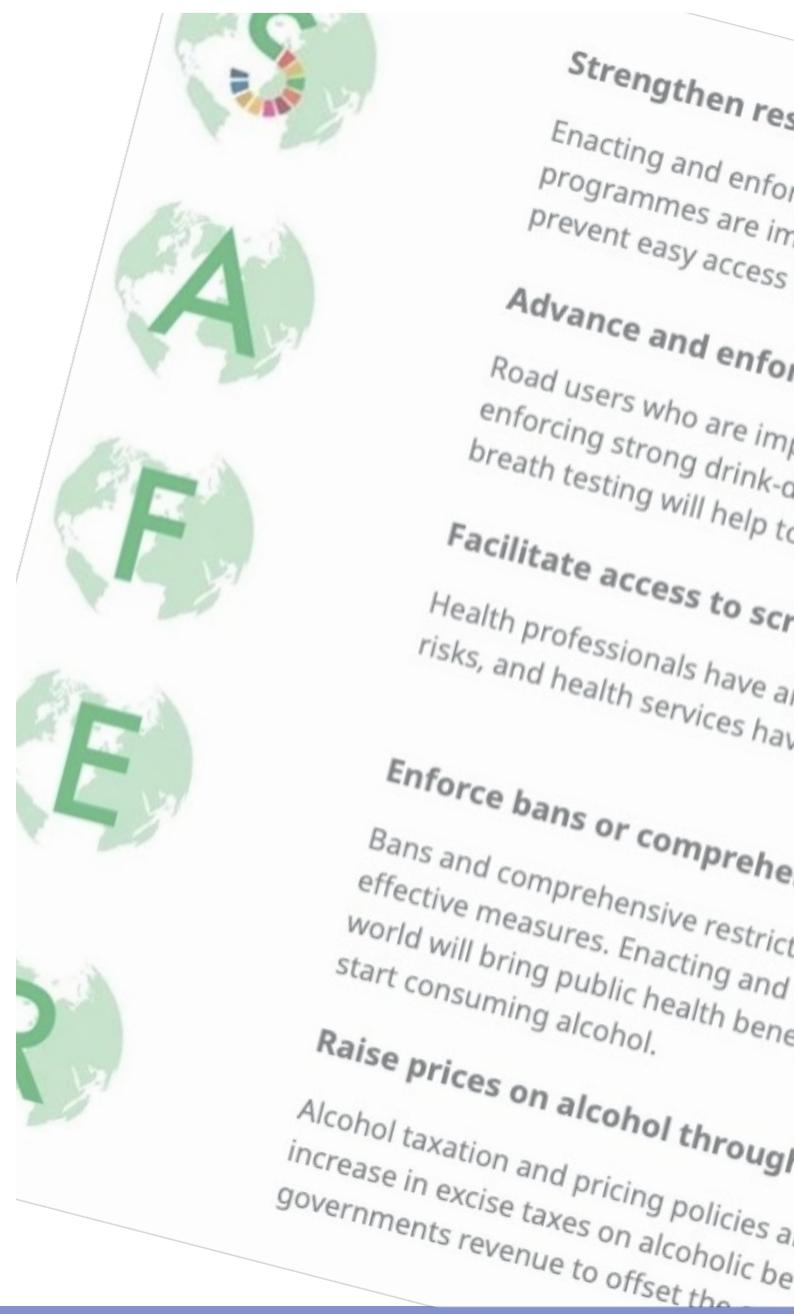
One welcome aspect of the Plan is a commitment to "strengthen and expand on" alcohol labelling requirements for alcohol products with mandatory nutrition and health information. However, this promising development is at risk if alcohol industry influence remains unchecked.

Similar issues of alcohol industry influence have been observed regarding the recent fast track review of alcohol licensing in England and Wales ostensibly in the name of promoting economic growth.¹³⁴ This has been described as emblematic of a problematic tension between the Government's emphasis on prevention and improving health outcomes and its mission to promote economic objectives at any cost.¹³⁵

At the global level, industry influence was also strong at the recent UN High Level Meeting on NCDs. Due to a concerted lobbying effort from the alcohol industry, commitments to alcohol taxes, an evidence-based 'best buy' policy,

were removed from the Political Declaration, significantly diluting the document.¹³⁶

All of this demonstrates that when it comes to dealing with alcohol harm, alongside strong evidence-based public health policy, action to tackle industry influence and manage conflicts of interest is essential. Left unchallenged, the current dynamic risks entrenching an ineffective status quo and further delaying implementation of much needed evidence-based policies.



Challenges to transparency: the FOI process

Our analysis details a coordinated effort by alcohol industry representatives to mobilise key government stakeholders and influence national health policy. Uncovering this lobbying campaign was only possible due to material obtained through requests made by IAS under the Freedom of Information (FOI) Act. However, our experience of using the FOI process to investigate this issue was not straightforward and raises broader concerns about transparency and public accountability in health policymaking.

Our experience of the FOI process

On 8 July 2025, IAS made a first round of FOI requests to several Government departments. Requests were for correspondence (emails and letters) and meeting information (notes, minutes, agendas and briefing documents) between the relevant Cabinet members or Government ministers and 13 alcohol companies and trade groups for the period between 1 June and 8 July 2025.

A list of the departments to which we submitted FOI requests and the alcohol industry organisations specified in the requests are in Table 4.

Table 4: List of Government departments we submitted FOI requests to and alcohol industry bodies specified in the requests

Government departments we submitted FOI requests to	Alcohol industry bodies specified in each FOI request
Cabinet Office (for Office of the Prime Minister)	The Portman Group
Department for Business & Trade	British Beer and Pub Association
Department for Culture, Media & Sport	National Association of Cider Makers
Department for Environment, Food & Rural Affairs	Wine and Spirit Trade Association
Department of Health & Social Care	Scotch Whisky Association
HM Treasury	UKHospitality
Home Office	Diageo
	Budweiser
	Molson Coors
	Greene King
	UK Spirits Alliance
	CAMRA, the Campaign for Real Ale
	Heineken

In terms of how our FOI requests were handled, we experienced significant challenges. There was a huge variety of interpretations of FOI requirements across departments. Often, there were delays beyond the statutory

requirement for responses (20 working days), and IAS had to chase up requests and appeal decisions. Several departments did not release files they held for reasons including protecting Government policy processes, personal data

and commercial interests. Table 5 is a summary of the process by department and numbers of files received.

Table 5: Details of the FOI process by department

Department	Number of files released	Details
Cabinet Office (for Office of the Prime Minister)	0	First FOI request refused due to exceeding cost limit under section 12 of FOI Act; Subsequent request refused on the grounds of not meeting Government's 'public interest test' regarding protecting formulation of Government policy under section 35 of FOI Act
Department for Business & Trade	14	Extended response deadline twice due to considering 'public interest' in formulating Government policy (section 35) and 'commercial interest' (section 43); issued documents 3 October
Department for Culture, Media & Sport	8	Extended response deadline due to considering 'public interest' (section 35) and 'personal data' (section 40). Released some information 3 September but withheld information. IAS requested internal review; DCMS replied on 1 October upholding decision.
Department for Environment, Food & Rural Affairs	11	None of the files released were relevant to the 10 Year Health Plan
Department of Health & Social Care	13	
HM Treasury	1	First FOI request refused due to exceeding cost limit under section 12 of FOI Act; Subsequent requests made on 23 July – one stated no relevant files were held; the other was extended due to 'commercial interest' considerations (section 43), with one file released 13 October
Home Office	0	Responded 5 August that they held information but were withholding it due to protecting formulation of Government policy (section 35) IAS requested internal review; after over 2 months, they replied on 13 October upholding the decision

Grounds for withholding information

One of the most challenging aspects of the FOI process was the way in which, after considering our requests and appeals, departments decided to withhold information. The fact that different departments handled and responded to very similar requests so differently perhaps demonstrates how subjective and opaque the disclosure decision-making process relating to public policy is.

We were cited the following reasons as grounds to not disclose information, within the scope of the Freedom of Information Act:

- Section 35(1)(a) regarding formulation or development of government policy. This relates to the protection of live policy decisions and allowing policymakers a 'safe space' to consider policy options.¹³⁷ However, this interpretation is problematic as, regarding the 10 Year Health Plan, there is no live policy decision to protect. By the time the first FOI requests went in, the Plan had already been decided on and published.
- Section 40(2) regarding protecting personal data.¹³⁸ While recognising the Government does have obligations to protect personal data, such concerns could be overcome by redacting the names and details of junior staff or third parties.
- Section 43 regarding protecting commercial interests.¹³⁹

This raises concerns about a lack of transparency

The FOI Act is supposed to increase transparency and accountability by allowing the public access to information about the Government decisions that significantly affects our lives.¹⁴⁰ This is about increasing trust in the policymaking process.

Analysing information obtained through FOI requests is a powerful research tool, particularly for investigating lobbying and corporate influence on policymaking.¹⁴¹ Without access to documents released under the FOI Act, we would have been unable to demonstrate how, in the case of the 10 Year Health Plan, alcohol companies and trade groups successfully undermined evidence-based policymaking and ultimately influenced the final Plan. However, we faced multiple obstacles when seeking access to these materials and are aware that, due to the information still being withheld, we do not have the full picture (see below).

Our experience indicates that Government departments are releasing information cautiously and perhaps erring on the side of protecting commercial relationships over the interests of the public. This is an example of a clear power imbalance in which large private companies and the groups they fund are able to have their voices heard and even interfere with policy processes, whereas smaller organisations with fewer resources, such as charities, struggle to access information about this influence.

Missing items of correspondence we are aware of

During our analysis, we found evidence in the materials we did receive that further items of correspondence pertinent to the FOI requests exist. These were missing from the disclosed files.

Details of the missing item correspondence we are aware of are listed in Table 6.

Table 6: List of missing items of correspondence

Missing file	Department	How we know about it
Letter from Jonathan Reynolds MP to Tony Sophocleides at UKHospitality, 26 June	DBT	DBT released the cover email, not the letter itself
Letter / communications from Debra Crew, Diageo to PM	No 10	Diageo stated she would write to the PM in their letter to DBT, 26 June
Letters from SWA to DBT and DEFRA	DBT Defra	SWA letter to DHSC, 26 June apparently had these depts in cc, but did not show up in FOI results
Letter from Diageo to DCMS	DCMS (plus No 10, Defra, HMT)	We have the cover email which references an attachment (The email also cc's redacted email addresses with No 10, Defra, HMT domains)
Letter from Budweiser to DCMS	DCMS	We have the cover email which references an attachment
British Beer and Pub Association letter to DCMS (presumed)	DCMS	We have the cover email only; full letter missing. Email subject was the same as the subject mentioned in their letter to DHSC.

Recommendations

With alcohol harm at worrying levels, effective policy is needed to benefit population health and wellbeing, unlock growth and reduce the burden on stretched public services.

In line with [our long-term vision to tackle alcohol harm](#), we therefore recommend that the UK Government does the following:

Revisit and introduce the proposed alcohol marketing restrictions

According to the latest Public Health Scotland evidence review, alcohol marketing drives alcohol consumption. Restricting alcohol advertising would help protect the public from harm and put national alcohol policy in line with evidence-based WHO recommendations. There is broad public support for this policy.¹⁴²

Issue a new national strategy to tackle rising alcohol harm

The last UK alcohol strategy was published in 2012, with its most effective policies poorly implemented. Since then, alcohol harm has risen sharply, resulting in unacceptable loss of lives, harm to communities and billions drained from the national economy. Evidence-based action on alcohol represents a major opportunity for public health and aligns with the UK Government's commitment to prevention. A new national alcohol strategy, including comprehensive marketing restrictions, minimum unit pricing and a reinstated duty escalator, would deliver on this commitment.

Reject industry self-regulation

The current model of allowing the alcohol industry to regulate itself is ineffective, as evidenced by the fact that alcohol harm has risen significantly with this system in place. There is an inherent conflict of interest between alcohol industry and public health objectives. Statutory regulation truly independent of the alcohol industry is needed to turn the tide on alcohol harm.

Say no to partnerships with the alcohol industry

Our investigation uncovered a coordinated campaign led by alcohol companies and the groups they fund to interfere with an NHS policy. They did this by directly approaching the Health Secretary as well as encouraging other government departments to intervene on their behalf. This incident provides evidence that, despite its claims, the alcohol industry does not support public health and is not an appropriate partner for health initiatives.

Recognise the conflict of interest between the alcohol industry and public health goals and introduce guidelines to manage interactions with industry

There is an essential conflict of interest between the alcohol industry's economic objectives and public health goals. Government must introduce guidelines to manage interactions with industry to protect health-focused policymaking and ensure that alcohol companies are never able to interfere with an NHS policy.

Annex - Industry correspondence

The 10Year Health Plan-related correspondence released to IAS under the FOI Act can be accessed in full at the links below.

Documents released by the Department for Business & Trade (DBT)

- [Asahi letter to DBT, 27 June 2025](#)
- [Brown-Forman cover email to DBT, 27 June 2025](#)
- [Brown-Forman letter to DBT, 27 June 2025](#)
- [Budweiser cover email to DBT, 26 June 2025](#)
- [Budweiser letter to DBT, 26 June 2025](#)
- [DBT cover letter to UKHospitality, 26 June 2025](#)
- [Diageo letter to DBT, 26 June 2025](#)
- [Molson Coors letter to DBT, 26 June 2025](#)

Documents released by the Department for Culture, Media & Sport (DCMS)

- [British Beer and Pub Association \(presumed\) email to DCMS, 26 June 2025](#)
- [Budweiser cover email to DCMS, 27 June 2025](#)
- [Diageo cover email 1 to DCMS, 26 June 2025](#)
- [Diageo cover email 2 to DCMS, 26 June 2025](#)

Documents released by the Department for Health & Social Care (DHSC)

- [British Beer and Pub Association letter to DHSC, 26 June 2025](#)
- [Budweiser letter to DHSC, 27 June 2025](#)
- [Chivas Brothers email \(via Quantum Communications\) to DHSC, 26 June 2025](#)
- [Greene King letter to DHSC, 30 June 2025](#)

- [Heineken letter to DHSC, undated](#)
- [Joint letter \(BBPA, Pernod Ricard, SWA, WSTA and redacted co-authors\) to DHSC, 26 June 2025](#)
- [Molson-Coors cover email to DHSC, undated](#)
- [Molson-Coors letter to DHSC, 26 June 2025](#)
- [National Association of Cider Makers letter to DHSC, 26 June 2025](#)
- [Portman Group cover email to DHSC, undated](#)
- [Portman Group letter to DHSC, 26 June 2025](#)
- [Scotch Whisky Association cover email to DHSC, 26 June 2025](#)
- [Scotch Whisky Association letter to DHSC, 26 June 2025](#)

Documents released by HM Treasury (HMT)

- [Budweiser letter to HMT, 27 June 2025](#)

References

1. World Health Organization. Addressing and Managing Conflicts of Interest in Alcohol Control Policies. Snapshot Series on Alcohol Control Policies and Practice, Brief 3. Geneva: World Health Organization, 3 September 2021. <https://www.who.int/publications/item/9789240044487>.
2. UK Government. Fit for the Future: The 10 Year Health Plan for England. July 2025. <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>
3. Health Foundation. "A Prevention Revolution – or Another Missed Opportunity?" Health Foundation, 5 September 2025. <https://www.health.org.uk/features-and-opinion/blogs/a-prevention-revolution-or-another-missed-opportunity>
4. Department of Health and Social Care. Independent Investigation of the National Health Service in England. London: UK Government, 12 September 2024. <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
5. Health Foundation. "A Prevention Revolution – or Another Missed Opportunity?" Health Foundation, 5 September 2025. <https://www.health.org.uk/features-and-opinion/blogs/a-prevention-revolution-or-another-missed-opportunity>
6. Sky News. "Inside the blame game as the welfare rebellion grows." 25 June 2025. <https://news.sky.com/story/inside-the-blame-game-as-the-welfare-rebellion-grows-13388245>
7. NCD Alliance. "These Are 6 Tactics Big Business Uses to Avoid Tobacco, Alcohol, Junk Food Laws." NCD Alliance, 29 May 2022. Accessed 4 December 2025. <https://www.ncdalliance.org/news-events/news/these-are-6-tactics-big-business-uses-to-avoid-tobacco-alcohol-junk-food-laws>
8. Ahmed, Jabeed. "Ministers considering alcohol advertising restrictions in line with junk food." The Independent, 26 June 2025. <https://www.independent.co.uk/news/uk/politics/alcohol-advertising-ban-uk-nhs-streets-b2777302.html>
9. Smyth, Chris. "Alcohol Advertising Ban Dropped After Industry Backlash." The Times, 1 July 2025. <https://www.thetimes.com/uk/healthcare/article/alcohol-advertising-ban-dropped-industry-backlash-p5dg7t9ww>
10. Savell, Emily, Gary Fooks, and Anna B. Gilmore. 'How Does the Alcohol Industry Attempt to Influence Marketing Regulations? A Systematic Review'. *Addiction* 111, no. 1 (2016): 18–32. <https://doi.org/10.1111/add.13048>.
11. Giesbrecht, Norman, Emilene Reisdorfer, and Kevin Shield. 'The Impacts of Alcohol Marketing and Advertising, and the Alcohol Industry's Views on Marketing Regulations: Systematic Reviews of Systematic Reviews'. *Drug and Alcohol Review* 43, no. 6 (2024): 1402–25. <https://doi.org/10.1111/dar.13881>.
12. McCambridge, Jim, Melissa Mialon, and Ben Hawkins. 'Alcohol Industry Involvement in Policymaking: A Systematic Review'. *Addiction* 113, no. 9 (2018): 1571–84. <https://doi.org/10.1111/add.14216>.
13. Rinaldi, Chiara, May Ci van Schalkwyk, Matt Egan, and Mark Petticrew. 'A Framing Analysis of Consultation Submissions on the WHO Global Strategy to Reduce the Harmful Use of Alcohol: Values and Interests'. *International Journal of Health Policy and Management* 11, no. 8 (2022): 1550–61. <https://doi.org/10.34172/ijhpm.2021.68>.
14. Bhuptani, Saloni, Sadie Boniface, Katherine Severi, Greg Hartwell, and Elizabeth McGill. 'A Comparative Study of Industry Responses to Government Consultations about Alcohol and Gambling in the UK'. *The European Journal of Public Health* 33, no. 2 (2023): 305–11. <https://doi.org/10.1093/eurpub/ckad018>.
15. Public Health Scotland. Rapid Review of Evidence about Alcohol Marketing and Advertising: Influences on Consumer Attitudes and Behaviours, and the Effects of Regulation on Those Behaviours. Edinburgh: Public Health Scotland, 2 September 2025. <https://publichealthscotland.scot/publications/rapid-review-of-evidence-about-alcohol-marketing-and-advertising-influences-on-consumer-attitudes-and-behaviours-and-the-effects-of-regulation-on-those-behaviours>
16. Giesbrecht, Norman, Emilene Reisdorfer, and Kevin Shield. 'The Impacts of Alcohol Marketing and Advertising, and the Alcohol Industry's Views on Marketing Regulations: Systematic Reviews of Systematic Reviews'. *Drug and Alcohol Review* 43, no. 6 (2024): 1402–25. <https://doi.org/10.1111/dar.13881>.

17. Donaldson, Scott I, Alex M Russell, Kathryn La Capria, et al. 'Association between Exposure to Digital Alcohol Marketing and Alcohol Use: A Systematic Review and Meta-Analysis'. *The Lancet Public Health* 10, no. 11 (2025): e912–22. [https://doi.org/10.1016/S2468-2667\(25\)00219-1](https://doi.org/10.1016/S2468-2667(25)00219-1).
18. World Health Organization. Tackling NCDs: 'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases. Geneva: World Health Organization, 2017. <https://iris.who.int/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?ua=1>.
19. Institute of Alcohol Studies. Alcohol and Marketing. IAS. Accessed 19 November 2025. <https://www.ias.org.uk/report/alcohol-and-marketing/>
20. World Health Organization. *Alcohol marketing in the WHO European Region: Update report on the evidence and recommended policy actions*. WHO Reference Number: WHO/EURO:2020-1266-41016-55678. Copenhagen: WHO Europe, 2020.
21. OECD. Preventing Harmful Alcohol Use. OECD Health Policy Studies. Paris: OECD Publishing, 2021. <https://doi.org/10.1787/6e4b4ffb-en>
22. Institute of Alcohol Studies. Alcohol and Marketing. London: Institute of Alcohol Studies, 2020. <https://www.ias.org.uk/report/alcohol-and-marketing/>
23. Cancer Research UK. Digital Influence: Young People's Exposure to the Marketing of Cigarettes, Vapes, Unhealthy Food/Drink and Alcohol. 2025. https://www.cancerresearchuk.org/sites/default/files/digital_influence_project_report.pdf
24. Scottish Government. Consultation on Restricting Alcohol Advertising and Promotion – Analysis of Responses. 30 November 2023. <https://www.gov.scot/publications/consultation-restricting-alcohol-advertising-promotion-analysis-responses>
25. Public Health Scotland. Rapid Review of Evidence about Alcohol Marketing and Advertising: Influences on Consumer Attitudes and Behaviours, and the Effects of Regulation on Those Behaviours. Edinburgh: Public Health Scotland, 2 September 2025. <https://publichealthscotland.scot/publications/rapid-review-of-evidence-about-alcohol-marketing-and-advertising-influences-on-consumer-attitudes-and-behaviours-and-the-effects-of-regulation-on-those-behaviours>
26. Information Commissioner's Office. "What Is the FOI Act and Are We Covered?" Accessed 30 December 2025. <https://ico.org.uk/for-organisations/foi/what-is-the-foi-act-and-are-we-covered/>
27. World Health Organization, Regional Office for Europe. A Focus on Adolescent Substance Use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children International Report from the 2021/2022 Survey, Vol. 3. 25 April 25 2024. <https://www.who.int/europe/publications/i/item/9789289060936>
28. McCambridge, Jim, Melissa Mialon, and Ben Hawkins. 'Alcohol Industry Involvement in Policymaking: A Systematic Review'. *Addiction* 113, no. 9 (2018): 1571–84.
29. Office for National Statistics. Alcohol-specific Deaths in the UK: Registered in 2023. London: Office for National Statistics, 5 February 2025. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2023>
30. Office for Health Improvement & Disparities. Alcohol Profile: Short Statistical Commentary, February 2025. London: Office for Health Improvement & Disparities, 4 February 2025. <https://www.gov.uk/government/statistics/alcohol-profile-february-2025-update/alcohol-profile-short-statistical-commentary-february-2025>
31. Institute of Alcohol Studies. Consumption. London: Institute of Alcohol Studies, 2024. <https://www.ias.org.uk/factsheet/consumption/>
32. Buss, Vera, Loren Kock, and Jamie Brown. 'Monthly Tracking KPI.' Alcohol in England. Last updated 13 November 2025. Accessed 12 January 2026. <https://www.alcoholinengland.info/graphs/monthly-tracking-kpi>
33. Office for National Statistics. Alcohol-specific Deaths in the UK: Registered in 2023. London: Office for National Statistics, 5 February 2025. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2023>
34. Office for Health Improvement & Disparities. Alcohol Profile: Short Statistical Commentary, February 2025. London: Office for Health Improvement & Disparities, 4 February 2025. <https://www.gov.uk/government/statistics/alcohol-profile-february-2025-update/alcohol-profile-short-statistical-commentary-february-2025>

35. World Health Organization. Tackling NCDs: 'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases. Geneva: World Health Organization, 2017. <https://iris.who.int/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?ua=1>.

36. Gapstur, Susan M., Daniela Mariosa, Luciana Neamtiu, et al. '[The IARC Perspective on the Effects of Policies on Reducing Alcohol Consumption](#)'. *New England Journal of Medicine* 392, no. 17 (2025): 1752–59.

37. Public Health Scotland. Rapid Review of Evidence about Alcohol Marketing and Advertising: Influences on Consumer Attitudes and Behaviours, and the Effects of Regulation on Those Behaviours. Edinburgh: Public Health Scotland, 2 September 2025. <https://publichealthscotland.scot/publications/rapid-review-of-evidence-about-alcohol-marketing-and-advertising-influences-on-consumer-attitudes-and-behaviours-and-the-effects-of-regulation-on-those-behaviours/>

38. World Health Organization. Tackling NCDs: 'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases. Geneva: World Health Organization, 2017. <https://iris.who.int/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?ua=1>.

39. Gapstur, Susan M., Daniela Mariosa, Luciana Neamtiu, et al. '[The IARC Perspective on the Effects of Policies on Reducing Alcohol Consumption](#)'. *New England Journal of Medicine* 392, no. 17 (2025): 1752–59.

40. Public Health Scotland. Rapid Review of Evidence about Alcohol Marketing and Advertising: Influences on Consumer Attitudes and Behaviours, and the Effects of Regulation on Those Behaviours. Edinburgh: Public Health Scotland, 2 September 2025. <https://publichealthscotland.scot/publications/rapid-review-of-evidence-about-alcohol-marketing-and-advertising-influences-on-consumer-attitudes-and-behaviours-and-the-effects-of-regulation-on-those-behaviours/>

41. Petticrew, Mark, Nason Maani Hessari, Cécile Knai, and Elisabete Weiderpass. 'How Alcohol Industry Organisations Mislead the Public about Alcohol and Cancer'. *Drug and Alcohol Review* 37, no. 3 (2018): 293–303. <https://doi.org/10.1111/dar.12596>.

42. Michaels, David. [Doubt Is Their Product: How Industry's Assault on Science Threatens Your Health](#). Oxford: Oxford University Press, 2008.

43. World Health Organization. [Alcohol marketing in the WHO European Region: Update report on the evidence and recommended policy actions](#). WHO Reference Number: WHO/EURO:2020-1266-41016-55678. Copenhagen: WHO Europe, 2020.

44. OECD. Preventing Harmful Alcohol Use. OECD Health Policy Studies. Paris: OECD Publishing, 2021. <https://doi.org/10.1787/6e4b4ffb-en>.

45. Critchlow, Nathan, Anne Marie MacKintosh, Christopher Thomas, Lucie Hooper, and Jyotsna Vohra. 'Awareness of Alcohol Marketing, Ownership of Alcohol Branded Merchandise, and the Association with Alcohol Consumption, Higher-Risk Drinking, and Drinking Susceptibility in Adolescents and Young Adults: A Cross-Sectional Survey in the UK'. *Public Health. BMJ Open* 9, no. 3 (2019): e025297. <https://doi.org/10.1136/bmjopen-2018-025297>.

46. Cancer Research UK. Digital Influence: Young People's Exposure to the Marketing of Cigarettes, Vapes, Unhealthy Food/Drink and Alcohol. 2025. https://www.cancerresearchuk.org/sites/default/files/digital_influence_project_report.pdf

47. Boniface, S, N Critchlow, K Severi, et al. 'Underage Adolescents' Reactions to Adverts for Beer and Spirit Brands and Associations with Higher Risk Drinking and Susceptibility to Drink: A Cross-Sectional Study in the UK'. *Alcohol and Alcoholism (Oxford, Oxfordshire)* 57, no. 3 (2021): 347–56. <https://doi.org/10.1093/alcalc/agab018>.

48. World Health Organization. [Alcohol marketing in the WHO European Region: Update report on the evidence and recommended policy actions](#). WHO Reference Number: WHO/EURO:2020-1266-41016-55678. Copenhagen: WHO Europe, 2020.

49. OECD. Preventing Harmful Alcohol Use. OECD Health Policy Studies. Paris: OECD Publishing, 2021. <https://doi.org/10.1787/6e4b4ffb-en>.

50. Heenan, Maddie, Ashleigh Chanel Hart, Katherine Cullerton, Stephen Jan, and Janani Shanthosh. '[Legal and Regulatory Instruments for NCD Prevention: A Scoping Review and Descriptive Analysis of Evaluations in](#)

OECD Countries'. BMC Public Health 24, no. 1 (2024): 641.

51. Social Market Foundation. "Alcohol-Free and Low-Strength Drinks: Understanding Their Role in Reducing Alcohol-Related Harms." 8 September 2020. <https://www.smf.co.uk/publications/no-low-alcohol-harms/>.
52. Booty, Ed, James Moore, Javier Galindo Jimenez and Els Dijkhuizen. "Heineken 0.0." In Advertising Works 25, edited by Sue Unerman. Institute of Practitioners in Advertising, 2020
53. Purves, Richard I., Jack G. Martin, Piotr Teodorowski, and Olivia Brown. "I Just Saw the Alcohol Brand, I Never Really Thought of the Zeros": Young People's Views of NoLo and Alibi Alcohol Sponsorship". International Journal of Drug Policy 148 (February 2026): 105108.
54. Wise, Jacqui. 'Junk Food Advertising Ban "Loopholes" Need to Be Closed, Campaigners Say'. News. BMJ 392 (January 2026): s17. <https://doi.org/10.1136/bmjs17>.
55. Department of Health and Social Care Media Centre. "Here Are the Facts about Our Junk Food Advertising Ban." 6 December 2024. <https://healthmedia.blog.gov.uk/2024/12/06/here-are-the-facts-about-our-junk-food-ban/>
56. Sargent, James D., and Thomas F. Babor. 'The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal'. Journal of Studies on Alcohol and Drugs, Supplement, no. s19 (March 2020): 113–24.
57. Sargent, James D., and Thomas F. Babor. 'The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal'. Journal of Studies on Alcohol and Drugs, Supplement, no. s19 (March 2020): 113–24.
58. Atkinson, A. M., B. R. Meadows, C. Emslie, A. Lyons, and H. R. Sumnall. "'Pretty in Pink' and 'Girl Power': An Analysis of the Targeting and Representation of Women in Alcohol Brand Marketing on Facebook and Instagram". International Journal of Drug Policy 101 (March 2022): 103547. <https://doi.org/10.1016/j.drugpo.2021.103547>.
59. Whiteley, David, Deborah Rickards-Hill, Elena Dimova, and Carol Emslie. 'Performing Solidarity? A Scoping Review of Alcohol Marketing to Sexual and Gender Minorities'. Drugs: Education, Prevention and Policy 31, no. 6 (2024): 607–15. <https://doi.org/10.1080/09687637.2023.2260550>.
60. Murray, Rachael L, Jo Leonardi-Bee, Alexander Barker, Olivia Brown, and Tessa Langley. 'A Rapid Literature Review of the Effect of Alcohol Marketing on People with, or at Increased Risk of, an Alcohol Problem'. Alcohol and Alcoholism 59, no. 4 (2024): agae045. <https://doi.org/10.1093/alcalc/agae045>.
61. Action on Smoking and Health, Alcohol Health Alliance and Obesity Health Alliance. The three big killers: how smoking, alcohol consumption and overweight/obesity overlap and interact in the population — Evidence Briefing. London: Action on Smoking and Health, 2025. <https://ash.org.uk/uploads/CRF-Evidence-Briefing-Final.pdf?v=1751026333>
62. World Health Organization, Regional Office for Europe. A Focus on Adolescent Substance Use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children International Report from the 2021/2022 Survey, Vol. 3. 25 April 25 2024. <https://www.who.int/europe/publications/i/item/9789289060936>
63. Cancer Research UK. Digital Influence: Young People's Exposure to the Marketing of Cigarettes, Vapes, Unhealthy Food/Drink and Alcohol. 2025. https://www.cancerresearchuk.org/sites/default/files/digital_influence_project_report.pdf
64. Murray, Rachael L, Jo Leonardi-Bee, Alexander Barker, Olivia Brown, and Tessa Langley. 'A Rapid Literature Review of the Effect of Alcohol Marketing on People with, or at Increased Risk of, an Alcohol Problem'. Alcohol and Alcoholism 59, no. 4 (2024): agae045. <https://doi.org/10.1093/alcalc/agae045>.
65. World Health Organization, Regional Office for Europe. A Focus on Adolescent Substance Use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children International Report from the 2021/2022 Survey, Vol. 3. 25 April 25 2024. <https://www.who.int/europe/publications/i/item/9789289060936>
66. Cancer Research UK. Digital Influence: Young People's Exposure to the Marketing of Cigarettes, Vapes, Unhealthy Food/Drink and Alcohol. 2025. https://www.cancerresearchuk.org/sites/default/files/digital_influence_project_report.pdf
67. van Schalkwyk, May, Mark Petticrew, Nason Maani, and Benjamin Hawkins. "What Do We Know about the

Alcohol Industry's Engagement with Youth Alcohol Education?" Institute of Alcohol Studies (blog), 16 June 2022. <https://www.ias.org.uk/2022/06/16/what-do-we-know-about-the-alcohol-industrys-engagement-with-youth-alcohol-education/>

68. Institute of Alcohol Studies. The Costs of Alcohol to Society. London: Institute of Alcohol Studies, 2024. <https://www.ias.org.uk/report/the-costs-of-alcohol-to-society/>.

69. Public Health England. The Range and Magnitude of Alcohol's Harm to Others: A Report Delivered to the Five Nations Health Improvement Network. London: Public Health England, June 2019. https://assets.publishing.service.gov.uk/media/5cf8e0eee5274a5f1b-bcb52e/Alcohols_harms_to_others-1.pdf.

70. Institute of Alcohol Studies. The Costs of Alcohol to Society. London: Institute of Alcohol Studies, 2024. <https://www.ias.org.uk/report/the-costs-of-alcohol-to-society/>.

71. Public Health England. The Range and Magnitude of Alcohol's Harm to Others: A Report Delivered to the Five Nations Health Improvement Network. London: Public Health England, June 2019. https://assets.publishing.service.gov.uk/media/5cf8e0eee5274a5f1b-bcb52e/Alcohols_harms_to_others-1.pdf.

72. World Health Organization. [Tackling NCDs: 'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases](#).

73. van Schalkwyk, May C. I. van, Mark Petticrew, Nason Maani, et al. 'Distilling the Curriculum: An Analysis of Alcohol Industry-Funded School-Based Youth Education Programmes'. PLOS ONE 17, no. 1 (2022): e0259560. <https://doi.org/10.1371/journal.pone.0259560>.

74. Roy-Highley, Elliott and Mark Petticrew, "'Dark Apps' Uncovered: Popular Alcohol Tracking Apps Backed by the Alcohol Industry Mislead Users," Institute of Alcohol Studies, 25 February 2025, <https://www.ias.org.uk/2025/02/25/dark-apps-uncovered-popular-alcohol-tracking-apps-backed-by-the-alcohol-industry-mislead-users>

75. Office for Health Improvement and Disparities. Alcohol: Applying All Our Health. GOV.UK, last updated 1 March 2022. <https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>

76. NHS England Digital. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/24: Chapter 5: Alcohol: Hazardous, Harmful and Dependent Patterns of Drinking, published 27 November 2025. <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/alcohol-dependence>

77. Institute of Alcohol Studies. The Costs of Alcohol to Society. London: Institute of Alcohol Studies, 2024. <https://www.ias.org.uk/report/the-costs-of-alcohol-to-society/>.

78. Labour Party. Build an NHS Fit for the Future. Accessed 17 November 2025. <https://labour.org.uk/change/build-an-nhs-fit-for-the-future/>

79. Health Foundation. "A Prevention Revolution – or Another Missed Opportunity?" Health Foundation, 5 September 2025. <https://www.health.org.uk/features-and-opinion/blogs/a-prevention-revolution-or-another-missed-opportunity>

80. Institute of Alcohol Studies. The Costs of Alcohol to Society. London: Institute of Alcohol Studies, 2024. <https://www.ias.org.uk/report/the-costs-of-alcohol-to-society/>.

81. OECD. Preventing Harmful Alcohol Use. OECD Health Policy Studies. Paris: OECD Publishing, 2021. <https://doi.org/10.1787/6e4b4ffb-en>

82. IAS and SHAAP. "Spin the Bottle: How the UK Alcohol Industry Twists the Facts on Harm and Responsibility." Published June 2025. Accessed 4 December 2025 <https://www.ias.org.uk/wp-content/uploads/2025/06/Spin-the-bottle-How-the-UK-alcohol-industry-twists-the-facts-on-harm-and-responsibility.pdf>

83. IAS and SHAAP. "Spin the Bottle: How the UK Alcohol Industry Twists the Facts on Harm and Responsibility." Published June 2025. Accessed 4 December 2025 <https://www.ias.org.uk/wp-content/uploads/2025/06/Spin-the-bottle-How-the-UK-alcohol-industry-twists-the-facts-on-harm-and-responsibility.pdf>

84. Barlow, Pepita, Deborah Gleeson, Paula O'Brien, and Ronald Labonte. 'Industry Influence over Global Alcohol Policies via the World Trade Organization: A Qualitative Analysis of Discussions on Alcohol Health Warning Labelling, 2010–19'. The Lancet Global Health 10, no. 3 (2022): e429–37. <https://doi.org/10.1016/S2214->

109X(21)00570-2.

85. DDN. "Irish Government Delays Introduction of Mandatory Alcohol Health Labelling." Drink and Drugs News, July 2025. <https://www.drinkanddrugsnews.com/irish-government-delays-introduction-of-mandatory-alcohol-health-labelling/>
86. Milsom, Penelope, Richard Smith, Phillip Baker, and Helen Walls. 'Corporate Power and the International Trade Regime Preventing Progressive Policy Action on Non-Communicable Diseases: A Realist Review'. *Health Policy and Planning* 36, no. 4 (2021): 493–508.
87. Barlow, Pepita, Deborah Gleeson, Paula O'Brien, and Ronald Labonte. 'Industry Influence over Global Alcohol Policies via the World Trade Organization: A Qualitative Analysis of Discussions on Alcohol Health Warning Labelling, 2010–19'. *The Lancet Global Health* 10, no. 3 (2022): e429–37. [https://doi.org/10.1016/S2214-109X\(21\)00570-2](https://doi.org/10.1016/S2214-109X(21)00570-2).
88. World Trade Organization. "WTO Rules and Environmental Policies: GATT Exceptions." Last modified October 2, 2020. https://www.wto.org/english/tratop_e/envir_e/envt_rules_exceptions_e.htm
89. European Public Health Alliance. "Getting the Facts about Alcohol – on the Label." EPHA, 13 July 2023. <https://epha.org/getting-the-facts-about-alcohol-on-the-label/>
90. Campaign for Tobacco-Free Kids. Plain Packaging of Tobacco Products Toolkit: Guide 4.3 — WTO Notification. Washington, DC: Campaign for Tobacco-Free Kids, n.d. <https://assets.tobaccofreekids.org/microsites/plainpackaging/guide-4.3.pdf>
91. Hawkins, Benjamin, and Jim McCambridge. "'Tied up in a Legal Mess': The Alcohol Industry's Use of Litigation to Oppose Minimum Alcohol Pricing in Scotland". *Scottish Affairs* 29, no. 1 (2020): 3–23. <https://doi.org/10.3366/scot.2020.0304>.
92. Social Market Foundation. "Alcohol and the Scottish Economy." 9 February 2023. <https://www.smf.co.uk/publications/alcohol-and-scottish-economy/>.
93. Sutherland, Emily. "Leading Operators Slam 'Flawed' BBPA Beer Duty Campaign," *The Morning Advertiser*, 19 February 2016. <https://www.morningadvertiser.co.uk/Article/2016/02/19/Leading-operators-slam-flawed-BBPA-beer-duty-campaign/>.
94. Hilton, Shona, Karen Wood, Chris Patterson, and Srinivasa Vittal Katikireddi. 'Implications for Alcohol Minimum Unit Pricing Advocacy: What Can We Learn for Public Health from UK Newsprint Coverage of Key Claim-Makers in the Policy Debate?' *Social Science & Medicine* 102 (February 2014): 157–64.
95. Public Health Scotland. "Economic Impact of MUP on Scotland's Alcoholic Drinks Industry." Public Health Scotland. January 2023. <https://publichealthscotland.scot/news/2023/january/economic-impact-of-mup-on-scotland-s-alcoholic-drinks-industry/>
96. Scotch Whisky Association. "SWA Council." Scotch Whisky Association. Accessed 17 November 2025. <https://www.scotch-whisky.org.uk/who-we-are/swa-council/>
97. Institute of Alcohol Studies. The Alcohol Industry: An Overview. London: Institute of Alcohol Studies, October 2020. <https://www.ias.org.uk/report/the-alcohol-industry-an-overview/>
98. Movendi International. Big Beer Exposed: Global Market Concentration in 2020. Policy Updates. 17 September 2021. <https://movendi.ngo/policy-updates/2021/09/17/big-beer-exposed-global-market-concentration-in-2020/>
99. Big Alcohol Exposed. Countering Alcohol Industry: Common Industry Arguments and Evidence-based Responses (BAE_alc_ind_arguments_final.pdf). "BigAlcohol Exposed," 2025. https://bigalcohol.exposed/wp-content/uploads/2025/09/BAE_alc_ind_arguments_final.pdf
100. Public Health Scotland. Rapid Review of Evidence about Alcohol Marketing and Advertising: Influences on Consumer Attitudes and Behaviours, and the Effects of Regulation on Those Behaviours. Edinburgh: Public Health Scotland, 2 September 2025. <https://publichealthscotland.scot/publications/rapid-review-of-evidence-about-alcohol-marketing-and-advertising-influences-on-consumer-attitudes-and-behaviours-and-the-effects-of-regulation-on-those-behaviours/>
101. Scottish Alcohol Industry Partnership. "New Research Investigating the Link Between Alcohol Marketing, Consumption and Harm," SAIP News, 9 August 2022. <https://www.saip.org.uk/news/credosreport2022>

102. Public Health Scotland. Rapid Review of Evidence about Alcohol Marketing and Advertising: Influences on Consumer Attitudes and Behaviours, and the Effects of Regulation on Those Behaviours. Edinburgh: Public Health Scotland, 2 September 2025. <https://publichealthscotland.scot/publications/rapid-review-of-evidence-about-alcohol-marketing-and-advertising-influences-on-consumer-attitudes-and-behaviours-and-the-effects-of-regulation-on-those-behaviours/>

103. Scottish Alcohol Industry Partnership. "New Research Investigating the Link Between Alcohol Marketing, Consumption and Harm – Credos Report 2022." SAIP, 9 August 2022. <https://www.saip.org.uk/news/credosreport2022>

104. Lundh, Andreas, Joel Lexchin, Barbara Mintzes, Jeppe B. Schroll, and Lisa Bero. 'Industry Sponsorship and Research Outcome'. Cochrane Database of Systematic Reviews, no. 2 (2017). <https://doi.org/10.1002/14651858.MR000033.pub3>.

105. Maani Hessari, Nason, Adam Bertscher, Nathan Critchlow, et al. 'Recruiting the "Heavy-Using Loyalists of Tomorrow": An Analysis of the Aims, Effects and Mechanisms of Alcohol Advertising, Based on Advertising Industry Evaluations.' International Journal of Environmental Research and Public Health 16, no. 21 (2019): 4092–4092.

106. National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. 'The Tobacco Industry's Influences on the Use of Tobacco Among Youth'. In Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Centers for Disease Control and Prevention (US), 2012. <https://www.ncbi.nlm.nih.gov/books/NBK99238/>.

107. Smith, Sandi W., Charles K. Atkin, and JoAnn Roznowski. 'Are "Drink Responsibly" Alcohol Campaigns Strategically Ambiguous?' Health Communication 20, no. 1 (2006): 1–11.

108. Maani, Nason, May CI Van Schalkwyk, and Mark Petticrew. 'The Perils of Partnership: Interactions Between Public Health England, Drinkaware, and the Portman Group Surrounding the Drink Free Days Campaign'. International Journal of Health Policy and Management 13, no. 1 (2024): 1–9.

109. Roy-Highley, Elliott and Mark Petticrew, "'Dark Apps' Uncovered: Popular Alcohol Tracking Apps Backed by the Alcohol Industry Mislead Users," Institute of Alcohol Studies, 25 February 2025, <https://www.ias.org.uk/2025/02/25/dark-apps-uncovered-popular-alcohol-tracking-apps-backed-by-the-alcohol-industry-mislead-users>

110. Diageo. Annual Report 2024. London: Diageo, 2024. <https://www.diageo.com/~/media/Files/D/Diageo-V2/Diageo-Corp/investors-results-reports-and-events/annual-reports/diageo-annual-report-2024.pdf>.

111. Brown, Katherine. 'Association Between Alcohol Sports Sponsorship and Consumption: A Systematic Review'. Alcohol and Alcoholism (Oxford, Oxfordshire) 51, no. 6 (2016): 747–55. <https://doi.org/10.1093/alcalc/agw006>.

112. Gallagher, Allen, Duncan Thomas, and Sophie Braznell. "Why British Museum Has Ended 15 Year Japan Tobacco Deal — and What It Means for Future Partnerships." The Conversation, 2 December 2025. <https://theconversation.com/why-british-museum-has-ended-15-year-japan-tobacco-deal-and-what-it-means-for-future-partnerships-270598>

113. Bateson, Anna. 2023. "All Bets Are Off: Why the Guardian Has Decided to Reject Gambling Advertising." The Guardian, 15 June 2023. <https://www.theguardian.com/help/insideguardian/2023/jun/15/why-the-guardian-has-decided-to-reject-gambling-advertising>

114. Burnett, Nuala, and Lorraine Conway. 2025. Fossil fuels, advertising and 'greenwashing'. Research Briefing CBP-10311, House of Commons Library, 16 October 2025. <https://commonslibrary.parliament.uk/research-briefings/cbp-10311/>.

115. Lunnay, Belinda, Jessica Seymour, Kristen Foley, Connie Musolino, and Paul R. Ward. "Through the Wine Glass: How Biographical Midlife Transitions and Women's Affective Interpretations Interact with Alcohol Consumption." International Journal of Drug Policy 117 (2023): 104046.

116. Atkinson, A. M., B. R. Meadows, C. Emslie, A. Lyons, and H. R. Sunnall. "Pretty in Pink" and "Girl Power": An Analysis of the Targeting and Representation of Women in Alcohol Brand Marketing on Facebook and Instagram'. International Journal of Drug Policy 101 (March 2022): 103547. <https://doi.org/10.1016/j.ijdp.2022.103547>.

drugpo.2021.103547.

117. López Turconi, Patricio. "Confronting Big Alcohol's Sponsorship of Pride Parades." Think Global Health, 12 June 2024. <https://www.thinkglobalhealth.org/article/confronting-big-alcohols-sponsorship-pride-parades>
118. Whiteley, David, Deborah Rickards-Hill, Elena Dimova, and Carol Emslie. 'Performing Solidarity? A Scoping Review of Alcohol Marketing to Sexual and Gender Minorities'. *Drugs: Education, Prevention and Policy* 31, no. 6 (2024): 607–15. <https://doi.org/10.1080/09687637.2023.2260550>.
119. Souto Pereira, Sandra, and Antonia C. Lyons. "Rainbow-washing or Genuine Allyship? How Alcohol Companies Target the LGBTQ+ Community." Institute of Alcohol Studies, 10 March 2025. Accessed 18 November 2025. <https://www.ias.org.uk/2025/03/10/rainbow-washing-or-genuine-allyship-how-alcohol-companies-target-the-lgbtq-community/>
120. WHO. Addressing and managing conflicts of interest in alcohol control policies. Snapshot series on alcohol control policies and practice, Brief 3, 3 September 2021. Accessed 4 December 2025. <https://iris.who.int/server/api/core/bitstreams/c061dbbd-e0e4-4705-ac07-680297ad6cd7/content>
121. WHO. Addressing and managing conflicts of interest in alcohol control policies. Snapshot series on alcohol control policies and practice, Brief 3, 3 September 2021. Accessed 4 December 2025. <https://iris.who.int/server/api/core/bitstreams/c061dbbd-e0e4-4705-ac07-680297ad6cd7/content>
122. IAS and SHAAP. "Spin the Bottle: How the UK Alcohol Industry Twists the Facts on Harm and Responsibility." Published June 2025. Accessed 4 December 2025. <https://www.ias.org.uk/wp-content/uploads/2025/06/Spin-the-bottle-How-the-UK-alcohol-industry-twists-the-facts-on-harm-and-responsibility.pdf>
123. Bhattacharya, Aveek, Colin Angus, Robert Pryce, John Holmes, Alan Brennan, and Petra S. Meier. 'How Dependent Is the Alcohol Industry on Heavy Drinking in England?' *Addiction* (Abingdon, England) 113, no. 12 (2018): 2225–32. <https://doi.org/10.1111/add.14386>.
124. Roy-Highley, Elliott and Mark Petticrew, "'Dark Apps' Uncovered: Popular Alcohol Tracking Apps Backed by the Alcohol Industry Mislead Users," Institute of Alcohol Studies, 25 February 2025, <https://www.ias.org.uk/2025/02/25/dark-apps-uncovered-popular-alcohol-tracking-apps-backed-by-the-alcohol-industry-mislead-users>
125. Petticrew, Mark, May Cl van Schalkwyk, and Cécile Knai. 'Alcohol Industry Conflicts of Interest: The Pollution Pathway from Misinformation to Alcohol Harms'. *Future Healthcare Journal* 12, no. 2 (2025): 100270. <https://doi.org/10.1016/j.fhj.2025.100270>.
126. Mitchell, Gemma, Chris Baker, May Cl van Schalkwyk, Nason Maani, and Mark Petticrew. 'Do Alcohol Industry-Funded Organisations Act to Correct Misinformation? A Qualitative Study of Pregnancy and Infant Health Content Following Independent Analysis'. *Globalization and Health* 21, no. 1 (2025): 68. <https://doi.org/10.1186/s12992-025-01125-4>.
127. Drinkaware. Supplementary Written Evidence Submitted by Drinkaware (PHS0626). April 2024. <https://committees.parliament.uk/writtenEvidence/129738/pdf/>
128. "A Sour Taste." *Private Eye*, no. 1642, February 2025.
129. Public Health England. "Principles for Engaging with Industry Stakeholders." GOV.UK. Last modified 25 July 2019. <https://www.gov.uk/government/publications/principles-for-engaging-with-industry-stakeholders/principles-for-engaging-with-industry-stakeholders>
130. Torjesen, Ingrid. 'Exclusive: Partnering with Alcohol Industry on Public Health Is Not Okay, WHO Says'. *News. BMJ* 365 (April 2019): l1666. <https://doi.org/10.1136/bmj.l1666>.
131. Public Health England. "Principles for Engaging with Industry Stakeholders." GOV.UK. Last modified 25 July 2019. <https://www.gov.uk/government/publications/principles-for-engaging-with-industry-stakeholders/principles-for-engaging-with-industry-stakeholders>
132. Institute of Alcohol Studies. *Good Governance in Public Health Policy: Managing Interactions with Alcohol Industry Stakeholders*. London: Institute of Alcohol Studies, 2024. <https://www.ias.org.uk/report/good-governance-in-public-health-policy-managing-interactions-with-alcohol-industry-stakeholders/>
133. World Health Organization. "No Level of Alcohol Consumption Is Safe for Our Health." WHO Regional Office for Europe, 4 January 2023. Accessed 30 December 2025. <https://www.who.int/europe/news/item/04-drugpo.2021.103547>

01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health

134. Nicholls, James, and Niamh Fitzgerald. [Regulatory Capture in UK Alcohol Licensing Policy: The 2025 "Licensing Taskforce" Report](#). Addiction n/a, no. n/a (n.d.).
135. Maani, Nason, May Cl van Schalkwyk, and Mark Petticrew. [Proposed Changes to Alcohol Licensing Should Make Us Question Whose Interests We're Serving in the Name of Growth](#). Opinion. BMJ 391 (November 2025): r2369
136. K Cooper et al., "The 2025 UN High-Level Meeting on NCDs and Mental Health: The Art of Negotiation," Cancer Control 27, no. 9 (2025). PDF accessed November 20, 2025. [<https://www.cancercontrol.info/wp-content/uploads/2025/11/27-9.pdf>](https://www.cancercontrol.info/wp-content/uploads/2025/11/27-9.pdf).
137. Information Commissioner's Office, "Section 35: Government Policy — General Principles," ICO, last updated 13 January 2023, accessed 19 November 2025, <https://ico.org.uk/for-organisations/foi/freedom-of-information-and-environmental-information-regulations/section-35-government-policy/#generalprinciples>
138. Information Commissioner's Office, "What Do FOIA and the EIR Say About Requests for Personal Information?" ICO, last updated 11 July 2024, accessed 19 November 2025, <https://ico.org.uk/for-organisations/foi/section-40-and-regulation-13-personal-information/what-do-foia-and-the-eir-say-about-requests-for-personal-information/>
139. Information Commissioner's Office, "Section 43 – Commercial Interests," ICO, last updated 21 August 2023, accessed 19 November 2025, <https://ico.org.uk/for-organisations/foi/freedom-of-information-and-environmental-information-regulations/section-43-commercial-interests/>
140. Information Commissioner's Office, "What Is the FOI Act and Are We Covered?" ICO, accessed 19 November 2025, <https://ico.org.uk/for-organisations/foi/what-is-the-foi-act-and-are-we-covered/>
141. Lauber, Kathrin. "Why FOI Requests Are a Powerful but Under-Used Research Tool." National Centre for Research Methods, 23 November, 2022. <https://www.ncrm.ac.uk/news/show.php?article=5738>
142. Alcohol Change UK. "Autumn Budget: What Does the Public Want to See on Alcohol Policy?" Alcohol Change UK (blog), accessed 4 December 2025. <https://alcoholchange.org.uk/blog/autumn-budget-what-does-the-public-want-to-see-on-alcohol-policy>