Alcohol Alert

Have they killed off Minimum Unit Pricing?
## CONTENTS

1. Minimum unit alcohol pricing scuppered by Cabinet revolt?  
2. Chancellor bows to pressure from beer lobby  
3. Experts call for tough action on alcohol pricing to be introduced UK wide  
4. A losing bet? Alcohol and gambling: investigating parallels and shared solutions  
5. Success of super-strength ban in Ipswich  
6. Limited progress in tackling alcohol duty fraud  
7. A paradox: European law invoked to frustrate alcohol policy  
8. STOP PRESS - Minimum unit pricing ruled legal in Scotland  
9. Global public health community issues warning on alcohol industry conflict of interest  
10. NHS Atlas gives new insight into liver disease epidemic  
11. Licensing Information Pack  
12. Duchess supports Action on Addiction  
13. Great expectations The role of nurses in dealing with alcohol related problems  
14. Drinkers can underestimate drinking levels  
15. Twice as many men as women die from alcohol  
16. British children more exposed to alcohol promotion than adults  
17. North East of England school children petition for more controls on alcohol advertising  
18. School-based psychological interventions “reduce risk of alcohol misuse”  
19. Peace dividend from declining alcohol consumption?
Minimum unit alcohol pricing scuppered by Cabinet revolt?

The Coalition Government’s Alcohol Strategy was dealt a severe blow when a Cabinet revolt seemingly forced Prime Minister David Cameron to abandon its key element, the minimum unit pricing of alcohol (MUP). While the decision has still to be formally confirmed, all the indications are that MUP has been abandoned, especially as the news that MUP would not, after all, be implemented in England appeared to be leaked by the Home Office.

The U-turn was seen as a personal rebuff for the Prime Minister, who, in May 2012, declared: “We are going to introduce a new minimum unit price - so for the first time it will be illegal for shops to sell alcohol for less than this set price per unit. Of course, I know this won’t be universally popular. But the responsibility of being in government isn’t always about doing the popular thing. It’s about doing the right thing."

The public health community, which has been virtually unanimous in support of MUP, urged Mr Cameron to continue doing the right thing. In the almost certainly forlorn hope that the policy may yet be saved, the Alcohol Health Alliance, representing the major part of the medical and allied professions, sent a personal letter to the Prime Minister urging him to stand firm. Other bodies, including the British Medical Association, organised pro-MUP petitions. Speaking on the BBC Radio 4 Today Programme, Conservative MP and member of the Health Select Committee, Dr Sarah Wollaston, said she felt devastated that the plans to introduce MUP had been dropped. She said that when alcohol was too cheap, people died. On the same programme, Dr Vivienne Nathanson, Director of Professional Activities at the BMA, said that her message to Mr Cameron was “Be courageous: this is a once-in-a-lifetime opportunity to save lives, to save the country money.”

Speaking for the IAS, Katherine Brown said:

“Since the Government announced its proposals in March, the evidence for MUP has strengthened and the support-base for this crucial policy has widened. We have now seen real-life results from Canada that indicate a 10% increase in the minimum price of some drinks led to a 33% decrease in wholly alcohol related deaths. Doctors, the police, emergency services and leading children’s charities all publically endorse MUP, and recent public opinion polls show the majority of people support tough action on alcohol too.

“We urge the Government to stand firm on MUP, as a U-turn on this crucial policy would effectively be turning its back on the most vulnerable groups in society.”

Industry reactions

Predictably, the news of the U-turn was applauded by those elements of the alcohol industry, particularly the global producers and the wine and spirits sectors, that had been engaged in a vigorous lobbying campaign against MUP. However, the industry is divided on the issue, and other sectors, essentially those connected with the on-trade, joined forces with the public health lobby in urging Mr Cameron to stand firm. In a letter to the Daily Telegraph, some leading lights from the beer, pub and club sectors warned that the important role of pubs in communities across the country was under threat from the easy availability of excessively cheap packaged alcohol, and the authors entreated the Government to stick to its plans to introduce MUP “to address the costs to society of irresponsible alcohol sale and consumption, and to encourage drinkers back into pubs and clubs.” The letter continued:

“The Government has public support. In a recent YouGov survey the majority said the Government was right to try to reduce the amount of cheap alcohol sold in shops.

“Yet at the same time, the Government’s plans are being undermined by some who seek to distort the public’s understanding of how MUP would work. For example, 46 per cent wrongly believe MUP would increase the price of alcohol in pubs.

“MUP will not solve all alcohol-related ills, but it will encourage responsible drinking……. By introducing MUP, the Prime Minister has a great opportunity to save lives, to save money and to protect British pubs.”

Coalition politics

Almost until the week of the annual Budget, it looked as though MUP was still on course to be introduced, an announcement to that effect possibly expected in the Chancellor’s Budget statement. The Home Office was considering the results of a public consultation on MUP in which the questions posed concerned not whether MUP should be introduced, the principle already seemingly...
Minimum unit pricing for alcohol

The Alcohol Health Alliance UK, representing all major medical and nursing organisations, is concerned by numerous media reports that the Government has decided to drop its plans to introduce a minimum unit price (MUP) for alcohol. We urge that you do not falter at this late stage in the process of introducing this critical policy.

The cost burden on the NHS caused by alcohol related problems was more than £3.5billion three years ago, with these problems attributable for 1.2million hospital admissions per year. The Government cannot fail to act on this, especially in light of the increasing burdens on the NHS. We would urge the Government to introduce a MUP of 50p in England, in line with Scotland. A recent report by more than 70 multidisciplinary organisations has called for a 50p MUP to be prioritised. This policy is a targeted approach that will have the greatest impact on the heaviest drinkers and families devastated by alcoholism, but with minimal impact on moderate drinkers.

We have now seen concrete results from Canada, who have led the way in successfully introducing a MUP. Evaluation there indicates a 10% increase in the minimum price of some drinks has led to a 33% decrease in wholly alcohol related deaths. With death rates in the UK from liver disease rising by 65% over the past 20 years, the Government cannot afford to do nothing.

Setting a MUP targets the price of the cheapest alcohol at point-of-sale. Prices in pubs are likely to be unaffected as most drinks sold in the on-trade are above a 50p MUP already. Even some sections of the drinks industry have come out in favour of MUP, as major brewers agree with the majority of pub landlords, that MUP will help local pubs that are being undercut by cheap drink sold in supermarkets.

Approximately half of all crime in Britain is alcohol related and alcohol is linked to 40% of all domestic violence cases. It is estimated that at full effect a MUP of 50p would prevent 40,000 alcohol related crimes per year. The Association of Chief Police Officers has also been supportive of MUP.

We would be happy to arrange for clinicians to demonstrate to you and other cabinet members the reality of the health costs associated with alcohol misuse, and how the introduction of a MUP will have significant positive impact on health and lives.

The only opposing force has been a high profile, well funded campaign led by the global alcohol producers. This is a group with a clear interest in prioritising profits over public health. We urge you to be courageous and to put health and lives first by introducing minimum price of 50p for a unit of alcohol.

Yours sincerely

Professor Sir Ian Gilmore, Chair of Alcohol Health Alliance UK
Dr Peter Carter, President and General Secretary, Royal College of Nursing
Dr Clare Gerada, President, Royal College of General Practitioners
Dr Francis Keane, Vice Chair, Faculty of Addictions, Royal College of Psychiatrists
Dr Zulfiqar Mirza, College of Emergency Medicine
Dr John Wilson, Vice President, Royal College of Physicians of Edinburgh
Dr Kieran Moriarty, British Society of Gastroenterology
Miss Kathryn Harley, Dean, Faculty of Dental Surgery, Royal College of Surgeons of England
All Wheeler, Director, Drinkwise
Colin Shevills, Director, Balance North East

Dr Mark Porter, Chair of Council, British Medical Association
Professor Lindsey Davies, President of the Faculty of Public Health
Sir Richard Thompson, President Royal College of Physicians
Professor Colin Drummond, Medical Council on Alcohol and National Addiction Centre, King's College, London
Eric Appleby, Chief Executive, Alcohol Concern
Dr Evelyn Gillan, Chief Executive, Alcohol Focus Scotland
Dr Dominique Florin, Medical Director, Medical Council on Alcohol
Andrew Langford, Chief Executive, British Liver Trust
Katherine Brown, Director of Policy, Institute of Alcohol Studies
having been accepted, but at what level the price should be set.

Then it emerged that the policy was to be abandoned, with, ironically, Theresa May, the Home Secretary, being named as one of its leading opponents in Cabinet. Other senior Conservative opponents included Eric Pickles, Michael Gove, Andrew Lansley, and the Mayor of London, Boris Johnson. Previous reports had suggested that there was even more opposition among Liberal Democrat ministers, and in the end, Prime Minister Cameron presumably found himself out-numbered and unable to push the policy through.

Most political commentators suggested that the real cause of the Prime Minister’s embarrassing climb-down had more to do with the internal politics of the Conservative Party than the merits of the issue itself. However, it is understood that the Treasury also opposed MUP.

The politicians’ ostensible reasons for opposing MUP centered around the twin concerns that it would not have the beneficial effects claimed but that it would be politically suicidal by increasing the cost of living for ordinary people at a time of austerity, with the biggest burden falling on the less well off. There was also the consideration that MUP was subject to legal challenge. The former Labour Home Secretary, Alan Johnson, was quoted as saying that he had explored the possibility of introducing MUP but had been advised that it was contrary to both national and EU law.

For the public health community, these objections to MUP were without merit. They pointed out that the main evidence base for MUP had been gathered at the request of the Government itself by the team at Sheffield University, and, it was argued, they had demonstrated that MUP would have beneficial effects in relation to reduced ill-health and crime, and that it would not place an undue burden on either moderate drinkers or the poor. The claim that, as leading Conservative back-bencher David Davies put it, MUP would not work because “alcoholics are not sensitive to the pennies” was flatly contradicted by, among much other evidence, new research on the effectiveness of minimum pricing in Canada. This showed that the beneficial effects of MUP in relation to alcohol deaths were, if anything, being underestimated, and alcohol deaths would not fall unless ‘alcoholics’ were also affected by the price of alcohol.

Chancellor of the Exchequer George Osborne bowed to intense pressure from the beer and pub industry in Budget 2013 by taking beer out of the alcohol duty escalator first introduced by the Labour Government. In 2008, then-Chancellor Alistair Darling introduced a four-year tax escalator under which the duty rate on all alcoholic drinks was set to increase by two per cent above the rate of inflation. In 2010, Mr Darling announced that the escalator would be extended for a further two years, to 2014-15.

In addition to removing beer from the escalator, Mr Osborne also cut the duties on beer of various strengths:

- Low-strength beer (below 2.8% alcohol by volume (abv)) reduced by 6%
- Beer between 2.8% and 7.5% abv reduced by 2%, and
- High-strength beer (above 7.5% abv) reduced by 0.75% in total

The measures have the effect of reducing the price of an average strength beer by 1p per pint.

The Budget statement indicated that beer duties will then increase by RPI inflation following Budget 2014.

Other beverage categories remain in the escalator.

The duty rates for spirits, wine and made-wine, cider and perry thus increase by 2% above the rate of inflation (based on RPI), which equates to a rise of 5.3%. The increases have the effect of adding 2 pence to the price of a litre of cider, 10 pence to the price of a bottle of wine and 38 pence to the price of a bottle of spirits.

The Budget statement attributed the duty reduction on beer to the Government’s support for pubs. It said:

“Pubs play an important role in communities, contributing to the social life of their locality and offering an environment that encourages responsible alcohol consumption. The Government is committed to supporting pubs. The British Beer and Pub Association estimates 68% of alcohol sold in pubs is beer.”

Reactions

For Labour, Shadow Chancellor Ed Balls agreed with Mr Osborne’s move, saying it was the right move at the right time.

Not unexpectedly, the beer and pub industry expressed their delight at the news. Brigid Simmonds, Chief Executive of the British Beer & Pub Association, said:

---

www.ias.org.uk
Experts call for tough action on alcohol pricing to be introduced UK wide

“More than 70 health organisations from across the UK have backed a new independent alcohol strategy calling for the UK Government to introduce Minimum Unit Pricing (MUP) amongst a set of key policies in order to curb the nation’s drink problem.

Published by the University of Stirling, the report Health First: An evidence-based alcohol strategy for the UK sets out, for the first time, a series of recommendations to tackle the harm caused by excess drinking across the UK.

The strategy was developed by a group of experts independent from Government and the alcohol industry under the auspices of the Alcohol Health Alliance. There was unanimous agreement from the 70 organisations that a 50p minimum price per unit of alcohol sold should be the priority and the group urge the UK Government to adopt the measure to avoid England and Wales being left behind Scotland, which has already passed legislation for a minimum unit price of 50p per unit.

The group also found widespread public support for taking action on the harm caused by alcohol. In a UK wide survey, 61% of respondents said that people in the UK have an unhealthy relationship with alcohol. Nine in ten people said they were worried about the costs of policing and on the NHS caused by alcohol.

Sir Ian Gilmore, Chair of the Alcohol Health Alliance, said: “Governments across the UK have begun to take action to reduce the harm that alcohol can cause. This action is very welcome but needs to go further. In developing this strategy, we considered the best available evidence about appropriate policies and interventions that are needed both to reduce drinking levels in individuals and reduce the damage to families and communities that alcohol can cause. The report provides a blueprint for action, now and in the future.”

Health First describes the direct effects of excessive drinking in the UK today and raises concern for future generations, given levels of drinking amongst UK teenagers are significantly higher than the European average. The strategy outlines a comprehensive list of policy recommendations that together will help to protect children and vulnerable groups from alcohol harm. Alongside MUP, tougher restrictions on alcohol marketing are called for, as evidence shows that exposure to young people leads them to drink at an earlier age and to drink more than they otherwise would. The report also calls for empowerment of licensing authorities to tackle alcohol problems by controlling the overall availability of alcohol in their jurisdiction.

Professor Linda Bauld from the University of Stirling led the development of the strategy. She said: “There is strong support for this strategy not just from the numerous organisations who have endorsed it, but also from the public. A UK survey that we conducted with Yougov showed that the majority of people think our relationship with alcohol is unhealthy and are aware of the significant impact it has on health, crime and disorder and the NHS. We found support for introducing warning labels on bottles, minimum unit pricing, restrictions on advertising and access to support and treatment for people addicted to alcohol. There is clearly an appetite for change, and our report sets out what needs to be done.”

The British Liver Trust welcomed these recommendations. Andrew Langford, Chief Executive, warns “The UK is seeing a year on year increase in alcohol related deaths, especially liver disease and what makes this worse is that average age of people dying from liver disease is decreasing. We must all do something new to start to tackle this avoidable “epidemic” and reverse a trend that sees well over ten thousand people a year dying prematurely because of alcohol-related harm.”
The top ten recommendations included in the strategy are:

A minimum price of at least 50p per unit of alcohol should be introduced for all alcohol sales, together with a mechanism for regular review and revision of this price.

At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body.

The sale of alcohol in shops should be restricted to specific times of the day and designated areas. No alcohol promotion should occur outside these areas.

The tax on every alcohol product should be proportionate to the volume of alcohol it contains. To incentivise the development and sale of lower strength products, the rate of taxation should increase with product strength.

Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction.

All alcohol advertising and sponsorship should be prohibited. In the short term, alcohol advertising should only be permitted in newspapers and other adult press. Its content should be limited to factual information about brand, provenance and product strength.

An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety.

The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml.

All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice routinely to their clients.

People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

A report jointly published by Alcohol Concern Wales and the Royal College of Psychiatrists (RCPsych) in Wales breaks new ground by considering alcohol and gambling, and the harms each can cause, side by side. The report takes a close look at gambling and its parallels with alcohol, including how the rules governing both industries have been liberalised in the UK in the last few years, the growth of female-targeted marketing and the links between problematic gambling and heavy drinking.

It argues that public health practitioners who specialise in, or encounter, problematic gambling can learn lessons from approaches adopted in the alcohol field to limit alcohol misuse and protect communities from harm, including imposing tougher restrictions on marketing, and decreasing availability. The report also includes the findings of a small snapshot survey of substance misuse service users in Wales. One in six respondents who had sought help for alcohol misuse admitted that they had experienced problems with gambling, and 94% agreed that addiction treatment services should consider providing treatment for gambling addiction.

Download report at: http://tinyurl.com/cs4bu9p
A campaign to stop the sale of super strength alcohol from off-licensed premises in Ipswich has been declared a success six months after its launch, with significant falls in the number of ‘street drinker’ incidents and in crime and anti-social behaviour. The campaign, run by Suffolk Police, Ipswich Borough Council, Suffolk County Council, NHS Suffolk and the East of England Co-operative Society, is voluntary, and asks the owners of off-licensed premises to remove all beers, lagers and ciders that have an alcohol volume of 6.5% or more and are sold very cheaply, from their shelves. It also asks that they make a variation to their premises licence to prevent these items being sold in the future. Two thirds of the town’s 122 stores have now signed up and support has been gained from almost all national retailers with stores in the town, with the East of England Co-op, Tesco, Martin McColl, Debenhams, Marks and Spencer, BHS, Waitrose, Sainsbury’s and Aldi all participating.

Benefits to the town

Figures show a substantial reduction in the number of times members of the public have called the police to report incidents of concern involving the street drinking community. Ninety-four ‘street drinker events’ were reported to police in the six months from the launch of the campaign (September 2012-March 2013), compared with 191 events in the same period the year before. This equates to a drop of 49.2%.

The number of reported incidents of crime and anti-social behaviour (ASB) at or around Co-op Stores in Ipswich have been analysed, both before and after the implementation of the campaign. Only the 26 Co-op stores were included in this analysis, rather than all off-licences in the town, as Co-op stores were signed up from the outset, allowing the greatest statistically significant timeframe. Statistics show no change in the level of crime or ASB in these locations, but this is against the backdrop of falling levels of crime and ASB across the whole of the town. For the year to the end of February 2013, crime in Ipswich was down 14% and ASB was down 19%. Local businesses have reported positive effects, with surveys revealing a 20% reduction in the number of people who stated that they witnessed a high level of street drinking around their premises. Owners of independent off license ‘Springs’ in Spring Road, which is signed up to the campaign, have also reported an increase in profits since the removal of super strength products from their shelves.

Assistant Chief Constable, Tim Newcomb, said, “Six months have passed since we launched our campaign, which is the first of its kind in the UK....Our aims at the outset were clear; significant problems associated with the sale and consumption of these drinks, for both individuals and communities, had been identified, and we wanted to specifically address these. We wanted to reduce the number of stores selling these products, therefore limiting the availability of these drinks to those who are vulnerable, and to reduce the amount of crime and antisocial behaviour occurring in and around off-licensed premises in the town. We are far from being able to say that we have fully achieved these aims, but we can say that we are seeing some clear improvements and that the campaign is helping us move towards an even safer town....The support we have received from independent and national retailers has been fantastic, and we have found that many have shared our views that removing these products will have a beneficial effect on our communities. There are still a third of these stores in Ipswich that are continuing to sell these items, however, and we will now work with these businesses, along with our partners, to further discuss the benefits of the campaign.

“A significant number of police forces and public sector agencies across the UK have been in contact with us to talk about our campaign and how it has been put together, and we look forward to assisting others in setting up similar initiatives and looking at the potential for rolling it out across the county.”
Limited progress in tackling alcohol duty fraud

Her Majesty’s Revenue and Customs’ renewed strategy for dealing with alcohol duty fraud, now covering wine and beer as well as spirits, is a significant improvement on the previous strategy and the Department has achieved some of its early objectives. However, a report released by the National Audit Office has found that there has been no tangible success achieved in working with industry to disrupt the illegal diversion of duty-unpaid alcohol back into the UK market. There has also been a low level of criminal sanctions against fraudsters.

Alcohol duties provide the Exchequer with revenues of over £9 billion each year. However, the Department estimates that fraud against alcohol duties may have cost the Exchequer up to £1.2 billion in 2009 - 10. The fraud is carried out primarily by organized criminals who exploit weaknesses in the supply chains of alcohol producers, wholesalers and distributors to divert goods onto the UK market without paying the taxes that are due.

Opportunities for excise fraud emerged effectively with the creation of the European Union (EU) single market on 1 January 1993. Until that time, the Department and customs authorities in other Member States had established tight control of excise goods to ensure duties were paid on the goods produced. Once the European single market was established, businesses were legally free to move goods around the EU, and alcohol could be held in warehouses on a duty suspended basis until they were dispatched. The duty due on goods dispatched for UK consumption becomes due once the goods are released from the warehouses, and goods destined for export could travel without any duty being paid. As excise duty rates on alcohol are far higher in the UK than on mainland Europe, perpetrators of fraud have exploited this new regime. The fraudsters move alcohol products to the EU with excise duties unpaid, store the goods in warehouses on the near continent, release the goods onto the EU market and then divert them back into the UK.

Products are then sold on to retailers, wholesalers or other parties, without UK excise being paid.

**Loss of £1.2 billion and still rising**

The Department estimates that the amount lost to alcohol duty evasion could be as much as £1.2 billion in 2009 - 10, a significant rise from £850 million in 2008 - 09.

According to the report, there has been no success in reducing the volume of alcohol legally moved to other EU countries with excise duties unpaid, but then diverted back into the UK for illegal sale. The Department has recorded increased revenue from agents participating in the new Registered Consignee scheme. However, its scheme requiring traders to provide financial guarantees for the duty on alcohol being moved has been less successful as the guarantees required by the Department are far lower than the value of the duty on goods being moved. HMRC has made minimal progress working with industry to secure alcohol supply chains.

In each of the four years to 2009 - 10, there were convictions in just six cases or fewer for suspected alcohol duties fraud. The Department considers civil sanctions more effective in some cases. During 2010 - 11, the quantity of alcohol seizures increased to almost 10 million litres – an increase of 61 per cent.

Amyas Morse, head of the National Audit Office, said:

“HMRC has estimated that the evasion of alcohol duty could have cost the taxpayer over £1 billion in 2009 - 10 – and the level of fraud is on the rise. While the renewed strategy to deal with this is more comprehensive than what went before, and the Department has had some early notable successes, it needs to do better in a number of areas. This includes establishing reliable estimates of the tax gaps for beer and wine; and achieving tangible success in tackling the illicit diversion of duty unpaid alcohol back into the UK market.”

Download report here - http://tinyurl.com/a5gbbzw
European law is being invoked to defeat alcohol harm reduction strategies.

This is a paradox, since the well being of the population and the promotion of public health are primary objectives in the European treaties in their modern form. I have demonstrated this proposition in a 5 page note available at:


that collects the relevant material from the treaties with some brief commentary. My note also shows how the treaties provide legal support for alcohol harm reduction strategies.

The democratically elected Scottish Parliament has passed the Alcohol (Minimum Pricing) (Scotland) Act 2012. The intention is to apply a minimum unit price to alcohol. The scientific evidence suggests that this is an effective harm reduction strategy. It is well within the domestic competence of member states under European law. However the initiative is opposed by industry interests, who are supported by the European Commission.

The European Commission’s views

The last issue of Alcohol Alert printed, without comment, extracts from an opinion of the European Commission. The Commission argued that the Scottish government’s proposals had effect as a quantitative restriction on imports, since they would have more impact on importers than on domestic producers. Such restrictions are banned under article 34 of the Treaty on the Functioning of the European Union (TFEU).

Article 36 provides that article 34 does not preclude restrictions “justified on grounds of … the protection of health and life of humans”. However, before the Treaties had acquired their modern form, the European Court had applied a gloss to this provision. The Court ruled that restrictions should not be applied under article 36 more than is “necessary” to protect the interest in question.

The European Commission argues that “the increase of excise duty appears to be a better option to reach the goals sought” since it will not distort trade in the same way as minimum pricing.

The legal challenge

Industry interests, fortified by the Commission’s support, have brought judicial review proceedings to challenge the Act. The case has been argued before a judge of the Outer House of the Scottish Court of Session, Lord Doherty. I understand that Lord Doherty may deliver his judgment as early as April 2013, or in view of its importance, it may be delayed until the summer or even the autumn.

The possible decisions that may be taken by the judge include (i) ruling in favour of the challenge, (ii) rejecting it, or (iii) referring the legal issues to the European Court. (i) or (ii) are likely to lead to appeals to the Inner House of the Court of Session and thence to the UK Supreme Court.

Whilst a reference to the European Court is an option for the Courts of Session, article 267 TFEU makes the reference mandatory for the Supreme Court, where an issue is raised on the interpretation of the treaty. A reference to the European Court will not, however, be made when the issue concerns the application, rather than the interpretation, of European law. Nor will the Supreme Court make a reference, despite article 267, if it considers the law to be clear (“acte clair”).

In any event this litigation may be lengthy. The legal uncertainty undermines the democratic processes and may have influenced what appears to be the current change of heart of the UK government about the possibility of applying minimum pricing more widely within the UK.

The case for the defence

The main case for the defence is that there are in fact good reasons, despite the views of the Commission, for using minimum pricing rather than taxation to raise the price of alcohol and thus reduce alcohol related harm. They are supported by scientific evidence. This is not the place for developing those reasons. The case for defence was articulated, for instance, by Dr Evelyn Gillan of Alcohol Focus Scotland in a speech last year which can be viewed online http://vimeo.com/55023283. It was also demonstrated at a seminar at the European Parliament on 24 April 2013 (see seminar report http://www.eurocare.org/library/updates/in_the_fight_against_alcohol_misuse_pricing_policies_are_the_way_to_go). On the basis of these arguments minimum pricing is indeed “necessary” within the extended meaning of article 36. So, if that is right, the Scottish statute is effective.

The judge may simply accept
or reject this evidence, in which case a ruling on European law will not be required, although at least one appeal within the Scottish courts is likely to follow.

**Wider issues**

The case does, however, raise wider implications about why European rules should be invoked to frustrate rather than advance health initiatives.

At one time the European Court tended consistently to support arguments advanced by the European Commission. However, things have changed since the creation of the European Union and the reformulation of the treaties. The European Court has been more inclined to overrule the Commission when it supports industry interests against member state health or consumer protection initiatives.

So in 2004 the Commission challenged French television advertising rules in the “Loi Evin”. These required foreign programmes (of, for instance, football matches) in France to remove any advertising for alcohol (arising from, for instance, posters adjoining the football pitch). The European court ruled in favour of the French. The opinion of the advocate general Antonio Tizzano and the judgment of the court showed a refreshing change in attitude on health issues. There have been a number of similar cases since then, with some evidence that the Commission is “banging its head against a brick wall”.

In any event, the Commission’s opinion seems to be based on an assumption that the promotion of trade and competition have special status within the treaties, requiring other policies to conform. This may have been a plausible approach in 1957, when the original Treaty of Rome was agreed, but it seems inappropriate and unlawful now.

So article 7 of the TFEU says:

> “The Union shall ensure consistency between its policies and activities, taking all of its objectives into account and in accordance with the principle of conferral of powers.”

That does not just require health policies to be consistent with trade and competition policy but vice versa as well. Health and well being are primary aims in the treaties and the Charter of Fundamental Rights as my note referred to above demonstrates. Trade and competition, by contrast, are a means to achieve those aims.

The Commission, however, has been blithely pushing trade and competition policy for over 50 years with scant regard for the impact on alcohol consumption. There is a lot of catching up to be done. Anti-competitive practices that used to exist in the drinks market have been removed. They served the useful social purpose of maintaining an inefficient market and thus holding back consumption and alcohol related harm. Liberalisation of the market should therefore be counterbalanced by harm reduction measures.

**Reinterpreting article 36**

For the same reason, if the minimum pricing case does ever get to the European Court there seems every reason to invite it to apply a new interpretation to article 36, to achieve a balance with article 7. Unlike the English courts it is not bound by precedent, so it has a freer hand.

Suppose a member state purports to justify a restriction on imports on grounds of the protection of health and life of humans. In that event the court should, I would argue, confine itself to determining following the strict wording of article 36, that the restriction does not constitute a means of arbitrary discrimination or a disguised restriction on trade between Member States. In other words the restriction must be applied in good faith.

It is not, however, the function of the Court to second guess policy
formulation of measures within member states’ competence, or to purport to audit the scientific basis for those measures.

This is a bold argument. To my mind it is justified, however, when one compares the many differences in, on the one hand, the rules of the original Common Market and, on the other, the more socially aware rules of the current treaties. It is fair to say, however, that the approach tends to follow the policy of member states such as France and Germany, rather than the UK. The Government of the UK is more interested in the single market objectives of the European Union rather than its more assertive social agenda.

Upholding effective national alcohol policies will, of course, necessarily cause problems for trade between member states. The objectives of these policies are to a large degree inconsistent. It may be possible to reconcile them to some degree, but never entirely. Where the objectives cannot be reconciled the interests of those affected by alcohol related harm, particularly children, who are least able to protect themselves, must surely prevail.

More than 500 public health professionals, health scientists and NGO representatives from 60 countries have signed a joint Statement of Concern about the activities of the global alcohol producers. Professor Thomas Babor, from the University of Connecticut School of Medicine, USA, led the drafting of the Statement, which was written by a group of international experts under the auspices of the Global Alcohol Policy Alliance, chaired by Derek Rutherford, who is also Chairman of the Institute of Alcohol Studies. Katherine Brown, Director of Policy of the IAS, co-ordinated the exercise.

The Statement, sent to WHO Director General, Dr Margaret Chan, raises concerns about the conflict of interest between multinational alcohol companies and public health policies designed to tackle alcohol harm. Signatories argue that ‘unhealthy commodity industries’, such as the global alcohol producers, should have no role in the formation of national and international public health policies.

This Statement was drawn up in response to public announcements made in October 2012 by 13 of the world’s leading alcohol producers, outlining their commitments to implementing the WHO Global Alcohol Strategy.

Professor Babor commented:

“Based on their lack of support for effective alcohol policies, misinterpretation of the Global Strategy’s provisions, and their lobbying against effective public health measures, we believe that the alcohol industry’s inappropriate commitments must be met with a united response from the global health community.”

Alcohol remains the third leading cause of death and disability worldwide and is a major contributor to the global burden of disease. This Statement highlights how, despite claims to be supportive of reducing harms caused by alcohol worldwide, the global alcohol producers actually pose a threat to effective alcohol policies due to their inherent conflict of interest between profits and public health.

The Statement gives examples of how drinks bodies have attempted to obstruct effective policies, such as the Scotch Whisky Association’s legal challenge to the Scottish Government’s plans to introduce minimum unit pricing of alcohol.

Dr Evelyn Gillan, Chief Executive of NGO Alcohol Focus Scotland and a member of the Statement’s drafting committee, commented:

“What we are witnessing is the global alcohol producers adopting the same tactics that the tobacco industry used for years in their efforts to prevent public health policies that could
Liver services at acute trusts in England shown in relation to chronic liver disease mortality in men per 100,000 population by PCT 2006-2008

Premature death from chronic liver disease is rising in England, largely as a result of lifestyle issues such as alcohol abuse, drug-taking and obesity.

The full extent of the problem is set out in the first ever Atlas of Variation in Healthcare for People with Liver Disease, published by the NHS. It presents maps for 38 different issues relating to liver disease, revealing widespread variations across the country in risk factors, services, expenditure and outcomes for patients and the wider population.

Evidence presented in the Atlas includes:

- An 88% rise in age-standardised mortality from chronic liver disease, the only one of the major killers which is still increasing.
- There is significant variation in premature loss of life between areas, with deprivation a key factor
- The growing impact of alcohol misuse, estimated to cost the NHS £3.5bn a year. Almost one in four of all adults drink in a way that is potentially or actually harmful. Cirrhosis deaths

The Statement of Concern is available on the Global Alcohol Policy Alliance website, www.globalgapa.org

© Crown copyright and database rights 2013 Ordnance Survey 1000329106

www.ias.org.uk
are rising in in England while falling in most other EU countries

Major indications of alcohol abuse by children, with big local variations in the numbers admitted to hospital for alcohol-related problems

Up to 20% of the population are potentially at risk of developing some liver damage

Growing obesity in children is increasing the risk of serious liver disease in later life

Hepatitis C is becoming more prevalent, with significant variations in estimated drug use which increases the risk of the disease

This is the latest in a series of Atlases on different areas of health produced by Right Care, the Department of Health programme which works to promote better-value care across the NHS

Phil DaSilva, National Co-Director of Right Care, said: “We want this Atlas to build awareness and stimulate action to address unwarranted variation. This is not just an issue for the NHS and I’m pleased to have the positive engagement of charities in this. We encourage people with an interest in liver disease to take the opportunity the Atlas offers.”

Professor Martin Lombard, the National Clinical Director for Liver Disease, said:

“Liver disease is a growing problem in this country. Our perspective on cardiovascular and respiratory diseases - and the lifestyle choices that cause them - has changed in recent years, leading to declining mortality rates. But we are only at the beginning of that process for liver disease. We know we need joined-up action to improve awareness, prevention, detection and treatment, and this Atlas is a vital tool for all of us involved in the fight against liver disease.”

“The power of the Atlas lies not in the answers it provides, but in the questions it raises. More than anything else, we hope that patients, service providers, commissioners, monitors of public health and others will use the maps to ask questions in their own areas.”

Access Atlas online at: www.rightcare.nhs.uk/atlas

A guide to support local licensing activity has been produced by the London Licensing Network under the auspices of the London Health Improvement Board. The interactive information pack is designed to assist responsible authorities recognized under the Licensing Act to gather an evidence base for local alcohol related strategies and decision-making in line with the Licensing objectives. The first part provides information and links to national and local data sources in regard to crime, public health etc., relevant to licensing decisions. The second part presents case studies from London boroughs showing how information was fed into local decision making.

Under the Police Reform and Social Responsibility Act (2011) councils have greater powers in relation to licensing, and health bodies now play a larger role in licensing decisions, placing an even greater premium on effective team-working. The new Pack will, therefore, be of particular interest to licensing managers, public health specialists, environmental health and trading standards officers, as well as to residents’ associations and anyone affected by licensing decisions.

Download pack at: http://tinyurl.com/cj88mvj

The UK charity Action on Addiction has announced that HRH the Duchess of Kent has agreed to become its patron.

Action on Addiction is the only UK charity working across the addiction field in research, prevention, treatment, professional workforce development and support for families and children.

Her Royal Highness has paid private visits to Action on Addiction’s treatment centres and spoken at length to a number of clients about their addiction and personal journeys to recovery.

Chief Executive, Nick Barton, said, “It is a great honour for the Charity that Her Royal Highness has chosen to become our patron. We are very grateful to the Duchess whose support will enable us to keep the issue of addiction in the spotlight. Addiction is a consuming condition that results in a great deal of harm to individuals, families, communities and society as a whole. Yet, it is not always well understood or responded to effectively. We are thrilled that the Duchess will be supporting us in our mission to free people from addiction and its effects.”
Great expectations -
The role of nurses in dealing with alcohol-related problems

Alcohol-related harm impacts significantly on the health of the population and nurses are often among the first health professionals encountered by many patients with alcohol-related problems. Potentially, nurses could play a key role in the national response to alcohol harm but many believe themselves to be ill-prepared and ill-equipped to respond.

Here, Aisha Holloway, Lecturer in Nursing Studies and Brian Webster, Assistant Dean, Faculty of Health, both from Edinburgh University, consider the issues.

Nurses remain the largest group of health professionals in the UK, with figures for registered nurses nearing 670,000 and 80% of the nursing care process involving direct patient care. This care takes place in a multitude of settings: hospitals, primary care, schools, community settings, prisons, workplace and criminal justice to name but a few. With a credible role to play in addressing health issues, one would assume that with the acknowledged burden of alcohol-related harm as a global health problem, nurses are ideally placed to respond.

The role of the nurse in responding to alcohol-related harm ranges from non-specialist to specialist and can be navigated along a continuum from delivery of preventative measures, to delivery of interventions, to highly specialist care. The evidence base for Identification and Brief Advice (IBA) amongst non-dependent drinkers has been well documented; however, what remains more challenging is ensuring the implementation and sustainability of such strategies to reduce alcohol-related harm in the population.

For nurses, lack of education and training, lack of confidence/experience have been cited as ‘barriers’ ultimately resulting in low therapeutic commitment and consequently non-engagement with delivery of such interventions. In a landmark report, Shaw et al examined the concept of therapeutic commitment, concluding that it was influenced by practitioners’ concepts of Role Adequacy, Role Legitimacy and Role Support, which together resulted in a feeling of ‘role insecurity’ and in turn ‘low therapeutic commitment’.

Shaw et al’s work regards role adequacy as the extent to which practitioners feel adequately prepared and have the appropriate knowledge and skills required to identify and respond in a positive and effective way. Likewise, role legitimacy refers to the extent to which practitioners feel they have the authority to intervene in an area that is perceived to be “specialist” and outside their perceived level of professional competence. The third component, role support, relates to the level of support from specialist services and the dissonance between perceived similarities with these support mechanisms. Low levels of these three concepts results in a low willingness to intervene. So, what are the implications of this for practitioners who ultimately deliver the health care agenda and for policy developers who develop and drive the health care agenda?

Lack of confidence and experience can allow a nurse to feel anxious about their role. Alcohol education within the curriculum has been found to improve student nurses’ attitudes and knowledge. However, historically there has been scant provision of alcohol education in pre-registration and post-registration nursing curricula. Typically, nurses receive little education and training about alcohol issues and the alcohol component of the curriculum for nurses lags behind.

Most recently, the Nursing & Midwifery Council review of pre-registration education offered an opportunity and the catalyst for change. However within the new Standards, there remains no requirement for a compulsory component of alcohol education and training within pre-registration nursing curricula in the UK.

There have, over the years, been attempts to undertake reviews of the curriculum, offer guidance and provide support. In the National Alcohol Harm Reduction Strategy for England 2004, there was an action point for a national review of substance misuse content in the undergraduate curriculum for medicine and nursing. This work was undertaken for medicine within the then 32 UK medical schools, by the International Centre for Drug Policy, with core curriculum aims and good practice suggested, together with good practice guidelines for delivery of the curriculum. However, this work was never undertaken for nursing and, as such, this has remained an area that has received little attention.
Great expectations

So where do we go from here? How do nurses respond to the ever-increasing alcohol-related harm that is experienced by their patients? The lack of educational pre-requisites in this area where alcohol-related skills, competences and proficiency are not considered “core knowledge” is a major barrier. Nursing may also have been and may also be burdened by the lack of professional, organisational and clinical leadership and strategy in this area, particularly at a policy level.

Our recent study surveyed 68 Universities across the UK who all offer undergraduate nurse education. The surveys were online and sought information on the nature and extent of alcohol education and training on pre-registration programmes. The results indicated that whilst nurses are certainly taught a range of alcohol related topics; the biophysiological and aetiological aspects of alcohol and alcohol related harm, liver failure, management of delirium tremens; few students are taught the skills of screening and brief interventions or the appropriate communication skills to all fields of nursing practice students.

Nurses have the potential to make a significant impact on the screening, identification and management of alcohol related issues in the UK. However, in relation to alcohol, the University education they receive must be up to date, evidence based and skills focused. We have great expectations that this can be achieved in the future but only by providing academics with the knowledge and learning tools to achieve this.

Anyone wishing to investigate this subject further might like to consult the following:


International Centre for Drug Policy (2007) Substance Misuse in the Undergraduate Medical Curriculum. ICDP. St. George’s University of London.


Nursing & Midwifery Council (2010) Standards for Pre-registration Nursing education. London. NMC.


Some people could be underestimating their alcohol intake by as much as 40%, according to new figures from the Department of Health, released to support the latest Change4life TV advertising campaign designed to raise awareness of the health harms caused by regularly drinking over the guidelines. The campaign, which calls on people to check their intake using an online Drinks Checker tool, shows how simple changes can both save money and reduce calories.

Research shows that across the country 80% of those who drink too much acknowledge the health risks but think of themselves at most as moderate drinkers. More than 60% of these drinkers have no intention of cutting down.

However, the most recent Health Survey for England highlighted underestimations in both the amount and frequency that people drink, raising major concerns about the nation’s knowledge of alcohol.

To get a picture of drinking habits, the Change4Life team asked 19 individuals to keep a detailed drinks diary for two weeks. The findings show those who took part were drinking, on average, the equivalent of an extra large glass of wine each day, or 40% more than they thought. After keeping a drinks diary for a week, people were offered simple tips on cutting down and as a result, they:

- cut their alcohol consumption by over a third
- saved around £33.35 a week – or over £1,730 a year and
- consumed 1,658 fewer calories a week – an average of 236 calories a day – around 10% of the average person’s daily intake and the equivalent to 125ml (a small wine glass) of cream per day.

Participants also said that cutting down improved their physical and emotional wellbeing. And those involved also reported that adding more mixer to drinks and substituting alcoholic drinks with soft drinks were the most popular tips to include in their lifestyle. Other tips for cutting down included having alcohol-free days if they drink every day, not drinking at home before going out, swapping to low-alcohol or alcohol-free drinks and simply using smaller glasses.

Chief Medical Officer, Professor Dame Sally Davies said:

“I understand that people enjoy having a glass of wine or beer to unwind at the end of a busy day – but these drinks stack up and can increase your risk of high blood pressure, cancer or liver disease.

“The alcohol guidelines recommend that men should not regularly drink more than three to four units a day and women should not regularly drink more than two to three units a day.

“The Change4Life campaign aims to help and encourage people to check how much they are drinking using the Drinks Checker app or online and if they find they are drinking over the guidelines, provide helpful tips and advice to cut down.

“Cutting back your drinking can reduce your health risks, reduce your calorie intake, help you sleep better and boost your energy. To find out more I strongly recommend people to search Change4Life.”
Men in the UK died from alcohol-related causes at more than double the rate of women in 2011 according to the latest figures from the Office for National Statistics (ONS), Alcohol-related deaths in the United Kingdom, 2011.

The number of male deaths per 100,000 population was 17.2 compared with 8.3 deaths per 100,000 among women. The greater proportion of deaths among men in comparison with women has been a long-standing trend, with no significant changes between 2010 and 2011.

The number of men in England dying from alcohol-related causes rose by 1.4% to 4,503 between 2010 and 2011. The number of female deaths increased by 1.8% (2,230 to 2,272) on the previous year. Across the English regions, there was a north-south divide in alcohol-related death rates with the North West having the highest rates for men and women. For men, the rate was highest in the North West at 22.9 per 100,000 and lowest in the East of England at 11.8 per 100,000 in 2011. For women the rate was highest in the North West at 10.8 per 100,000 and lowest in London at 5.3 per 100,000.

Women in Wales are more likely to die from an alcohol-related cause than women in England. The alcohol-related death rate for women in Wales was significantly higher than that of women in England (9.5 per 100,000 population compared with 7.6 deaths per 100,000 respectively). Data over the last ten years show an increase in alcohol-related deaths for women in England and in Wales, with rates peaking in 2007 and 2008 respectively. There has been no significant improvement in rates since these years.

The report also shows that improvements in alcohol-related death rates were more rapid among men in Wales than in England. For men in both countries, alcohol-related death rates rose between 2002 and 2008 where figures peaked. However, while there has been a decline in rates for men in Wales from 21.4 deaths per 100,000 population in 2008 to 17.0 deaths per 100,000 in 2011, there has been no significant change in the rates for men in England over the same period. This fall in male death rates in Wales and stable trend in England means that the rate for men in Wales is no longer significantly higher than that of men in England.

A previous study by ONS showed that alcohol-related deaths also varied by socioeconomic class, with
British children more exposed to alcohol promotion than adults

Children should be protected from alcohol marketing

women in routine jobs such as cleaners and sewing machinists 5.7 times more likely to die from an alcohol-related disease than women in higher professional jobs such as doctors and lawyers. Similarly, men in routine jobs are 3.5 times more likely to die from an alcohol-related disease than their counterparts in higher managerial and professional jobs.

These figures on alcohol-related deaths are used to monitor and develop policies to protect the health of the public and assist people to live longer and healthier lives. In 2008 the cost to the National Health Service from alcohol-related illnesses was estimated to be £2.7 billion (2006/7 prices).

The National Statistics definition of alcohol-related deaths only includes those causes being most directly due to alcohol consumption such as chronic liver disease and cirrhosis. It excludes external causes of death such as road traffic and other accidents and diseases where alcohol has been shown to have some causal relationship, such as cancers of the mouth, oesophagus and liver.

Children in Britain are more exposed to alcohol promotion than adults and need much stronger protection, according to experts writing in the British Medical Journal.

In an editorial to coincide with publication of the UK’s first independent alcohol strategy, Professor Gerard Hastings at the University of Stirling and Dr Nick Sheron at the University of Southampton argue that urgent changes to Britain’s “flawed” regulatory system are needed to provide much stronger protection for children.

A new analysis conducted by the Rand Corporation for the European Commission shows, for example, that 10-15 year olds in the UK see 10% more alcohol advertising on TV than their parents do. Even more shocking, when it comes to the specific sector of alcopops, they see 50% more. RAND’s analysis was unable to draw any sensible conclusions about relative exposure via digital and social media. The corporation did note, however, that young people are the heaviest users, and alcohol marketers are exploiting the resulting opportunities with enormous energy.

That this commercial activity is harming children is beyond dispute, say Hastings and Sheron. Indeed, findings from 13 peer reviewed studies on the impact of alcohol marketing on young people were absolutely clear cut:

“alcohol marketing increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol.”

Yet this deeply regrettable state of affairs is completely predictable, they argue. They point to the voluntary commitment made by the drinks industry - restated most recently in October 2012, a month after the new analysis was published - to restrict its advertising to media that “have a minimum 70% adult audience.” The so called 70:30 split is based on the share of the US population above the legal drinking age of 21, but has been applied generally around the globe, with a ratio of 75:25 in the UK.

However, the authors explain that, in the UK, only 21% of the population are under 18, and of these 5% are infants, so the voluntary guidelines allocate these children an audience share of 25% even though they comprise only 16% of the population. “The RAND study shows that this is delivering exactly the result that would be expected: children are more exposed than adults”, they say.

The Rand analysis also suggests two further conclusions. Firstly, the disproportionately high exposure of children to alcopops advertising cannot be explained simply by the regulatory system; deliberate targeting must also be at play.

“We have to assume that drink advertisers are not deliberately aiming their campaigns at children, but internal documents do show that they are enthusiastically targeting the profitable group of young people aged between the minimum legal drinking age and 21”, write Hastings and Sheron, who is also a Consultant Hepatologist at Southampton General Hospital.

The danger that “such neatly targeted campaigns will spill over into younger groups” is also clear from the analysis, they add.

Secondly, digital media “are tearing up the communications rule book” they say, resulting in marketing that is “simultaneously more powerful and less controllable.”

“Our children urgently need protection from alcohol marketing,” they conclude. “Voluntary codes and partial measures have all too obviously failed, and digital media is set to multiply the resulting harm.”

Download report at:
http://tinyurl.com/ck2b5l8
North East of England school children petition for more controls on alcohol advertising

School children from the North East of England visited Number 10 Downing Street and the House of Commons in March 2013, representing thousands of North Easterners who are calling for tougher regulations around alcohol marketing. The event was sponsored by Jenny Chapman, the Member of Parliament for Darlington.

The young people, from Hummersknott Academy in Darlington and Boldon School, presented their thoughts on alcohol marketing to MPs in the House of Commons before handing over more than 6,000 signatures from people in the North East calling for restrictions on advertising and sponsorship at Number 10 Downing Street. The visit was part of the See What Sam Sees campaign by Balance, the North East Alcohol Office. The campaign highlights the fact that children and young people are under fire from a constant barrage of alcohol marketing which plays a huge role in creating a pro-alcohol environment for them to grow up in. Central to the campaign was a film which followed Sam, a young boy, taking photographs of alcohol images during a normal day in his life. It also included a petition calling for the introduction of regulations to:

- Prevent alcohol advertisements from targeting children and young people
- Prevent alcohol advertisements from being shown on TV and in the cinema for under 18 certificate films
- Prevent alcohol advertisements from being shown through social networking sites
- Prevent alcohol sponsorship of sporting and youth events.

The young people presented to MPs including David Miliband, Ian Lavery, Catherine McKinnell, Mary Glindon, Jenny Chapman and Tracy Crouch about how they feel alcohol advertising is affecting young people in the North East. The pupils had also emulated ‘Sam’ and had taken pictures of any alcohol advertisements they saw in their everyday lives. They also discussed how it made them feel, with pupils saying that they saw alcohol advertising ‘on the television, Youtube, Facebook, supermarkets, pubs’ and ‘magazines, bus stops, billboards, the internet’. They also said it made them feel that ‘alcohol is fun and you can’t have a good time if you don’t have a drink’.

Colin Shevills, Director of Balance, said: “Here in the North East we already have an unhealthy relationship with alcohol and the danger is that it will continue to run into the next generation. We have the highest rate of alcohol specific hospital admissions for under 18s and highest rates of under 18s in treatment – this needs to change.

“Sadly we live in a society where alcohol is too heavily promoted, too available and too affordable. It has become a dangerous part of our culture and it is obvious that the next generation is already being influenced by alcohol marketing at an early age.

“The UK is amongst the most relaxed in Europe in terms of regulation. And alcohol marketing in the UK is currently controlled by a number of codes of practice, drinks companies have been able to consistently sidestep these rules and continue to link their products with attractive and exciting situations and lifestyles.

“A recent European study showed that 10-15 year olds see 10% more alcohol ads on TV than adults and 50% more alcopop specific advertising than adults. We believe, along with thousands of people in the North East, that more effective controls are needed to ensure that alcohol is marketed responsibly - and in particular that alcohol marketing messages only reach adults.”
School-based psychological interventions “reduce risk of alcohol misuse”

Targeted psychological interventions aimed at teenagers at risk of emotional and behavioural problems significantly reduce their drinking behaviour, and that of their schoolmates, according to the results from a large randomised controlled trial published in JAMA Psychiatry. The authors argue that the intervention could be administered in schools throughout the UK to help prevent teenage alcohol abuse. The study was led by Dr Patricia Conrod, of King’s College, London’s Institute of Psychiatry, in collaboration with the University of Montreal and Sainte-Justine University Hospital Center (Canada) and was commissioned by the UK charity Action on Addiction.

The trial involved 21 schools in London that were randomly allocated either to receive the intervention, or the UK statutory drug and alcohol education curriculum. A total of 2,548 year-10 students (average age 13.8 years) were classed as high or low-risk of developing future alcohol dependency. Those classed as high-risk fit one of four personality risk profiles:

- anxiety
- hopelessness
- impulsivity
- sensation seeking.

All students were monitored for their drinking behaviour over two years. Four members of staff in each intervention school were trained to deliver group workshops targeting the different personality profiles. 11 schools received the intervention where 709 high-risk teenagers were invited to attend two workshops that guided them in learning cognitive-behavioural strategies for coping with their particular personality profiles.

Depending on their personality profiles, they might learn cognitive-behavioural strategies to better manage high levels of anxiety, to manage their tendency to have pessimistic reactions to certain situations or to control their tendency to react impulsively or aggressively. Our study shows that this mental health approach to alcohol prevention is much more successful in reducing drinking behaviour than giving teenagers general information on the dangers of alcohol.

After two years, high-risk students in intervention schools were at a 29% reduced risk of drinking, 43% reduced risk of binge drinking and 29% reduced risk of problem drinking compared to high-risk students in control schools. The intervention also significantly delayed the natural progression to more risky drinking behaviour (such as frequent binge drinking, greater quantity of drinking, and severity of problem drinking) in the high-risk students over the two years.

Additionally, over the two year period, low-risk teenagers in the intervention schools, who did not receive the intervention, were at a 29% reduced risk of taking up drinking and 35% reduced risk of binge drinking compared to the low-risk group in the non-intervention schools, indicating a possible ‘herd effect’ in this population.

Dr Conrod adds: “Not only does the intervention have a significant effect on the teenagers most at risk of developing problematic drinking behaviour, there was also a significant positive effect on those who did not receive the intervention, but who attended schools where interventions were delivered to high-risk students. This ‘herd effect’ is very important from a public health perspective as it suggests that the benefits of mental health interventions on drinking behaviour also extend to the general population, possibly by reducing the number of drinking occasions young people are exposed to in early adolescence.”

Dr Conrod concludes: “This intervention could be widely administered to schools: it is successful from a public health perspective, appreciated by students and staff,

www.ias.org.uk
and because we train school staff rather than professional psychologists, the intervention remains relatively inexpensive to roll out."

Approximately 6 out of 10 people aged 11-15 in England report drinking, and in the UK approximately 5,000 teenagers are admitted to hospital every year for alcohol related reasons. Across the developed world, alcohol accounts for approximately 9% of all deaths of people aged 15-29, and so far, universal community or school-based interventions have proven difficult to implement and shown limited success.

Nick Barton, Chief Executive of Action on Addiction said: “Dr Conrod’s study, which helps young people reduce their chances of developing an addiction to alcohol and/or drugs in the future, is an exciting development for prevention work in the UK. This is generally recognised as inadequate, and as we see regularly in the media, currently fails to address binge drinking and drug taking among young people.

“We know that problematic relationships with alcohol often start at a young age, so if it is possible to reduce the chances of harmful drinking and dependency in later life through school-based interventions we would welcome seeing this programme rolled out across UK schools.

“We hope that the publication of this paper will create discussion and debate about the nature of addiction; to help shed light on the complex causes of addictive behaviour, unravel some of the stigma associated with it, help young people understand the triggers for dependency and, ultimately, bring us closer to our goal of disarming addiction.”

Action on Addiction also works with children and young people suffering from the effects of addiction via its Families Plus programme, which offers support groups for families, partners and friends of substance misusers.

Families Plus is rolling out M-PACT (Moving Parents and Children Together), a programme that takes a ‘whole family’ approach to tackling addiction, involving parents and children together in the treatment process.

Falling alcohol consumption has been credited with being partly responsible for an overall decline in violent crime in the UK. A new report from the Institute of Economics and Peace calculates the UK ‘peace index’ and finds that the UK has become significantly more peaceful since 2003. The report examines rates of violent crime down to local authority level, and, of 343 local authorities assessed in the Index, 278 are more peaceful now than they were in 2003.

The report finds that both crime, including violent crime, and homicide have fallen significantly. The fall over the last decade has resulted in the UK homicide rate now being at its lowest level since 1978. However, the UK violent crime rate is significantly higher than the European Union average.

The fall in violent crime has continued despite the global financial crisis, and during the on-going recession. In the UK, the only major offence category to increase substantially over the ten-year period was drug offences. All other categories of crime, including burglary and fraud, have fallen.

Geographically, the most peaceful region in the UK is South East England. The least peaceful region is Greater London, immediately preceded by Scotland and Northern Ireland. The least peaceful major urban centre in the UK is Glasgow, preceded by London and then Belfast. When measured at the Local Authority level the most peaceful areas are Broadland, Three Rivers, and South Cambridgeshire. The least peaceful are the London boroughs of Lewisham, Lambeth, and Hackney.

Alcohol

On alcohol, the report says that the proposed introduction of a minimum price on alcohol has brought a lot of attention to the issue of alcohol-fuelled violence. There is a well-established link between excessive drinking and violence, in both public and private domains. Even though alcohol affordability has not changed much over the past decade, the average level of drinking has changed, particularly the level of drinking outside the home, which has fallen considerably. Given this decline, it would be expected that alcohol-related violence would also
have dropped over this period. Data on alcohol-related crime are available from 2007 onwards, and these data confirm that alcohol-fuelled crime has been on the decrease across all regions in England.

Similar data from Scotland have shown that the percentage of murder suspects who acted under the influence of alcohol has been decreasing over the last decade. Finally, hospital admissions related to alcohol have increased substantially over the last decade. Admissions for alcohol related poisoning have doubled; however, the number of admissions for alcohol-related assault has been falling since 2007, as seen in the chart.

Apart from the decline in alcohol consumption, the report attributes the fall in alcohol-related violence to a number of factors, including the increased scrutiny in the media, which has led to an increased police presence in inner cities on weekends, less drinking in public places, more strict enforcement of drink driving laws, in combination with the implementation of other strategies aimed at reducing binge drinking.

In general, the trend in alcohol-related violence mirrors the broader UK violence trend. Other factors cited to explain the trend, in addition to falling alcohol consumption, include changes in police practices and technological improvements, an aging population, and, perhaps rather less plausibly, rising real wages due to the introduction of the minimum wage.