

**NATIONAL ALCOHOL HARM REDUCTION
STRATEGY**

A response from

THE PORTMAN GROUP

**to the
Consultation Document
from the
Strategy Unit and Department of Health**

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1. INTRODUCTION

- 1.1. The Portman Group (TPG) was set up in 1989 by the UK's leading alcohol producers. Its purpose is to promote sensible drinking; to help prevent alcohol misuse; to encourage responsible marketing; and to foster a balanced understanding of alcohol-related issues.
- 1.2. TPG speaks for its member companies¹ on these social aspects of alcohol. It does not represent any drinks companies or other part of the trade on any other matter. TPG nevertheless welcomes the participation of the wider drinks industry – manufacturers, wholesalers and retailers – in its activities, for example as signatories to the Code of Practice, or in using the Proof of Age Card scheme, and believes that the drinks industry can thereby demonstrate its social responsibility, help to protect its commercial freedoms and enhance its success in a manner consistent with good citizenship.
- 1.3. TPG welcomes this opportunity to respond to the consultation on a national alcohol harm reduction strategy. We are pleased to note the clear acknowledgement in the foreword of the consultation document that, for the majority of the adult population in England, drinking is a pleasurable social experience that causes no harm to the drinkers themselves or to others. Our response follows the subject headings in the order that they appear in the consultation document. It should be noted that TPG's activities are restricted to the fields of education and prevention. We do not take a role in the counselling, treatment or rehabilitation of those with alcohol dependency problems. Our response does not therefore address all the issues that the consultation document refers to and which the eventual strategy will need to cover.

2. THE PRINCIPLES THAT SHOULD UNDERPIN THE STRATEGY

- 2.1. This section addresses some of the issues covered in questions 1-5 of the consultation document.
- 2.2. TPG believes that the UK government has both a duty and a right to help protect society against the adverse consequences of alcohol misuse, provided that it does this on the basis of the best available evidence and uses policy measures that are based, as far as possible, on broad consensus within society.
- 2.3. It would be helpful to have a committed lead from Government with clear yet flexible strategic objectives on alcohol use and misuse, around which a diversity of organisations and service providers could genuinely unite. TPG

¹ Bacardi-Martini, Coors Brewers, Diageo Great Britain, Enterprise Inns (associate member), HP Bulmer, Interbrew UK, Pubmaster (associate member), Pernod Ricard, Scottish & Newcastle and Six Continents Retail (associate member).

would point out that there were considerable advantages - both from within and outside Government - in tackling the various alcohol issues concerned with the under 18s through the Ministerial Group on Underage Drinking. This group, which was initially called the Ministerial Group on "Alcopops", came into being in 1997, in response to public and media concern about the impact of "alcopops" on under 18s.

2.4. We recommend that the good practice established by this cross-Departmental approach be built on, backed up by the powers and resources to call for and report on the specific actions and studies which would mark the milestones of the alcohol misuse strategy's implementation.

2.5. Though requiring a strong lead from Government, we agree that action on alcohol problems requires a "joined up approach" involving a range of key stakeholders in society, including but not limited to service providers, local authorities, police, educators, community groups, the drinks industry and, not least, the general public.

2.6. TPG recommends that the following key principles should underpin the national alcohol harm reduction strategy:

- a focus on harm minimization;**
- a sound evidence base;**
- acknowledgement of low risk and beneficial drinking patterns;**
- a balanced approach comprising (a) legislation and law enforcement (b) self-regulation, and (c) personal responsibility;**
- a strong emphasis on education.**

Harm minimisation

2.7. We are pleased to note the consultation document makes it clear that this is to be a strategy to reduce the harm associated with alcohol misuse and not simply a strategy to reduce the overall consumption of alcohol.

2.8. Moderate drinking in appropriate circumstances presents little or no risk of harm to either the drinker or society. Indeed, it is widely accepted that, in moderation, alcohol can provide both health and social benefits. Alcohol misuse, on the other hand, can be very harmful to the drinker and society. It is important to keep this distinction in mind and to ensure that the strategy is targeted at preventing harmful drinking and does not punish the majority of people who drink sensibly.

2.9. There are those who still believe that reducing overall consumption is the best way of reducing alcohol misuse. These supporters of the control of consumption theory would argue that tax increases and tighter licensing and marketing restrictions should form the key planks of the strategy. This

theory, however, has been widely discredited.^{2 3 4}. Indeed, experience across the world in countries that pursue such policies has demonstrated not only a failure to achieve any significant reduction in alcohol misuse but perversely an increase in unhealthy drinking patterns and unregulated trading with all its associated criminal activities⁵.

2.10. Strategies based on a harm-reduction approach (concentrated on reducing alcohol misuse, not use) on the other hand, have a track record of success in practice, as well as being fairer and more realistic in principle. Drink-drive fatalities, for example, have been dramatically reduced without the overall level of consumption going down, because individuals who understood they might be at risk have responded positively to well-targeted and well-communicated messages about their behaviour.

2.11. Another reason for pursuing a targeted and expressly anti-misuse strategy is to ensure it receives the high degree of public support necessary for its successful implementation. Such support is far less likely to be forthcoming for a generalised 'alcohol strategy' which would be widely perceived as unnecessary interference in personal choices and legitimate business activities which, for the most part, are unproblematic.

A sound evidence base

2.12. It is vital that the alcohol harm reduction strategy be underpinned by robust research evidence and sound data. Compared to the US and Canada in particular, alcohol research in the UK takes place on a more fragmented and un-coordinated basis, often failing to meet the needs of policy makers and planners. International research is not necessarily transferable to a UK setting and there are inconsistencies in research methodology particularly in relation to definitions of what constitutes a standard drink and gradations of levels of drinking. It would be helpful if there were better planning and co-ordination of both research and routine data collection to create an evidence-based agenda for action on alcohol in the UK.⁶

2.13. Although current UK consumption data are adequate for most purposes, we lack reliable data on a range of consequences of alcohol harm. This is particularly true of statistics on alcohol-related crime, violence and disorder because of problems relating to the definition and recording of such data. There are further problems in respect of accurate data on the economic and social costs of alcohol misuse because of (a) methodological problems in

² Rose, G (1992) *The Strategy of preventive medicine*. Oxford University Press. Oxford.

³ Tuck, M (1980) *Alcoholism and Social Policy. Are we on the right lines?* Home Office Research Study No 65. HMSO. London

⁴ Duffy, JC (1993) *Alcohol Consumption and Control Policy*. Journal of Royal Statistical Association. Series A (Statistics in Society), 156, (2)

⁵ *International Survey of Alcoholic Beverage Taxation and Control Policies*. (1993) Brewers Association of Canada. Ottawa, Canada.

⁶ *100% Proof: Research for Action on Alcohol*. (2002) Alcohol Concern.

estimating such costs and (b) a tendency to ignore the economic and social benefits of alcohol in such assessments. The lack of reliable and empirical data on the nature and scale of alcohol-related harm makes objective evaluation of initiatives aimed at the reduction of such harm very difficult.⁷

2.14. A major stumbling block to the establishment of a sound evidence base for alcohol policy has its origins in inconsistencies in international alcohol research methodology. Definitions of what constitutes a unit of alcohol or standard drink vary from 8 grammes of alcohol in the UK to 19.75 grammes in Japan. There are widespread variations in the use of expressions such as 'light' and 'moderate' drinking and the use of bands that cover too wide a range of drinking behaviour (for example "four units of alcohol and above") are not helpful. Least helpful is research that refers to 'units' or 'drinks' without any mention of quantity of ethanol per measure. It would be helpful to have internationally agreed definitions of amounts and levels of drinking in order to make meaningful cross-comparisons of alcohol research findings.

2.15. TPG recommends :

- ❑ **better planning and co-ordination of alcohol research;**
- ❑ **improvements to existing recording and data collation methods;**
- ❑ **improvements to theoretical models for assessing social and economic costs of alcohol use and misuse; and**
- ❑ **international consensus in the research community on alcohol research methodology.**

Acknowledgement of low-risk and beneficial drinking patterns

2.16. The Sensible Drinking Report⁸ set revised benchmarks for sensible drinking, stating that regular consumption of up to three to four units a day for men and up to two to three for women will not accrue significant health risk. Regular drinking above these levels is not recommended because of the progressive health risk this carries. The Sensible Drinking Message (SDM) is balanced and scientifically based, acknowledging the health benefits of moderate drinking as well as the health and social hazards associated with excessive or inappropriate drinking. The wisdom of replacing the old weekly limits with daily benchmarks is now being more fully revealed as it increasingly becomes recognised that drinking patterns, rather than just an individual's overall consumption, are of key importance in determining alcohol-related harm. This was acknowledged in the latest WHO World Health Report, which states that "there is increasing evidence that patterns of drinking are relevant to health as well as volume of alcohol consumed, binge drinking being hazardous."⁹

⁷ *Counting the Cost – the measurement and recording of alcohol-related violence and disorder.* (2002) Research report conducted by SIRC for The Portman Group.

⁸ *Sensible Drinking: The Report of an Inter-Departmental Working Group.* (1995) Department of Health

⁹ WHO (2002) The World Health Report 2002.

- 2.17. There is enormous benefit in being able to acknowledge, define and illustrate non-problematic alcohol consumption as an integral part of specific anti-misuse activity and the value of the SDM as the policy framework for this cannot be over-emphasised. Provided measures designed to reduce the recognised harmful consequences of alcohol misuse are not undermined, there is evidence that public health campaigns to reduce alcohol harm are more likely to succeed if they focus on the positive aspect of moderate alcohol use as well as the negative aspect of alcohol misuse.¹⁰
- 2.18. TPG would point out that there have been problems in communicating the SDM from the outset. The launch of the revised SDM was widely regarded as a public relations disaster, (called by some the “Boozers’ Charter”), which missed the opportunity of communicating the importance of the switch from weekly limits to daily benchmarks. As a result, there is a widely-held misperception that the SDM increased weekly limits to 21 units per week for women and 28 for men. The SDM is complex precisely because it takes account of the diverse risk of harm according to age, sex and drinking context. It is important to ensure that the message is not over-simplified but communicated accurately and appropriately to the various population groups to which it applies.

¹⁰ Daube, M. *Pleasure in Health Promotion*. In Peele, S and Grant, M. (Eds) (1999). *Alcohol and pleasure: a health perspective*. Washington, DC: Taylor and Francis .

2.19. TPG recommends that the UK Government’s Sensible Drinking Message (SDM) be central to the alcohol harm reduction strategy. TPG recommends further that, in addition to conveying the SDM accurately, policy makers should be encouraged to find imaginative and accessible ways of communicating the message. Tone and language are important considerations in this respect. The word “sensible” is probably counter-productive because of its negative and “nannyish” connotations and TPG recommends that alternative wording be sought.

A balanced approach comprising legislation, law enforcement, self-regulation and personal responsibility

2.20. The harms associated with alcohol misuse are multi-faceted and often involve complex mechanisms. TPG believes that no one type of action is likely to reduce alcohol problems on its own and that an effective alcohol harm reduction strategy should comprise a broad policy mix which comprises (a) effective enforcement of existing laws governing sale and consumption; (b) self-regulation by those who produce, advertise and sell alcohol, and (c) prevention interventions with a strong emphasis on individuals taking personal responsibility for drinking choices.

Legislation and Law Enforcement

2.21. Some degree of societal control is necessary to protect individuals and society from the harms associated with alcohol misuse. TPG believes that the existing laws relating to the supply and consumption of alcohol and alcohol-related crimes (including those that relate to drink-driving) provide an adequate level of protection to society although we would like to see more rigorous enforcement in some areas.

2.22. We have already made public our views on the Government’s proposals to reform the current licensing laws.¹¹ We welcome the proposed move towards a more flexible licensing regime as set out in the current Licensing Bill. We consider in particular that ending permitted hours and encouraging more family-friendly licensed premises would make a valuable contribution towards encouraging a more responsible drinking culture in England and Wales, although we do believe this needs to be balanced by stronger enforcement of the provisions designed to protect children including in relation to the offence of “proxy purchase”.

2.23. We would reiterate here that we support stronger measures to deter sales of alcohol to those under 18. In particular, we believe that there is an urgent need for Government to introduce a national, voluntary ID card to prevent sales of alcohol to under 18s. According to a survey conducted on behalf of

¹¹ Response by The Portman Group to “Time for Reform: Proposals for the Modernisation of our Licensing Laws”, The Portman Group, July 2002.

TPG by MORI¹², 91% of the public would support the wider use of ID cards for this purpose, with 83% supporting their use on a compulsory basis. TPG believes that law enforcement bodies should give higher priority to enforcing existing laws on the sale and consumption of alcohol. Under-16s generally do not seem to find it easy to buy alcohol themselves and rely frequently on older friends, or older strangers buying alcohol for them¹³. We believe that there is a need to strengthen awareness and enforcement measures in relation to existing legislation on proxy purchase.

2.24. TPG recommends:

- including in Secretary of State's guidance to accompany the current Licensing Bill, wording to strengthen awareness and enforcement of existing legislation on sales to under 18s and "proxy purchase"; and
- the introduction of a national, voluntary ID card for proof of age purposes.

Self-regulation

2.25. TPG believes that the industry can and should play a key role in helping to reduce the harm associated with alcohol misuse by demonstrating a commitment to corporate social responsibility and, in particular, by complying with existing regulatory codes on marketing activity. There is strong evidence that the current self-regulatory codes covering various marketing activities of the drinks industry in the UK are effective. TPG's Code of Practice on the Naming, Packaging and Merchandising of Alcoholic Drinks¹⁴ is widely seen as a model of good practice in effective self-regulation and a number of countries in Europe and elsewhere have drawn up marketing codes or guidelines based on ours. Whilst TPG believes that existing models of self-regulation in the UK should continue in the absence of any evidence to suggest that statutory controls would be a more effective means of regulating marketing activity, we would take this opportunity to highlight that we believe that there is a case for less lenient interpretation of the (statutory) television advertising code. (See also paragraphs 7.21, 7.22 and 7.24.)

Education as the best form of prevention

2.26. TPG believes that greater emphasis should be placed on preventing alcohol misuse through the dissemination of accurate and balanced information about alcohol. The industry can play a legitimate and important role in assisting the government to provide advice on responsible drinking eg through unit information and use of brand advertising to carry responsibility messages. TPG believes that alcohol education should be given a higher profile within the PHSE, Science and Citizenship curricula and should be

¹² *Alcohol and Society*. (2000) MORI for TPG.

¹³ Brain, K., and Parker, H. *Drinking with Design – alcopops, designer drinks and youth culture*. (1997) SPARC for TPG.

¹⁴ The terms of TPG's *Code of Practice* have been extended from March 2003 to cover a broad range of promotional devices, including sponsorship, sampling, websites and press releases.

more consistently and effectively delivered from KS2 upwards. There should moreover be a high profile, long-term communication strategy to promote the notion of responsible drinking to adults of all ages. (See also section 7 – **Education and Communication.**)

3. THE CULTURAL AND BEHAVIOURAL ISSUES AROUND ALCOHOL USE AND MISUSE

3.1. This section addresses selected aspects of questions 6-13 of the consultation document.

Defining and measuring alcohol misuse

3.2. Alcohol misuse is any drinking that, directly or indirectly, harms the safety or well-being of the drinker and/or other members of society. Alcohol misuse is further defined through a range of criminal activities where alcohol is specific to the crime eg drinking and driving, underage purchase, public drunkenness etc. It is perhaps relevant to note that the vast majority of alcohol misuse does not fall into the latter definition and is not therefore illegal.

3.3. Whilst patterns of alcohol consumption can predict risks of alcohol-related harm, it is important to note that it is not possible to define any specific amount of alcohol as inevitably harmful – whether in the short or long term¹⁵. Although we are reasonably confident about what amount constitutes low risk or sensible drinking, there is no threshold at which sensible drinking suddenly becomes alcohol misuse. Instead, there is a gradual increase in risk as one exceeds the recommended daily benchmarks. Furthermore, the risk curve will be different for different individuals. This means that any limit (eg x units a week or per drinking occasion) that is introduced to measure the extent of alcohol misuse is essentially arbitrary. If the term misuse is applied to those drinking above this arbitrary limit, it may wrongly imply that everyone above that level is misusing alcohol or that everyone below that level is therefore not misusing alcohol.

3.4. TPG believes that alcohol misuse can best be measured by assessing its consequences rather than by levels of consumption per se. In the absence of accurate data on a range of consequences of alcohol misuse, however, it is probably more practicable at present to measure misuse by consumption levels based on assessment of patterns of drinking that are known to be associated with risk of various harms.

Harmful drinking patterns

3.5. Thorley¹⁶ identified three patterns of harmful drinking behaviour: drinking

¹⁵ This statement does not apply to people who cannot control the amount of alcohol they drink. In such cases, any amount of alcohol could be said to be harmful.

¹⁶ Thorley, A. (1980) *Medical responses to problem drinking. Medicine*, 35, 1816-1822.

to intoxication; long term chronic misuse; and dependence. If one looks objectively at the patterns of alcohol consumption most associated with harm, drinking to intoxication or “binge drinking” is the pattern of drinking which is most highly correlated with death, injury and illness as well as potential years of life lost¹⁷. This type of drinking is also a relatively prevalent behaviour in the UK compared with chronic misuse and dependence.

- 3.6. Past responses to drinking problems have tended to ignore problems of intoxication and have focused instead on chronic misuse and dependence. TPG recommends that, in addition to dealing with the problems associated with long-term misuse, the strategy should also unequivocally focus on reducing levels of drinking to intoxication.

“Binge drinking”

- 3.7. There is currently no consensus as to what constitutes “binge drinking” although the term is frequently used. There would seem to be clear evidence that drinking to intoxication is generally associated with an increased risk of accident and injury, with some studies suggesting that the risk of experiencing such risks becomes significant at above 60g of alcohol for men and above 40g of alcohol for women when consumed in a single session.¹⁸

¹⁹ ²⁰ ²¹ This equates to an amount in excess of 7.5 UK units for men and 5 units for women. The evidence on the long term health effects of drinking to intoxication as opposed to regular, moderate consumption is less clear and there is an urgent need to know a great deal more about the health risks associated with “binge drinking”.

- 3.8. In giving consideration to defining what constitutes a “binge”, it is important to be clear about the time interval over which the drinks are consumed. A “binge” implies rapid intoxication; definitions which measure the number of drinks over the course of, say, a day, would not capture the harm associated with rapid intoxication. For instance, three units consumed over a leisurely lunch and a further four units consumed over a four or five hour period with an evening meal on the same day would be unlikely to result in intoxication for an average male.

- 3.9. It should be noted that the vast majority of the adult population drinks

¹⁷ Stockwell, T., and Single, E. *Reducing harmful drinking*. In Peele, S and Grant, M. (Eds) (1999). *Alcohol and pleasure: a health perspective*. Washington, DC: Taylor and Francis.

¹⁸ Single, E., and Wortley, S. (1993) *Drinking in various settings as it relates to socio-demographic variables and level of consumption: Findings from a national survey in Canada*. *Journal of Studies on Alcohol*, 54, 590-599.

¹⁹ Crawford, A. (1993). *Much ado about nothing. Commentary on the “Preventive paradox: A critical examination”* by Sinclair, J D, Sillanaukee, P. *Addiction*, 88, 595-598.

²⁰ Shepherd, J. (1994) *Violent crime: The role of alcohol and new approaches to the prevention of injury*, *Alcohol and Alcoholism*, 29, 5-10.

²¹ Stockwell, T., Hawks, D., Lang, E., and Rydon, P. (1996) *Unravelling the preventive paradox for acute alcohol problems*. *Drug and Alcohol Review*, 15, 7-15.

moderately and sensibly. On average, British men drink 2.4 units per day and women 1.0 unit²², which is well within the daily benchmarks for sensible drinking. The British drink less per head than most of our European neighbours. Within the EU, the UK is ranked 10th at 8.3 litres of 100 per cent alcohol per annum (compared to 11.4 in Portugal, the top ranking EU country).²³

3.10. When one looks closely at drinking patterns, however, it is clear that a significant minority of the UK population (both adult and adolescent) is regularly drinking to intoxication. The ESPAD study showed that levels of “binge drinking” and “drunkenness” among 15-16 year olds were among the highest in Europe.²⁴ Latest available figures from The General Household Survey²⁵ shows that 37% of men and 23% of women in the 16-24 age group drink more than eight units and six units respectively, at least once a week.. Our MORI survey²⁶ showed that almost two thirds (63%) of respondents thought that “binge drinking” was a major problem in Britain today. This survey found that 5% of the adult population regularly drink to get drunk, rising to 17% for those aged between 18 and 25.

3.11. Although by no means typical of British drinking culture, it is appropriate to acknowledge that a significant sub-culture of “binge drinking” (even in the absence of a clear definition) exists within the UK, particularly among adolescents and young adults. We need a clearer understanding of the nature of and motivations for such drinking.

²² *Living in Britain – results from the 2000/01 General Household Survey* (2001) ONS. The Stationery Office.

²³ BBPA (2002) *Statistical Handbook 2001*

²⁴ Hibell, B et al. (2000). *The 1999 ESPAD Report*. The Swedish Council for Information on Alcohol and other Drugs.

²⁵ op. cit.

²⁶ op. cit.

3.12. TPG recommends that:

- ❑ **the Government and the research community establish more evidence about the health risks of “binge drinking”;**
- ❑ **alcohol researchers include information on patterns as well as levels of drinking;**
- ❑ **the strategy focus unequivocally on reducing levels of drinking to intoxication;**
- ❑ **appropriate and targeted health education messages reach young people *before* the onset of risky drinking behaviours and such messages continue to be targeted at young adults throughout the years where “binge drinking” has been shown to be a prevalent behaviour.**

Trends in drinking and wider social change

3.13. Concern has been expressed about certain trends in UK drinking behaviour with particular reference to young people, women and older people. It is important when looking at these trends carefully to examine the evidence of harm and also to judge changes in patterns of drinking against the backdrop of the society within which those changes occur.

“Underage” drinking

3.14. Much concern has been expressed about levels of drinking in children and adolescents. There is, however, little evidence of widespread prevalence of levels of consumption known to be associated with harm or an increase in such behaviour. A survey of 11-15 year olds carried out in 1993-4²⁷ found that nearly a quarter did not drink at all and that over half hardly drank or drank very little. A repeat of the survey²⁸ showed little change. Trend data from the biennial series for the DoH²⁹ shows that, although there has been no clear upward or downward trend in the proportion of 11-15 year olds who drank in the previous week – this figure has fluctuated between 20% and 27% since 1988 - there has been a clear increase in the amount of alcohol consumed by those who drank. Estimated average consumption in the previous week rose from 5.3 units in 1990 to 10.4 units in 2000. TPG acknowledges that a small but nevertheless significant minority of under 18s are drinking at levels likely to be associated with harm. Harmful drinking among under 18s is highly correlated with other types of high risk and delinquent behaviour³⁰ and this has important implications for interventions.

²⁷ Turtle, J et al. (1997) *Young People and Health: the Health behaviour of School Age Children*. HEA/BMRB. London.

²⁸ *Young people and health: health behaviour in school age children. A report of the 1997 findings*.

²⁹ *Smoking, drinking and drug use among young people in England in 2000* (2001) National Centre for Social Research & the National Foundation for Educational Research for the Department of Health

³⁰ Flood-Page, C; et al. (2000) *Youth crime: findings from the 1998-99 Youth Lifestyles Survey*. Home Office Research Study 209. London.

Women's drinking

- 3.15. Concern has been expressed about increasing levels of drinking among women in the last twenty or so years. There is concern in particular that younger women are increasingly adopting the drinking styles of their male peers in that they are more likely to engage in heavy episodic drinking and drink to intoxication. Whether "ladette" drinking is as widespread as the media would have us believe requires further analysis.
- 3.16. There has indeed been a rise in women's overall consumption levels in recent decades but there is little (statistical) evidence of any significant increase in harmful drinking patterns among women over this period. The proportion of women exceeding the (former) maximum recommended weekly levels of 14 units per week increased from 10% in 1988 to 17% in 2002. (It should be noted that drinking above these levels does not necessarily imply harmful drinking as defined by the current SDM.) The number of women exceeding the level of 35 units per week (which was considered to be a level above which there was high risk of harm) remained virtually unchanged for the same period, remaining at 2% for the period 1988 – 1998 and rising to 3% in 2000³¹. Long term trend data on those exceeding daily benchmark levels is not yet available. TPG notes with concern, however, that the proportion of women drinking more than 6 units on at least one day in the previous week rose from 8% in 1998 to 10% in 2000.
- 3.17. There are a number of factors that may explain the (overall) increase in women's drinking levels, and it would seem that most are related to positive social change. The past twenty years or so have seen the breaking down of traditional gender roles. There are more women in higher education and paid work, and women are waiting longer before they get married and have children. It is generally true to say that women enjoy greater choice and freedom and that they are more affluent. It follows that women are more likely to be purchasers of alcohol and are more likely to drink in public venues. These factors are not of themselves indicators of harmful drinking.
- 3.18. There has been no convincing evidence since the publication of the Sensible Drinking Report that would warrant changing the advice contained therein on drinking during pregnancy. TPG therefore recommends that any guidance on drinking during pregnancy should continue to reflect the SDM which is that women who are trying to become pregnant or are at any stage of pregnancy should not drink more than 1 to 2 units of alcohol once or twice a week and should avoid episodes of intoxication.
- 3.19. Evidence that drinking, even at moderate levels, can increase the risk of cancer of the breast has strengthened since publication of the Sensible Drinking Report. However, there are disparities in the results of the

³¹ *Living in Britain – results from the 2000/01 General Household Survey* (2001) ONS. The Stationery Office

published studies, and whereas some suggest that women who drink alcohol in moderation do not put themselves at increased risk of breast cancer, others have suggested that breast cancer risk may be increased at relatively low levels of consumption. Very few studies have looked at patterns of drinking although there is some evidence that “binge drinking”, even at relatively low levels, may significantly increase the risk of breast cancer. TPG recommends that the Government commission and resource further research which seeks to establish the relationship between patterns and levels of drinking and risk of breast cancer.

3.20. TPG recommends keeping women’s drinking under review but would emphasise that it is important to focus on harmful drinking patterns rather than general consumption levels. TPG considers that there is not a strong case at present for allocating priority to women’s drinking over and above men’s. Notwithstanding women’s greater physical vulnerability to the harmful effects of alcohol misuse, there are much higher levels of alcohol-related harm among men. Nevertheless, alcohol education advice should be sure to include the potential risks associated with alcohol for women such as foetal alcohol effects and breast cancer.

3.21. TPG recommends:

- **that the Government commission and resource further research to establish the precise relationship between patterns and levels of drinking and risk of breast cancer;**
- **routinely including reference to the advice contained in the SDM in any guidance on drinking during pregnancy;**
- **keeping women’s drinking under review with a focus on harmful drinking patterns rather than general consumption levels.**

Drinking among older people

3.22. TPG acknowledges that there may be grounds for concern about increasing consumption in older population groups. Older people are probably more vulnerable to harm from alcohol. The SDM does not fully address older population groups and there is a need for further research to ascertain with certainty what constitutes low risk, high risk and beneficial levels of consumption among older people and whether risk varies according to sex, increasing age, and other variables (e.g. interaction with medication).

3.23. The over-65s are the fastest growing sector of the population. It is predicted that there will be a 30% increase in the number of over 65s in the UK by the year 2035. It has been observed that the marked increase in consumption levels (and the assumed increase in harmful drinking behaviour) that took place after the Second World War may have an impact on the future health of the so-called “Baby Boomers” (born between 1945 and 1964) who are moving towards old age.

3.24. TPG recommends that:

- the strategy take proper account of older people, particularly given the growing importance of this population group in demographic terms;
- further research be conducted to establish whether the SDM applies to the over 65s or whether a modified message is required for this population sector.

Positive cultural and behavioural aspects of alcohol use

3.25. There has been little acknowledgement in the research literature to date of the fact that the great majority of people who drink do so because they find it enjoyable and pleasurable. According to a survey conducted on behalf of TPG by MORI³², “socializing” was the most commonly mentioned positive association between alcohol and drinking (41%), followed by “relaxing” (25%) and “pleasure” (15%).

4. HEALTH: PREVENTION, TREATMENT AND THE IMPACT ON THE NHS

4.1. This section addresses selected aspects of questions 14-22 of the consultation document. Those questions that deal with counselling, treatment or rehabilitation of those with alcohol dependency problems are not addressed for reasons already given. Some questions in this section of the consultation document have been dealt with elsewhere in this submission.

Health benefits of alcohol

4.2. There is incontrovertible evidence that there is a relationship between moderate alcohol consumption and a reduced risk of death from all causes.³³ The main body of evidence on beneficial effects relates to cardiovascular disease and points to the existence of a direct causal relationship. Although the health benefit from moderate alcohol consumption relates to men aged over 40 and postmenopausal women, the Sensible Drinking Report states that “it is reasonable to speculate that moderate drinking in early adulthood might inhibit atheromatous plaque formation and so confer benefit in later life when CHD becomes clinically evident.”

4.3. A recent study³⁴ estimated that, largely because of the cardio-protective properties of alcohol, there were approximately 2% fewer deaths in England and Wales than would be expected in a non-drinking population. The benefit was found disproportionately among the elderly with a net favourable mortality balance to be found only among men over 55 years and women over 65 years.

³² op.cit.

³³ *Sensible Drinking: The Report of an Inter-Departmental Working Group.* (1995). Department of Health

³⁴ Britton, A. McPherson, K. (2001) *Mortality in England and Wales attributable to current alcohol consumption.* *Journal of Epidemiology and Community Health*, 55, 383-388.

- 4.4. The importance of any evidence of a protective effect against coronary heart disease should not be underestimated. Coronary heart disease is one of the UK Government's stated national priority areas. Heart disease is the biggest killer in the UK and also the most expensive illness. A recently published paper puts lost productivity and treatment costs attributable to heart disease at £7 billion a year.³⁵
- 4.5. The Sensible Drinking Report indicated that, in addition to protecting against coronary heart disease, moderate alcohol consumption may benefit a number of other conditions including ischaemic stroke, cholesterol type gallstones, non-insulin dependent diabetes mellitus, rheumatoid arthritis, gastro-intestinal diseases and the common cold. The WHO has recently provided confirmation of a beneficial effect against ischaemic stroke and diabetes mellitus in addition to the already proven benefits on coronary heart disease. The WHO estimates that, in the European region that contains the UK, the incidence of ischaemic stroke would be 17% higher if no-one consumed alcohol.³⁶ Further beneficial effects from moderate alcohol use may relate to cognitive functioning³⁷ and osteoporosis³⁹.
- 4.6. It is worth noting that quality of life (QOL) is becoming an increasingly important consideration in the health field. The WHO's definition of health has shifted from one of disease prevention to one which puts a firm emphasis on the subjective measurement of QOL: "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity."⁴⁰ Given the (well-known though less well-documented) psychosocial benefits of moderate alcohol consumption, it is perhaps worth examining in more detail the relationship between moderate alcohol consumption and QOL from a health perspective.

Health costs of alcohol

- 4.7. There can be no doubting that alcohol misuse has significant health costs. What is less certain is the exact monetary value of such costs. There has been no comprehensive study of the health costs associated with alcohol

³⁵ Liu, J L Y; Maniadakis. M; Gray,A; and Rayner, M. (2002) The economic burden of coronary heart disease in the UK. *Heart*; 88: 597-603.

³⁶ *The World Health Report 2002*.

³⁷ Zuccala, G et al. (2001) *Dose-Related Impact of Alcohol Consumption on Cognitive Function in Advanced Age: Results of a Multicenter Survey*. *Alcoholism: Clinical and Experimental Research*, 25, 1743-1748.

³⁸ Ruitenburg, A; et al. (2002) *Alcohol Consumption and Risk of Dementia: the Rotterdam Study*. *The Lancet*, 359, 281-286.

³⁹ Feskanich, D; et al, (1999) *Moderate Alcohol Consumption and Bone Density among Postmenopausal Women*. *Journal of Women's Health*, 8, 65-73.

⁴⁰ WHO. (1998). *Review of the Constitution and regional arrangements of the World Health Organisation: Report of the special group* (Executive Board document EB101/7) Geneva, Switzerland.

misuse since the early 1980s⁴¹. A number of methodological problems undermined the reliability of the estimates provided by this study, a fact acknowledged by the authors themselves. There have been some attempts to update these figures. For example, alcohol-related health costs were estimated at £400 million in 1987⁴² and at a level between £188 million and £392 million in 1990/1⁴³. These costs were based on inpatient stays only. A more recent estimate of the costs of acute episodes, using estimates that 2 to 4% of acute episodes are alcohol-related, put the cost at between £143 million and £3 billion per year.⁴⁴ Such a wide variation clearly points to the imprecise nature of the estimate. There are no overall estimates of the cost of alcohol misuse on A&E services⁴⁵.

- 4.8. It is clear that current estimates of the health costs associated with alcohol misuse are imprecise. This is a result of both methodological flaws in calculation methods as well as gaps and inconsistencies in data recording and collation practices. A further factor which detracts from the accuracy of current estimates is the fact that figures do not take into account the positive health benefits of low-moderate alcohol consumption and in particular the beneficial effect of moderate alcohol consumption on coronary heart disease.

4.9. TPG recommends that a better estimate of the health costs of alcohol could be obtained by calculating up-to-date figures of alcohol-attributable disease, accidents and injury (taking full account of any health savings as a result of the beneficial effects of moderate use) which could then be applied to existing health care cost figures. This would however be a major research undertaking. TPG further recommends that guidelines be drawn up to help encourage consistent data recording and collation practices, particularly in A&E departments, for the purpose of securing more accurate data.

Strategies to reduce alcohol-related assaults, injuries and accidents

- 4.10. It has been noted elsewhere in this submission (see paragraph 3.7) that drinking to intoxication is highly correlated with accidental injury and violence. Observational studies of licensed drinking settings have shown, however, that intoxication is just one risk factor for violent outcomes in and around

⁴¹ McDonnell, R and Maynard, A. (1985) *The costs of alcohol misuse*, British Journal of Addiction, 80, pp27-35

⁴² Godfrey, C., and Maynard, A. (1992) *A health strategy for alcohol: setting targets and choosing policies*. Centre for Health Economics, University of York/Leeds Addiction Unit (YARTIC occasional paper)

⁴³ Godfrey, C., and Hardman, G. (1994) *Changing the social costs of alcohol. Final report to the AERC*. Centre for Health Economics, University of York.

⁴⁴ Royal College of Physicians (2001) *Alcohol – can the NHS afford it? Recommendations for a coherent strategy for hospitals*. Royal College of Physicians, London.

⁴⁵ *Counting the Cost – the measurement and recording of alcohol-related violence and disorder*. (2002) SIRC for The Portman Group.

licensed premises and that situational or environmental factors such as confrontational security staff, overcrowding, poor entertainment and a predominantly male clientele, to name but a few examples, also contribute to violent outcomes.

4.11. The broader alcohol/hospitality industry is uniquely placed to help reduce alcohol-related problems in and around licensed premises through, for example, providing responsible server training and following best practice in operating licensed premises. There is clear evidence that some environmental and situational strategies can have a significant impact on reducing levels of assault and injury in and around licensed premises. Examples of current best practice in the UK have been set out by TPG in the publication *Keeping the Peace – a Guide to the prevention of alcohol related disorder* (1998).

4.12. **TPG recommends the wider implementation of interventions with successful track records. These include, but are not limited to, community safety strategies such as pubwatch schemes, use of toughened glass, training for doorstaff and servers, and good design principles in licensed premises.**

4.13. Alcohol policies in the workplace can play a key role in helping to reduce the level of workplace alcohol-related accidents. These need to take into account differences between organisations in terms of workforce culture, attitudes and the nature of work being carried out.⁴⁶ It is appropriate, for instance, that organisations where health and safety issues are paramount should have relatively strict workplace alcohol policies. Alcohol Concern has useful experience in advising on alcohol policies in the workplace⁴⁷ and is currently undertaking a comparative study on a European level of measures for prevention of and support for problem drinkers in the workplace.

4.14. The evidence on strategies to reduce alcohol-related injuries and assaults within a home setting is less clear and prevention here would probably need to rely on broader efforts to promote the notion of responsible drinking.

5. CRIME, DISORDER AND ANTI-SOCIAL BEHAVIOUR: THE EFFECTS ON OUR SURROUNDINGS AND COMMUNITY

5.1. This section addresses selected aspects of questions 23-33 of the consultation document. It should be noted that some questions have been addressed elsewhere in this submission, notably in the section entitled **Strategies to reduce alcohol-related assaults, injuries and accidents.**

⁴⁶ Davies, J.B., et al. (1997) *Alcohol in the workplace: results of an empirical study*. Part funded by TPG. HSE Books

⁴⁷ McKibben, M-A., and Fielding, L. (1999) *Drink, drugs and work don't mix: promoting drug and alcohol policies in the workplace*. Alcohol Concern.

(See paragraphs 4.10, 4.11 and 4.12.)

The relationship between alcohol and crime

- 5.2. The consultation document is right to acknowledge that the relationship between alcohol and crime is a complex one. In a review of the research into alcohol's role in crime causation, Sumner and Parker⁴⁸ found "no evidence that alcohol is a major factor in crime and no general link between drinking and crime." (This observation obviously excludes drink-specific crimes where alcohol forms part of the definition of the offence itself e.g. underage purchase, drunkenness, drink driving.) Sumner and Parker's findings would appear directly to contradict popular perceptions about alcohol and crime, particularly violent crime, borne out by the MORI finding⁴⁹ that 88% of respondents believe that alcohol is a major cause of violence in Britain today.
- 5.3. The reality is that a great many factors generally interact to produce criminal or violent behaviour, with alcohol consumption being just one possible factor in the mix. Attitudes towards alcohol and beliefs about the effects of alcohol are likely to be as important as the pharmacological effects of alcohol. Sumner and Parker observe that although there is no evidence from biological research to suggest that alcohol unleashes some pre-existing aggressive or sexual impulse, the effects of alcohol on cognition reduce our ability to 'read' situations and the behaviour of others to respond appropriately. As a consequence arguments may develop or escalate and we might be more inclined to engage in actions which we would normally see as risky. Beliefs and expectations about the disinhibiting effects of alcohol are very prevalent and some people may use alcohol as an excuse for unacceptable behaviour or act out according to beliefs about how one should behave after drinking. For instance, public disorder in and around licensed premises might be partly explained in terms of a particular set of beliefs about masculinity and the effects of alcohol. From these examples it can be seen that alcohol can be related to crime in quite a number of ways and it is not possible to draw a simple theoretical model linking the two.
- 5.4. In spite of a large body of research looking at alcohol and crime, the relationship between the two is poorly understood. Much of the research is concerned with violent crime rather than property crime and there are many types of crime which appear to have received virtually no attention at all – neglect and abuse of children is one such example. Moreover, since most research has concentrated on research on known crimes, there is little knowledge about the role alcohol plays in what Pernanen⁵⁰ calls 'everyday violence' which is never reported or recorded. These are all important gaps but they cannot be filled by more of the same kind of research which has

⁴⁸ Sumner, M., and Parker, H. (1995) *Low in alcohol – a review of international research into alcohol's role in crime causation*. The Portman Group.

⁴⁹ *Alcohol and Society*. (2000) MORI for TPG.

⁵⁰ Pernanen, K. (1991) *Alcohol in Human Violence*. New York Guildford Press

been dominant up until now. Scrutinising official records to see whether anyone involved in an offence had been drinking or asking prisoners whether they had been drinking at the time of the offence is unlikely to further our understanding in any meaningful way. Research needs to be more theoretically guided, using multidisciplinary perspectives to assess how the pharmacological, psychological, normative and situational aspects of alcohol use might contribute to making what is essentially a normal social activity “go wrong” in some way.⁵¹

⁵¹ Sumner and Parker (1995) *Low in Alcohol – a review of international research into alcohol’s role in crime causation*. For The Portman Group.

5.5. TPG recommends, in terms of future research on alcohol and crime, that research should focus on drinkers and drinking, not crime and criminals. TPG further recommends that research should examine the role of alcohol and drinking in a wider context of lifestyle and leisure. Such research should be able to contribute to a better understanding of the characteristics of individuals for whom drinking carries particular risks of offending, the nature of beliefs about the effects of alcohol and drunken behaviour, and about those features of the leisure environment which could be better managed.

The scale of alcohol-related crime and disorder

5.6. As is the case with many aspects of alcohol-related harm, there is a dearth of reliable data on all but alcohol-specific crimes, so that it is impossible to gauge the true extent of so-called alcohol-related crime and violence. In a report commissioned for TPG on the measurement and recording of alcohol-related crime and disorder⁵², Dr Peter Marsh found very widespread variation in both the definition and the recording of alcohol-related crime and disorder among police forces and command units. He observed that only 10% of police forces have comparable data and that both victims and perpetrators of alcohol-related crime are routinely included in alcohol-related statistics. Definitions of the term alcohol-related vary considerably and in some instances do not even require the offender to have consumed any alcohol.

5.7. The *Best Value Performance Indicators* recently introduced by The Home Office should bring about some improvement in the measurement of alcohol-related crime but are still not adequate to address the methodological problems outlined in *Counting the Cost*.

5.8. TPG recommends:

- the development and nationwide implementation of model recording procedures for both police and A&E departments;**
- further research that directly measures the degree to which alcohol is a risk factor in violent crime and injury; and**
- publication of data on alcohol-related crime and violence at fixed intervals and in consistent formats.**

6. IMPLICATIONS FOR VULNERABLE GROUPS

6.1. Although TPG does not have the necessary expertise to comment in detail on this section, which has particular relevance for treatment and service provision, we acknowledge that there are certain population groups who may be particularly vulnerable to the effects of alcohol and/or at risk of developing

⁵² *Counting the Cost – the measurement and recording of alcohol-related violence and disorder*. (2002) SIRC for The Portman Group.

alcohol problems. Under-acknowledged population groups include people with co-existing mental health problems or a genetic predisposition for developing alcohol dependence and (possibly) some older people. We acknowledge that the SDM may not be appropriate for such groups.

7. EDUCATION AND COMMUNICATION

7.1. This section addresses selected aspects of questions 41-50 of the consultation document. It is important to note that, while supporting the notion of sensible drinking (as defined in the *Sensible Drinking Report*), TPG acknowledges that some people choose not to drink for a variety of reasons and believes that alcohol education and promotion interventions should not seek to challenge the choice of abstinence.

Alcohol education for children

7.2. Alcohol education starts in the home. There is no doubt that parents/families play an important role in shaping attitudes towards alcohol. Moderate use of alcohol by adult members of the family and initiation of drinking at an early age in small amounts and in a family context, seem to have positive impacts on future attitudes towards alcohol and drinking behaviour. Our MORI survey⁵³ shows that a large majority (78%) of the British public believes that parents are one of the most important sources of information about alcohol and sensible drinking for children. TPG recommends that the strategy should support alcohol education within the home through the wider distribution of educational resources targeted at parents/carers. The TPG leaflet, *Discussing drinking with your children – a guide for parents*, has received positive independent evaluation. This leaflet has proved enormously popular in the 9 years that it has been in publication and we distribute an average of 500,000 pa on demand via GP surgeries, libraries, health promotion agencies and school PTAs. TPG could be commissioned by the Government to supply this to all parents, for instance by agreement with LEAs to insert it into mailings about statutory 11+ school transfer.

7.3. An important vehicle for alcohol education is the school curriculum. Orders for the curriculum materials published by TPG have increased dramatically over the past 12 months. Our MORI survey found that a significant majority (82%) of the British public believe that schools should be the single most important source for providing information on alcohol to children. Although there is no shortage of school-based alcohol education resources (as witnessed by TPG's *A-Z of Alcohol Education Resources*), few have been properly evaluated and it is therefore difficult to know for sure what works and what does not. It is particularly difficult to evaluate the success or otherwise of lifestyle education programmes because of a wide range of potential influences on young people's drinking. Several US

⁵³ op. cit.

programmes have been evaluated but it should be noted that these are not transferable to a UK setting because of differences in the legal status of alcohol for young people and the necessary emphasis on abstinence in such programmes. Australian studies (some of which have been evaluated) tend to be more relevant for the UK.

- 7.4. The “School Health and Alcohol Harm Reduction Project” (SHAHRP)⁵⁴, which is based in Australia, shows good evidence of success notwithstanding other variables. SHAHRP is unusual in that it has a primary aim of harm minimisation rather than non-use or delayed use (as is the case with most programmes emanating from the US.) Early evaluations of the study have demonstrated both attitude change and a significant reduction in alcohol related harm particularly among students who were supervised drinkers prior to the intervention (which began at age 13). Replication of this programme in the UK would be useful, particularly as there is evidence of cultural transferability of drinking interventions between the UK and Australia, although it should be noted that such a trial would require major funding.
- 7.5. Notwithstanding the lack of hard evidence as to which programmes are the most effective in the UK, there is general consensus that certain approaches work better than others. It is generally acknowledged that shock-horror approaches and programmes with abstinence as their aim do not work. Information-only approaches, although of limited use, have weaknesses in that they do not help develop decision-making skills. Those programmes which acknowledge and accept that young people do and will drink but which aim to reduce the risks associated with alcohol misuse are generally believed to be the most effective type of approach.⁵⁵
- 7.6. There is evidence of a need for improvements in the delivery of alcohol education. Competing pressures in the curriculum mean that alcohol is often sidelined (compared with education on illicit drugs and tobacco) and many teachers feel inadequately trained to teach about alcohol. TPG recommends that a higher profile be given to alcohol education within the statutory requirements of the national curriculum from KS2 onwards. TPG further recommends that LEAs be regularly encouraged to apply for the DfES allocation already earmarked for inservice teacher training on alcohol education.
- 7.7. Whilst formal alcohol education is undoubtedly important, we should not neglect education outside the classroom. TPG’s Taskforce on Underage Alcohol Misuse highlighted that theatre-in-education (TIE) could play a useful

⁵⁴ McBride, N., Midford, R., Farrington, F., Phillips, M. (2000) *Early results from a school alcohol harm minimisation study: the School Health and Harm Reduction Project*. In *Addiction*, Vol 95, No 7, pp1021-1041.

⁵⁵ Vivienne Edwards and Nicola Sinclair. *Alcohol Education: Why it’s Different*. Alcohol, Children and Young People Conference. 16/10/01. Organised by Alcohol Concern and DrugScope

role in alcohol education programmes especially in primary schools. TPG's Project Aid Programme regularly provides grants to local TIE companies, enabling schools to hire them at a subsidised cost as part of a broader alcohol education programme. For older children, peer education projects and those delivered by detached youth workers outside school and home settings have been shown to be successful.⁵⁶ TPG has actively supported such projects in the past through for example a £60,000 fund in 1998 for community-based alcohol education projects which was administered by The Prince's Trust. These types of interventions are particularly important for "at risk" children or young adults, who may be excluded or absent from school and/or come from dysfunctional families where alcohol misuse may be a problem.

7.8. TPG recommends that:

- ❑ **there be wider distribution of educational resources targeted at parents/carers;**
- ❑ **a higher profile be given to alcohol education within the national curriculum from KS2 onwards;**
- ❑ **formal education be routinely complemented with TIE and peer education/ education delivered by detached youth workers;**
- ❑ **LEAs be regularly encouraged to apply for the DfES allocation earmarked for inservice teacher training on alcohol education.**

Public education for adults on responsible drinking

7.9. TPG's MORI survey⁵⁷ showed that opinion is divided on health promotion campaigns – while half of respondents (49%) take notice of them, two in five (38%) do not. Men are more likely to disregard health campaigns than women (43% as opposed to 33%), as are the youngest and oldest surveyed (42% of under 25s and 49% of over 65s compared to only 29% of 25-34 year olds). In terms of social class, DE's are most likely to not take much notice as are frequent drinkers. One might assume from these findings that there is little point in committing significant resources to public health campaigns about alcohol, particularly as it would appear that those most at risk are also most resistant to health promotion campaigns.

7.10. Set against these findings, however, is overwhelming evidence that UK anti drink-drive campaigns have had a significant impact on both attitudes and behaviour in relation to drinking and driving. It should be noted that enforcement of the UK's drink-drive laws and tough penalties for offenders have played an equally significant role in the reduction of injuries and deaths associated with drink-driving. The notion of personal responsibility for one's drinking choices (which is a central theme of current drink drive campaigns) could be the basis for campaigns on other forms of high-risk drinking. In

⁵⁶ *Under the Influence – the Report of the Taskforce on Underage Alcohol Misuse* (1997) The Portman Group

⁵⁷ op. cit.

order to be effective, campaign messages would need to be credible, firmly grounded on evidence and delivered consistently over time in non-patronising ways to carefully targeted, at-risk population groups (eg young, single males; student populations).

7.11. TPG has recent experience of conducting public health campaigns promoting the notion of responsible drinking. Our *2f3m4* campaign was launched in 1998 to promote unit awareness in the context of the SDM. We have since distributed 2 million “unit calculators”, the main vehicle through which we continue to promote the *2f3m4* campaign. Over the period 1998-2000 there has been a significant rise in unit awareness.⁵⁸ Our *2f3m4* campaign together with the introduction, in 1999, of unit labelling on containers by several of the main UK drinks companies are likely to have been factors in driving the steady rise in unit awareness. Early evaluations of our current anti-drunkenness campaign, *If you do do drink, don't do drunk*, which uses a number of innovative campaign vehicles such as pub theatre and “viewrinals”, indicates that the message has been extremely well-received by the target audience. An independent evaluation of the campaign in Newcastle showed a significant post-campaign increase in those who believed drunkenness to be unacceptable.

7.12. TPG recommends that a high-profile communication strategy to promote the notion of responsible alcohol consumption be a prominent feature of the strategy. This campaign should use mass media with financial backing on a par with current drink-drive campaign budgets in similar vein to the public health campaign already taking place in Scotland. Research carried out for the Scottish Executive shows that television and cinema seem particularly effective mediums for reaching young adults. TPG recommends furthermore that there should be a long-term commitment to maintaining and developing any such strategy.

7.13. In taking forward any public health campaign, TPG would caution planners to be mindful of the prejudices that the British public holds against health promotion (as borne out by our MORI survey). We have a long tradition of being suspicious of anything that smacks of “nanny-statism”. When, in 1851, Disraeli announced that “the first duty of any government is to protect the health of the people,” *The Times* thundered that “every man is entitled to his own dunghheap.” We need to take particular care also to avoid a negative style of health promotion. Michael Daube sagely observed that “we will do much better by promoting sensible drinking behaviour, by explicitly giving permission – albeit with all the necessary care and caution - for what we know to be beneficial, than by simply exhorting the avoidance of excess...The evidence on the benefits of sensible alcohol consumption gives

⁵⁸ Lader, D & Meltzer, H. (2001) *Drinking: adults behaviour and knowledge in 2000*. ONS

health promotion a welcome gift.”⁵⁹

Education for health professionals

7.14. Health professionals, be they doctors, nurses, midwives or health visitors, can and should play an important role in promoting advice on sensible drinking. A number of studies looking at drinking behaviour and levels of knowledge about alcohol amongst medical students have shown consistently high levels both of misuse and ignorance of current sensible drinking advice. A recent study of students at St Bartholomew’s Hospital London⁶⁰ showed that 35% of respondents overestimated the sensible drinking levels for women and 31% overestimated the guidelines for men. It goes without saying that health professionals need a clear understanding of sensible drinking. TPG has for many years supported the Medical Council on Alcohol in offering a seminar programme for students in several medical schools across the UK.

7.15. TPG recommends that there should be a compulsory element of the curriculum dealing with alcohol use and misuse for all student doctors, nurses, midwives and health visitors.

The role of the industry in public education

7.16. TPG welcomes steps taken by UK drinks producers voluntarily to display unit information on product labels and believes that this is an important contribution to providing consumers with the information they need to make responsible choices about drinking.

7.17. The industry’s experience in the world of commercial advertising and its intimate knowledge of what drives consumers can lend immense added value to the development of effective responsibility messages within marketing communications. TPG member companies, for example, have recently decided to adopt a common strapline on brand advertising carried by the trade press and in business communications. TPG recommends that consideration should be given, across the whole industry, to the promotion of responsibility messages in consumer-focused marketing activities such as brand advertising. The industry spends £250 million a year on advertising. A fraction of that could make a big difference to the reach of responsibility/ unit awareness messages.

7.18. TPG recommends that:

- producers routinely put unit labelling on all product containers;**
- consideration be given, across the whole industry, to the promotion of responsibility messages via consumer-focused marketing activities**

⁵⁹ Daube, M. Pleasure in Health Promotion. In Peele, S and Grant, M. (Eds) (1999). Alcohol and pleasure: a health perspective. Washington, DC: Taylor and Francis

⁶⁰ White, P et al. (2001) A follow-up survey of alcohol consumption and knowledge in medical students. Alcohol & Alcoholism, 35, 540-543.

such as brand advertising.

Regulation of advertising and marketing

7.19. It is widely believed that the media, and advertising in particular, are powerful influencing factors on drinking attitudes and behaviour. Whether this actually holds true has been a matter of much debate. Our MORI survey⁶¹ showed that, while two thirds of the British public believe that advertising has an influence on the amount people drink, only 11% thought that it had any influence on their own drinking. Many factors other than advertising influence purchasing decisions and a number of researchers have concluded that advertising has a relatively weak effect on consumption although it can have a powerful effect on brand-switching.^{62 63}

7.20. In the UK, both the advertising and marketing of alcoholic products are subject to a comprehensive framework of regulatory codes, some of which are regulated by statute and some through self-regulatory systems. Advertisements that are broadcast are regulated by the Independent Television Committee (ITC) and the Radio Authority (RA). This includes mandatory pre-clearance of advertising before broadcast. Sales promotions and all advertisements that appear in print media are regulated by the Advertising Standards Authority (ASA). The naming, packaging and merchandising of alcohol are covered by TPG's Code of Practice. As has been noted elsewhere, the scope of this Code will be extended from March 2003 to cover a broad range of promotional devices, including sponsorship, sampling, websites and press releases. All decisions about complaints received under TPG's Code are made by an Independent Complaints Panel.

7.21. There is evidence of very good compliance on the part of the drinks industry with the various Codes of Practice that regulate the advertising and marketing of alcoholic drinks. Levels of effectiveness are consistently high whether in respect of codes regulated by statutory authorities (such as the ITC and the RA) or self-regulatory bodies (such as the ASA and TPG). For example, in 2001, the ASA received a total of 12,600 complaints, of which only 154 or 1.2% were about alcoholic products. Of these, 56 complaints were upheld. In every case that was upheld, the advertising campaign was halted and the adverts withdrawn. At the time of writing, complaints figures were not available from the ITC but it is believed that relatively few complaints are both received and upheld about alcoholic products. Over the 5 years to 2001, the RA received 1961 complaints, of which 15 were about alcoholic products. Of these 11 required an intervention and in 3 instances

⁶¹ op. cit.

⁶² Furnham, A. (2002) *Growing up with Advertising*. The Social Affairs Unit.

⁶³ Fisher, J (1993) *Advertising, alcohol consumption and abuse: a worldwide survey*. Westport Connecticut: Greenwood Press.

the campaign was discontinued. The low numbers of complaints is in part due to the effectiveness of the pre-clearance service. In the case of TPG's Code of Practice, after an initial burst of complaints numbers received have dropped to a low level with 12 or fewer received in each of the past 3 years. There has been a concurrent increase in requests for pre-launch advice. Compliance with the decisions of the Independent Complaints Panel is high with over 82% of products being found in breach of the Code withdrawn or having their packaging modified in order to comply.

7.22. TPG believes that the current UK regulatory framework is effective in containing and preventing problems relating to irresponsible marketing practices. We would however take this opportunity to express concern that there has been a tendency in the recent past for some television alcohol advertisements to breach the spirit if not the letter of the television advertising code. Our concern relates to both a tendency for alcohol advertisements to condone (if not actively encourage) excessive drinking and to suggest that consumption is linked with sexual success.

7.23. A further marketing device is product placement. TPG considered including this within the scope of the third edition of its Code of Practice. In the end, however, it was omitted because decisions by producers on product placement in films (such as the James Bond films) will generally be made at a pan-European or global level. Any instrument of control or regulation with a jurisdiction limited to the UK would therefore be ineffective.

7.24. TPG recommends that:

- ❑ **the Broadcast Advertising Clearance Centre (BACC) be less lenient in its interpretation of the television advertising code;**
- ❑ **the industry and its advertising agencies exercise greater self-restraint in their television advertising campaigns;**
- ❑ **the UK industry, where possible, exercise caution in product placement in whatever medium to ensure that it is conducted in line with the standards and criteria set out in TPG's and other Codes of Practice.**

8. THE SHAPE OF THE MARKET AND MARKET-BASED SOLUTIONS

8.1. This section addresses selected aspects of questions 51-55 of the consultation document.

Recent market trends

8.2. The overall level of consumption of alcoholic drinks has increased slightly in the last two decades. This has been largely driven by increases in wine consumption, which has doubled in this period. The development of a new category of drinks, so-called RTDs (which include what are variously referred to as "alcopops", flavoured alcoholic drinks and pre-mixed spirits), has also had a small impact on the increase in overall consumption. A further key

market trend in recent decades has been a shift towards off-sales as opposed to on-sales.

Market-based solutions

8.3. Given the fact that market trends are by nature dynamic and often unpredictable (witness the rapid rise - and fall - of “alcopops”), TPG recommends that self-regulatory mechanisms (which have the advantage of being flexible) be accepted as more effective in dealing with problem areas than statutory controls (which have the disadvantages of being cumbersome, slow-moving and taking up a great deal of public money and parliamentary time). This is evidenced by, for instance, the rapid development and implementation of TPG’s *Code of Practice on the Naming, Packaging and Merchandising of Alcoholic Drinks* in response to public concern about “alcopops” and its subsequent adaptation to address new market trends including the emergence of so-called “alcoholic energy drinks”. A new rule was efficiently introduced in July 2000 with the agreement of the OFT resulting in a rapid change in marketing practice in line with responsibility standards. TPG’s belief that self-regulation is the more effective option holds true provided that there is (a) a high level of compliance within the industry and (b) stringent application of the Codes on the part of the regulators. There is good evidence of both (with the arguable exception of a too lenient approach to the television advertising code).

8.4. There has been serious, persistent and often well-justified concern over the nature of some retailer promotions in pubs, clubs and bars, on the grounds that they encourage excessive consumption and/or anti-social behaviour. (Examples include ‘half price drinks until the first goal is scored’ and ‘drink yourself under the table and we’ll call an ambulance to take you home’.) TPG welcomes guidelines on responsible promotions recently issued by the BBPA⁶⁴. TPG recommends that Secretary of State’s guidance to be issued under the Licensing Bill, as well as the licensing policies to be required of local authorities, include a clear expectation that licensees should comply with the BBPA’s guidelines on responsible promotions. This will provide a broad framework within which compliance can be monitored and will also help the BBPA keep them under review.

8.5. TPG recommends that:

- self-regulatory mechanisms be accepted as more effective in dealing with marketing issues than statutory controls;**
- Secretary of State’s guidance to be issued under the Licensing Bill, as well as the licensing policies to be required of local authorities, should indicate a clear expectation that licensees should comply with the BBPA’s guidelines on responsible promotions.**

⁶⁴ BBPA (2001) Point of Sale Promotions – A Good Practice Guide for Pub Owners and Licensees

9. THE ECONOMIC COSTS AND BENEFITS OF ALCOHOL

9.1. This section addresses selected aspects of questions 56-61 of the consultation document.

The economic costs of alcohol

9.2. TPG recognizes that there are significant economic costs associated with alcohol misuse in the UK. Alcohol misuse (though not necessarily its use per se) has a clear negative impact on productivity. There are a number of ways in which alcohol-related illness may reduce the productive capacity of the UK economy – these include (a) a higher number of working days lost due to alcohol misuse (absenteeism); (b) reduced productivity for those experiencing the effects of alcohol at work (hangovers etc); (c) inability to work (unemployment, early retirement); and (d) premature deaths among people of working age and under.

9.3. Recent work for the Scottish Executive stated that current UK figures on economic costs of alcohol were “estimates often based on assumptions rather than documented statistics. The costs should therefore be interpreted with extreme caution and are at best an indication of the order of magnitude of the various cost components.”⁶⁵ A large number of methodological problems undermine the reliability of current estimates of the economic costs of alcohol misuse. The problems relate both to limitations in data recording and collation, as well as to flaws in the theoretical models used to estimate costs. For example, the fixed costs of employment such as superannuation and national insurance contributions should not be included when valuing the cost of lost output. Moreover, in economic terms the social costs of unemployment or premature death should be zero in a less than fully employed economy. By making adjustments for these errors of calculation alone, most estimates would need to be reduced by approximately 50%.

9.4. A further limitation to the validity of present estimates of the costs of alcohol is that the focus is solely on the harms/costs of alcohol misuse and little, if any, account has ever been taken of the possible benefits of moderate alcohol use. It has been suggested that work performance, as measured by income, shows a clear advantage for moderate drinkers.⁶⁶ ⁶⁷ Possible explanations for the successful work performance of moderate drinkers include both better physical health and psychosocial adjustment. (See also paragraphs 3.25 and 4.6.)

⁶⁵ Catalyst Health Economics Consultants Ltd. (2001) Alcohol misuse in Scotland: trends and costs. Produced for The Scottish Executive

⁶⁶ Brodsky, A., and Peele, S. Psychosocial benefits of moderate alcohol consumption: alcohol's role in a broader conception of health and well-being. In Peele, S and Grant, M. (Eds) (1999). Alcohol and pleasure: a health perspective. Washington, DC: Taylor and Francis.

⁶⁷ French, M.T., and Zarkin, G. A. (1995) Is moderate alcohol use related to wages: Evidence from four worksites. *Journal of Health Economics*, 14, 319-344.

The economic benefits of the alcohol industry

9.5. The economic benefits of the UK's alcoholic drinks industry are easily quantifiable and significant. The industry contributes £37 billion or 5% of the GDP. Direct tax revenue from alcohol sales (excise duty and VAT) contributes over £12 billion to the exchequer. The production and retailing of alcohol provides around 1 million jobs directly and indirectly (3.5% of total employment).

10. CONCLUSION AND SUMMARY OF RECOMMENDATIONS

10.1. Our submission concludes with a summary of recommendations. For the sake of clarity these have been categorized according to audience headings although it should be noted that many need the involvement of more than one agency or organization – local or national – to be properly implemented.

10.2. Government should:

- ❑ **provide a committed lead using a cross-Departmental approach setting out clear yet flexible strategic objectives on alcohol use and misuse;**
- ❑ **commit sufficient resources to the development and implementation of the plan;**
- ❑ **better plan and co-ordinate both research and routine data collection in the interests of building a sound evidence base. These should include the development and nationwide implementation of model recording procedures for both police and A&E departments;**
- ❑ **publish data on alcohol-related crime and violence at fixed intervals and in consistent formats;**
- ❑ **acknowledge within the strategy low risk and beneficial patterns of drinking as defined in the SDM;**
- ❑ **focus on harm minimization and give proper emphasis to prevention efforts;**
- ❑ **focus on reducing levels of drinking to intoxication particularly amongst young adults;**
- ❑ **commission research to establish more evidence about the health risks of “binge drinking”;**
- ❑ **give consideration to imaginative ways of “re-branding” and communicating the SDM accurately and accessibly without diluting the content of message;**
- ❑ **oversee development of a national, long-term communications strategy using mass media to promote the notion of responsible drinking to adults of all ages;**
- ❑ **introduce a national, voluntary ID card to prevent sales of alcohol to under 18s;**
- ❑ **commission research to establish the precise relationship between patterns and levels of drinking and risk of breast cancer;**
- ❑ **commission further research to establish whether the SDM applies to**

- the over 65s;
- include in accompanying guidance to the Licensing Bill a clear recommendation that licensees comply with the BBPA's guidelines on responsible promotions;
 - encourage greater awareness and stronger enforcement of the existing legislation on proxy purchase;
 - encourage a higher profile for alcohol education within the national curriculum from KS2 onwards;
 - regularly encourage LEAs to apply for the DfES allocation earmarked for inservice teacher training on alcohol education;
 - acknowledge that self-regulatory mechanisms are more effective than statutory controls in dealing with marketing issues.

10.3. Industry and the licensed trade should:

- routinely put unit labelling on all product containers;
- give consideration to the transmission of responsible drinking messages in brand advertising and other consumer-focused marketing activity;
- comply with BBPA guidelines on point of sale promotions;
- exercise greater self restraint in television advertising;
- exercise caution in product placement in line with the standards set out in TPG's and other Codes of Practice;
- continue level of good compliance with self-regulatory marketing codes;
- routinely provide responsible server training and follow best practice in operating licensed premises .

10.4. Education providers should:

- deliver consistent and effective alcohol education in schools from KS2 upwards;
- complement formal education with TIE and peer education/ education delivered by detached youth workers;
- assist with the provision of information on alcohol education to all parents;
- include a compulsory element of the curriculum dealing with alcohol use and misuse for student doctors, nurses, midwives and health visitors.

10.5. Alcohol researchers should:

- give consideration to improving theoretical models for assessing social, health and economic costs of alcohol which take proper account of the benefits of moderate use;
- seek international consensus on alcohol research methodology;
- conduct more research into the health effects of alcohol consumption in

- respect of over 65s;**
- **conduct more lifestyle research into the relationship between alcohol and crime which focuses on drinkers and drinking rather than crime and criminals;**
- **conduct further research into the effects of patterns of drinking on breast cancer risk.**

10.6. Other recommendations:

- **The BACC should be less lenient in its interpretation of the television advertising codes.**

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