

Alcohol Alert newsletter

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LGA demands slice of alcohol duty to combat alcohol misuse

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Local Government Association calls for slice of alcohol tax “to combat crippling levels of harmful drinking in ‘Booze Britain’”

A slice of the existing tax on alcohol should be used to tackle soaring levels of alcohol abuse which are “crippling the nation’s healthcare budgets” councils are urging.

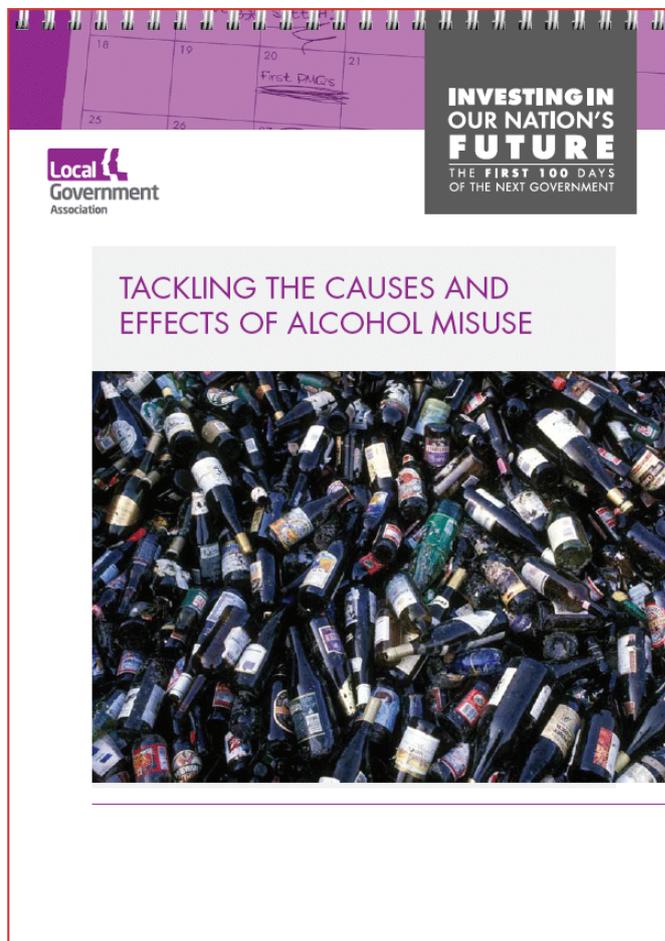
The Local Government Association (LGA), which represents almost 400 local authorities in England and Wales, who are now responsible for public health, is calling for the Government to divert a fifth of the current total annual duty on alcohol to councils, “so they can save the public sector billions of pounds and improve people’s lives.” The LGA says that this £2 billion is less than a tenth of the £21 billion annual national ‘bill’ for the harm caused by excessive drinking; covering healthcare, crime and lost work productivity.

As well as reinvesting a fifth of existing alcohol duty in preventative measures, the LGA also urges giving councils the power to take public health issues into account

when making licensing decisions, and supporting licensing and trading standards departments to tackle better the black market in alcohol.

These proposals are contained in a LGA report ‘Tackling the causes and effects of alcohol misuse’. This forms part of the LGA’s campaign ‘Investing in our nation’s future’, which sets out what the next Government needs to do in its first 100 days after May’s General Election by radically devolving power to local areas.

Devolving a portion of income from alcohol tax to councils, who are spearheading the public health campaign against alcohol abuse, would enable them to support and expand a range of innovative council initiatives. These include working with the local drinks industry to reduce the number of outlets selling high and super-strength alcohol; mapping alcohol impact when considering licensing applications; and supporting a multitude of recovery programmes.



Evidence clearly demonstrates that early intervention in tackling alcohol harm saves the taxpayer money. For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.

The LGA is, therefore, calling for local authorities to be able to use the money to undertake much more work, for example, in schools and colleges to

raise awareness; invest more in supporting town and city centres to create places where people can drink moderately and sensibly; work with the courts and the police to divert alcohol misusers with mental health problems away from the criminal justice system to free up police time; and put more resources into licensing and trading standards teams.

Councils spend about 30% (£830 million a year) of their entire public health budget on drug and alcohol misuse – more than any other service. However, they say this is as much as they can afford and it is not nearly enough to tackle a national crisis. There are an estimated 1.6 million people dependent on alcohol in England alone but only 6.4% of dependent drinkers access treatment.

Professor Sir Ian Gilmore, Chair of the Alcohol Health Alliance UK, said:

“This call for action from the LGA has brilliantly captured the current burden of alcohol harm in this country and the opportunity for properly resourced local initiatives to reduce it. There will always be areas where national policies will be most efficient and effective, such as setting a minimum unit price, and others, such as tackling the local night-time economy, where local Government is best placed to act. Let's work together

to make sure there is coordinated national and local action for evidence-based policies to make our health better and our streets safer.”

In an interview with Cllr Jonathan McShane, Chair of Hackney Health & Wellbeing Board, the Councillor called for the implementation of minimum unit pricing at a national level in order to support the initiatives laid out in the LGA report.

He said: “There's a sense among some politicians that minimum unit pricing doesn't sit well with an agenda around supporting people when the cost of living is difficult... I think that is a complete misreading of the sensible proposals around minimum unit pricing.

“We all know that the sort of products that would be affected by minimum unit pricing are products that are used by people who are binge drinking or are dependent on alcohol.



“I think that the proponents of minimum unit pricing have struggled to get that message across as effectively as they could and obviously they are doing it in the face of massive incredibly well-resourced lobbying from the alcohol industry. I think some honesty over who this will really impact on

would be helpful, and if you look at it in that sense, then I think it is very hard to argue against minimum unit pricing.”

Listen to our podcast here:

<https://soundcloud.com/instalcstud/alcoholalert-022015>

Irish Government announces measures to tackle alcohol harm

Minimum unit pricing of alcohol

Warning labels & calorie details

Strong new powers for Environmental Health Officers

New restrictions on advertising, marketing & sponsorship

The Republic of Ireland Cabinet has signed off on proposals to reduce alcohol consumption and tackle alcohol misuse which will help Ireland to cut alcohol consumption to the OECD average by 2020 and reduce the harm associated with alcohol.

Minister for Health, Leo Varadkar, said the proposed Public Health (Alcohol) Bill 2015 is part of a suite of measures designed to reduce alcohol consumption and limit the damage to the nation's health, society and economy.

He said: "Most Irish adults drink too much and many drink dangerously. This has an enormous impact on our society and economy through greater illness and higher health costs, public order and violent offences, road traffic collisions, injuries and absence from work. It is also associated with many suicides and instances of sexual violence, domestic violence and child harm."

Mr Varadkar continued: "This legislation is the most far-reaching proposed by any Irish Government. For the first time alcohol is being addressed as a public health measure which makes this a legislative milestone. It deals with all of the important aspects that must be addressed including price, availability, information and marketing.

"This matter has been debated for six years, since the establishment of the Working Group on a National Substance Misuse Strategy. A Bill has been on the cards since the Government decision in 2013. We have been talking about it for too long. It is time to take action."

The proposals

The proposals are contained in the Heads of the Public Health (Alcohol) Bill 2015, which was approved by Cabinet. They will form the basis of the Bill which will now be drafted. They include:

- Provisions to prevent the sale of very cheap alcohol, health labelling

and warnings on products including calorie counts

- New enforcement powers for Environmental Health Officers to police and enforce the separation of alcohol within stores, when Section 9 of the Intoxicating Liquor Act 2008 is commenced by the Department of Justice
- Environmental Health Officers will also be empowered to police minimum unit pricing, health labelling, marketing and advertising and other measures of the Bill.

The following measures regarding marketing, advertising and sponsorship will be subject to a three-year review to gauge their effectiveness:

- Restrictions on the advertising and marketing of alcohol from 2016 including a broadcast watershed on television and radio, with further restrictions due on



Leo Varadkar TD

cinema and outdoor advertising

- It will be illegal to market or advertise alcohol in a manner that is appealing to children
- Legal regulation of sports sponsorship for the first time. However, a complete ban on alcohol sports sponsorship was rejected.

The Public Health (Alcohol) Bill aims to reduce alcohol consumption in Ireland to 9.1 litres per person per annum (the OECD average) by 2020, and to reduce the harms associated with alcohol.

The Bill consists of 20 draft Heads and includes provisions for:

Minimum Unit Pricing for Alcohol Products

This will make it illegal to sell or advertise for sale alcohol at a price below a set minimum price. This is aimed at those who drink in a harmful and hazardous manner and is designed to prevent the sale of alcohol at very cheap prices. The minimum price will be set at a level which evidence shows will reduce the burden of harm from alcohol. It will be set through secondary legislation (regulation) in consultation.

Health Labelling of Alcohol Products

'Standard Drink' or units are widely misunderstood by the general public. The Health Research Board, National Alcohol Diary Survey concluded that the Irish population underestimate the amount that they drink, reporting only 39% of their general alcohol consumption.

The Public Health (Alcohol) Bill provides that labels on alcohol products will contain:

- Health warnings and advice (including for pregnancy)
- The amount of pure alcohol as measured in grams

- The calorie count

Under the Bill, on-licence holders (e.g. pubs, restaurants) are obliged to provide this information to customers in relation to alcohol products sold on draught or in measures e.g. pints, glasses of wine and measures of spirits. Health warnings and advice will also be included on all promotional material.

The Department plans to conduct primary research e.g. through focus groups to inform health labelling to ensure clarity and efficacy of message.

New Enforcement Powers for Environmental Health Officers

The Public Health (Alcohol) Bill will be enforced by Environmental Health Officers. Provisions to be enforced include those in respect of:

- Structural separation of alcohol from other products under section 9 of the Intoxicating Liquor Act 2008 when it is commenced
- Minimum unit pricing
- Health labelling
- Regulations relating to the sale, supply and

consumption of alcohol products under section 16 of the Intoxicating Liquor Act 2008 (to restrict advertising, promoting, selling or supplying alcohol at reduced prices or free of charge)

Regulation of Advertising and Marketing of Alcohol

The Public (Health) Alcohol Bill will make it illegal to market or advertise alcohol in a manner that is appealing to children. It provides for the making of regulations regarding the marketing and advertising of alcohol and includes provisions, inter alia, for restrictions on broadcast marketing and advertising, cinema advertising, outdoor advertising, print media and the regulation of sponsorship by alcohol companies. It also provides for controls on the content of alcohol marketing and advertising.

The Broadcasting Authority of Ireland's 'General Communication Code' will be amended to reflect the requirements of the Public Health (Alcohol) Bill in relation to the marketing and advertising of alcohol and television and radio. The existing Code of Practice for Sponsorships by Drinks Companies will be put on a

legal footing with enforcement powers and penalties.

The provisions in relation to the marketing and advertising will be reviewed after 3 years.

Sports sponsorship

The provisions in relation to the marketing and advertising will be reviewed after 3 years.

Plans to place the existing voluntary code of sports sponsorship on a statutory footing will do more harm than good, and will act as a barrier to alcohol harm reduction among young people in particular. That's according to Alcohol Action Ireland, which was responding to media reports that the forthcoming Public Health (Alcohol) Bill will integrate the existing code of sports sponsorship.

According to Suzanne Costello, CEO of Alcohol Action Ireland: "The existing code of practice written by, and regulated by, the alcohol industry is 'light touch' in nature and fails to protect children from exposure to alcohol advertising. Placing this on a statutory basis effectively rules out any action to protect children from exposure to alcohol advertising for a generation."

No legal obstacle to MUP in Scotland – Scots QC

Aidan Robertson QC finds no reason for the EU courts to uphold industry challenge to law.

Legislation passed by the Scottish Parliament in June 2012 to impose minimum unit pricing for alcohol (MUP) sold in Scotland, as part of a strategy to tackle alcohol-related harm, has yet to be implemented pending the outcome of a challenge to its legality under EU law before the Scottish Courts.

The challenge was brought by three associations of producers of wines and spirits in Europe including the Scotch Whisky Association. The first instance court in Scotland rejected the challenge in May 2013, but Scotland's appeal court decided in April 2014 that, before ruling on the producers' appeal, it should refer a number of questions to the Court of Justice of the European Union ("CJEU"). The CJEU is not expected to rule until late 2015 at the earliest and so the ultimate outcome before the Scottish courts is not likely to be known until 2016. The Coalition Government in Westminster has said that its failure to implement its commitment to introduce MUP in England and Wales is due, in part, to awaiting the CJEU ruling.

Now, however, a Scottish QC who specialises in competition, EU and public law and who has reviewed the case has concluded that there are no valid grounds in EU law for resisting MUP and that the first instance court's rejection of the original challenge was correct. The QC, Mr Aidan Robertson, writing in the *European Journal of Risk Regulation*, states that: "It is a matter of considerable regret that implementation of the Scottish legislation has been held up by legal challenges from the drinks industry. The questions referred to the CJEU do not.... disclose any ground under EU law on which the validity of the legislation may be impugned. Minimum unit pricing for alcohol ought to be permitted as an innovative attempt to tackle a serious health and social problem facing Scotland."

The Questions

Two broad questions were referred to the CJEU, the second one later being further sub-divided. The first asked whether the MUP legislation was compatible with (a) the EU's common organisation of the market in wine and (b) the Treaty on

the Functioning of the European Union's (TFEU) provisions of the free movement of goods.

Question 1

The first question relates to whether MUP is compatible with the EU's common organisation of the market in wine. The two arguments underpinning this question are firstly, the argument that EU rules do not allow national rules to affect the trade in wine, and secondly, that price fixing is specifically prohibited (and that MUP would fall under the definition of price-fixing) Both of these arguments were rejected at the court of first instance.

Robertson argues that it is hard to see how MUP could be a credible policy measure if wine were exempted from its provisions, saying: "it is clear that defeat for the Scottish government on this ground would force a rethink of its entire strategy."

Under the TFEU, there is shared competence between national governments and the EU in agriculture. As there are no harmonised rules

to protect human health, member states retain competence in this area as long as the legislation does not contravene Treaty provisions.

The suggestion by the Inner House that EU regulation 1308/2013 removes member states' competence in this area is not supported by EU case law.

On price-fixing, the first instance court was correct in identifying that this relates to the anti-competitive behaviour of competitors, explaining:

"The provision strikes at marketing rules at the production stage which permit anti-competitive price fixing agreements between competitors. It does not prohibit or restrict Member States' competence to make provision for minimum retail prices for sales from licensed premises to consumers ... on grounds of the protection of public health."

Therefore, Robertson concludes, MUP is compatible with the common organisation of the market in wine. If it were not, he argues, market forces would have

to take precedence across all common markets over the right of any member state to legislate on the basis of the shared competence guaranteed by Article 4 (2) (d) TFEU.

In regard to the free movement of goods, the issue is whether MUP is prohibited under the rules contained in Articles 34 and 36 of the TFEU.

Robertson states it is not in dispute that MUP is a restriction under Article 34. What is contested is whether this restriction is justified on public health grounds.

While the Commission accepted the serious nature of the public health problem in Scotland caused by alcohol consumption and that increasing prices was likely to reduce consumption, they held that the aims of the MUP policy could be better achieved via an increase in excise duty. They argued that this would avoid interference in the free movement of goods and rejected the idea that a duty increase might not necessarily be passed on to consumers in the form of higher retail prices.

Hence, Robertson states, the Commission had no objection in principle to increasing the price of alcohol. In making their case that duty was a better way of achieving the Scottish Government's public health aims, Robertson notes that they had not considered the full evidence that was considered in line-by-line detail by the Scottish Parliament during the passage of the legislation.

While not explicitly stated, it is clear that the basis for the Commission's argument is in the CJEU's jurisprudence in relation to tobacco. In 2010, in three tobacco cases decided together, the CJEU ruled that member states were not allowed to impose minimum pricing on manufactured tobacco products and could only increase duty, along with a below-cost sales ban.

Robertson argues that, despite similarities, tobacco case law cannot be directly transposed to the minimum unit pricing of alcohol. The EU duty regime for alcohol is different from tobacco although the tobacco cases also rested on Articles 34 and 36.

The evidence considered by the Scottish Parliament and set out by the Scottish Government in the BRIA (Business and Regulatory Impact Assessment) gave detailed consideration to alternative policy approaches to reducing alcohol harm.

Unlike increasing alcohol duty, MUP can: "provide for a precisely targeted increase in price to a particular level and therefore is obviously the most direct and effective remedy". The effectiveness of MUP is supported by a considerable body of evidence, including statistical modelling. It was explained by the Scottish Government in the BRIA that other policy instruments would be less effective at increasing the price of alcohol as there is no direct relationship between duty levels and the price a consumer pays. There is also evidence of supermarkets pricing alcohol below cost as loss leaders.

Alcohol duty is a particularly blunt instrument - and this is a significant difference with tobacco - due to the restrictions which mean that wine of 8.5% ABV

must be taxed identically as wine of 15% ABV, while cider of 1.2% ABV is taxed the same as 8.5% ABV cider. As cheap, strong ciders are a particular problem this is a serious flaw in the effectiveness of duty to achieve the same aim as MUP.

The Scottish Government does not have the power to vary duty as this is reserved to Westminster. Furthermore, the UK Government's stated policy that it "does not see alcohol duty as a prime tool for tackling the problems associated with alcohol consumption"^[i] was taken into the Scottish Government's policymaking considerations.

In addition, alcohol duty affects licensed premises and off licenses equally (another disparity with tobacco), yet it is cheap alcohol from off licenses which causes most alcohol harm and to which MUP is targeted. Whereas increasing the price of all tobacco products makes sense (because consumption at all levels is harmful), in alcohol consumption there are, according to Bartlett (2014)^[ii]: "varying levels of harm, thus

Alcohol used to take “time out” from daily life, says study

addressing the most serious levels requires a tailored approach. The Commission states that increasing tax ‘would impact all products equally’; however, this is not the point of the intervention.”

Question 2

Robertson takes issue with the phrasing of question 2 which asks: “is it permissible under EU laws, and if so under what conditions, for a member state to reject such fiscal methods of increasing the price to the consumer in favour of legislative measures fixing minimum retail prices which distort intra EU trade and competition?”

This is a ‘leading question’ on two grounds. Firstly, it makes an assumption that MUP distorts trade while not acknowledging that fiscal measures can also distort trade. Secondly, it starts from an erroneous assumption that member states require permission to choose to bypass fiscal measures in favour of minimum pricing. Robertson reiterates that, unlike tobacco directives, there is no requirement in EU law to require the use of fiscal policy instruments

over any other measure. The issue is whether MUP is compatible with Article 36 TFEU, and if it is, there is no further barrier to be overcome.

There are other technical questions involved in the case, but Robertson argues that none of them should be decided in the alcohol producers’ favour and that their appeal should therefore be dismissed.

The full paper by Aiden Robertson is available from <http://www.lexxion.de/en/verlagsprogramm-shop/details/5213/455/ejrr/ejrr-4/2014/minimum-unit-pricing-for-alcohol-in-the-court-of-justice>

^[i] BRIA, Annex A, [73]

^[ii] Bartlett 92014) EJRR 73,76

New research suggests that most women see alcohol as representing a time and space away from their daily jobs and household chores.

“Transformation and time-out: The role of alcohol in identity construction among Scottish women in early midlife” drew on findings from the DrAM (Drinking Attitudes in Midlife) study. This involved gathering qualitative data from 11 focus groups comprising adults aged between 30 and 50 years in the west of Scotland.

Results suggested that for many of the female respondents, alcohol played an important role in providing “time out” from mundane aspects of day-to-day existence. Women who were childless but in settled relationships described alcohol as important in the setting aside of time to focus on their partners. Mothers of older children equated alcohol with a release from responsibilities after a hard day at work or juggling paid work and childcare. Drinking with other women in particular was seen to provide a physical space away from men where women could be candid and unrestrained.

For those with younger children, drinking alcohol at home with partners when children were in bed was constructed as creating an adult space at home, while

(excessive) consumption amongst friends was associated with an earlier, more carefree stage of life, before they started to raise their families.

Dr Carol Emslie, Leader of the Substance Use and Misuse Research Group in Glasgow Caledonian University’s Institute for Applied Health Research, said: “Our research shows that women in midlife view drinking as a quick and convenient way to achieve “time out” from work domestic responsibilities. Given women’s busy lives at this life-stage, it is not surprising that alcohol is seen as an obvious way to relax and connect with others.

“However, while acknowledging the pleasures of drinking with partners and friends, it is important that we identify other ways in which women achieve “time out” without alcohol, such as exercising or socialising without drinking”.

The study “Transformation and time-out: The role of alcohol in identity construction among Scottish women in early midlife” was conducted by Carol Emslie, alongside Professor Kate Hunt at the MRC/CSO Social & Public Health Sciences Unit at the University of Glasgow, and Professor Antonia Lyons at Massey University in New Zealand. It is published in the International Journal of Drug Policy.

Speaking at the launch of the Labour Party's Public Health paper, Shadow Health Secretary Andy Burnham MP and Shadow Public Health Minister Luciana Berger MP unveiled a range of proposals aimed at restricting the availability of high-strength, low-cost alcohol that is "affordable to children, fuels binge drinking and does most harm to health".

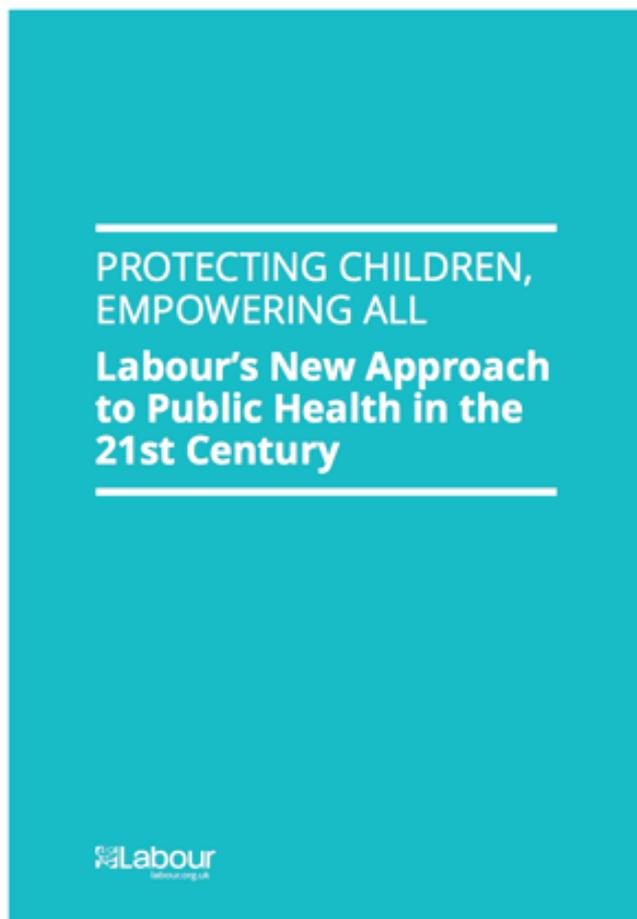
The proposals outlined in 'Protecting Children, Empowering All: Labour's New Approach to Public Health in the 21st Century' include:

- Prohibiting or discouraging the sale of high strength cheap cider in three-litre bottles.
- Creating a new, higher duty band specifically for high-strength ciders.
- Reviewing the minimum apple juice content for cider.
- Reviewing the promotion of alcohol, particularly in relation to children,

including working with sport governing bodies to look at the impact of sport sponsorship.

- Make public health a fifth licensing objective.
- Pursue calls for improved alcohol labelling at EU level, and make it compulsory to carry a visible warning about the risk of drinking during pregnancy.

Drinks industry representatives were quick to criticise the plans, especially on the issue of alcohol advertising and sponsorship. Brigid Simmonds, Chief Executive of the British Beer and Pub Association, said: "If Labour rightly wants more people to get active, why pursue policies that would undermine sports sponsorship? Around £300 million comes from alcohol sponsorship, with some £50 million going directly to grassroots sport. Carried out responsibly, alcohol sponsorship benefits sport, both nationally and locally."



Miles Beale, Chief Executive of the Wine & Spirit Trade Association, defended UK alcohol advertising as already being strictly regulated by the ASA and the Portman Group, adding that "outright [advertising] bans do nothing to tackle alcohol-related harm." He also claimed that because the industry had met its target of having health and unit information on over 80% of products' labels, further calls to make

labelling compulsory were "unnecessary". On Labour's plan to make health a licensing objective, Beale believes that it could create "confusion and there is little evidence it has reduced alcohol harm". Public health groups cautiously welcomed Andy Burnham's announcements, but raised concerns that Labour's public health strategy did not go far enough to address the problem of alcohol misuse.



Andy Burnham MP

Dr John Middleton, Vice President for Policy at the Faculty of Public Health, welcomed the strategy's focus on protecting children's health, but lamented that important measures such as a minimum unit price for alcohol were not mentioned by any political parties ahead of the UK General Election in May.

UK Health Forum Chair Klim McPherson also

called for an incoming Government to "go further to tackle the increasing health problems caused by harmful drinking, including minimum unit pricing and robust tax policies which will protect the young and vulnerable."

Professor Sir Ian Gilmore, Chair of the Alcohol Health Alliance UK said:

"We welcome any move to tackle the availability and promotion of cheap, strong alcohol that is placing an enormous strain on our health service and costing our economy more than £21 billion each year. The Labour Party is signalling some moves in the right direction but I hope, if elected, they will be bolder in the strongly evidence-based areas of price, marketing and availability.

"A comprehensive set of actions is urgently needed to reduce the burden of alcohol related disease and premature death in the UK. The Alcohol Health Alliance has set out an evidence-based strategy for tackling alcohol problems, which has the full support of the public health community. This includes introducing a minimum unit price for alcohol, restrictions on alcohol marketing and a lower drink drive limit.

"We are hopeful that the incoming government in May 2015, whoever that may be, will take both an evidence based and a common sense approach to alcohol policy. Taking action on the availability

and promotion of cheap strong drink will save lives, ease the strain on our NHS and make our communities safer."

The Labour Party's position on alcohol in the run-up to the election is far removed from its origins when founding members such as Keir Hardie and Arthur Henderson advocated for temperance values, as historian Peter Catterall wrote in a recent IAS paper, 'Labour and the politics of alcohol: the decline of a cause'.

Shadow Health Secretary Andy Burnham showed that he was at least aware of this history when he said "Labour has traditionally led the way on public health". However, the tone of responses from the public health community suggested that the party may need to adopt a more progressive stance on alcohol before it can be viewed as a vanguard in public health.

Alcohol Concern renews call for stricter marketing regulations

New survey shows primary school children are more familiar with beer brands than biscuits

Alcohol Concern has repeated its call for stricter alcohol marketing regulations to protect children and young people, after research has found that primary-school-aged children as young as 10 years old are more familiar with beer brands, than leading brands of biscuits, crisps and ice-cream.

The research also found half of children associate their favourite football teams and tournaments with the beer brands they are sponsored by, with 1 in 2 children associating Carlsberg beer with the English national football team.

The survey of English and Scottish children - which asked about recognition of alcohol brands, alcohol sponsorship, TV and social media use, and whether they had tried alcohol - also found that:

- Half of children (47%) associate Carlsberg beer with the English national football team: Carlsberg is the 'official beer' sponsor of the England team
- Almost 6 in 10 boys associate Chang beer

with Everton football club: Chang is the club shirt sponsor (47% overall)

- Brand recognition of Foster's lager was particularly high (93%), ranking above McVitie's, McCoy's and Ben & Jerry's.
- 4 in 5 (79%) children recognised the Foster's characters "Brad and Dan" from the TV commercial.
- Children who use Facebook, Instagram and Twitter had greater recall of alcohol brands and were more likely to have consumed alcohol themselves.
- In Scotland almost half of children (47%) and 60% of boys correctly associated Carling beer with the Scottish national football team: Carling sponsored the Scottish Football Association until 2014.

Alcohol Concern, Balance North East, Drink Wise and Alcohol Focus Scotland are now calling for alcohol advertising to be restricted to factual information in adult press, the phased removal of alcohol sponsorships,

cinema advertising only to be allowed for 18 certificate films and a TV watershed.

At the same time brand new research from the Alcohol Health Alliance shows high public support for better protection for children and young people from alcohol marketing.

- 84% of the public believe alcohol advertising in cinemas should only be shown if films have an 18 certificate
- 74% support a ban on alcohol advertising before the 9pm watershed to reduce the number of children in the viewing audience
- Two thirds (69%) agree that alcohol advertising appeals to under-18s
- More than half (58%) support restrictions on alcohol companies sponsoring sporting events

Tom Smith, Head of Policy at Alcohol Concern, said: "This research shows just how many of our children are being exposed to alcohol marketing, with an even bigger impact being made on those children with an interest in sport.

"Children get bombarded with pro-drinking messages, when they turn on the TV, go to the cinema or walk down the road, and the existing codes are failing to protect them.

"We also know the public share our concerns which is why we need urgent action from the Government to make sure tighter regulations on alcohol advertising are implemented."

Professor Gerard Hastings, founder of the Institute for Social Marketing at the University of Stirling, said: "This research shows that alcohol marketing is clearly making an impression on our children. Existing evidence shows that exposure to alcohol marketing leads young people to start drinking at an earlier age and to drink more.

"As the 6 Nations rugby kicks off with Guinness as its 'official beer', thousands of children across the UK will once again see alcohol associated with a major sporting event."

Cardiff campaign to cut binge drinking to be piloted across England

A campaign developed in Wales that cuts binge drinking and alcohol-related injuries is to be piloted across England.

The 'Have a Word' programme trains nurses and other health professionals to spot patients who misuse alcohol and intervene with helpful and effective advice to tackle their behaviour.

'Have a Word' is a campaign which motivates health professionals to offer health advice at times when patients are most receptive.

Led by award-winning researcher and IAS Expert Advisor Professor Jonathan Shepherd, it was developed by a knowledge transfer partnership between Cardiff University, Welsh Government and Public Health Wales.

'Have a Word' was launched by the then Wales Health Minister, Leslie Griffiths AM, in 2013, after trials by Cardiff University's Violence and Society Research Group showed



Professor Jonathan Shepherd

that advice given in precise ways by nurses, capitalising on "teachable moments" in people's lives, such as when stitches are being removed, cut binge drinking.

Since then, some 7,500 health professionals in Wales have been trained to 'Have a Word' by Public Health Wales.

Now, the scheme is to be adopted by Public Health England and trialled across several English regions. Health professionals in England will receive training in 'Have a Word' methods.

Professor Jonathan Shepherd, Director of the Violence and Society Research Group and Professor of Oral and Maxillofacial surgery at Cardiff University's School of Dentistry, said: "Public Health England's decision to adopt 'Have a Word' is another example of Cardiff University leading the way with innovative research that has the power to change lives.

"The 'Have a Word' campaign is based on a structured conversation between the patient and the health professional, known to motivate patients to change their

drinking behaviour. The aims are to prompt the patient to recognise the harm which their drinking has caused, for example the wound being treated; to review their drinking; to set themselves drinking limits and to make and act on decisions to reduce their hazardous drinking."

The Welsh Government estimates that every week in Wales 1,200 hospital admissions are attributed to alcohol.

Alcohol Map of Britain shows links between sales, consumption and harm

Reasons of Britain with high sales of alcohol and high levels of consumption are also those with high numbers of alcohol-related deaths. The links between sales, consumption and harm are presented in a new study, which, for the first time, uses alcohol sales data as a proxy for consumption, relating these to data on alcohol-related deaths.

The study, published in the open access journal *BMC Public Health*, shows that, of eleven regions analysed, the South West, Central Scotland, North East, North West and Yorkshire had higher levels of alcohol sales per adult than the GB average. There were lower sales in London, Central England and the East of England.

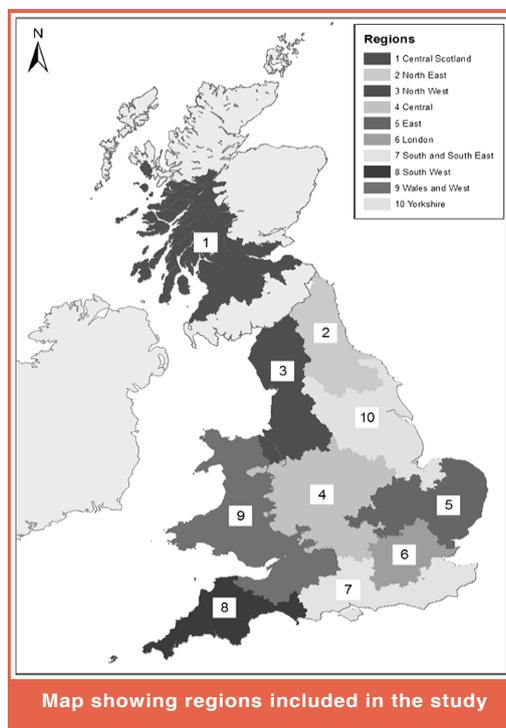
The study, led by NHS Health Scotland, also found some interesting regional differences in the types of alcohol sold through different alcohol retailers. The high volume of sales in South West England was mostly due to spirits and cider sold through pubs and restaurants, but sales of wine through supermarkets and other off-licences were also high. Both Scottish regions, but particularly Central Scotland, had substantially

higher spirits sales than any other region, especially through off-licences. In Yorkshire and the northern English regions, more beer was sold per adult than other GB regions. The low volume of sales in London was because of lower sales through off-licences.

It was also found that those regions with higher sales per adult typically had higher rates of alcohol-related deaths. However, the relationship was weakened by the South West region, which had the highest consumption level but one of the lowest alcohol death rates. The researchers at NHS Health Scotland and the Glasgow Centre for Population Health

suggest that this could be due to tourism. The South West, which, for the study, consisted mainly of Devon and Cornwall, had one of the smallest populations but also had one of the highest rates of second homes. People who visit this area but do not live there would increase the sales figures for alcohol and would not show up for alcohol-related deaths.

All previous studies have looked at alcohol consumption for regions in Great Britain based on self-reported data, which is often subject to sampling bias, low response rates and recall bias. The use of alcohol sales data is a more accurate and objective way to estimate consumption.



This is still subject to its own biases, such as wastage and spillage; consumption by tourists; and unrecorded alcohol, which includes homebrew, smuggled alcohol and alcohol intended for industrial and medical use.

Mark Robinson, Public Health Information Manager at NHS Health Scotland and study lead, said: "Our study provides support for the relationship between alcohol consumption and alcohol-related mortality across regions in Great Britain, which hasn't always been the case using survey data to estimate consumption. Future studies should consider the use of data from a range of different sources to provide a better understanding of alcohol consumption in GB, its relationship with alcohol-related harms, and the impact of different alcohol policy approaches."

Researchers from NHS Health Scotland regularly use alcohol sales data as a way of monitoring and evaluating the Scottish Government's strategy on alcohol consumption.

Robinson et al 15: Regional alcohol consumption and alcohol-related mortality in Great Britain: novel insights using retail sales data

End of the road in sight for super-strength products?

The future of super-strength beer and cider looks uncertain following Portman Group rulings that the packaging of Carlsberg's Skol Super, Carlsberg's Special Brew and Tennant's Super all breach alcohol responsibility rules.

The Portman Group rulings coincide with the announcement of a manifesto commitment by the Labour Party that, if elected to Government, it will discourage or ban the sale of high-strength cheap cider in 3 litre bottles. As reported previously in Alert, the successful Suffolk police initiative to discourage the sale of super-strength products from off-licences is spreading across the country, an initiative which will presumably be given a further boost by the Portman Group rulings.

However, a warning shot over the bows of the Suffolk scheme has been fired by the Competition and Markets Authority, which has suggested in evidence to MPs that such schemes may be in breach of competition law.

Portman Group Rulings

The Portman Group Complaints Panel found that the packing of the super-strength beers encouraged

immoderate consumption. The Panel observed that a 500ml can contains 4.5 units of alcohol – 0.5 and 1.5 units more than men's and women's recommended lower risk daily guidelines respectively. Noting the assumption that the quality of the product would degrade quickly once the can was opened, the Panel judged that it would be reasonable to expect that the contents would be consumed by one person in one session.

Independent opinion research, carried out by YouGov, commissioned on behalf of the Panel, found that 80% of consumers expected the contents of a 500ml 9%ABV can to be consumed by one person in one session, with only 2% saying that the cans could be easily resealed. The Panel ruled that consumers were unlikely to be persuaded by the text shown on the can 'best shared well chilled' to depart from the traditional pattern of consumption: i.e. by one person in one session.

The Portman Group has now issued a Retailer Alert Bulletin (RAB), instructing supermarkets, off-licences, convenience stores and other alcohol retailers not to place orders for 500ml cans of 9%ABV beers after 31 March 2015.

Carlsberg responded by expressing surprise and disappointment at the ruling. It said that it believed the products in question did not breach either the letter or spirit of the Code, nor encourage irresponsible or immoderate consumption. However, Bruce Ray, Corporate Affairs Director at Carlsberg UK, added that, in an effort "to demonstrate our own commitment and leadership on responsible drinking, in December last year, (Carlsberg) voluntarily signed up to the Government's Public Health Responsibility Deal Packaging Pledge to not sell any carbonated product containing more than four units of alcohol in a single-serve can. This commitment, first made to Government in July 2014, is to implement this across our portfolio during 2015."

Competition Law

As reported by Off Licence News, the business magazine for the take-home drinks market and a campaigner against the Suffolk scheme, the Competition and Markets Authority admitted to MPs it failed to investigate councils it knew were breaking competition law in relation to Reducing the Strength schemes, and could be putting retailers at risk of significant fines and possible imprisonment.

Dan Moore, Director of Competition and Markets at the CMA, admitted there was "undoubtedly" a breach of competition law in cases where councils, including Hounslow, held meetings where retailers agreed to sign up as a group or visited shops individually and told them about competitors' intentions to join the schemes.

Off Licence News quotes Dan Moore as saying: "If retailers are talking in a room about it [sharing future commercial intentions] then it gives rise to significant competition law risk. If there is a co-ordinated withdrawal of a particular product there is a competition law risk.

"If you put pressure on a licensee by saying 'you have to do this [join a Reducing the Strength scheme] because everybody else is, if they are using the intention of a store's competitors and sharing those then you have considerable competition law risk."

Despite admitting councils were breaking the law, Moore said the CMA was under-resourced to investigate while it focused on competition cases in other industries, including banking and energy.

Off-Licence News also quoted competition

Think Tank calls for ‘penny a unit’ tax to fund alcohol/drug treatment

lawyer Martin Rees as agreeing that retailers were at considerable risk of breaking competition law, which carries a penalty of up to 10% of a retailer's turnover or as much as five years imprisonment.

Rees said: “In Hounslow the local businesses got together with the local authorities at a conference centre and they agreed to amend the terms of their licenses to stop selling beer and cider over 6%ABV. That's a collective boycott. It's a very serious infringement of competition law. There is no defence.

“I would feel very sorry for the licensees concerned if there are fines. The CMA has not opened an investigation into these schemes.”

He added: “Limiting supply [of a product] is just as problematic as price fixing.

“I would advise retailers not to go anywhere near this.”

The European Commission is undertaking its own investigation into the Reducing the Strength Schemes, following a formal complaint by Off Licence News and a request for it to intervene.

The Centre for Social Justice (CSJ), a think tank closely connected with the Conservative Party, has called for a ‘treatment tax’ of one penny per unit of alcohol sold from off-licences to fund rehab for alcohol and drug addicts.

The CSJ made the call in response to new figures showing the extent of the pressure placed by alcohol misuse on hospital services. The CSJ says the number of alcohol-related hospital admissions has risen to more than 1.2 million a year, admissions in England rising by more than 5% over the space of two years. Data shows the number of admissions rose from 1,168,266 in 2010/11 to 1,232,464 in 2012/13, highlighted by the latest statistics from the Department of Health.

The CSJ said there are 1.6 million people dependent on alcohol in England and one in five children live with a parent who drinks hazardously. Every year alcohol is said to cost society £21 billion. The CSJ pointed to figures showing as much as 70% of accident and emergency visits in the early hours are alcohol related, and 40% of A&E attendances at weekends are caused by alcohol.

The CSJ said that, going on recent trends, the number of cases could reach as much as 1.5 million by the end of the current Parliament.

“Alcohol abuse can rip into families, make communities less safe and entrench poverty,” said CSJ Director, Christian Guy. “This is a growing problem but for years effective treatment has been the preserve of the wealthy.

“It's time to break this injustice wide open and fund a new generation of rehabilitation treatment.”

The CSJ says residential treatment –which it claims is the most effective form of treatment - has been continually cut and is calling for this to be reversed. The ‘treatment tax’ would introduce a levy of a penny per unit, added by the end of the next Parliament, to fund recovery services to the tune of £1.1 billion over five years.

The CSJ also complained of the lack of prosecutions of individuals serving alcohol to people who are drunk. There were only 29 convictions in England over five years (2009 to 2013). In the last recorded year there were five. The CSJ calls for Police and Crime Commissioners to put more



Christian Guy

resources into cracking down on those who sell alcohol to drunks.

However, early indications are not encouraging for the future of a treatment tax. The CSJ's call for a tax virtually coincided with a series of questions on alcohol issues to the Government spokesman, the Conservative peer, Earl Howe, who, when asked by Lord Singh if he agreed with the suggestion that the drinks industry should bear the cost of treating people with alcohol-related sickness and illness who end up in A&E that is proportionate to their number, replied in the negative. He said that “there is actually no evidence that the A&E pressures we are now seeing are attributable to trends in alcohol-related attendances, and we have a mechanism through duties on alcohol to compensate society for the harms that alcohol causes.”

Edinburgh alcohol strategy

“to balance safe drinking with economic development”

Edinburgh councillors are being urged to reduce alcohol-related harm in the city while supporting economic development.

A presentation on alcohol-related harm within the city was made by Edinburgh Alcohol and Drugs Partnership, the NHS and the police, to the City of Edinburgh Council’s Health, Social Care and Housing Committee on January 27 2015.

The presentation was based on a new report that stated in the capital:

- The cost of alcohol-related harm to the council’s social care services is £29 million
- The impact on economic productivity is an estimated £85m
- Alcohol-related deaths doubled between 1991 and 2004
- 47% of adults drink more than recommended guidelines
- 26% of serious assaults committed in public places are aggravated by alcohol

- Edinburgh’s alcohol-related hospital admission rate is higher than the Scottish average

The report highlighted a proposal to develop a local strategy on alcohol that reduces related harmful impacts while, at the same time, supporting the capital’s aspiration for continued economic development. If approved, it will be developed through the Edinburgh Partnership. It will also highlight ongoing work to deal with these issues by officers from the public and third sectors within planning, economic development, social work, licensing, public health, the police and the fire service.

Committee members were asked to note the harm caused across the city, that effective interventions need to focus on reducing harm across the population, and to support further talks between Council services, Police Scotland, NHS Lothian and the third sector to develop the strategy.

Councillor Ricky Henderson, Health, Social Care and Housing Convener, said: “The negative effects of the misuse of alcohol, on the city as well as on



Councillor Ricky Henderson

individuals is laid bare in this report. It is clear that these issues have a far-reaching effect on people of all ages and social backgrounds.

“The Council has a duty to promote citizens’ health and well-being, but at the same time, a desire to encourage business development and to support financial growth of the city as a whole.

“Talks are at the early stages between services within the Council about how we reduce alcohol-related harm and support

the economic development of our city at the same time.”

The report “Reducing the negative impact of alcohol on our city” can be downloaded by following the link: http://www.edinburgh.gov.uk/news/article/1751/strategy_will_balance_safe_drinking_with_economic_development

Alcohol Health Alliance also urges higher alcohol prices to resolve A&E crisis

In a letter to the Daily Telegraph, 20 senior health professionals, members of the Alcohol Health Alliance, also blamed overly cheap alcohol for helping to increase the pressure on accident and emergency services. They repeated their call for a 50p minimum unit price for alcohol, which they said would tackle a culture of “excessive alcohol consumption”.

The full letter reads: “The current A&E crisis is being compounded by the failure of policymakers to tackle the impact of excessive alcohol consumption.

“Approximately 20% of all A&E attendances are alcohol-related. This increases to 70-80% at peak weekend periods on Friday and Saturday nights.

“Almost every family in the country has been adversely affected by alcohol misuse at some point. However, Government after Government has failed to enact evidence-based policies, which would save lives and ease pressure on the health, policing and criminal justice system.

“A 50 pence minimum unit price for alcohol, terminating the practice

of advertising alcohol to children, improved alcohol labelling and establishing alcohol care teams, with specialist consultants and nurses, are just a few simple measures which must be taken urgently. None of these policies would punish responsible drinkers.

“These are not fix-all solutions to the many challenges faced in A&E departments, but without a range of solutions like this, the pressures on our A&E departments will only increase.

“Let's not just try to mop up the mess. As a nation, we must tackle these problems at the source.”

Signatories to the letter include Professor Sir Ian Gilmore, past President of the Royal College of Physicians and Chairman of the Alcohol Health Alliance, Dr Kieran Moriarty, Alcohol Services Lead at the British Society of Gastroenterology, Dr Adrian Boyle, from the College of Emergency Medicine, Professor John Ashton, President of the Faculty of Public Health, and Katherine Brown, Director of the Institute of Alcohol Studies.

David Beckham TV advertisement for whisky approved by Advertising Standards Authority

A TV advertisement for a brand of whisky featuring football star David Beckham has been cleared by regulatory body the Advertising Standards Authority (ASA).

Complaints had been lodged with the ASA, principally from Alcohol Concern, alleging that the advertisement was irresponsible and in breach of the advertising code by encouraging underage drinking.

When Beckham's association with Haig Club Whisky, owned by Diageo, was first announced, Alcohol Concern objected strongly and urged Beckham to reconsider. Emily Robinson, Deputy Chief Executive of Alcohol Concern said:

“It's incredibly disappointing that David Beckham, a global icon who has wide appeal to children has chosen to use his sports star image to promote spirits. Given David Beckham's other roles promoting sport and a healthy lifestyle to children, we believe this will send a confusing message to them about the dangers of alcohol and its impact on

a healthy lifestyle and we call on the star to rethink his association with this product.”

The TV advertisement, also an online video, was directed by Guy Richie, former husband of pop star Madonna. It featured Beckham, who was riding a motorcycle, and others, travelling through a craggy landscape to meet each other. The actors were all shown congregating in smart attire, with Beckham carrying a bottle of Haig Club. He poured the drink into tumblers for them and they were then shown posing for photographs while, initially, holding their tumblers. The background changed to show different countries and settings, and the arrangement of the group also changed, with the characters no longer holding their glasses, before returning to the original group photograph. The ad ended with a shot of the product and the caption “Haig Club single grain scotch whisky Welcome.”

Alcohol Concern, who considered that David Beckham would have strong appeal to those under 18 years of age, challenged whether the promotion was

irresponsible because it featured David Beckham promoting an alcoholic beverage, and implied that drinking was a key component of social success or acceptance, and that refusal was a sign of weakness.

In response, Diageo Great Britain Ltd stated that Haig Club was launched in partnership with David Beckham and Simon Fuller, and that Beckham had a fundamental role in developing the brand and its strategy, including participating in advertising and being a global brand ambassador. They stated that Beckham's prominent role in the ad reflected this partnership.

Diageo disputed Alcohol Concern's claims, insisting that the Scotch Whisky category appealed primarily to adults over 25 years of age, and that they chose to partner with Beckham because he was a global icon that had strong appeal to the target consumer group of males between 25 and 40.

The complaints were not upheld. The ASA considered that as Beckham had not played for a UK club in the last decade he was unlikely

to have particular resonance for children on the basis of his sporting career alone, or have strong appeal on that basis. The ASA understood that Alcohol Concern specifically noted that Beckham had won a Nickelodeon Kid's Choice Sports 'Legend' award earlier this year, and that they felt this demonstrated a strong appeal to children. However, the ASA also understood that the award's recipient was chosen by Nickelodeon, rather than being voted on by children, and that the award was primarily an American one. It considered that, although it suggested the potential for some appeal to children, the opinion of the largely-American Nickelodeon channel was insufficient to demonstrate that Beckham held strong appeal to children in the UK.

Commenting on the decision, Emily Robinson, said: "Given his other roles promoting sport and the importance of a healthy lifestyle, we think the public will be amazed to hear the



ASA doesn't think David Beckham is a role model for children.

"How can we take the ASA seriously when they deem that a global icon doesn't appeal to young people and that having one of the most famous people in the world in a whisky advert is not linking the promotion of alcohol with social success?"

She added: "This ruling shows why we need tighter restrictions on advertising regulations to ensure children and young people have far greater protection from alcohol advertising."

The ASA also rejected the complaint that, in the advertisement, alcohol was depicted as necessary to social success.

Photo courtesy of Wikipedia

British Liver Trust calls for early liver tests to save thousands of lives

Part of the 4th annual “Love Your Liver” campaign

The British Liver Trust (BLT) has launched its 4th annual Love Your Liver campaign with an event which saw MPs being screened and scanned for liver disease. The charity is highlighting the dramatic increase in liver deaths, a 400% increase in the last 40 years, with alcohol one of the main factors, and calling for the government to support universal liver health screening in primary care and a specific national liver health prevention campaign.

The launch, held at the House of Commons, was hosted by Luciana Berger MP, Labour’s Shadow Minister for Public Health. Ms Berger said: “I am delighted to be hosting the launch of the British Liver Trust’s Love Your Liver campaign. As an MP in the North West, one of the areas hardest hit by liver damage, I have seen the devastating effects liver disease causes. This campaign puts pressure on the Government to do everything it can to stop the tragedy of deaths from liver disease, many of which could have been prevented if they

were detected earlier.”

The BLT says that increasing investment into early diagnosis, where liver damage may be reversed, would save lives and could save the NHS as much as £600m by reducing the burden of advanced liver disease. Within the next 10 years, costs are predicted to escalate to over £1billion a year if no action is taken. As the nation is in the grip of an obesity ‘epidemic’ and continues to accept excessive daily alcohol consumption, unhealthy diets and inactive lifestyle choices, the situation is urgent. A lot more also needs to be done to improve testing, immunisation and care for people with viral hepatitis.

Liver disease is often not detected until the



late stages, leading to a high mortality rate. By investing in awareness and screening through GP surgeries, costs could be slashed on a local and national level.

Andrew Langford, Chief Executive of the British Liver Trust, comments: “The British Liver Trust’s Love Your

Liver campaigns have now tested over 1,500 people, and 21% of those who had a Fibroscan ultrasound scan were found to have signs of damage. If caught at an early stage, simple lifestyle changes or treatments can be enough for the liver to recover; early screening and diagnosis are vital.”

How strong is the link between working long hours and risky alcohol use?

The British Liver Trust is calling for:

- Greater focus on GPs and primary care staff speaking to their patients about alcohol consumption, diet and exercise and risks of viral hepatitis so that patients who are at risk can be made aware and appropriate action taken
- Early liver screening and testing, to be provided for anyone at risk of liver disease

Andrew Langford adds: "If we do nothing, we will continue to see ever increasing rates of liver damage and early death. The average age of death from liver disease is 57, that's over 20 years lower than deaths from cancer, stroke and heart disease – liver disease is now the third most common cause of premature death.

Most people think that a glass of wine or pint of beer a night or a couple of takeaways a week won't do much harm – when in fact drinking even just a bit too much alcohol every day and eating unhealthy food are major contributing factors

for liver damage. We are all affected differently and the symptoms are almost undetectable in many cases until it is too late. This is a serious health situation. More than one million lives could be saved if we invest in early diagnosis."

The British Liver Trust's campaign message is to take three simple steps to good liver health:

- Take two to three days off alcohol per week
- Take regular exercise and eat healthily
- Reduce your risk of viral hepatitis

To support people wanting to assess the health of their livers, the British Liver Trust has an online screener that acts as an early warning system. The screener, which can be found on the campaign website at <http://loveyourliver.org.uk/> takes just 5 minutes to complete and helps people to understand if they are in danger of liver damage, giving encouragement to make any changes needed and approach their GP.

New research casts light on evidence that employees who work more than 48 hours per week are more likely to engage in risky alcohol consumption

An overview of data representing more than 330,000 participants has established "comprehensive evidence of an association between long working hours and alcohol use".

Published in the British Medical Journal (BMJ), the first systematic review and meta-analysis of the relationship between the two factors found that:

- From the cross sectional analysis of 333,963 participants, long working hours were associated with 11% higher levels of alcohol use
- The prospective analysis of 100,602 participants found a similar increase in risk of 12% for the onset of risky alcohol use*
- Individual participant data from 18

prospective studies showed that those who worked 49-54 hours and 55 hours per week or more were found to have an increased risk of 13% and 12% respectively of risky alcohol consumption, compared with those who worked 35-40 hours per week.

The researchers concluded that alcohol consumption is more likely to rise to risky levels among employees who work more than 48 hours a week compared with those with standard working hours.

Methodology

A systematic review of the literature estimating the relationship between working hours and alcohol use was conducted.

Researchers performed a meta-analysis of 36 published studies with aggregate data (34

cross sectional and two prospective), identified by the systematic review and supplemented with unpublished individual participant data from 27 studies, of which 18 provided data for prospective analysis. The number of participants included in the meta-analysis of published studies with aggregate data was 139,112. 194,581 participants were included in unpublished individual participant data studies. This brought the total number of participants' data used to 333,693. In the 18 studies with individual participant data provided for prospective analysis, it was possible to measure individuals' results by adherence to? the European Union Working Time Directive, hence the reference to the working threshold of 48 hours a week.

Equal effects on all workers?

In an accompanying editorial, Cassandra A Okechukwu, an Assistant Professor at Harvard School of Public Health, wrote that the findings could "add impetus to further regulation of

working hours as a public health intervention."

However, although the researchers did not find differences in the association between long working hours and risky alcohol use based on sex, geographic location, and especially socioeconomic groups, she was concerned that the use of weekly working hours as a unit measurement masked a "possible over-representation of more privileged workers".

She wrote: "Total weekly hours does not capture features of hours worked (such as daily number of hours, spread of hours, and type of shift) known to affect the intensity of muscle injury associated with working even in non-manual jobs.

"Risks of injury also differ according to the spread of hours worked and type of shift, even among adults working at or below the weekly limit of 48 hours set by the European Union Working Time Directive."

Therefore, evaluating participants' data by weekly working hours "underestimates and

misclassifies levels of exposure for these groups of workers."

Another response to the paper by researchers at the Slovak Academy of Sciences questioned the interpretation of the statistical approach used to analyse the published studies with aggregate data.

The model used produced a high proportion of heterogeneity within the data – for published studies with aggregate data, it was above the 75% threshold. Therefore, they argued, "there exists some underlying difference between the studies that makes it non-suitable to pool them all together" and because subsequent tests failed to resolve this, the authors had "demonstrated no true evidence about existence of association between long working hours and alcohol use."

The research authors' concluding statement "our findings suggest that alcohol consumption is more likely to rise to risky levels among employees who work more than 48 hours a week compared

with those with standard working hours" received widespread media attention. But the following statement, which implicitly downplayed the strength of the association, went largely unnoticed:

"In absolute terms... the difference between these groups was relatively small because the adjusted incidence in new onset risky alcohol use was only 0.8 and 0.7 percentage points higher among individuals who worked 49-54 and 55 hours or more compared with those who worked standard hours.

"Further research is needed to assess whether preventive interventions against risky alcohol use could benefit from information on working hours."

* Risky alcohol consumption is considered as more than 14 units per week for women and more than 21 units per week for men. It is believed to increase risk of adverse health problems, including liver diseases, cancer, stroke, coronary heart disease and mental disorders.

IAS

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