

Time for a new Alcohol Strategy



European Parliament Public Health Committee adopts Resolution calling for better drinks labelling as part of new strategy

IN THE NEWS

3 LGA – lower the drink drive limit to cut road deaths; Met chief calls for fewer pubs and licensing reform; No *In:tuition* for Drinkaware education scheme among schools; Industry profits trump public health as alcohol duty cut yet again in Budget; and other top stories

ANALYSIS

9 European Parliament Public Health Committee adopts resolution for new Alcohol Strategy

Committee calls for better drinks labelling as part of framework for reducing harm

10 Alcohol industry players commit to product labelling in principle

12 Alcohol and the life-course trajectory

Guest feature by Dr Annie Britton, Senior Lecturer in Epidemiology, University College London

14 “Ineffective” and “flawed”: damning reports expose shortcomings of voluntary alcohol pledges

16 WCRF: Three alcoholic drinks a day a “convincing cause of liver cancer”

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News

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LGA – Lower the drink drive limit to cut road deaths

A fall from 80 to 50mg alcohol per 100ml blood would save 170 lives and £300m a year, say authorities

The Local Government Association (LGA) has claimed that dropping the current drink-drive limit from 80 milligrammes (mg) to 50 mg per 100 millilitres (ml) of blood – matching the majority of European Union Member States – could save up to 170 lives annually by reducing the number of road traffic accidents. Lowering the limit is also estimated to save almost £300 million annually by reducing the number of call-outs to accidents and the associated public sector costs of police, ambulances, and hospital admissions.

The comments came ahead of its annual fire conference in Gateshead (March 10-11). The LGA sees the drink-driving limit as a priority in a new report looking into how Fire & Rescue Authority services can improve community safety and save the public purse money during the next government.

Alcohol contributes to about 5,000 road traffic collisions a year – approximately 4% of all road traffic collisions – and also plays a major part in roughly 13% of all fatal crashes. With Scotland introducing a lower drink-drive limit last year, and Northern Ireland

announcing plans to follow suit, latest figures reveal fewer than one in four motorists in England and Wales believe the drink-drive limit for the rest of the UK should remain at 80 mg per 100 ml of blood. However, the Government currently has “no plans” to alter the drink drive limit.

Cllr Jeremy Hilton, Chair of the LGA’s Fire Services Management Committee, said:

“This country has one of the highest drink drive limits anywhere and the LGA believes that the current limit is simply unacceptable. England is lagging well behind and all other countries cannot be wrong.”

Met chief calls for fewer pubs and licensing reform

Police commissioner wants tighter controls on the supply of alcohol

Britain’s most senior police officer has said councils should seek to limit the number of pubs in their area to combat alcohol fuelled disorder.

Sir Bernard Hogan-Howe, the Commissioner of the Metropolitan Police, said 80% of arrests in the evening were drink related and more had to be done to control the supply alcohol.

He urged councils to disregard the positive impact of pubs and the late-night sector on their economies and consider the wider

implications of the availability of alcohol.

In his speech to the Royal Society of Arts in London on the future of policing, Hogan-Howe said one solution might be to restrict the number of places where people could buy alcohol.

He said: “We need to make sure there is good control of the supply of alcohol. This means licence numbers, density and licensee-regulation being a priority for local authorities, however much they would like to develop their local economies.

“We know that many injuries occur inside or outside licensed premises, and if we can close down repeat offenders, we will.

“But do we really need as many licensed premises chasing limited business. The system needs reform and we need to police it better.”

No In:tuition for Drinkaware education scheme among schools

Drinkaware initiative aimed at raising awareness of early onset drinking has no positive impact on schoolchildren, say researchers

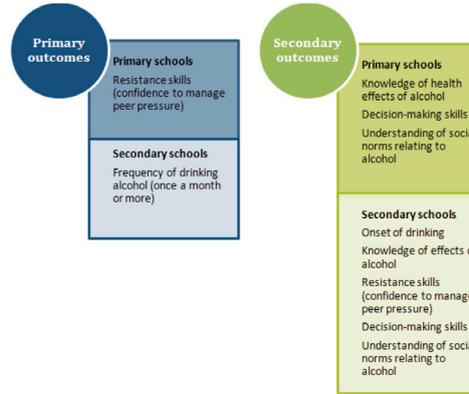
An evaluation of the Drinkaware In:tuition life skills and alcohol education intervention programme conducted by the National Foundation for Educational

Research and overseen by Alcohol Research UK has found little evidence of any benefit among its targeted participants, 9 to 14 year-old pupils.

Researchers found that pupils in schools which delivered the intervention did no better – or worse – than those in schools doing their normal Personal, Social and Health Education (PSHE) curriculum.

In:tuition aims to delay the age of onset alcohol consumption by focussing on themes such as attitudes and behaviour, the influence of peers, communication skills and assertive behaviour over 12x40-minute lessons. 79 primary schools (40 intervention; 39 control) and 55 secondary schools (28 intervention; 27 control) were recruited at random and assessed for their implementation of the programme.

Pupils were tasked with completing surveys both before and after the trials. Of the 79 primary schools chosen, a total of 24 intervention schools and 31 control schools completed both baseline and follow-up surveys, yielding data from 723 intervention and 1,019 control pupils for the final analysis. Of the 55 secondary schools chosen, a total of 12 intervention and 15 control schools completed baseline and follow-up surveys, yielding data from 586 intervention and 814 control pupils for the final analysis.



Achievement targets were split for both types of schools into primary and secondary outcomes (illustrated).

The researchers found no evidence that the intervention groups improved primary school pupils' confidence to manage peer pressure or reduced the proportion of secondary school pupils aged 12/13 years of age who drank frequently, compared to the control groups. In fact, there were no statistically significant differences between intervention and control groups for any outcomes.

Few teachers given the task of implementing Drinkaware's programme did so fully. Of the 40 primary schools randomised into the intervention groups, only 15 were known to have delivered at least some of the intervention lessons. Of the 28 secondary schools randomised into the intervention group, only 5 were known to have delivered at least some of the intervention lessons, and only 2 delivered all or most of the lessons.

The researchers suggested that the low completion rate may have been down to *In:tuition's* focus on life-skills and alcohol education being a lower priority for time-stretched teachers also tasked with delivering core curriculum subjects (e.g. English, Mathematics, Sciences).

Although most teachers reported a range of perceived impacts on pupils, including increased knowledge and awareness, development of strategies and skills and modified behaviour, they also felt that they would have achieved the same impact using existing provision within the PSHE curriculum.

The study adds to a number of reviews of school-based alcohol misuse prevention programmes in recent years, which have concluded that the evidence base for effective alcohol education programmes has been mixed.

Industry profits trump public health as alcohol duty cut yet again in Budget

Penny off a pint of beer for the third year running; cider and spirits cut by 2%. Total cost to public purse estimated at £2.4bn

The Chancellor of the Exchequer announced cuts to alcohol duties in the 2015 Budget. George Osborne announced that the price of beer duty would be cut by 1p on a pint, and that duties

on cider, Scotch whisky and other spirits would be cut by 2%. Wine duties are to be frozen.

The Treasury has estimated that these cuts would cost £920m in revenue over the course of the next Parliament (illustrated: sourced from HM Treasury, Budget 2015 policy costings). This is in addition to the £1.5 billion cost of scrapping the alcohol duty escalator in last year's Budget, bringing the total cost to the public purse for alcohol duty cuts to £2.4 billion over the next 5 years.

Public health campaigners have criticised his statement for failing to address the health impacts of cheaper alcohol. They argue that alcohol tax cuts in the previous 2 Budgets would pay for (over the next 5 years):

- The annual salaries of 12,389 nurses
- Nearly 10.5 million emergency ambulance calls over the next 5 years
- Over 10 million hospital bed days.

Katherine Brown, Director of the Institute of Alcohol Studies said:

“To cut tax on cider and spirits at a time when the NHS is at breaking point is a total disgrace. Our frontline services simply can't afford for cheap drink to get cheaper.

“Police, doctors, nurses and paramedics up and down the country have to deal with the

Policy costings	£million						Total costs to HM Treasury over five-year fiscal period
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	
Budget 2014 - Alcohol duty: 1p off pint of beer and freeze cider duty	-110	-110	-110	-110	-110		
Budget 2014 - Alcohol duty: freeze spirits duty and abolish wine escalator	-175	-185	-195	-205	-215		-1525
<i>Total</i>	-285	-295	-305	-315	-325		
Budget 2015 - Alcohol duty: 1p off a pint of beer and 2% off cider duty		-85	-80	-85	-85	-85	
Budget 2015 - Alcohol duty: reduce spirits duty by 2% and freeze wine duty		-100	-95	-100	-100	-105	-920
<i>Total</i>		-185	-175	-185	-185	-190	
Total costs to HM Treasury over five-year fiscal period from both Budgets							-2445

results of a flooded cheap drinks market every day. Yet their voices and calls for support have been totally ignored.

“This government's failure to keep its promise to come down hard on cheap alcohol has let everybody down except the drinks industry. It's let the NHS down, the police down, but most of all it lets every taxpayer down. We are all footing the £21 billion bill of alcohol harm to our economy each year.”

Doubt has also been raised over whether the reduction in duty would even be passed on to consumers. According to the *Publican's Morning Advertiser*, the brewer Greene King has written to licensees stating that the cost per barrel of its India Pale Ale drink would rise by £1.80. The decision was based on a HMRC review of the company's cask beers, which decided to reduce its sediment allowance* owing to improved yields.

* Sediment allowance is defined as the maximum amount of alcohol produced that is rendered unsafe to drink and is therefore deducted from the total volume of alcohol eligible for duty. HMRC sets allowance limits for each producer.

More on the rules relating to beer

production: <https://www.gov.uk/government/publications/excise-notice-226-beer-duty/excise-notice-226-beer-duty--2>

Alcohol sponsorship and sport: An irresponsible mix

Adapted from The Alcohol Health Alliance UK webpage

The Alcohol Health Alliance UK (AHA) has written to Richard Scudamore, Chief Executive of the Premier League, calling on him to protect the health and wellbeing of young people around the world by sourcing sponsorship outside of the alcohol industry.

The letter comes after it was reported that Diageo, the makers of leading drinks brands Guinness, Smirnoff vodka and Baileys, are considering making a bid for the title sponsorship of the Premier League.

The letter comes at a time when the principle of sports sponsorship by alcohol manufacturers, a practice which is banned in France and Norway, is under increasing scrutiny, with the governments of Ireland and New Zealand

Binge drinking costing each Brit £77 a day

Researchers claim the current alcohol tax regime is failing to keep up with the price of excessive consumption

Binge drinking is costing Britain £4.9bn every year in terms of A&E admissions, road crashes, police time and court cases, says a new report from the Institute for Policy Research. This equates to an additional cost to the economy of 9.8p per alcoholic unit consumed, at 2013/14 prices.

Even as a conservative estimate, it is still greater than the amount the UK Government spent in 2013-14 on Income-based Jobseeker's Allowance, the UK's largest social security benefit. To recover this cost fully, the average retail price of alcohol (which was 42p in 2013/14) would need to increase by 23%. This is equivalent to an additional 99p per bottle of wine and 23p per pint of beer.

The research team calculated the costs of binge drinking to the economy by using data available from a number of UK Government departments, including the following:

- The Department of Health estimates of the cost of attending A&E (£114 per person per visit)
- The Home Office estimates of the average unit cost of an arrest (£14,836) and of having

additional police officers on duty

- The Department for Transport estimates of the cost of road accidents (a fatal accident was estimated to cost £2.07 million)

Binge drinking was defined as the consumption of 12+ units of alcohol in any one period of drinking and typically taking place on Friday and Saturday nights among individuals aged between 18 and 30. The report's authors claimed that the 4 effects they examined – increased A&E attendances, road traffic accidents, arrests and the number of police officers on duty – had never before been analysed in the context of binge drinking.

The key findings are illustrated as follows:

Key findings

The research estimates that binge drinking increases:

- The average number of daily injury-related A&E admissions by 8% (equivalent to 2,504 additional daily admissions nationally).
- The daily average of road accidents by 17% (equivalent to 82 additional accidents per day nationally).
- The average number of alcohol-related arrests by 45% (equivalent to 786 additional arrests per day nationally).
- The number of police officers on duty by around 30% (equivalent to an additional 3.2 police officers on duty at the weekend for every 10,000 people in the country).

The research calculates that:

- At 2014 prices, the cost of these effects of binge drinking amounts to roughly £4.86 billion per year (£77 per year per capita).
- Current and proposed policies to regulate alcohol sales and consumption are inadequate to fully mitigate this economic impact.

Dr Jonathan James, one of the research team from the University of Bath, said: "We know a lot about the effects and costs of sustained heavy drinking in relation to increased risks of chronic diseases, damage to social relationships and the increased burden placed on public services.

"But little is known about the economic and social effects of binge drinking.

"We hope this calculation of the economic costs will act as a catalyst for policy makers in the UK to take action to reduce the cost of binge drinking to society."

Collaborator, Professor Marco Francesconi, head of the Department of Economics at the University of Essex, added: "Our calculations put the cost at £4.9 billion per year which is large when compared to Government's spending on some welfare programmes.

"But we haven't included costs associated with absenteeism, lost employment, reduced productivity, and long-term health problems.

"Harmful alcohol use has been identified as one of the leading preventable causes of death and key risk factors for chronic disease, such as cancer, and injuries worldwide."

Landmark case could open floodgates for councils to be sued over Reducing the Strength Schemes

Retailer successfully sues local authority for loss of revenue; case may set a precedent, legal experts warn

Retailers could be entitled to compensation from councils that illegally enforce bans on certain products following a landmark case where loss of earnings put a store on the brink of closure.

According to *Off Licence News*, Shabir Mohammed, owner of Lifestyle Express in Newcastle, pursued his local authority in the courts for a loss of revenue amounting to £280,000 when he was banned from selling beers and ciders above 5.6% ABV.

The retailer was also forced to remove certain wine brands from his shelves as part of the council's Reducing the Strength scheme. The measure was added as a condition to his licence in May 2014 and when the licensing committee refused to remove it later that year, he launched a successful legal appeal.

The senior magistrate who ruled in favour of Mr Mohammed criticised the local authority's actions for imposing a condition despite a lack of "direct evidence that the premises was undermining licensing objectives". Legal experts have warned the case www.ias.org.uk

could open the floodgates to a tide of similar cases from retailers who believe they have been strong-armed into joining Reducing the Strength schemes, and councils could be liable for significant compensation claims.

Jane Gilliead, the licensing consultant representing Mohammed, told OLN: "It is a huge concern that licensing authorities are adopting such verbal schemes, without there being any consultation with the trade. We are now looking at the possibilities for recouping some of the lost earnings and he is fully intending to pursue this.

"Ultimately my client could have gone out of business, such were the considerable losses and the time it has take to overturn this illegally applied measure.

"Retailers have been reluctant to challenge such schemes for fear of reprisals, so it is a vital step forward for those who are subjected to these schemes."

As reported in last month's *Alcohol Alert*, guidelines issued by the Competition & Markets Authority to retailers concerned they could be participating in an illegal scheme, stated clearly that retailers could participate in competition law-compliant voluntary schemes so long as they avoided discussions with competitors.

European Parliament Public Health Committee adopts resolution for new Alcohol Strategy

Pressure grows for Commission to enact a new EU-wide strategy with better drinks labelling as part of framework for reducing harm

The European Parliament's Committee on Environment, Public Health and Food Safety (ENVI) has adopted a resolution calling for a new European Union (EU) Alcohol Strategy to be put into action for 2016-2022.

The move follows sustained pressure from several public health NGOs, including Eurocare and the European Alcohol Policy Alliance, urging the need for a new and improved EU Alcohol Strategy since the last one expired in 2012.

Acting on the joint letter written to the ENVI Committee on 31 March, the resolution emphasises the need for a more robust approach to dealing with the health harms from alcohol misuse in Europe. Points include:

- A call for the European Commission to start work on the EU Alcohol Strategy
- Providing more information to consumers through nutrient and ingredient listing for alcoholic beverages
- A call for the European Commission to produce the already delayed report regarding alcohol labelling
- Tougher measures to tackle drink driving
- A rejection of amendments that suggest that EU public money should be spent on promotion of alcoholic beverages.

Many MEPs welcomed the passing of the resolution as a significant step toward reducing harm from alcohol in Europe.

Glenis Willmott MEP (pictured), a sponsor of the resolution, noted: "Many people have no idea just how many calories are in alcoholic drinks, unless they are determined enough to search



on the company's website. This is unacceptable and the vote [has] paved the way to recognise the need of consumers to take informed decisions when it comes to alcohol consumption."

Swedish MEP Anne Hedh wrote ahead of the vote that the resolution would bring some new aspects that need to be considered in the debate on alcohol, namely "the recognition of children of alcoholics, of the vulnerability of young people, and the need to go beyond self-regulation in regulating alcohol advertising in the EU."

French MEPs Angélique Delahaye, Françoise Grossetête and Michel Dantin from the European People's Party (EPP), also praised the Parliament committee's resolution, claiming that "it puts emphasis on prevention and education for young people, and gives member states the means to address alcohol harm as a public health problem."

The resolution will now be tabled for approval by the full European Parliament Plenary, where it should enjoy a great level of support, claims Mariann Skar, Secretary General of Eurocare. "All MEPs should now support this call for new action on alcohol, what should be considered as an investment in health to ensure a stable, robust long-term economic growth," she said.

The last EU Alcohol Strategy operated from 2006 to 2012. While it did not impose specific legislation, it provided guidance to member states in preventing harmful and hazardous drinking, by tackling areas such as drink-driving, alcohol during pregnancy and underage drinking. Last month, the UK's House of Lords EU Committee criticised the strategy, urging the EU to start "acting in its own power to combat alcohol-related harm".

Please visit our Soundcloud page to hear Mariann Skar explain the proposed aims of the new EU Alcohol Strategy: <https://www.soundcloud.com/instalstud/alcoholalert-042015>

Alcohol industry players commit to product labelling in principle

Diageo and Brewers of Europe in race to let consumers know what is in their drink. But differences emerge over how it will be done

Diageo and the Brewers of Europe have both announced their intentions to provide consumers with alcohol content and nutrition information on their alcoholic products. This is the first time any alcohol industry players have agreed to grant what is a basic consumer right to information for consumers of soft drinks and foodstuffs.

Diageo was first to state its aim to do so, with a promise to list information per typical serve on its global range of drinks, most of which are spirits. Shortly after its announcement, Brewers of Europe followed suit with a pledge to list calorie content information on its beers.

However differences have emerged over how the information will be provided. Diageo will provide information through its responsible drinking website DRINKiQ.com and/or on-pack in a majority of its markets (subject to local regulatory approval) as soon as practicable. The drinks maker will work with regulators around the world to agree the format of labels that provide information on alcohol content and nutrition per typical serve. Brewers of Europe members, which include leading European beer brewers SABMiller, plan to give information per 10cl of liquid served.

This has led to some confusion over the possibility of inventing a single labelling standard for all alcoholic beverage types.

What is the right amount of information?

According to *just-drinks.com*, Brewers of Europe contacted them to say that under European rules, any serving guide must display calorie content etc by per 10cl, even if voluntary.

A comparison of calorie information between beers and spirits on a volume-to-volume basis would sit unfavourably with many of Diageo's products. A 10cl serving of Smirnoff Gold, for example, contains 5 times as many calories (223) as the same amount of SABMiller's Peroni Nastro Azzurro (42). A single serve of Smirnoff – 25cl – has 56 calories. Diageo has also promised to work with the EU to establish a standard alcohol unit across the 28 Member States to provide consumers with better comparison information on the content of alcoholic beverages to consumers.

The health angle

Current European Union (EU) rules exempt alcoholic drinks from providing nutrition information on labels. Diageo claims that moves to introduce this information voluntarily are driven only by the demands of its consumer base to better understand how much they are drinking. Chief Executive Officer, Ivan Menezes said:

“Diageo puts the consumer at the heart of everything we do. We are committed to ensuring our consumers have the best possible information from which to make informed choices about our products: this includes alcohol content and nutrition information per typical serve.

“Currently, there is no obligation to provide such information in markets worldwide, but we know that consumers are increasingly discerning about what's in their glass. We want to provide alcohol and nutrition information that consumers can quickly understand, instead of expecting them to do the maths.”

Ian Duncan, Conservative MEP for Scotland and Member of the European Parliament's Environment, Public Health and Food Safety Committee, welcomed the proposals. He said that

“I'm in no mood to praise Diageo for doing what they should have been doing all along”

Alyn Smith MEP

Diageo's announcement "is a fine example of their commitment to giving consumers the information that they need to make sensible decisions about alcohol. Providing both the nutrition and alcohol content of alcohol drinks, in an easy to understand 'per serving' format, is a major improvement on the confusing current system, where there are different measurements of alcohol units across the EU.

"This is a hugely positive step and one that the European Commission should reflect on, as it considers how to tackle harmful drinking."

However, Scottish National Party MEP Alyn Smith did not share this enthusiasm. He said:

"This is welcome news, but I'm in no mood to praise Diageo for doing what they should have been doing all along, especially when I have watched them and the various drinks industry front organisations in Brussels fight this tooth and nail at every step.

"Diageo remains a major player in the Scotch Whisky Association which has, shamefully, taken the Scottish government to the European Court of Justice to delay the introduction of minimum unit pricing for alcohol, making quite clear that their own profits come before the health of the nation.

"People have a right to information so they can make informed choices. If the makers of Irn Bru and Red Cola are obliged to tell consumers what they are drinking, so should the alcohol industry. All we are looking for is for the drinks industry to be brought into the same treatment as every other drink or foodstuff.

"No amount of glossy corporate PR can disguise the fact that this is simply the drinks industry catching up with public opinion. Some 79% of EU citizens want to see proper information and health warnings on alcohol labels, the industry should fall into line now."

Public health campaigners have long argued for such information to be provided as mandatory, along with evidence-based health warnings specified by an independent regulatory body and instruction to avoid alcohol completely when pregnant. This was reflected in a recent poll in which British public opinion was overwhelmingly in favour of more nutritional and health information on alcohol product labels, as well as a warning not to drink when pregnant.

Eurocare in particular have been calling for these measures to be implemented since 2008, recently calling for the European Parliament to address this and other public health concerns in a new EU Alcohol Strategy.

Mariann Skar, Secretary General of the European Alcohol Policy Alliance said: "It is really good news and about time! Consumers have had the right to know what they eat and drink since 2011 – however alcohol was unfortunately exempted. In this respect the step taken today by the beer industry is welcomed. We are all still awaiting the European Commission report that it was obliged to produce on alcohol labelling by December last year. We continue to call on the European Commission to produce the required report and bring alcohol packaging consistently across all brands." ■■

Alcohol and the life-course trajectory

Dr Annie Britton, Senior Lecturer in Epidemiology, University College London



Much remains to be learned about the health effects of alcohol consumption across the life course.

Understanding how drinking behaviour fluctuates throughout life is important to identify high risk groups and trends over time. Research on the health consequences of alcohol needs to incorporate changes in drinking behaviour over the life course. This allows for the investigation of whether there are sensitive periods and whether the impact of drinking accumulates over time. The current evidence base lacks this consideration and failure to include such dynamics in drinking is likely to lead to incorrect risk estimates.

Analysis of longitudinal cohort data, with repeat alcohol measures, is necessary to reveal changes within the same individuals as they age. Such datasets are scarce and few are able to capture multiple decades of life.

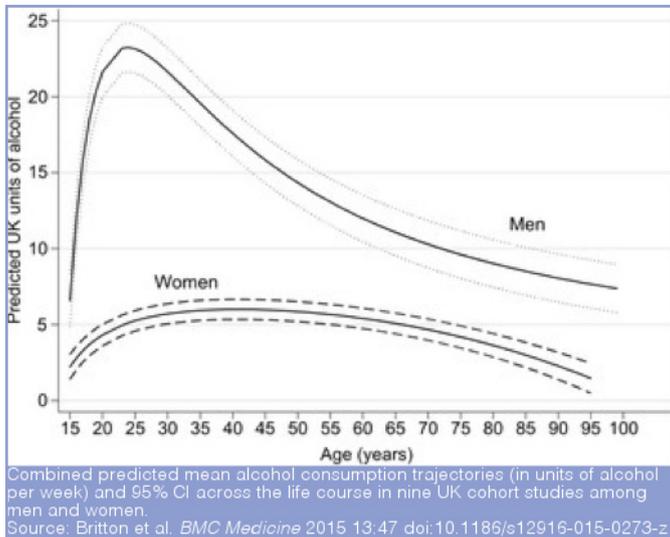
Dr Annie Britton, Dr Steven Bell, and Nadine Seward from University College London are analysing data from large population cohort studies, with repeated measures of alcohol consumption on overlapping periods of life, to explore alcohol consumption trajectories and the risks of specific health outcomes. The group has funding from the European Research Council, The UK Medical Research Council and Alcohol Research UK.

They use data from birth cohort studies (British people born in 1946, 1958 and 1970) and from studies of middle age and older people (for example, the English Longitudinal Study of Ageing). Each dataset has repeat measures of alcohol consumption, with combined data on over 100,000 individuals across the life course, from

adolescence right through to very old age. These datasets are linked where possible to routine databases (mortality registries, hospital episode statistics, and general practitioner records) to create a harmonised repository and there are plans to expand this resource in the future by adding additional cohorts from Europe and the rest of the world.

A recent research article from this group was published in *BMC Medicine* in March, exploring changes in mean alcohol consumption over the life course. This was the first study to harmonise data on drinking behaviour from a wide range of population groups over their lifespan with repeated individual measures of consumption. They looked at both the average amount of alcohol consumed per week and the frequency of drinking. The findings were based on over 174,000 alcohol observations collected over a 34-year period, spanning from 1979 to 2013, from participants born in different eras. For men, mean consumption of alcohol rose sharply during adolescence, peaked at around 25 years at 20 units (160g) per week, roughly the equivalent of drinking 10 pints of beer. This declined and plateaued during mid-life, before dropping to 5-10 units, approximately 3-5 pints of beer per week, from around 60 years. Women followed a similar pattern, but reached a lower peak of around 7-8 units per week, around 4 pints of beer (illustrated). Non-drinkers in the UK were uncommon, particularly among men, where the proportion remained under 10% until very old age, when it rose to above 20%. Drinking once or twice a week was prevalent among adolescents and those in their twenties. Drinking only monthly or on special occasions was more common among women than men. Frequent drinking (daily or most days of the week) became more common in middle to old age.

Existing studies linking alcohol consumption with associated harm typically measure alcohol consumption just once at baseline and assume this is valid representation of exposure. This new work shows that individuals change the way



a life course perspective and with increased methodological rigor by separating ex-drinkers from never-drinkers and carefully considering time-varying confounding factors.

For more information on the project please visit:
www.ucl.ac.uk/alcohol-lifecourse

they consume alcohol as they age, and as such, studies reliant on a single measure of alcohol intake are likely to be biased. Additionally, many of the previous findings from prospective studies have been subject to systematic misclassification error arising from the inclusion of former-drinkers in non-drinking groups; the so-called “sick-quitter” effect. Moderate drinkers may differ from heavy drinkers or those who abstain in several other ways, including socio-economic position and health status. Well characterised studies are essential in order to take into account a host of time-varying confounders and mediators.

Future work will seek to derive longitudinal alcohol typologies (for example, grouping persistent heavy drinkers, those whose drinking increases over the life course, steadily declining drinkers and so on) and link these with a variety of chronic diseases, such as coronary heart disease (CHD), cancers and liver disease, as well as mortality.

There are currently two PhD students working within the group. Craig Knott is looking at alcohol consumption across the life course and risk of type 2 diabetes, and Melanie Lacey is exploring longitudinal lipid profiles as mediators in the relationship between alcohol and CHD.

The key contribution of this work will be to improve the scientific evidence base on alcohol consumption and risk of chronic disease by taking
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“Ineffective” and “flawed”: damning reports expose shortcomings of voluntary alcohol pledges

Research casts doubt over the industry’s Public Health Responsibility Deal achievements

Separate research reports from the Sheffield Alcohol Research Group (SARG) and the London School of Hygiene & Tropical Medicine (LSHTM) have raised questions about the effectiveness of industry-led Public Health Responsibility Deal (PHRD) pledges on alcohol.

SARG report authors John Holmes and Colin Angus dispute the successes claimed by the Department of Health (DoH) in its interim evaluation of the pledge to remove 1 billion units of alcohol from the market, calling for the report to be withdrawn and revised targets set. They argue that the data used in the DoH’s latest analysis “may not be fit for purpose, that the report makes simplistic assumptions about consumer responses to the pledge, and takes insufficient notice of confounding factors.”

This was followed by a comprehensive independent evaluation of the PHRD alcohol pledges published by the LSHTM, which concluded that the deal is “unlikely to be an effective response to alcohol harms”.

These revelations came in the same week that Minister for Public Health Jane Ellison gave a talk to around 60 Responsibility Deal partners “celebrating the achievements of the Deal across all four networks”.

SARG report – “simplistic assumptions” give “misleading results”

In analysis published by the *British Medical Journal* (BMJ), the SARG research team challenge how much of the recent changes in alcohol consumption were attributable to the pledge to remove 1 billion units of alcohol from the market.

The analysis suggests that a change to the way HM Revenue and Customs (HMRC) recorded

beer data and the introduction of lower taxes on lower strength beers might have accounted for some of the estimated effect of the pledge. The researchers also accuse the DoH report of assuming that the pledge will lead people to simply drink the same amount of beer and wine but at a lower strength. Such a simplistic approach to the interim evaluation will give misleading results, the authors said.

While their critique “does not imply the billion unit pledge is bad for public health”, the authors also claim that a lack of appropriate data means a rigorous evaluation of whether the pledge has been met may not be possible. Therefore, they recommend that the Department of Health “withdraws the 2014 interim report, requests stakeholders not to cite its conclusions, and reviews the evaluation approach.” They also advise that the billion unit target “is abandoned in favour of measurable alternatives” – for example reporting on what products have been introduced or altered in strength, and supplying sales data for these products.

LSHTM reports – PHRD alcohol pledges have little influence

A new set of LSHTM studies published in *Addiction* have concluded that the PHRD is unlikely to have reduced harmful alcohol consumption because “the majority of its interventions are ineffective, poorly reported or were already happening anyway”.

Led by Dr Cécile Knai, the Policy Innovation Research Unit (PIRU) examined how effective the pledges would be in reducing harm from alcohol by analysing all publicly available data about participating organisations’ plans and progress towards achieving key alcohol pledges of the Responsibility Deal. It also conducted a systematic review of international evidence about the different types of interventions proposed by the organisations.

The PIRU found that 75% of the pledges aimed to provide consumer information and choice (interventions that are known to have limited effectiveness) and that the other 25% included measures such as reducing alcohol content in products. However, the researchers also noted that where some producers and retailers reported taking measures to reduce alcohol units, these appeared to mainly involve launching and promoting new low-unit products rather than removing units from existing high-unit products. This could potentially increase, rather than decrease, the total number of alcohol products on the market.

Annual progress reports from organisations on their pledges were most often found to be poor quality, incomplete or unavailable. Progress reports were submitted by 92% of signatories in 2013 and 75% in 2014 and provided mainly descriptive feedback rather than quantitative measures. Approximately 15% of 2014 progress reports were identical to those presented in 2013.

Only 11% of alcohol pledge-related activities were found to be a direct result of the Responsibility Deal, with 65% actions the organisations were already undertaking. 432 pledge-related activities listed in plans were evaluated. Of these, 49 interventions (11%) were assessed to be 'clearly motivated by the Responsibility Deal', 104 interventions (24%) were assessed to be 'potentially motivated by the Responsibility Deal', and 279 interventions (65%) were assessed either as 'having already happened', or were 'already underway when the Responsibility Deal started'.

The researchers claim that while alcohol pledges may contribute to improving consumers' knowledge and awareness, they are unlikely to be effective in reducing alcohol consumption.

Dr Cécile Knai said: "We know that effective voluntary agreements are based on clearly-defined, evidence-based and quantifiable targets, which require partners to go beyond 'business

as usual', and penalties for not delivering the pledges. However the alcohol pledges of the Public Health Responsibility Deal haven't met these criteria.

"Excessive alcohol consumption continues to be a major public health problem in England and needs to be addressed by effective interventions, notably those which change the market environment to make alcohol less available and more expensive. We hope our evaluation will contribute to decision-making about how to effectively tackle this problem."

Industry influence on the evaluation process

In highlighting the opaque nature of the evaluation process for the billion unit pledge, IAS Director Katherine Brown's critique of the Responsibility Deal echoes researchers' scepticism about the merits of voluntary partnership agreements between the government and the alcohol industry.

Brown's article for *BMJ Blogs* details the contents of a series of Freedom of Information requests containing crucial internal correspondence between the drinks industry funded Portman Group and the DoH, excluding the then public health Chair of the Monitoring and Evaluation Group (M&E) Mark Bellis. This included emails that questioned whether the evaluation was being carried out to the agreed set of specifications, or whether the Portman Group had tried to commission an alternative version.

She commented: "Allowing the drinks industry to have a key role in designing, monitoring and evaluating alcohol policy risks failing to protect public health from conflicts of interest, and the actions of the Portman Group exemplify why the Responsibility Deal as a concept is flawed.

"At the very least, if alcohol industry partnerships are to remain priority public policy tools, they should be subject to robust, transparent and independent evaluation." ■■■

WCRF: Three alcoholic drinks a day a “convincing cause of liver cancer”

Groundbreaking research reveals strong association between specific amount drunk and liver cancer for the first time

Strong evidence linking liver cancer with three alcoholic drinks or more a day is one of several new findings uncovered by World Cancer Research Fund International’s (WCRF) *Continuous Update Project* (CUP).

Using evidence from 14 studies involving 5,650 respondents, the authors of the report also discovered clear evidence of a positive dose-response relationship for alcohol and liver cancer, and a statistically significant increased risk of 4% per 10 grammes of alcohol per day for liver cancer incidence and mortality.

The report also uncovered intriguing indications that drinking coffee, physical activity, and fish consumption may decrease the risk of liver cancer, although more research is needed before any firm conclusions can be reached.

The CUP report is the most comprehensive review to date of global research into the relationship between diet, weight and physical activity and liver cancer. 34 studies in total were reviewed in the research, covering 8.2 million people of whom more than 24,500 had liver cancer.

Liver is one of the most deadly cancers with a 12% survival rate after five years. 4,703 cases were diagnosed in the UK in 2012. The WCRF estimates that nearly a quarter (24%) of cases could be prevented if people kept a healthy weight and did not drink.

The evidence

This CUP report *Diet, Nutrition, Physical Activity and Liver Cancer* updates the liver cancer section of the Second Expert Report (section 7.8) and is based on the findings of the *CUP Liver Cancer Systematic Literature Review* (SLR) and the CUP Expert Panel discussion in June 2014.

The CUP identified 13 new or updated studies (14 publications) – giving a total of 19 studies (30 publications) – investigating an association between alcohol consumption and liver cancer (see Liver Cancer SLR 2014 table 41 for a full list of references). 14 of the 19 studies on liver cancer were included in the dose-response meta-analysis (n = 5,650) <see Figure 2 of the SLR 2014 report, p. 23>.

The dose-response relationship was derived from categorical data in which the reference category used was ‘never drinkers’ in 5 out of the 14 studies included in the dose-response meta-analysis. Former drinkers were excluded from these analyses. The authors state that this may have attenuated the association of alcohol and liver cancer in some studies. Studies identified on patients with hepatic cirrhosis (including only patients with cirrhosis), hepatitis B or C viruses, alcoholism or history of alcohol abuse were excluded from the Liver Cancer SLR 2014.

The overall evidence was consistent with a positive dose-response relationship for alcohol and liver cancer, and this association was still apparent when stratified by outcome, sex and geographical location, with the greatest effects observed for liver cancer incidence over mortality, women over men and Asia over Northern America & Europe respectively (illustrated).

The Liver Cancer SLR 2014 findings were consistent with the dose-response meta-analysis from the 2005 SLR, which included 6 studies and showed a significant positive association per 10 grammes per day (RR 1.10 (95% CI 1.02–1.17); n = 400). The effect observed in the Liver Cancer SLR 2014 was smaller (mainly because it excluded studies of people who were carriers of or infected with hepatitis, which tend to show a greater effect) but included more studies and more cases of liver cancer.

ANALYSIS	INCREMENT	RR (95% CI)	I ²	NO. STUDIES	NO. CASES
Incidence	Per 10 g/day	1.12 (1.05-1.18)	69%	9	1,738
Mortality	Per 10 g/day	1.02 (1.01-1.03)	0%	5	3,912
Men	Per 10 g/day	1.03 (1.01-1.05)	51%	8	4,132
Women	Per 10 g/day	1.19 (1.04-1.35)	12%	4	637

Summary of CUP 2014 stratified dose-response meta-analyses – alcohol. Adapted from *Diet, nutrition, physical activity and liver cancer*, Chapter 7.4: Alcoholic drinks, Table 3, p. 24

the urgent need for mandatory health warnings on alcohol products. Alcohol, like tobacco and asbestos, is a class 1 carcinogen and it is totally unacceptable that the public is not provided with such basic information.

“Evidence from the AHA demonstrates that the public are still largely unaware of the direct link between alcohol and cancer.

Every person has the right to know what they are putting into their bodies and to make an informed choice. Current voluntary pledges on labelling by the alcohol industry do not go far enough; such groups will always place the interests of shareholders above the interests of public health.

“This report also shows that there is no safe level of drinking when it comes to cancer prevention. It’s time for the government to take action to minimise the risk of harm; including ensuring that labels carry mandatory health warnings and lists of ingredients to standards that are developed independently from groups with vested interests”.



Conclusions

The CUP Panel behind the report drew the following observations from the findings:

- There was ample evidence suggestive of a non-linear relationship with a statistically significant effect above about 45 grammes per day
- No conclusion was possible for intakes below 45 grammes per day
- There was insufficient evidence to conclude that there is any difference in effect between men and women.

The Panel concluded that as alcohol is a known cause of cirrhosis and a known carcinogen, then based on the evidence for alcohol intakes above 45 grammes per day (around three drinks a day), “the consumption of alcoholic drinks is a convincing cause of liver cancer.”

Previous CUP research has shown alcohol to be strongly linked with a range of cancers, including liver. World Cancer Research Fund recommends that if consumed women should try to limit their alcohol intake to one drink per day and men to 2 drinks per day.

Responding to the findings from the World Cancer Research Fund that just three alcoholic drinks a day can cause liver cancer, Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance UK (AHA) said:

“The findings from this study further demonstrate
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