producers and marketers of unhealthy commodities to 'directly lobby' the public.

OP94 HOW DOES THE ALCOHOL INDUSTRY DEFINE "RESPONSIBLE DRINKING"? A QUALITATIVE ANALYSIS

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Background Alcohol is the third largest risk factor for disease burden worldwide, after hypertension and tobacco use. Although there is an extensive evidence base on the most effective interventions to reduce alcohol harms at a population level (through targeting marketing, availability and price), the main focus of alcohol industry initiatives has been on providing information and education. "Responsible drinking" messaging (e.g. "Drink [product] Responsibly") which frequently appears on product labels and adverts is a central element of such corporate social responsibility (CSR) activities. It has been argued that such messaging is vague, and potentially part of broader CSR activities to protect industry interests at the expense of public health. This study aimed to identify how industry defines responsible drinking, and in what contexts it is used.

Methods Qualitative documentary analysis A document search was carried out to identify publicly available documents (annual reports, shareholder communications, press releases and website content), published or available between January 2014 and July 2016, from two representative multinational alcohol producers (Diageo and AB InBev), Diageo's DrinkIQ website, the Portman Group, the International Alliance for Responsible Drinking, the International Centre for Alcohol Policy or ICAP, and the DrinkAware Trust (all organisations funded by alcohol producers). These were compared to alcohol-related documents from Public Health England, WHO, Alcohol Concern and Addaction during this period.

Coding was performed iteratively using NVivo 11 (version 11.2.2), and analysed using the hermeneutic approach, which involves reading and understanding meanings of individual texts, identifying sub-themes or 'codes', identifying thematic clusters of codes, triangulation between sources, checking reliability/validity, and illustrative use of representative case material.

Results In total, 321 documents were evaluated, of which 101 referred to responsible drinking and were therefore included in the analysis.

The term "responsible drinking" was used almost exclusively by industry or industry-funded organisations. Responsible drinking was not clearly defined with relation to any particular level of alcohol consumption, and government alcohol guidelines were rarely referenced. Long-term health harms (such as non-communicable diseases) were not mentioned in association with responsible drinking. Instead, responsible drinking was typically linked to behaviours (such as underage drinking).

Conclusion Responsible drinking is a strategically ambiguous, industry-affiliated term allowing multiple interpretations. Industry sources rarely reference government drinking guidelines in the context of responsible drinking, instead stressing individual responsibility and risk management. Public health practitioners should be aware of these distinctions, and the industry framing of 'responsible' drinking, and use clear language regarding lower-risk drinking.

OP95 QUANTIFYING THE POTENTIAL US HEALTH AND ECONOMIC EFFECTS OF THE FDA VOLUNTARY SALT REFORMULATION PROPOSAL

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Background Salt consumption is a major modifiable risk factor for cardiovascular disease (CVD), the leading cause of mortality and morbidity in the US. Voluntary reformulation policies targeting salt have been deployed in several countries with varying effectiveness–high in Finland and the UK, low in Australia. The US Food and Drug Administration (FDA) has proposed voluntary salt reduction goals targeting processed and commercially prepared foods. We aim to quantify the potential CVD and economic impact of the FDA reformulation policy.

Methods We extended the previously validated US IMPACT Food Policy Model. We then estimated the CVD cases averted, Quality Adjusted Life Years (QALYs) generated and cost-effectiveness from 2017–2036 of the proposed FDA reformulation policy. We used datasets including the National Health and Nutrition Examination Survey, cost information from the National Sodium Reduction Initiative and meta-analysis for salt consumption effects upon blood pressure and CVD.

Costs included government costs to administer and monitor the policy and industry reformulation costs, under the assumption that estimated 75% of food products would be applicable for the salt reduction targets. Savings included healthcare and productivity costs. All costs were inflated to 2017 dollars and outputs were discounted at 3%.

We modelled the 10 year reformulation targets under 2 scenarios: a) Full industry compliance in all applicable food groups b) 50% compliance in applicable food groups

We then conducted a rigorous probabilistic sensitivity analysis.

Results Achieving the salt reduction targets under a full compliance scenario could prevent approximately 516,000 CVD cases (95% uncertainty intervals 300,000–752,000) and gain some 2.7 (2.4–3.1) million discounted QALYs between 2017 and 2036. The policy could produce discounted cost savings of approximately $62bn ($35.3bn–$86.2bn), with total net costs of approximately +$15.7bn (policy), $37.6bn (healthcare), and $41.3bn (indirect costs) over the same period.

Under the 50% compliance scenario, health gains would be approximately half as large, approximately 1.4 (1.3–1.7) million QALYs with discounted savings of $33bn ($19.4bn–45.9bn).

From a societal cost perspective, both scenarios would have an 80% chance of being cost effective after 4 years (Willingness to pay of $50,000/QALY) and cost saving after 10 years.

Discussion Achieving the FDA salt reduction targets in processed foods could generate substantial health gains and cost savings in the US, assuming industry compliance. Policy makers should therefore focus on encouraging high compliance by