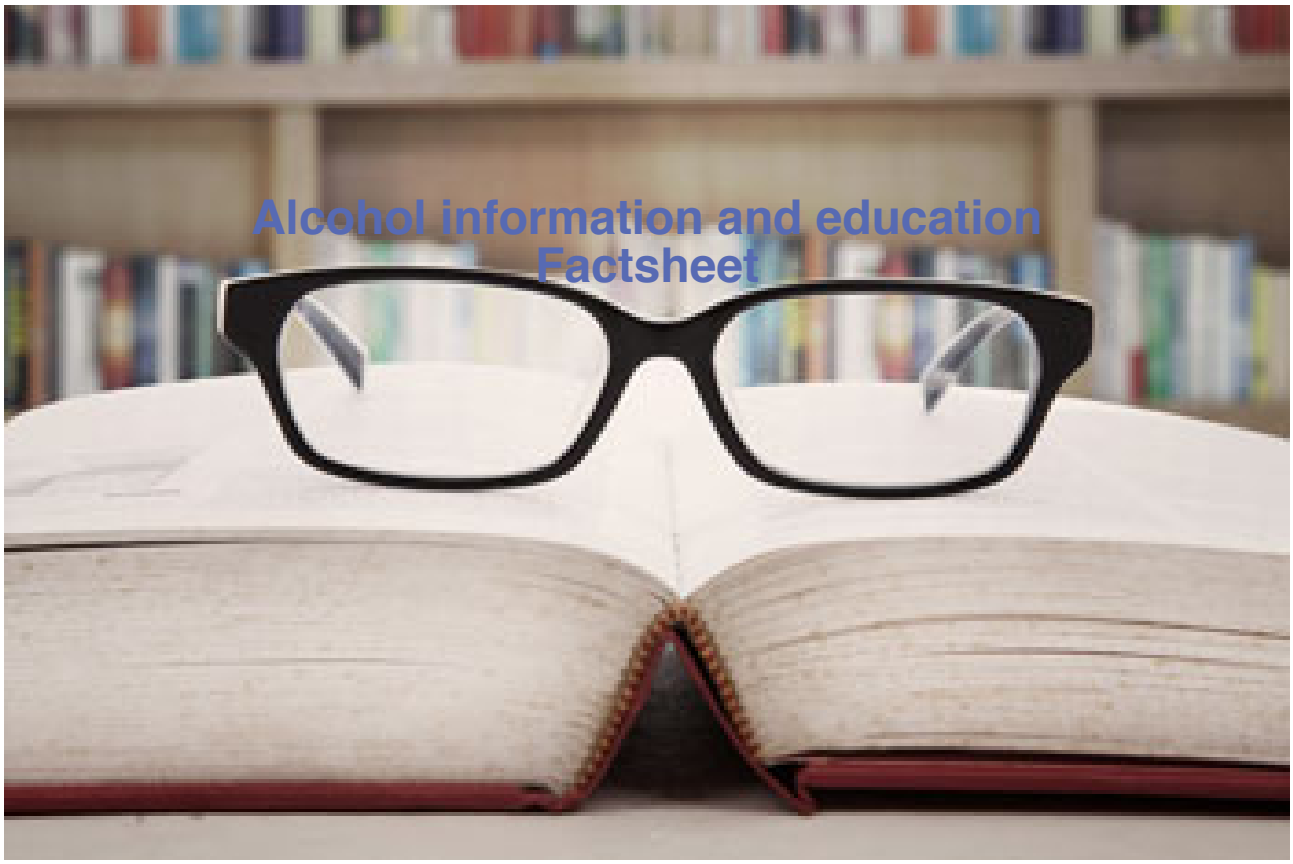
Institute of Alcohol Studies

Alcohol information and education
Updated March 2014



Alcohol information and education Factsheet

Institute of Alcohol Studies
Alliance House
12 Caxton Street
London
SW1H 0QS

Tel: 020 7222 4001
Email: info@ias.org.uk

Institute of Alcohol Studies
Elmgren House
1 The Quay
St Ives
Cambridgeshire
PE27 5AR

Tel: 01480 466766
Email: info@ias.org.uk

Website: www.ias.org.uk

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Alcohol information and education: Introduction

The World Health Organisation's [WHO] *Global Strategy to Reduce the Harmful Effects of Alcohol* identifies as a policy priority "ensuring broad access to information and effective education and public awareness programmes among all levels of society about the full range of alcohol-related harm… and the need for, and existence of, effective preventative measures".[1]

Education and persuasion strategies are often labelled as the most popular approaches to the prevention of alcohol-related problems.[2] However, evidence suggests that without the support of other environmental interventions such as controls on affordability, availability and promotion of alcohol, information and education programmes do not lead to sustained changes in drinking behaviour.[3] It can therefore be argued that education and information programmes play an important role as part of a comprehensive alcohol strategy, however on their own they do little to reduce alcohol-related harm.

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1 World Health Organisation [WHO] (2010), 'Global strategy to reduce the harmful use of alcohol'
2 Babor, Thomas F. et al (2003)., 'Alcohol: No Ordinary Commodity. Research and Public Policy', (Oxford: Oxford University Press), p. 189
3 World Health Organisation [WHO] Europe (2009), 'Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm'

Alcohol education tools and techniques

There are several well-established methods aimed at raising awareness and influencing attitudes about alcohol, especially among young people. These involve the use of media, health and consumer agencies, non-governmental organisations [NGOs], and the alcohol industry, in order to provide information on the content of alcoholic beverages, low-risk drinking guidelines, and to warn against the dangers of alcohol misuse.

Counter-advertising

As explained in our Marketing factsheet **(please see the relevant section of the Alcohol Knowledge Centre for more information)**, alcohol is heavily promoted in all forms of media. In response to the extensive promotion of alcoholic beverages in many countries, governments and private organisations have sponsored counter-advertising. Counter-advertising works by disseminating information about a product, its effects, and the industry that promotes it, in order to decrease its appeal and use, especially to young people.[1] Some public information films qualify for this form of alcohol education, as does the placement of health warnings on product packaging and advertisements promoting alcohol brands. By exposing the unpalatable elements of drinking alcohol that are not shown in commercial advertisements, PSAs aim to rebalance the information given to consumers, allowing them to make informed decisions about their drinking and therefore informed decisions about their own health and safety.

Public Information Films

Public information films are messages prepared by governments, NGOs, health agencies, and media organisations for the purpose of providing important information for the benefit of a particular audience. When applied to alcohol, PSAs usually deal with responsible drinking, the hazards of drinking-driving, and related topics.[2]

However, despite their good intentions, public information films are seen as relatively ineffective compared to the high quality pro-drinking messages from alcohol companies that appear as paid advertisements in the mass media. Public health professionals argue that public information films are less frequently aired or printed than ads promoting alcoholic drinks, forming a small fraction of the total volume of alcohol ads.[3] In the UK, it is estimated that the alcohol industry spends approximately £800m per year on marketing, whereas the Drinkaware Trust, identified in the UK Government's Alcohol Strategy as the lead organisation to deliver information about alcohol to the public, has an annual budget of approximately £20m for its "*Why let the good times go bad?*" campaign.[4]

Warning labels

Warning labels are another way of giving the consumer a fuller picture of what s/he is buying. They consist of messages that highlight any potential side-effects of consumption pertaining to a specific alcoholic beverage, as well as more general guidance concerning the dangers of alcohol misuse.

Public health professionals argue that warning label content should be based on a strong scientific evidence base into the effects of alcohol consumption. The health community campaigns governments to legislate for these findings to be applied to alcoholic beverages, in order to better inform consumers of the products they wish to purchase.

In May 2007, the Department of Health reached a UK wide voluntary agreement with the alcohol industry to include specified unit and health information on alcohol labels. The Government made clear their expectation that the majority of labels should be covered by the end of 2008.[5] This expectation has since been absorbed into the Public Health Responsibility Deal, which "will ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant".[6] However, much research into labelling conducted has concluded that health warnings do not produce a change in drinking behaviour *per se*.[7]

School-based education

In 2000, the Teacher's Advisory Council on Alcohol and Drug Education [TACADE], recognising the need for up-to-date, research-based, innovative and effective alcohol education materials for UK secondary schools that were compatible with National Curriculum requirements, set about preparing two educational packages: *Respect It!* and *Alcoshots*. These were funded in part by funding from Alcohol Research UK (formerly the Alcohol Education and Research Council).[8]

The process of developing the packages uncovered some evidence about how children respond to learning about alcohol issues. In a discussion of the definition of alcohol use and misuse, the following observations were made:

> **… many pupils lost interest once they realised that they fell on the wrong side of the definition. It was also clear from post-lesson discussions that being forced to re-label their style of drinking as 'misuse' had done nothing to encourage the young drinkers to reduce consumption or alter their drinking patterns. On the contrary, it led to a resignation that they were somewhat rebellious and deviant alcohol 'misusers' and would only try harder to live up to this image. It was felt that a more practical and understandable approach would be to illustrate a continuum between sober and intoxicated, safe and unsafe drinking – a technique that would allow pupils to make adjustments to their drinking behaviour based on rational and relevant criteria.**[9]

MENTOR UK is one such organisation that advocates investment in school-based alcohol education programmes as an effective measure for reducing the risk of alcohol misuse in later life. In 2009, the charity embarked upon a 2-year initiative in Scotland – the *Peer Education Alcohol Project* – that was geared toward young people developing their own resources and training on alcohol to deliver to peers and practitioners.[10] In the evaluation of the project, it was found that young people who received a peer education session increased their knowledge around alcohol and a third changed their attitude towards it. 90% of professionals attending the peer education training increased their knowledge around alcohol. The report's authors concluded that over the course of the project:

> **Peer educators became more informed about the risks and harm alcohol misuse can cause, more able to make informed choices and less likely to put themselves at risk. They felt able to talk to their peers socially as well as in training sessions about alcohol and how to stay safe.**[11]

In the same year, a National Institute for Health and Care Excellence (NICE) report modelling the cost-effectiveness of alcohol education concluded that:

> **… an effective alcohol education programme would be a very cost-effective use of public money… for example, a programme costing £75 million and averting long term adverse health outcomes due to alcohol with an associated gain [of 5 Quality adjusted Life Years] would be cost-effective providing it led to a relatively modest 1.4% reduction in alcohol consumption within the target population of youths.**[12]

However, a review published by the Centre for Public Health in 2007 drew a mixed conclusion from the evidence base.

> **There is inconsistent and insufficient published evidence to determine the cost-effectiveness of school-based interventions that aim to prevent or reduce alcohol use in young people under 18 years old... the applicability of the few programmes that have demonstrated partial effectiveness warrants further study before widespread implementation can be supported...**[13]

1 Babor, Thomas, F. et al., 'Alcohol: No Ordinary Commodity', pp. 190–1
2 Babor, Thomas, F. et al., p. 190
3 Babor, Thomas, F. et al., p. 190
4 Hastings, G, Brooks, O, Stead, M, Angus, K, Anker, T, Farrell, T (January 2010)., 'Failure of self regulation of UK alcohol advertising', British Medical Journal; Drinkaware UK (September 2010), 'More than one in three young adults 'drink to get drunk''
5 www.parliament.uk (January 2010), Education and information policies, in 'Alcohol First Report of Session 2009–10, Volume I', House of Commons Health Committee
6 Department of Health, 'A1. Alcohol Labelling', Public Health Responsibility Deal
7 Babor, Thomas, F. et al., p. 193
8 Alcohol Research UK (March 2003), 'Alcohol Education materials for secondary schools'
9 Alcohol Research UK (March 2003), 'Alcohol Education materials for secondary schools'
10 Mentor UK (July 2011), 'Alcohol Peer Education Project', p. 3
11 Mentor UK (July 2011), 'Alcohol Peer Education Project', p. 4
12 National Collaborating Centre for Women's and Children's Health (Nherera, Leo; Jacklin, Paul) (March 2009), 'A model to assess the cost-effectiveness of alcohol education developed for NICE public health guidance on personal, social, health and economic (PSHE) education', National Institute for Health and Care Excellence, p. 24
13 Jones, Lisa; James, Marilyn; Jefferson, Tom; Lushey, Clare; Morleo, Michela; Stokes, Elizabeth; Sumnall, Harry; Witty, Karl; Bellis, Mark (June 2007), 'A review of the effectiveness and cost-effectiveness of interventions delivered in primary and secondary schools to prevent and/or reduce alcohol use by young people under 18 years old', Centre for Public Health, Liverpool John Moores University; Centre for Health Planning and Management, University of Keele; Cochrane Vaccines Field, Anguillara Sabazia, Rome, Italy, pp. 6–8

The role of the state in alcohol education

The most recent estimate of Government spending on alcohol information and education campaigns [2009/10] set the figure at £17.6m; broken down by Department as follows:[1]

- Department of Health: £6.85m
- Home Office: £2m
- Department for Children, Schools and Families: £5m
- Department for Transport: £3.75m

UK Governments invest in such initiatives in order to inform and support people "to make healthier and more responsible choices". In a 2008 report titled *Reducing Alcohol Harm: Health services in England for alcohol misuse*, the National Audit Office [NAO] listed the commitments set out by the Department of Health from the 2004 and 2007 alcohol strategies (see Figure 1).

Recommendations for the Department of Health from the Alcohol Harm Reduction Strategy for England (2004)

Recommendation	Response
1–10: Education and communication	
Recommendations including, for example: that the Department should identify the most effective message and media for communicating with binge and chronic drinkers; and that the Department should 'strongly encourage' retailers to add messages on sensible consumption and unit content to the labels of alcoholic products.	The Department has launched various alcohol education campaigns and joint initiatives with the alcohol industry, which are discussed in the main text (paragraphs 3.2 – 3.10) of this report.

New actions for the Department, from *Safe. Sensible. Social. The next steps in the National Alcohol Strategy* (2007)

16	National campaigning to challenge public tolerance of drunkenness and harmful drinking.	*Know Your Limits: 18 – 24 binge drinking campaign* launched in April 2008.
17	National campaigning on public awareness of units of alcohol.	*Know Your Limits: Units campaign* launched in June 2008.
18 and 20	Targeted information for people who drink at harmful levels, their families and friends.	Social marketing campaign launched alongside advertising campaigns in spring 2008, including a booklet *Your drinking and you* and the interactive Drinkcheck website. The units campaign has also included information for GPs and other health staff, encouraging them to provide 'brief advice' on alcohol and providing them with materials to give to patients. (A pilot information and advice campaign focused on the North West was also launched in September 2008).

Figure 1: Department of Health plans for the 2004 and 2007 national alcohol strategies

Source: National Audit Office [NAO] (October 2008), 'Reducing Alcohol Harm: health services in England for alcohol misuse'

In recent years, alcohol initiatives have included:

- A drink prevention programme to raise awareness of units as a measurement of alcohol consumption and the problem of binge drinking
- New social marketing campaigns aimed at young people and their parents
- The promotion of the Chief Medical Officer's Guidance on the Consumption of Alcohol by Children and Young People
- The inclusion of pregnant women in the low-risk drinking guidelines and targeted support aimed at those who drink more than double the recommended amount of

alcohol

- Entering into negotiations with the drinks industry related umbrella organisations (i.e. the Portman Group and the Drinkaware Trust) to introduce unit and health information to their products and promote sensible drinking

In March 2011, the Department of Health entered into a voluntary partnership with members of the alcohol industry, NGOs, health organisations, charities and local government as part of the Public Health Responsibility Deal [PHRD].[2] A 7-point alcohol pledge was made as part of the overall set of core commitments to improving public health, of which two were:

> **A1. Alcohol Labelling: "We will ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant."**
>
> **A3. Awareness of Alcohol Units, Calories & other information in the Off-trade: "We will provide simple and consistent information as appropriate in the off-trade (supermarkets and off-licences) as well as other marketing channels (e.g. in-store magazines), to raise awareness of the units, calorie content of alcoholic drinks, NHS lower-risk drinking guidelines, and the health harms associated with exceeding the guidelines."**

However, many witnesses voiced their scepticism over the effectiveness of the Government's information and education measures. In particular, it was noted that the sums spent by Government and the Drinkaware Trust are insignificant compared with the massive amounts of money spent by the industry. For example, a House of Commons Health Committee report noted that the drinks industry is estimated to spend £800m per annum on promoting alcohol, compared to the Drinkaware Trust's £20m a year advertising campaign "*Why let good times go bad?*" aimed at encouraging 18 to 24 year-olds to drink responsibly.[3] Yet, the industry is vociferous in its support of education and information schemes as an alternative to more direct interventionist policies such as minimum unit pricing. This has led some health experts to conclude that alcohol companies invest in education and information campaigns because they know they do not work.[4]

The Health Committee report also commented that although efforts were already being made to increase consumer awareness of the content of the alcohol products they were buying, progress in labelling was "proceeding painfully slowly", recommending instead that the government introduce a mandatory labelling scheme.[5] The 2011 Responsibility Deal pledge to have labels with clear unit content, NHS guidelines and pregnancy warnings on four-fifths of alcohol products on shelves by December 2013 builds on the original 2007 voluntary labelling agreement to include specified unit and health information on alcohol labels, meaning that if successful, it will have taken nearly 7 years for the Department of Health to achieve its objective. Even then, up to 20% of alcohol products made by the signatories to the pledge may still be exempt from the responsibility of accurately informing consumers as to the effects of the alcohol they are buying.

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1 www.parliament.uk, 'Alcohol First Report of Session 2009–10, Volume I', House of Commons Health Committee
2 Department of Health, 'Pledges'
3 www.parliament.uk, 'Alcohol First Report of Session 2009–10, Volume I', House of Commons Health Committee; and Written evidence submitted by The British Beer & Pub Association, The National Association of Cider Makers, The Scotch Whisky Association and The Wine and Spirit Trade Association (AG 08) (September 2011), in 'Science and Technology Committee HC 1536 Alcohol Guidelines'
4 www.parliament.uk, 'Alcohol First Report of Session 2009–10, Volume I', House of Commons Health Committee
5 www.parliament.uk, 'Alcohol First Report of Session 2009–10, Volume I'

The paradox of alcohol education

The central problem of alcohol education is that although it may indeed raise awareness of the harm caused by alcohol, units and drinking guidelines, it is difficult, if not impossible, to accurately evaluate its impact. In fact, much scientific evidence suggests that information and education campaigns on their own do not change people's behaviour towards alcohol. But people do have a right to know the risks they are running in consuming such a potent substance, and communicating messages about alcohol in this way may lead people to respond better to more powerful interventions such as raising prices.[1]

A Science and Technology Committee report into alcohol guidelines asked the question: How well does the Government communicate its guidelines and the risks of alcohol intake to the public? To which it found that knowledge of alcohol units has increased considerably over the past decade or so.[2]

- 90% of people have heard of units, up from 79% in 1997
- Drinkers consuming beer at least once a week who could correctly identify a unit of that drink increased from 54% in 1997 to 69% in 2009
- Drinkers consuming wine at least once a week who could correctly identify a unit of that drink increased from 67% in 1997 to 83% in 2009
- Drinkers consuming spirits at least once a week who could correctly identify a unit of that drink increased from 57% in 1997 to 67% in 2009
- In 2009... 49% of drinkers who had heard of units had seen unit labelling on alcohol... up from just 23% in 2000
- In 2009, 75% of people had heard of the daily drinking limits, up from 54% in 1997
- In 2009, 44% of people could correctly identify the recommended limit for men, up from 35% in 1997
- The proportion knowing the female daily limit is up from 39% to 52%

In linking the increasing awareness of drinkers to declines in consumption, the review suggested that campaigns to communicate responsible drinking helped to foster a positive change towards sensible drinking habits in recent years. However, the statistics also revealed that those who drank the least were actually less likely to have heard of these limits, implying that the heaviest drinkers are most likely to knowingly flaunt the guidelines.

Ultimately, it is vital to acknowledge that education alone may be too weak a strategy to counteract other forces that pervade the [alcohol] environment.[3] Instead, a comprehensive framework of policies is needed to effectively tackle alcohol harm, of which education is an essential component. On their own, information and education strategies may produce the opposite effect of what is intended. Alcohol Research UK dubbed this dilemma “The paradox of alcohol education”. In its evaluation of alcohol education programmes for secondary school age pupils, the report's authors concluded:

> **The answer lies in striking a delicate balance. On the one hand, children must be aware of the very real and potentially fatal dangers of drinking too much, and they must have a clear idea of what 'too much' is. On the other hand, alcohol education must seek to normalise and temper children's expectations about the effects of alcohol. If they perceive drinking to be a normal, mundane, non-glamorous or non-risky aspect of daily human life, they have a much greater chance of becoming sensible, controlled adult drinkers. If they are encouraged to think of drinking as an exciting rite of passage that separates the child from the adult and of**

alcohol as a terrifying elixir with near-magic qualities, they will seek to steal the privilege prematurely.[4]

1 www.parliament.uk, 'Alcohol First Report of Session 2009–10, Volume I'
2 www.parliament.uk (September 2011), Written evidence submitted by The British Beer & Pub Association, The National Association of Cider Makers, The Scotch Whisky Association and The Wine and Spirit Trade Association (AG 08), in 'Science and Technology Committee HC 1536 Alcohol Guidelines'
3 Babor, Thomas, F. et al., p. 200
4 Alcohol Research UK (January 2001), 'An evaluation of two alcohol-education products from TACADE', p. 14

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