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Recruitment, risks, rewards and regrets: Senior researcher reflections on working with alcohol industry social aspects organisations

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Abstract

Introduction. A growing body of literature suggests alcohol industry corporate social responsibility activity, including the creation of ‘social aspects’ organisations (SAO), may harm rather than improve public health. We aimed to explore established researcher experiences of working with SAOs, and the factors informing their decisions to do so. **Methods.** Qualitative interview study with senior alcohol researchers who had previous or ongoing connections to SAOs or their predecessors initiated when their careers were established ($n = 16$). Thematic analysis using NVivo software. **Results.** Established researchers were recruited for their expertise by alcohol industry SAOs via employees who were previously academics or via academic colleagues with SAO connections. Motivated by the desire to improve public health and ‘reach out’ beyond academia, researchers were confident that they could maintain their independence when sharing their expertise with SAOs. Short-term connections included attendance at SAO-funded events and book chapter contributions. Sometimes, these led to long-term relationships with SAOs, or researchers were invited to long-term roles by a colleague. These included memberships of scientific advisory committees, board positions, or work as independent consultants. Most researchers reflected negatively on their experiences and had ended their associations, while some had positive experiences. **Discussion and Conclusion.** Current and former researchers play key roles in initiating connections with SAOs, with industry-funded events and invitations to long-term roles by trusted colleagues, mechanisms used to facilitate the development of such relationships. Our study adds to existing evidence that SAO scientific activity does not contribute to public health goals, but does present industry with public relations opportunities. [Mitchell G, McCambridge J. Recruitment, risks, rewards and regrets: Senior researcher reflections on working with alcohol industry social aspects organisations. *Drug Alcohol Rev* 2021]

Key words: alcohol industry, alcohol, science, corporate social responsibility, vested interests.

Introduction

Public Health England partnered with the alcohol industry ‘social aspects’ organisation (SAO) Drinkaware on a ‘Drink Free Days’ campaign in 2018 [1], following a well-worn industry strategy of defining alcohol problems in terms of the minority of individuals who drink heavily, in this case daily [2]. Such controversies regarding partnerships between alcohol industry and public health organisations are perennial because the public health community fails to understand the advanced nature of alcohol industry political strategies [3] and their success in influencing national governments and government agencies [4].

Alcohol industry SAOs include organisations such as Drinkaware, as well as industry research funding

organisations such as the European Research Advisory Board. SAOs are a discrete type of corporate social responsibility (CSR) activity that overlaps with other forms of CSR, including alcohol information and education provision; drink driving prevention; research involvement; and policy involvement [5]. Ostensibly, alcohol industry SAOs exist to reduce the harm caused by the consumption of alcohol. A recent systematic review, however, found little evidence supporting the effectiveness of CSR activities in terms of improving public health [5]. Numerous studies, including several published subsequently, find that such initiatives may do the opposite through, for example, misinformation to the public [6–8]; the maintenance of social norms that support commercial, rather than public health interests [9–11]; and using CSR activities as forms of

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indirect marketing [5]. SAOs such as Drinkaware nevertheless make strong claims that their activities are supported by scientific evidence, and they recruit medical and scientific colleagues for this purpose [12–14].

A prominent example of an alcohol industry SAO is the (now replaced) International Center for Alcohol Policies (ICAP), which operated in research and policy at the global level and in high, middle, and low-income countries [5]. ICAP was founded in 1995 by 10 of the world's largest beer and spirits companies at the time, with one of those 10 alcohol companies, Miller Brewing, at that time owned by tobacco giant Philip Morris [15]. Much ICAP activity appears specifically designed to counter the work of the World Health Organization, and it recruited an academic and former World Health Organization employee as its Director [15]. From its inception, it promoted 'partnership' between industry and public health. To support efforts at influencing policy, the organisation was active in science, initiating the formation of the 'Dublin Principles', a set of guidelines aimed at encouraging partnership between the research community and industry [16]. ICAP also recruited academics and other public health actors to aid the creation of a 'grey' literature parallel to peer-reviewed research on alcohol [15]. This literature was distinguished by what it excluded, notably the role of industry in perpetuating alcohol harms, and emphasised uncertainty about effective population-based approaches that would reduce corporate profits [15,17].

Following a merger of ICAP and the Global Alcohol Producers Group in late 2014, ICAP was replaced by the International Alliance for Responsible Drinking. Although there has been no dedicated study of International Alliance for Responsible Drinking activity, it directly replaced ICAP in maintaining connections between researchers and alcohol companies in the Moderate Alcohol and Cardiovascular Health trial, which was terminated in 2018 due to inappropriate relationships between National Institute on Alcohol Abuse and Alcoholism employees, industry executives and scientists, and a biased trial design [18].

Alcohol and tobacco companies are connected through ownership and in other ways [19,20] and have worked closely together to develop strategies to influence policy and deflect attention away from policies that reduce profits [21]. The creation of the Foundation for a Smoke-Free World in 2017, funded by tobacco giant Philip Morris, has many of the hallmarks of alcohol and tobacco CSR activity, including false claims of independence and greater expenditure on public relations activity than on scientific research [22]. Yet, the Foundation for a Smoke-Free World has struggled to recruit tobacco control researchers [22], partly because of the close attention paid to tobacco industry activity following the Master Settlement

Agreement in the USA in the late 1990s [23]. That enabled researchers to identify decades of manipulation of science and policy, which involved the creation of front groups to cover up such activity [24,25]. The advent of electronic cigarettes has created new opportunities for tobacco companies to divide the research community that they have been keen to exploit, with striking success [26,27]. This particular initiative should be seen in this context. Nonetheless, tobacco exceptionalism [28] and global health's alcohol 'blind spot' [29] means the same critical lens is not widely applied to alcohol industry CSR activity, including alcohol industry SAOs [3]. As a result, alcohol industry SAOs have been able to recruit researchers in ways that are no longer possible for tobacco companies, although there are exceptions [30], and this may be changing over time in light of the revelations about tobacco and/or for other reasons.

There has been little dedicated study of alcohol industry SAOs despite longstanding concerns about SAO involvement in science, including the relationship between researchers and SAOs [15,31–33]. We undertook an interview study to address this gap, including an exploration of researcher decision making regarding working with these organisations.

Methods

We used a qualitative approach for this exploratory study, underpinned by the science and technology studies literature, where there is an acknowledgement of the role of social interactions in constructing scientific knowledge, and an interest in the values and meanings researchers apply to their scientific work or 'practice' [31–33]. To give attention to both contemporary and historical experiences, we purposefully sampled senior researchers globally. For this study, we identified researchers who, once their career was established, had received some form of payment (including research funding, honorariums, and expenses) from the alcohol industry or performed any work (paid or unpaid) for any alcohol industry organisation ($n = 16$). This study is nested within a larger interview study of alcohol researchers ($n = 37/44$ invited). We report on researchers who received industry research funding early in their careers and researchers who had not worked with industry elsewhere. The 16 researchers included in this study all had either previous ($n = 11$) or ongoing ($n = 5$) connections with SAOs, including social aspects functions/committees of trade associations prior to the formation of SAOs as distinct organisations [5] ($n = 2$) and research funding organisations only ($n = 2$). The

researchers worked on alcohol-policy relevant topics across three continents, and their reflections dated back to the 1960s. Although at the time of the interview, the researchers were based in six countries, their experiences also spanned other countries.

Semi-structured interviews were completed via video or telephone; no significant differences were identified between these modes of conducting the interviews in terms of rapport building or the depth of responses to the research questions. Interviews ranged from 40 to 75 min in total, averaging approximately 1 hour, with one interview taking place in two parts. The first author had experience of qualitative research interviewing, including with experts, and conducted all interviews. The second author listened to selected audio recordings and provided feedback on interviews throughout the data collection process. The interviews began with career questions, followed by enquiries on the formation of contacts with alcohol industry organisations, factors informing their decision making, and their perceptions of debates on the subject in the peer-reviewed literature.

Data were analysed using a form of reflexive thematic analysis [34,35], with each transcript read prior to initial coding using NVivo software by the first author. Coding developed iteratively rather than via a fixed codebook at the start of the process, and themes were generated alongside and subsequent to the coding. The first author referred to the literature throughout to make sense of the data [36], in particular, existing work on ICAP and other alcohol industry SAOs [5,15,31,32]. The second author read the transcripts and supported the first author throughout the analysis process.

The study received ethical approval from the University of York Health Sciences Research Governance Committee. All participants gave their informed consent prior to their inclusion in the study. We have removed all identifying information about the participants from the quotes provided below, and do not use pseudonyms to further protect researcher anonymity. We have directly quoted 11 of the 16 researchers, without relying heavily on any particular interviews for this material.

Results

Contacts between researchers and SAOs were initiated by both SAO employees and researchers' colleagues. Researchers were generally recruited for specific expertise, with SAO employees inviting researchers to apparently one-off events, and colleagues also involved in inviting researchers into longer-term SAO advisory roles. Awareness of risks associated with SAO roles

increased over time, as norms in the research community changed gradually as concerns about commercial interests corrupting science grew, both in relation to tobacco and more widely. Thus, all researchers, with one exception, were aware that there were inherent risks, but viewed such work as an opportunity to reach out beyond academia and improve public health. We organise the presentation of findings on recruitment sequentially, in line with the decision making and other aspects of experiences recalled.

Initial recruitment

Among our 16 interviewees, a small number of key individuals initiated contact between researchers and SAOs. Seven researchers were recruited directly by industry employees and eight indirectly by colleagues with connections to SAOs (one did not provide this information). For two of the seven researchers recruited directly, this occurred in the 1980s or earlier, prior to the formation of SAOs when industry employees invited researchers to events. The remaining five researchers were recruited directly since the 1990s by 'revolving door' individuals—former academics who moved from employment with governments, non-government organisation, or universities to become SAO employees, sometimes retaining university affiliations. These individuals were small in number but highly influential, using their extensive professional networks to recruit researchers already known to them. Revolving door individuals typically invited researchers to present at SAO-organised events, or in the case of ICAP, write book chapters for edited collections. Three of the five researchers contacted in this way were approached by the same person: a former World Health Organization staff member who became the Director of ICAP. This individual was well-known among researchers, and continued to attend scientific meetings.

Across our study, ICAP was reported to be a key vehicle for recruiting researchers, although it was not alone. Where contacted by researchers who represented other organisations, those individuals could be persistent:

'The first time [colleague] contacted me I said no, and then [same colleague] contacted me again about six months later saying that [the colleague and SAO] were having a kind of think tank of a number of CEOs and senior executives... and would I reconsider. So, I said yes.'

Indirect recruitment comprised requests from colleagues who held academic, clinical, or public health posts and had connections to SAOs. These included

requests to provide long-term expert advice for SAOs via membership of scientific advisory committees or board positions, or, occasionally, to present at SAO-funded events. That the requests came from colleagues was important: these were individuals researchers trusted. Moreover, such colleagues could be leaders in their field:

'You don't tend to turn things down if I think they're reasonable requests. And you certainly don't tend to turn things down if you are asked to do something by [well-respected senior colleague].'

Researchers could then become part of the indirect recruitment process themselves, when their own reputations influenced the decision making of other colleagues:

'So I looked at the [group of researchers affiliated with the SAO] and I thought, there [are] some people who I think are very prestigious and honourable.'

In the rare cases where government departments were deeply connected to SAOs, government involvement validated the request. Occasionally, researchers were recruited directly or indirectly by multiple SAOs over the course of their career, although in most cases, there was a relationship with a single organisation.

Weighing up potential risks and benefits

Reflecting on invitations prior to 1990 and the formation of SAOs as distinct organisations, researchers reported that concerns around industry involvement in science were not prominent, and thus the decision to present at an industry-funded event was viewed, at the time, as fairly unproblematic. Later, decision making was usually more complex, and some researchers explicitly acknowledged and discussed the risks involved in accepting a request that would connect them to an SAO. Industry actors could reap reputational, political, or commercial benefits from an association, including to help better understand the research community:

'I know what their agenda was... I mean, they were trying to suss out whether I'd help them. And they were trying to pick my brains for what was going on, and they wanted to get a sense of our views and positions on things, which would help them strategically.'

Balanced against risks such as these, there was a strong motivation to apply their knowledge beyond

academia, largely for the purpose of improving public health. This was combined with a pragmatic perspective on the alcohol industry itself: researchers thought industry involvement in any public health-related activity was not ideal, but as resources were limited, SAOs might help plug gaps in provision.

In addition, researchers recognised the importance of being confident that they could maintain their own independence:

'There may be a few bad apples here and there and I'm sure there are, but there's not a pharma, or anyone else, who could alter my decision-making in terms of what's good for my patients and I think 99 percent of people are like that.'

Because there were intricacies in the decision making of researchers, they foresaw the need to review their situation:

'I accepted the position thoughtfully, and I think not naively, and I always realised that this was something that I would have to review myself, periodically.'

Short-term connections

Short-term connections were initiated by SAO employees in two ways: inviting researchers to attend events and, in the case of ICAP, to write one or more book chapters. Regarding the latter, ICAP employees suggested the topic, and researchers often wrote chapters with colleagues, receiving a small honorarium for their work. Researchers did not experience censorship in their writing, although at times there was an exchange between authors and ICAP employees:

'No-one ever said, why are you saying this, or why don't you think about that? They didn't. They engaged with the other academics in a kind of critical discussion of things that we wrote, but just what you would expect from colleagues.'

Regarding events, researchers were invited to SAO-funded, invitation-only events connecting researchers, SAOs, and global alcohol producers. Occasionally, researchers were invited to such events by their colleagues. Researchers regularly received invitations to speak at non-industry organised events by a range of different stakeholders, and in most cases knowing the person inviting them made such requests appear innocuous. There were also indications of curiosity and hopes of influence:

'I perceived it as an important opportunity... with some tough public health input you could influence... not just the [SAO] but some of the surrounding people.'

Events ranged from small meetings on alcohol company premises, to slightly larger events with sessions arranged according to topics. In most cases, researcher expenses were paid and they were invited to speak on a subject closely aligned with their area of expertise. In earlier decades, researchers reported negative experiences of such events, including being part of debates where their views were in the minority:

'I think I was kind of a lamb to the slaughter [laughs]. I was giving a talk to a very hostile kind of audience who didn't share my view of things.'

More recently, a feature of some events was an effort to develop common positions between SAOs and researchers:

'I was really struck by the efforts of [the SAO] to get a consensus agreement which [the SAO] wanted to write [with] public health people and the industry support.'

Accepting invitations to such events could have unforeseen consequences for researcher reputations:

'On the first evening, we were all rounded up... all the speakers... there was this photo taken of us... it was all over the internet in moments.'

Attendance at one event usually led to further attendance at one or more SAO events, largely with the same organisation. Researcher experiences of these events affected whether long-term connections between SAOs and researchers were established. Some researchers found industry attempts to promote consensus between a SAO and researchers disingenuous, or were disappointed that industry representatives did not do what they said they would, and did not therefore develop long-term relationships with the SAO. Other researchers established good relationships with 'revolving door' SAO employees who they regarded highly. This led to the view that future work with the SAO could be productive; these researchers went on to establish long-term relationships with the SAO.

Longer-term connections

Ten of the 16 interviewees ultimately developed a long-term relationship with the SAO with whom they worked. These followed either positive short-term

connections described above, or indirect recruitment by senior colleagues to these positions. These roles largely comprised: (i) membership of scientific advisory committees; (ii) trustee positions; and (iii) independent consultancies and other dedicated research-related roles.

1. Scientific advisory committees

Committee membership was either paid or unpaid, and researchers were invited to join alongside other research colleagues. Specific roles and types of advice requested from researchers varied across organisation. This could include reviewing and approving information provided to the public, for example, which could be time consuming:

'The [SAO] was commissioning writers to write articles based on the topics that we suggested and with the papers that we highlighted for them to use. And what came back, to some extent completely appropriately, was stuff that was health literacy language level appropriate for a broad region... so I realised that actually we were in a very delicate situation around language. A lot of things came back to me that I wasn't happy with... and so we got into quite a lot of discussion. I mean, it took a lot of my time actually initially trying to get them to engage with the issue... I don't think this was the alcohol industry trying to stealthily creep in to what we were writing. I think it was a genuine dilemma.'

Other roles involved providing feedback on the strategic direction of the SAO, including potential SAO research activity:

'[SAO] just asked us about what sort of research might they be able to become involved in and fund, if anything—they weren't offering us any money—and what could they do to perhaps put their case forward so that they were accepted as not as sort of biased as everyone says they are.'

Researchers also carried out reviews on behalf of SAOs on topics that did not conflict with commercial interests or, when involved with research funding organisations, reviewed grant applications. As committee members, researchers usually did not have direct contacts with SAO funders, although senior SAO employees were present at committee meetings. Where researchers chaired advisory committees, they had more contact with SAO employees and funders, and were asked to report regularly on committee activity, including being invited to participate in SAO board discussions.

SAO advisory committee memberships lasted several years and continued through organisational changes (the move from ICAP to International Alliance for

Responsible Drinking, for example). Researchers usually did not experience any industry interference in committee decision making; rather, they described straightforward relationships between researchers and SAO employees:

'[SAO employees] that I've worked with over recent years are just grateful for advice and know the boundaries.'

In the rare cases where interference in scientific processes did occur, researchers resisted such efforts.

2. Board memberships

Other researchers were SAO trustees, working alongside colleagues in public health, SAO personnel, and senior company and trade association employees. At least on one occasion, when researchers were interviewed for the position, there was global alcohol producer representation on the interview panel. Trustee positions were typically unpaid and involved meeting face-to-face several times a year, with extensive contacts with senior industry representatives; this enabled researchers to get to know industry representatives well.

Strategic decisions about the aims and purposes of SAOs were made with fellow trustees. Other activities undertaken included assisting with public health messaging and reviewing grant applications. Researchers acted as trustees for several years. Some aspects of the role could be enjoyable, with researchers gaining a better understanding of the alcohol industry from their contact with industry representatives. However, although researchers felt their individual relationships with fellow trustees were appropriate, challenges arose in terms of managing the combination of industry and non-industry interests in seeking to contribute to public health, for some from the start:

'It was a challenge from start to finish. It was like wading through treacle. And every meeting entailed a robust conversation with my fellow trustees.'

For others, these challenges developed gradually over time, and the hopes that had motivated their original involvement gave way to disappointment:

'As time went by it became clear that [the industry trustees] wanted to make the major decisions being made by [the SAO]... I don't think an awful lot of value came from the [SAO] initiatives in terms of bettering population health.'

3. Independent consultancies and other research-related roles

Independent consultancies for SAOs, where researchers were paid to provide expert advice on specific projects or activities, were rare in comparison with other roles. In such work, senior SAO and alcohol company employees asked questions, to which researchers responded via email, phone, and in-person. Researchers gained valuable insight into the structure and activity of SAOs and global alcohol producers, but the industry response to their advice was mixed:

'I mean it really varies. [On technical, smaller matters]... yes, they have listened. On the big public health issues I would say no.'

Some researchers also received SAO research funding, although this was not strongly implicated in other specific roles examined here, and was facilitated by existing relationships; for example, project grant funding availability was not advertised. In these cases, reliance on soft money was very relevant to decision making. These researchers did not experience industry censorship, although in some cases interventions were designed by the SAOs with a lack of scientific input at that stage, with the research role confined to that of evaluation. Involvement in SAO-funded studies was preceded by, and also sometimes led to further direct contacts with SAO employees and their funders at SAO-funded events relating to the study.

Researcher reflections. Reflecting on their relationships with the alcohol industry, most researchers we interviewed had changed their minds about the wisdom of their involvements, and ended their associations, even relatively trivial ones:

'I had the view that research can be presented pretty much anywhere. I subsequently sort of revised that scheme somewhat and I really am not keen on presenting at industry-specific events or anything... I've evolved I guess you might say.'

For many, this was because of negative experiences and some regretted that they had not had access to sufficient information or guidance to make an informed decision at the time:

'I think probably if somebody with a little bit more experience who was a little bit wiser had had that conversation with me at that time I probably would have thought twice about taking on that role with [an SAO] to begin with.'

Negative responses from colleagues about researchers' connection to industry were common,

particularly after ICAP became controversial within the research community. They were also reported as having adverse career impacts, at times leading to fewer academic opportunities, as one researcher summed it up starkly:

'It was terrible for my career.'

Others, particularly when reflecting on longer-term changes, were of the view that as the wider research community became more sceptical of industry activity, this influenced their decision making. Researchers reflecting on ongoing work had not yet come to any conclusion about how productive the link with SAOs would be, or valued it.

All researcher decision making and retrospection were communicated in ways that valued integrity. Regardless of whether their decision making had changed, a sense of rejection by colleagues had strong personal impacts:

'I remember [losing academic opportunity] was one of the most difficult, personal blows because I felt it was a vote of lack of confidence in me as an individual and my integrity, and that's very important to all of us and hugely important to me all the way through my career. And that was personally very, very hurtful.'

Just as many had changed their minds about their own involvements, 11 of the 16 researchers urged junior colleagues to avoid any connection to industry:

'Honestly, I think for early career researchers, I would probably recommend not to do it, mainly because of the problems it might cause with colleagues and relationships down the road.'

Two were equivocal, seeing many risks and also circumstances in which they might be accepted, while the remaining three researchers reflected largely positively on their experiences, which sustained them in relationships with the same SAO, or led to interactions with multiple industry bodies, including industry research funding organisations and alcohol companies.

Discussion

By exploring researcher reflections on both previous and ongoing connections to SAOs, we identify the key roles both currently established and former researchers have played in initiating and maintaining SAO-researcher connections. Most researchers reflected negatively on their experiences, although some had

positive experiences. Of the factors informing researcher decisions to accept SAO-linked invitations, motivations to 'reach out' beyond academia to improve public health and the limited resources available for this are particularly significant. These connections provide SAOs with significant public relations opportunities, helping the SAOs to present themselves as independent, public interest groups working in 'partnership' with public health organisations and researchers [7].

A small number of 'revolving door' individuals—researchers who had moved from academic, government, or non-governmental organisation positions to become SAO employees—recruited many of the researchers interviewed, and not only to ICAP. Concerns have been raised about such practices [31,32], and this first qualitative interview study of this topic highlights what a crucial role a small number of individuals have played in initiating connections between researchers and SAOs. This is a small sample, with reflections spanning some decades. The second author's research on the alcohol industry may have influenced the range of experiences shared by participants, although the high response rate and the depth of the data suggest this was not obviously problematic. Interview accounts engender risks of inaccuracy and recall bias, particularly in relation to the distant past in the context of changing norms. It is important to note, however, that not all reflections were historical: five of the researchers were reflecting on ongoing connections to SAOs, therefore, this is a contemporary concern as well as a historical one.

The key mechanism here appears to be trust: researchers trusted colleagues they had worked with previously whether they were recruited directly or indirectly, and focused on them as individuals rather than the organisations they represented. Trust is, in part, built reflexively, emerging in specific conditions through social interactions [37]. Combinations of revolving door individuals, already involved academic colleagues, and interpersonal contacts at events can create conditions in which researchers are willing to make a 'leap of faith' [37]. This was necessary here because there were obvious risks involved, and guidance and evidence on SAOs were scarce. Researchers, of course, also make decisions to work with individuals they trust where the alcohol industry is not involved. Such decisions, however, are not made in a vacuum, and the contrast with the tobacco industry is stark [22,38].

The extensive opportunities for SAO employees to develop and widely publicise connections with established researchers may impact on the decision making of junior colleagues in relation to involvement with industry. This may have given junior researchers the impression that work with SAOs was unproblematic, creating a 'cycle of legitimacy' that excludes a crucial conclusion now

available: that most researchers had negative experiences, would not repeat them, or advise early-career colleagues to follow them. In this way, our data add to existing research demonstrating SAO activity does not contribute to public health goals [5]. Rather, senior researchers' experiences of apparently 'one-off' industry-funded events reflect broader patterns of SAO scientific activity, including initiatives such as ICAP's Dublin Principles [16], which explicitly sought to build industry-researcher partnerships, as well as sharing commonalities with strategies used by other sectors, such as the ultra-processed foods industry [39,40].

Scientific norms have been exploited by SAOs, and the imperative for alcohol and other research to generate societal impact permeates most stages of the scientific endeavour. Work with SAOs was attractive to researchers in part because of the low level of resources available to public health actors to provide good quality information to the public about alcohol. For a small number of researchers, the experience of communicating with the public was mostly positive, and the only negative was the reactions from colleagues, which may have led to lost opportunities. Based on the evidence provided here, where the majority of researchers reported a lack of progress towards public health goals when working with SAOs, as well as growing evidence on the misinformation provided to the public by SAOs in various countries [6–8], we suggest negative responses from colleagues should be interpreted as a symptom of the underlying conflict between public health interests and alcohol industry interests manifested in SAO activity.

There has been rapid concentration in recent decades with a small number of transnational alcohol producers capturing most of the global market, particularly for beer and spirits [41]. The resources this generates for these companies may lead the alcohol industry to more closely resemble the tobacco industry, both in structure and in strategy [3]. More research is required on both the mechanisms and consequences of researcher relationships with SAOs, including with the International Alliance for Responsible drinking, ICAP's direct successor. This may help preserve the integrity of science, as well as facilitate the communication of alcohol research and other information to the public, by organisations acting in the public interest.

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Conflict of Interest

The authors have no conflicts of interest.

References

- [1] Public Health England. Public Health England and Drinkaware launch Drink Free Days 2018. 2018. Available at: <https://www.gov.uk/government/news/public-health-england-and-drinkaware-launch-drink-free-days>
- [2] Gilmore I, Bauld L, Britton J. Public Health England's capture by the alcohol industry. *BMJ* 2018;362:k3928.
- [3] McCambridge J, Kypri K, Sheldon TA, Madden M, Babor TF. Advancing public health policy making through research on the political strategies of alcohol industry actors. *J Public Health* 2019;42:262–9.
- [4] Hawkins B, McCambridge J. Public-private partnerships and the politics of alcohol policy in England: the coalition Government's public health 'Responsibility Deal'. *BMC Public Health* 2019;19:1477.
- [5] Mialon M, McCambridge J. Alcohol industry corporate social responsibility initiatives and harmful drinking: a systematic review. *Eur J Public Health* 2018;28:664–73.
- [6] Petticrew M, Maani Hessari N, Knai C, Weiderpass E. How alcohol industry organisations mislead the public about alcohol and cancer. *Drug Alcohol Rev* 2018;37:293–303.
- [7] Pinsky I, Pantani D, Messas G, Sanchez ZM. Who is really the source of alcohol policy information: the example of a social aspects and public relations organization in Brazil. *J Stud Alcohol Drugs* 2020;81:689–90.
- [8] Lim AWY, Schalkwyk MCIV, Hessari NM, Petticrew MP. Pregnancy, fertility, breastfeeding, and alcohol consumption: an analysis of framing and completeness of information disseminated by alcohol industry-funded organizations. *J Stud Alcohol Drugs* 2019;80:524–33.
- [9] Petticrew M, Hessari NM, Pettigrew L, Rutter H, Van Schalkwyk MC. Dark nudges and sludge in big alcohol: behavioral economics, cognitive biases, and alcohol industry corporate social responsibility. *Milbank Q* 2020;98:1290–328.
- [10] Hessari NM, van Schalkwyk MCI, Thomas S, Petticrew M. Alcohol industry CSR organisations: what can their twitter activity tell us about their independence and their priorities? A comparative analysis. *Int J Environ Res Public Health* 2019;16:892.
- [11] Hoe C, Taber N, Champagne S, Bachani AM. Drink, but don't drive? The alcohol industry's involvement in global road safety. *Health Policy Plan* 2021;35:1328–38.
- [12] Lewis D. No grounds to beware Drinkaware. *Addiction* 2014;109:1762.
- [13] McCambridge J, Kypri K, Miller P, Hawkins B, Hastings G. Be aware of Drinkaware. *Addiction* 2014;109:519–24.
- [14] McCambridge J, Kypri K, Miller P, Hawkins B, Hastings G. Where is the evidence? *Addiction* 2015;110:540–1.
- [15] Jernigan DH. Global alcohol producers, science, and policy: the case of the International Center for Alcohol Policies. *Am J Public Health* 2012;102:80–9.
- [16] Hannum H. The Dublin principles of cooperation among the beverage alcohol industry, governments, scientific researchers, and the public health community. *Alcohol Alcohol* 1997;32:641–8.
- [17] Babor TF, Xuan Z. Article commentary: alcohol policy research and the grey literature. *Nord Stud Alcohol Dr* 2004;21:125–37.
- [18] Mitchell G, Lesch M, McCambridge J. Alcohol industry involvement in the moderate alcohol and cardiovascular health trial. *Am J Public Health* 2020;110:485–8.
- [19] Hawkins B, McCambridge J. Can internal tobacco industry documents be useful for studying the UK alcohol industry? *BMC Public Health* 2018;18:808.
- [20] Bond L, Daube M, Chikritzhs T. Access to confidential alcohol industry documents: from 'big tobacco' to 'big booze'. *Australas Medical J* 2009;1:1–26.
- [21] Bond L, Daube M, Chikritzhs T. Selling addictions: similarities in approaches between big tobacco and big booze. *Australas Medical J* 2010;3:325–32.
- [22] Legg T, Peeters S, Chamberlain P, Gilmore AB. The Philip Morris-funded Foundation for a smoke-free world: tax return sheds light on funding activities. *Lancet* 2019;393:2487–8.

- [23] Hurt RD, Ebbert JO, Muggli ME, Lockhart NJ, Robertson CR. Open doorway to truth: legacy of the Minnesota tobacco trial. *Mayo Clin Proc* 2009;84:446–56.
- [24] Bero L. Implications of the tobacco industry documents for public health and policy. *Annu Rev Public Health* 2003;24:267–88.
- [25] Bero L. Tobacco industry manipulation of research. *Public Health Rep* 2005;120:200–8.
- [26] McKee M, Capewell S. Evidence about electronic cigarettes: a foundation built on rock or sand? *BMJ* 2015;351:h4863.
- [27] McCambridge J. Accounting for the masters of deception. *Addiction* 2015;110:1072–3.
- [28] Hawkins B, Holden C, Eckhardt J, Lee K. Reassessing policy paradigms: a comparison of the global tobacco and alcohol industries. *Glob Public Health* 2018;13:1–19.
- [29] Marten R, Amul GGH, Casswell S. Alcohol: global health's blind spot. *Lancet Glob Health* 2020;8:e329–e30.
- [30] Miller P, Kypri K. Why we will not accept funding from Drinkwise. *Drug Alcohol Rev* 2009;28:324–6.
- [31] McCambridge J, Mialon M. Alcohol industry involvement in science: a systematic review of the perspectives of the alcohol research community. *Drug Alcohol Rev* 2018;37:565–79.
- [32] Babor TF, Robaina K. Public health, academic medicine, and the alcohol industry's corporate social responsibility activities. *Am J Public Health* 2013;103:206–14.
- [33] Babor TF. Alcohol research and the alcoholic beverage industry: issues, concerns and conflicts of interest. *Addiction* 2009;104:34–47.
- [34] Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77–101.
- [35] Braun V, Clarke V, Hayfield N, Terry G. Thematic analysis. In: Liamputtong P, ed. *Handbook of research methods in health social sciences*. Singapore: Springer Singapore, 2019:843–60.
- [36] Timmermans S, Tavory I. Theory construction in qualitative research: from grounded theory to abductive analysis. *Sociol Theory* 2012;30:167–86.
- [37] Möllering G. *Trust: reason routine, reflexivity*. Oxford: Elsevier, 2006.
- [38] Daube M, Moodie R, McKee M. Towards a smoke-free world? Philip Morris International's new foundation is not credible. *Lancet* 2017;390:1722–4.
- [39] Nestle M. *Unsavory truth: how food companies skew the science of what we eat*. New York: Basic Books, 2018.
- [40] Wood B, Ruskin G, Sacks G. How Coca-Cola shaped the international congress on physical activity and public health: an analysis of email exchanges between 2012 and 2014. *Int J Environ Res Public Health* 2020;17:8996.
- [41] Jernigan D, Ross CS. The alcohol marketing landscape: alcohol industry size, structure, strategies, and public health responses. *J Stud Alcohol Drugs* 2020;19:13–25.