# Alcohol Harm Reduction Strategy for England

# Response by the Institute of Alcohol Studies

## 1 Introduction

1.1 While we welcome the appearance of the Strategy, however belated it may be, we believe that its all-too-evident defects outweigh its virtues. Its chief defects betray what Babor called `liquor-speak', the ideas and vocabulary characteristic of alcohol industry statements and initiatives and which `demonstrate rather consistent opposition to the cumulative evidence of research."[1]

1.2 The main tenets of liquor-speak are that moderate and social drinking are clearly distinguished from `alcohol misuse'; that alcohol-related problems are experienced by only a small minority of miscreants; that there is no linkage between average alcohol consumption in a society and the prevalence of alcohol-related harm; that policies that restrict alcohol availability are ineffective or counter-productive; that `moderate' drinking is in unqualified terms "good for you", and that alcohol is not a cause of crime.

1.3 All of these ideas are to be found in the Strategy document. They are not the only ideas to be found there, for it is clear that the Strategy Unit staff who produced the Interim Analysis on which it is based attempted conscientiously to review the scientific evidence and to give an accurate account of present day realities, such as the alcohol-fuelled crime and disorder associated with the night-time economy. Nonetheless, the assumptions and language of liquor-speak are the dominant feature of the Strategy document, particularly in the key sections outlining how alcohol problems should be described, and what should be done about them.

1.4 Given the dominance of liquor-speak it is hardly surprising that the alcohol industry's Portman Group is the only `alcohol misuse' organisation considered worthy of mention in the Strategy document, just as was the case in the licensing reform White Paper `Time for Reform'. On page 29 of the Strategy document the Portman Group is singled out for praise for its activities and contributions. The Portman Group's ventures into alcohol education are not of course based on science, and indeed the Group is known for its confrontational relationship to scientists and scientific findings at variance with its own preferred view of the world[2] The Government's attitudes and policies are, presumably, reflected in the fact, remarkable by any standard, that while the Portman Group is lauded, there is no reference whatever to Alcohol Concern, the country's national agency on alcohol problems, or to bodies such as the Medical Council on Alcohol or the National Addiction Centre.

1.5 The Strategy must, of course, be considered in conjunction with the Licensing Act 2003 and the Ministerial Guidance in regard to that Act. These two interrelated initiatives will provide the basic legal and political framework for tackling the social and health problems related to alcohol consumption for the foreseeable future.

## 2 The Licensing Act 2003

2.1 No Government serious about curbing the alcohol-related crime and disorder in our main urban centres would have contemplated for a moment introducing a measure which will probably make things worse.[3] The likely adverse effects of the new Licensing Act have caused concern to a great many people and organisations, including the Association of Chief Police Officers, the Metropolitan Police, numerous local authorities, residents and amenity groups, sections of the alcohol and entertainment industry,[4] and, it seems, the Home Secretary, who, it is reported, fought unsuccessfully to delay the introduction of the Act.[5]

2.2 The cynical claim that the Licensing Act is the centrepiece of the Government's campaign against anti-social behaviour[6] needs to be seen in relation to the genesis of the Act which lay in the push to promote the interests of the alcohol and leisure industry through a process of de-regulation. It is of course significant that responsibility for licensing legislation has been shifted to the Department of Culture, Media and Sport, a department with no responsibilities for promoting health or public order, but whose role is to champion the commercial interests of alcohol and leisure industry.

2.3 A crucial step in the process of licensing liberalisation was the publication in July 1998 of the report by Better Regulation Task Force.[7] This advocated the principle that *"Regulation should not be used – except through truly extreme constraints – to influence the volume and frequency with which the individual drinks. Nor should it be used to manage demand through judgements by licensing authorities over the need for additional providers or prescription as to the décor or layout of the retail environment."*

2.4 The notion that regulation should not seek to influence the volume and frequency of consumption is, of course, wholly incompatible with the promotion of `responsible server' programmes and with the legal requirement to prevent further sales to the already intoxicated. The number of providers and the layout of licensed premises, such as the presence or absence of seating, have direct implications for the nature of the clientele and the occurrence of `vertical drinking' and thus for crime and disorder. None the less, the *laissez faire* assumptions behind the principle, that alcohol is basically a commodity like any other and that the market should operate with minimal constraint, permeated the thinking behind the Act. Regulation was seen either as an unnecessary constraint on business or indeed as itself the cause of the social problems associated with alcohol.

2.5 The belief ostensibly underlying the Act that the primary cause of binge drinking and the associated crime and disorder is the system of permitted hours is historical nonsense, and the implied solution to the problems, abolishing permitted hours, flies in the face of the evidence from other comparable jurisdictions around the world.[3] It also defies the experience of the UK itself where the current problems stem, not from restrictions introduced during the First World War, but from the huge expansion of the night-time economy over the last 10 years or so. This has included extending

drinking hours in what have been termed `palaces of drunkenness', turning our town centres into alcoholic play zones for the antisocial, and no-go areas for almost everyone else.[8] Police figures show unequivocally that more licensed premises trading for longer and longer hours means more crime, disorder, nuisance and generally reduced amenity.[9] More of this is what is precisely what is promised by the new Licensing Act.

2.6 It is a remarkable feature of the Home Office Strategic Plan 2004-08[10], that the section on reducing alcohol abuse states that Licensing Act 2003, when fully implemented in 2005, will include new powers to clamp down on crime and disorder, such as 'powers to reduce (pub) trading hours, temporarily or permanently'. However, there is no reference to the main feature of the Act, the abolition of 'permitted hours,' and the extension of trading hours up to 24 hours a day. This might be considered a somewhat odd omission coming as it does from a Government which argued ad nauseam that it was 'artificially early' closing times that were the cause of the crime and disorder problems, and that it was increased trading hours that were the solution. Presumably, the Home Office is not quite as confident that this will prove to be the case as the Department of Culture, Media and Sport.

## 3 The Harm Reduction Strategy

3.1 The Alcohol Harm Reduction Strategy had different origins, beginning life in the Department of Health, and the inherent tension between the Strategy and the Licensing Act has been evident throughout. For example, the Interim Analysis produced by the Cabinet Office Strategy Unit was changed to bring its conclusions into line with the mistaken assumptions underlying the Licensing Act. (see below)

3.2 As a result of the neutering of the Strategy, the most likely result of both these initiatives taken together is the systematic removal of power from both the national and local communities from tackling increasingly urgent problems. The undue influence of sections of the alcohol industry has also been evident and has clearly dictated the final form of the Strategy as well as the Licensing Act.

3.3 It may be suggested that some of the defects identified below, such as those concerning the terminology employed in the Strategy, are the result of nothing more than careless drafting. Such a claim might have some small degree of plausibility if the Strategy had been a low grade Government document produced in a rush. In fact, it was a very high-grade document, written by the best and brightest in the Cabinet Office Strategy Unit, scrutinised by most Government departments, presumably discussed at Cabinet level and produced over a period of six years. The signature at the bottom of the Foreword to the document is that of the Prime Minister.

3.4 It is difficult to understand how all this sustained and high-powered activity could possibly have resulted in such a careless, inadequate and biased document. For example, on page 67 the Strategy states "More alcohol is now bought off licence than on". This is similar to the claim in the licensing White Paper *Time for Reform* that most alcohol is now drunk at home and not on licensed premises. Both of these statements are incorrect. Government figures

show that in 2003, average weekly household expenditure on alcohol bought and consumed on licensed premises was £8.80, compared with £5.80 spent on alcohol bought at off-licences.[11]

*3.5* More significantly in the present context, in relation to one specific and important area of concern there is a notable discrepancy between what was promised and what actually appears in the Strategy. In 1998, the then Minister of Public Health gave an assurance that "the needs of children and families will be taken into account in the national strategy on alcohol misuse now being prepared." [12]

*3.6* In the event, the sole reference to families and children in the Strategy is: *"**Between 780,000 and 1.3 million children are affected by parental alcohol problem. Marriages where there are alcohol problems are twice as likely to end in divorce**"*

Unfortunately, having recognised the size of the problem there is then no attempt whatever to propose any specific strategy for dealing with it.

3.7 It is true that alcohol issues can be difficult and complex, but there are some simple truths. For example, we know that in Western Europe, including the UK, nearly 10 per cent of all illness and premature death is attributable to alcohol. We know that for all types of alcohol-related harm, the more an individual drinks, the greater the risk, and also that the more a country drinks, the greater the harm will tend to be.[13]

3.8 These truths are nowhere expressed clearly in the Strategy document, the main purposes of which appear to be to obfuscate rather than to clarify and to promote policies of limited or no effectiveness at the expense of those the research base indicates are likely to make a difference.[14]

## 4 Scale and nature of the problem

4.1 The tone and basic approach of the Strategy are set by the Prime Minister's Foreword and the first chapter of substance, the second chapter, titled *Alcohol and its Harms*. These together indicate how the Government perceive the scale and nature of the problem to which the Strategy is a response.

4.2 Given this is ostensibly a harm reduction strategy, it was possible that the Prime Minister would have wanted to begin by pointing to the scale of the harm to be reduced. In fact, the opening two sentences of his Foreword are:

***"Millions of us enjoy drinking alcohol with few, if any, ill effects. Indeed moderate drinking can bring health benefits."***

4.3 The Prime Minister then refers to "***alcohol misuse by a small minority***". Similarly, in the Executive Summary on page 7 it is explained that ***"The vast majority of people enjoy alcohol without causing harm to themselves or to others – indeed, they can also gain some health benefits from moderate use."*** The reference to a "vast" majority necessarily implies that the deviant minority is not just small, but very small.

4.4 These are prime examples of liquor-speak, and it is presumably not merely by coincidence that the Prime Minister's opening remarks are reminiscent of alcohol-industry publications. So, for example, the homepage of the alcohol industry's Portman Group website states:

"*The majority of people who drink alcohol enjoy it without causing harm to themselves or others. The Portman Group acts to reduce the misuse of alcohol by the minority…..*

4.5 Yet all of these statements are incompatible with the realities of the situation described in the Strategy document, let alone with those that for some reason are omitted.

4.6 For it is explained subsequently that 8.2 million people, c 25% of adult population exceed the recommended weekly guidelines for alcohol consumption.

4.7 This is more than double the number of adults who report illicit drug use.[15] It is broadly the same as the viewing figures for one of the popular TV soap operas; it is about three times as many as the number who attend church on Sundays, about the same as the number who voted for the main opposition party at last general election, and it is over 1 million more than members of trades unions affiliated to the TUC. Those involved in these activities are not normally described as `small minorities', still less as `very small minorities'.

4.8 In any case, the Government's own figures show that in young males, the proportion of excessive drinkers is considerably higher than 25% - in 25-34 age group, it is 45.5%; in 16-24s, it is the majority (53.2%) In young women, the proportions are lower but still significant, and growing.

4.9 There are additional reasons why it is profoundly misleading to describe the issues in terms solely of a small minority of deviants.

- The most obvious conflict between the rhetoric of the `small minority' and the realities described pertains to the problems of the night-time economy, the economic basis of which is "mass intoxication for profit"[16] and the results of which are apparent in virtually all our main urban centres and, increasingly, the suburbs.

- As the above implies, irrespective of the exact size of the minority, it can hardly be regarded as deviant. On the contrary, as the Strategy document goes on to explain with reference to the crime and disorder problems, which it estimates to be the largest single element of the cost burden, "***For many people in England today, going out to get drunk has become part of `a good night out'…. drinking is viewed as an end in itself, and public drunkenness is socially accepted, if not expected…***" (page 28) This clearly, and correctly, refers to a damaging pattern of consumption that is not a deviation from the norm but which, in younger age groups at least, is the norm.

- The Prime Minister's comments, and indeed the whole Strategy document, ignores the `prevention paradox ' – the finding that a substantial portion of alcohol problems and the costs associated with them are attributable to people who cannot be described as regular `alcohol misusers'. The explanation of the paradox, as is well known, is that, while compared with heavy drinkers, moderate drinkers individually have fewer problems, as there are many more moderate than heavy drinkers in the population they collectively contribute a substantial proportion of the harm. Thus, for example, a German study found that c 50% of alcohol-related costs were associated with drinking by people not classified as alcohol dependent or with a diagnosis of alcohol abuse or harmful use. [17]

- The notion that the `vast majority' are untouched by alcohol problems not only plays down the fact that alcohol problems are in reality more widely dispersed through the drinking population, it also fails to take into account the effects of alcohol problems on third parties. For example, a survey in Ontario, Canada found that 70% of respondents had experienced a problem caused by someone else's drinking in last 12 months.[18]

4.10 The Strategy suggests that the economic (and human) costs of alcohol problems must be balanced against the economic benefits of alcohol. On page 13 it is stated that:

***"While it is outside the scope of this report to quantify the economic benefits in detail, alcohol plays a key role within the leisure and tourist industry. It accounts for a substantial section of the UK economy: the value of the alcoholic drinks market is more than £30bn per annum and it is estimated that around one million jobs are linked to it."***

However, the Strategy Unit report '*Alcohol Misuse: How much does it cost?'* devotes a section to explaining why the output, income and employment generated by the alcohol industry should not be represented as benefits the community receives from the production of alcohol. This is because the claim rests on the false assumptions that, in the hypothetical absence of alcohol, the money spent on it by consumers would not be used in any form of expenditure on any other products or services and, likewise, that the resources used in producing alcohol products and services would have no alternative uses. The point made by the Strategy Unit was that neither of these assumptions is true, and the other uses to which the expenditure and the resources would in reality be put could provide similar benefits but without the burden of costs that the alcohol market inflicts on the wider society.

## 5 Terminology

5.1 The opening two sentences of Chapter 1 set the tone:
***"Alcohol plays an important role in our society and in our economy. However, where it is misused alcohol is also a major contributor to a range of harms…"***

This of course is classic liquor-speak in which the concept of `***alcohol misuse'*** plays a central role. For example, in its response to the Consultation Document on the Strategy the Portman Group[19] said "***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.***"

It continued:
***"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"***

5.2 Because *alcohol misuse* is the principal organising concept of the Strategy, it is particularly important to understand how it is being used and how it is held to contrast with `sensible' drinking, `moderate' drinking and all the other terms employed which have positive rather than negative connotations.

5.3 The most obvious interpretation is that, as the statement from the Portman Group above suggests, *alcohol misuse* is being used simply as a synonym for harmful drinking, and the contrast is with moderate, sensible, or responsible drinking which is defined as harmless, and as providing health and social benefits.

5.4 Unfortunately, however obvious this interpretation may be, it raises one immediate problem: it excludes by definition a plain fact of everyday experience as well as of more scientifically based research findings, that in the real world drinking often produces a mixture of harms and benefits. As one survey found, at the individual level: "The heaviest drinkers experienced more problems, but they also experienced more benefits from drinking than light or moderate drinkers….Drinking is inherently risky behaviour, but if the negative consequences are discarded, some of the benefits are also lost."[20]

5.5 Equally, of course, drinking which is harmful to the individuals concerned may provide more economic benefits than safer drinking of the kind the Strategy wishes to promote, such as more jobs in breweries and extra tax revenue for the Government.

5.6 Unfortunately, not only does the Strategy document fail to resolve these problems, it also adds some additional ones of its own.

5.7 Although the document normally attributes harm to *alcohol misuse* it does not do so consistently. Sometimes, for example, on page 11, it refers simply to `***the harms caused by alcohol***'. On page 40 there is an isolated reference to those *abusing* alcohol. Presumably, *abuse* is synonymous with *misuse* but it is not explicitly stated. Other terms used in the report are *`binge drinking'* and *`chronic drinking'*. On page 18 it is stated "***The effects of binge-drinking, chronic drinking and drinking are part of a wider range of problems.***" However, there is no indication of what the effects are of `drinking' as distinct from binge drinking and chronic drinking. Binge drinking is defined a heavy sessional intake, the best available proxy being an intake of double the daily guidelines. Although it is not made entirely clear, *chronic drinkers*

appear to be those consuming more than twice the former weekly guidelines. There are also occasional references to *moderate drinking*, as in the Prime Minister's Foreword, and in the second half of the report to *irresponsible* drinking. Neither of these terms is defined.

5.8 One theoretical possibility is that *alcohol misuse* is being used as shorthand for the medical terms `alcohol dependence' and `harmful use'. These are the officially recognised terms used in the 10th International Classification of Diseases of the World Health Organization, and all member States of the WHO, including the UK, have agreed that this is the terminology to be used for all purposes connected to prevention and treatment. This, however, is not consistent with the way the term is used in the document. This states that "***Alcohol misuse does not automatically lead to harm***" (page 16) whereas in psychiatric parlance both dependence and, obviously, harmful use are actually defined in terms of the psychological or physical harm caused.

5.9 The statement above suggests the possible interpretation suggested above, that *alcohol misuse* is hazardous drinking, drinking that significantly increases the risk of harm because of exceeding the `sensible limit' for the session, the day or the week. This would be a perfectly sensible and meaningful use of the term and is probably how most people understand it. Unfortunately, this possibility also is excluded by the statement on page 16. While this begins by explaining that *alcohol misuse* does indeed lead to an increased risk of harm, it then goes on to say that its causal significance depends on a range of factors, beginning with "***the amount drunk on a particular occasion and/or frequency of heavy drinking***".

5.10 This statement renders the meaning of the term *alcohol misuse* utterly obscure, as *misuse* must be definable independently of the volume and frequency of consumption in order for there to be an interaction between them.

5.11 It might be thought that *alcohol misuse* is being used in a moral rather than a medical sense, synonymously with *irresponsible drinking*. However, this cannot be the case because on page 27 it is stated that ***"A first step in encouraging individuals to act responsibly involves making sure that they understand the potential risks of irresponsible drinking and alcohol misuse".*** This statement clearly differentiates `misuse' and `irresponsibility', but unfortunately without explaining how they differ.

5.12 Another possibility is that the terms *misuse* and *abuse* are being used in the same senses as they have on occasion been employed in relation to drug problems, *misuse* referring to the use of a substance for purposes other than those for which it is properly intended, such as sniffing glue, or using medicines for `recreational' purposes, while *abuse* means consuming in excessive quantities. However, as alcohol is properly intended to be consumed as a drink it is difficult to see how any drinker could be described as misusing it in this sense, and the problem with identifying harm with excessive consumption is that some forms of harm arise from levels of consumption that are not in any ordinary sense of the term excessive. For example, it is clear that drinking within the present guidelines for `sensible drinking' significantly increases the risk of breast cancer in women.[21] It is

estimated that in Australia in 2001, `low risk' drinking ie drinking within the recommended guidelines caused over 2000 deaths, mainly from cancers.[22]

5.13 The conclusion seems inescapable that *alcohol misuse*, the central organising concept of the Strategy, lacks any objective meaning and is actually no more than a verbal sleight of hand designed primarily to convey the false idea that alcohol problems represent an essentially marginal phenomenon rather than being a reflection of the dominant drinking cultures, their prevalence determined largely by the overall level of consumption.

## 6 Notions of Cause and Effect

6.1 There are references to *the harms caused by alcohol* or *by alcohol misuse*, and there is also the citation of the Chief Medical Officer's report on deaths from chronic liver disease [23]"with most cases probably being caused by high levels of alcohol consumption". But the predominant line is seemingly to minimise the causal role of alcohol in regard to physical or mental harm. Usually, the document employs guarded and qualified terms, such as alcohol being "linked", or "contributing" to or being `associated' with a wide range of crimes (page 52). It is explained on page 19 that ***"Harms result from the interaction of a wide range of factors – no one single factor is to blame".*** The other factors include the drinker's genes, life experiences and personal circumstances.

6.2 The problem here is not that it is incorrect to say that the causal relationships involved can be complex but that too much is made of the point and also that it is applied somewhat selectively.

6.3 There are examples of conditions in which the causal role of alcohol is entirely clear, which is not of course incompatible with other factors also being involved. It is surely perverse to deny that the cause of alcoholic liver disease and alcoholic poisoning is in fact alcohol. Additionally, the Strategy document goes further and dogmatically asserts that alcohol does not play any causal role at all even in cases where it clearly does. On page 72 it is stated that ***"Alcohol is not the cause of domestic violence, but it can exacerbate the effects – for example, increasing the severity of injuries sustained by the victim."***

6.4 It is not clear from the document whether or why it is only in relation to domestic violence that alcohol does not play any causal role, and no evidence is or could be provided for totally excluding the possibility that alcohol is at least occasionally a cause of domestic violence. It is of interest that virtually the whole section on domestic violence refers to alcohol exclusively in relation to the victim, whereas in relation to other forms of violence it is the assailant who is described as being under the influence.

6.5 However, the clearest repudiation of alcohol as a causal factor in relation to harm (though not in relation to benefits) appears on pages 13 and 16 ***"There is no direct relationship between amounts or patterns of consumption and types or levels of harm caused or experienced."***

6.6 It could be that all this is intended to convey is the truism that what is involved are probabilities rather than certainties – heavy drinking does not always lead to liver cirrhosis, for example. That, however, is not what it says, and this statement, probably the most bizarre in the document, is incorrect. There are direct relationships between amounts and patterns of consumption and harm at both the individual and the aggregate level. If this were not the case, it would of course be impossible to provide any advice in regard to `sensible drinking' levels, or to arrive at a maximum permitted blood alcohol level for drivers.

6.7 It is noteworthy that it is not felt to be necessary to qualify statements about the causality involved in regard to the health benefits of "moderate drinking". On page 13 it is not claimed that alcohol `contributes to' or is `associated with' reduced mortality from coronary heart disease: rather, it is stated baldly that ***"Drunk in moderation (alcohol) can provide health benefits by lowering the risk of death from coronary heart disease and ischaemic stroke …"*** There is no reference here to the one single factor of alcohol having to interact with a wide range of other factors such as the individual's genes, personality or circumstances.

## 7 Overall level of consumption

7.1 The Strategy document is remarkable for its omissions as well as its content. The most obvious and also the most telling omission is any proper recognition of the significance of the level of alcohol consumption in the population as a whole.

7.2 On page 14 the document notes that "***If present trends continue, the UK will rise to near the top of the consumption league within the next 10 years***." .

7.3 However, having made this statement, the document then conspicuously avoids drawing attention to its implications. There is here a notable contrast between the standpoint of the British Government and that of most other governments in Europe and elsewhere and also international bodies. For example, the World Bank[24] states:

*"The level of harm from alcohol is related to the pattern, including level, of drinking in a country. Time series analyses in western Europe find that overall mortality rises by 1.3% for every extra liter of pure alcohol consumed per capita. But for Russia, where intoxication and hazardous drinking are more prominent, the corresponding figure is 2.7%."*

7.4 Evidence from around the world demonstrates that increases in the overall level of consumption are normally accompanied by commensurate increases in prevalence of `alcohol misuse' and in the indices of harm. For example, in Ireland 1990 – 2002, consumption rose by 41%, an increase accompanied by rises in various types of harm: Alcohol poisoning +35%; suicide +23%; cirrhosis +117%; dependence +300%; public order offences +246%; assaults +82%; drink drive offences +114%.[25]

7.5 Conversely, reductions in overall consumption are normally accompanied by commensurate reductions in the prevalence of high risk drinking and the indices of harm.[26]

7.6 However, on page 21 of the Strategy document it is stated: ***"(This strategy ) recognises that there are both benefits and costs to alcohol use and, therefore, does not aim to cut alcohol consumption by the whole population. Instead, it focuses on the prevention, minimisation and management of the harms caused by alcohol misuse."***

7.7 This statement is a non-sequitur. It has never been suggested that the need to control overall consumption is either based upon or implies a denial that there are benefits from alcohol consumption. Contrary to the implication of the statement, there is no good evidence that reducing the overall level of consumption would reduce either economic or health benefits. For example, there appears to be no direct correlation between the population level of consumption and the numbers employed in the alcohol and leisure industry.[27] In most circumstances, increases in alcohol taxes increase Government revenue while decreasing the economic burden of alcohol problems. In regard to health, in France substantially lower alcohol consumption has been accompanied by reduced mortality from heart disease.[28]

## 8 Preventative Strategies

8.1 The most conspicuous feature of the Strategy is its rejection of preventative policies that the research base suggests are likely to succeed in reducing harm, while promoting policies that the research suggests are generally ineffective.

8.2 The two key policy choices here concern the price and the legal availability of alcohol. Higher prices of alcohol brought about by increases in tax have been shown to reduce morbidity and mortality from alcohol –related conditions such as liver cirrhosis, the incidence of homicide and other crimes including rape, robbery, assaults, domestic violence and child abuse, and also to reduce drinking and driving and binge drinking. Controls on hours and days of sale of alcohol, numbers of alcohol outlets, and restrictions on access have also been shown to reduce alcohol-related problems. [14]

8.3 On these policies the Strategy states:

- ***"There is a clear association between price, availability and consumption. But there is less sound evidence for the impact of introducing specific policies in a particular social and political context:***
- ***our analysis showed that the drivers of consumption are much more complex than merely price and availability;***
- ***evidence suggested that using price as a key lever risked major unintended side effects;***
- ***the majority of those who drink do so sensibly the majority of the time. Policies need to be publicly acceptable if they are to succeed; and***
- ***measures to control price and availability are already built into the system."***

***So we believe that a more effective measure would be to provide the industry with further opportunities to work in partnership with the Government to reduce alcohol-related harm.***

8.4 This whole section is an exercise in dissembling.

- The second sentence of the first statement lacks sense. How could the clear association between price, availability and consumption be established except in relation to particular social and political contexts?
- The second statement is nothing more than a version of the straw man argument – it has never been claimed that price and availability are the only factors involved.
- In regard to the third statement, theoretically any policy could be implemented ineptly or pressed too far. The argument is not that alcohol problems can simply be taxed out of existence but that without a sensible policy on tax, other preventive strategies will tend to be undermined.
- The fourth statement is another non sequitur. It is also humbug. The Government has pursued its policy of increasing the availability of alcohol against the wishes of the majority of the population. It has also reneged on its promise to lower the legal alcohol limit for drivers against the wishes of the majority of the population.[29]
- To the extent that it is true that price and availability controls are already built into the system, this contradicts the implied thrust of all the preceding ones.

- The last statement offers a false choice. There is no reason why the existence of adequate price and availability controls should preclude partnership between the industry and the Government and, of course, the preceding sentence states that such controls are already built into the system.

8.5 It should be noted that in respect of preventative strategies, the Interim Analysis on which the Strategy document is ostensibly based was carefully edited to omit research findings, which were in conflict with the tenets of liquor-speak. The original draft stated:

I. ***'There are two main supply side levers, price and availability, which can be used to influence alcohol use and misuse. Availability is governed by a number of factors: number and density of outlets; opening hours; regulation on who buys' (p. 150 – now p. 152 of final report).***

II. ***'As with price, restrictions on availability reduce general consumption and therefore general levels of harm. Conversely relaxing availability increases general harm whether through more outlets (Finland), denser outlets (California), longer hours (Western Australia) or reducing minimum age (New Zealand) where measures are not taken to pre-empt the consequences … '(p. 152 now p. 154).***

III. ***'Supply and Pricing: Key Findings … Availability: Number and density of outlets and opening hours: where there are too many***

***outlets, too densely packed, harm results. Communities need power to choose, and to respond where there is clear harm' (p. 154, now p. 156).***

8.6 In the final version of the report as released for public consumption on 19 September 2003, the analysis was notably different. All mention of the control of outlet numbers/density and opening hours had been removed, and the research findings from Finland, California and Western Australia in this regard had also disappeared.

8.7 In regard to preventative strategies, the emphasis of the Strategy is of course on two approaches: the education of the individual consumer, and working with the alcohol industry, particularly in regard to a `social responsibility charter for drinks producers'

8.8 .In regard to education, on page 22 it is stated: "***The first key aim of the strategy is to improve the information available to individuals and to start the process of change in the culture of drinking to get drunk***". Presumably, the assumption here is that the principal cause of bingeing is ignorance, a proposition for which if there is any evidence in support it is not presented in the strategy document. Nor is there is any real discussion of the significance or implications of the research findings showing that education is of very limited effectiveness in changing actual drinking behaviour.

8.9 In regard to working with the industry, the Strategy explains that participation in the social responsibility schemes will be voluntary. However, the success of the voluntary approach will be reviewed early in the next Parliament, and if it is not beginning to make an impact, additional steps will be considered, including possibly legislation.

8.10 The evidence gathered by the Government itself suggests strongly that additional measures will indeed have to be considered. The evaluation conducted for the Home Office of an initiative in Cardiff to reduce the crime and disorder generated by a burgeoning night-time economy[30] found that while it was possible to make a small dent in the problems by working collaboratively with individual enterprises, the scheme "was less successful in persuading `key players' in the county council, breweries or other relevant companies to adopt broader strategic approaches to the prevention of late-night violence and disorder'. Specifically, "it made little headway in influencing planning policy or in slowing the expansion of licensed premises in `saturated' areas of Cardiff. It also failed to get general agreement to changes in marketing strategies." That is, it proved difficult to persuade an industry voluntarily to act to its own commercial detriment.[30]

8.11 The problem with the Strategy, however, goes beyond the smallness of the chance that voluntary agreements with the industry will be sufficient to achieve the kind of changes needed, or indeed the lack of credence of the threat to take additional measures.[31] The more fundamental problem is the wholly inadequate view of the complex realities involved in tackling alcohol problems, and the apparent determination to avoid or suppress the most important means of doing so – encouraging the active participation of civil society.

8.12 In the Strategy document, the crucial section is entitled **Who is responsible for making the strategy happen?** (pages 24 & 25). The answer provided is that although the Government – and it is clear from the context that it is the central Government at Westminster that is being referred to - has taken the lead in producing the Strategy, this responsibility is shared with individuals and families and the alcohol industry. There is also a reference to the important role of `communities' in `taking ownership of, and enforcing, social norms.'

8.13 This perfunctory reference to ill-defined `communities' cannot, however, disguise the fact that the crucial role of civil society in preventing alcohol-related harm is being almost completely disregarded. It is inconceivable that any effective movement to reduce the harm related to alcohol could occur without the active support and participation of a range of civil society organisations concerned with the main institutional sectors of society such as recreation, transport or the media, or with important social groupings within it, for example, youth organisations, women's organisations, family organisations, faith communities. Not one of them gets a mention in the Strategy document. Most bizarrely of all, the table listing the rights and responsibilities of the main actors involved in alcohol policy also omits local authorities, even though the Strategy is complementary to the Licensing Act 2003 which transfers to local authorities the responsibility for alcohol licensing. Also lacking is any reference to the extensive and rapidly growing network of residents' and amenity societies concerned with the quality of life in town and city centres and which are necessarily heavily engaged in the alcohol, crime and disorder issues which are central to the Strategy's concerns. For example, the National Organisation of Residents' Associations in a mere eighteen months of existence has attracted 30 member organisations with a total of over 100,000 individual members. The Civic Trust has over 900 member organisations spread across the whole country. These organisations and their tens of thousands of members are of course all potential allies – `champions', as Hazel Blears, one of the Ministers jointly responsible for the implementation of the Strategy likes to call them -in moves to combat the adverse effects of 'binge drinking' on town and city centres. What greater vested interest could they have in promoting and protecting the environment of our main urban centres? They live in them.

8.14 However, the Government's ambivalence – to put it no higher – towards civil society's involvement in this area is one of the most important issues to have arisen in the context of the new Licensing Act. The original White Paper, *Time for Reform*, gave three `compelling reasons' for transferring responsibility for alcohol licensing from the magistrates to local authorities – accountability to local residents; accessibility and the leading role of local authorities in preventing local crime and disorder, much of which is linked to the supply of alcohol.

Yet from the point of view of the big pub companies, local residents are not seen as allies but as potential enemies. The actions demanded by local residents and the local authorities would mean `red tape' and `political interference'. This appeared to be the dominant view also of the Department of Culture, Media and Sport. One of the main purposes of the Act is precisely

to place severe constraints on both the individual citizen and the local authorities in regard to what actions they are allowed to take in respect of licensed premises. For example, the Act restricts which residents are allowed to make representations about licensing decisions on the basis of where exactly they live, with the result that many people who are profoundly affected by the decisions taken by the licensing authority will no longer have the right to make representations in individual cases. The Ministerial Guidance that accompanies the Act is designed primarily to reduce the discretion of local licensing authorities, and to tell them what they are not allowed to do. For example, the Guidance makes it clear that the new licensing authorities will be expected to increase drinking hours substantially, irrespective of the wishes of the people who elect them.

8.15 It is of note here that an early draft of the Guidance referred disparagingly to local residents in terms of `small vocal minorities' whose views should not be allowed to prevail. This version of the Guidance was described by the leader of Westminster City Council as the most anti-resident document he had seen in his time in local government. The Government repeatedly denied all requests that residents' associations be represented on the Advisory Group established by the Department of Culture, Media and Sport to advise on the preparation of the new legislation. In contrast, the bulk of the membership of this Group was provided by the alcohol industry, and a number of the meetings were actually held at the headquarters of the British Beer and Pub Association.

**Andrew McNeill**
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