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NO ONE CAN SERVE TWO MASTERS

The old Christian proverb that we use in our title recognizes the constraints related to serving two masters. Because of its universality, it is possible to find versions of these wise words in many cultures. The letter submitted to *Addiction* by Andrade [1] is an example of the impossibility of receiving funding from the alcohol industry and at the same time attempting to do effective public health work (particularly in an unregulated market such as Brazil).

The request by several health science journals in recent years to acknowledge conflict of interest is a practical illustration of this issue. When researchers receive funds from interest groups (alcohol, tobacco or pharmaceutical companies), the results produced by their investigations will be evaluated in this light. And, of course, there are important reasons for doing things this way.

Let us quickly examine the instance brought up by Andrade [1] about CISA, a Brazilian NGO 90% financed by Ambey. Since the NGO was formed, it has participated in outside activities and on a number of occasions its members have been sources of information about alcohol in newspapers. CISA's scientific committee is formed mainly by medical doctors and psychologists associated with known Brazilian Universities. One of the newspaper articles written by a CISA affiliate was published a few months ago on the same page as an interview with the new Brazilian health minister where he articulated his intention to restrict alcohol advertising in the country [2]. While the minister defended restrictions on advertising, something completely new in Brazil, the CISA piece undermined the importance of regulating alcohol advertising: "... To the power that advertising allegedly exerts (\ldots) , there is no scientific evidence that its restriction would reduce the harms associated with alcohol abuse". The article went on to suggest that the government's proposal was a marketing stunt, proposing vague long term measures to contain alcohol problems in the country. At the end of the article is the real catch: if the piece had been signed by an alcohol industry official, the readers would be able to interpret the affirmations taking this information in account. Instead, the CISA's name (without mentioning Ambev's support) and two medical universities names appear side by side.

The fact that CISA's executive president chooses the scientific team and the organizations' activities does not guarantee CISA's independence. In effect, the sole existence of such an organization (or others sponsored by the alcohol industry) suggests a community of interest between health professionals and interest groups that does not exist. In the particular case of CISA, its connections with WHO through its World Mental Health Survey Initiative should be cause for concern and definitely sends the wrong message to the public at large.

At this point in time it is a known fact that the alcohol industry uses both subtle and direct ways to influence public health (for instance, in Brazil, supporting the political campaigns of a significant number of congressmen). The congressmen also argue that the money they receive from interest groups is not going to influence their work in favour of the country.

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RESPONSE TO DR KARI POIKOLAINEN: THE PERSISTENT, ALTERNATIVE ARGUMENT TO APPARENT CARDIOPROTECTIVE EFFECTS OF ALCOHOL

Addiction recently published a commentary by Poikolainen [1] on a cohort study by Harriss *et al.* [2] which supported the hypothesis that errors in the definition of 'abstainers' were responsible for apparent cardioprotective effects of alcohol, especially for male drinkers. Shaper *et al.* [3] first proposed that many prospective studies classified erroneously both former and occasional drinkers as 'abstainers'. However, Poikolainen [1] also criticized our meta-analyses of the literature [4,5] which supported the Shaper *et al.* hypothesis and suggested the possibility of gender differences in susceptibility to protection.

Poikolainen [1] concluded:

As usual in epidemiological research, scientists try to eliminate bias, confounding . . . Nevertheless, the protective effect of coronary heart disease incidence and all-cause mortality has remained. All but one meta-analysis agree on this point. The deviant one