

Alcohol Alert newsletter

May 2015

IAS
Institute of Alcohol Studies



Tackling Harmful Alcohol Use

ECONOMICS AND PUBLIC HEALTH POLICY



**International report on harmful alcohol use
gives damning assessment of UK drinking
habits**

IN THE NEWS

3 One-in-five women drink while pregnant; “Good week” Guinness tweet escapes ad ban; Price trumps lower ABV for supermarket beer drinkers; and other top stories

ANALYSIS

8 OECD report gives damning assessment of UK drinking habits

First major OECD report on harmful alcohol use finds Brits' drinking levels above average since 1995

10 Action on Alcohol Week in Ireland: Women drink as much as men

13 Stop Out of Control Drinking scheme under fire over its position on Irish Public Health Bill

15 What does the future hold for alcohol policy under a Tory government?

17 Movie drinking linked to alcohol-related problems in teens

UK Alcohol Alert
incorporating Alliance
News

May 2015

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FARE Chief Executive Michael Thorn says the study offers further insights into the concerning ways in which the alcohol industry is able to co-opt the sporting culture in order to shape the drinking culture and manipulate consumers.

“Alcohol’s marketing and sponsorship linkages are most apparent on our TV screens, but in fact, are just as insidious on social media where the alcohol industry has become increasingly sophisticated in the ways it ties its products to professional sport. Of concern, the online space is even less regulated than traditional media. Self-regulation isn’t working, it isn’t protecting children from harmful alcohol advertising and those harms will continue until such time that the Commonwealth Government steps in,” Mr Thorn said.

Supreme Court foetal alcohol damage appeal rejected

Council compensation claim suffers final blow (21 April)

A child born with foetal alcohol syndrome has been refused permission to take her case for criminal injuries compensation to the UK Supreme Court.

The 7-year-old girl, whose mother drank excessively while pregnant, was born with severe brain damage.

The case was originally brought by a council in north-west England – which cannot be named for legal reasons – to the Criminal Injuries Compensation Authority on the girl’s behalf on the basis that she was the victim of crime because her mother had administered a noxious substance to her.

However, the Court of Appeal ruled in December that the girl, now in care, was not legally entitled to compensation.

Now permission to appeal to the Supreme Court has also been refused because an arguable point of law was not raised, closing the door on the only legal option left open to the council.

The guidelines laid down by the Chief Medical Officer for England & Wales recommend that pregnant women should not drink at all – adding that those who choose to have a drink should have no more than two units of alcohol once or twice a week. Please view the Foetal Alcohol Spectrum Disorders (FASD) Trust website for more information on the dangers of FASD.

CAMRA votes to end LNLs

Real ale group passes motion at AGM (23 April)

As reported in *The Morning Advertiser*, members of the Campaign for Real Ale (CAMRA) have voted for the organisation to

start campaigning for the abolition of the late-night levy (LNL) at their annual general meeting in April.

The LNL motion notes that a growing number of local authorities are introducing the fee and calls for CAMRA to provide resources and data to its branches that can be used in discussions with local councils.

A LNL can be imposed on pubs and bars that operate after midnight by local authorities. It has so far been introduced by 7 seven councils.

The fee charged depends on the rateable value of the affected premises, and ranges from £299 and £4,400 per year.

The motion now must be ratified by CAMRA’s National Executive to be formally adopted as policy.

A spokesman for the real ale group said: “LNLs can punish well-run community pubs, which do not contribute to anti-social behaviour but are forced to pay to police noise and disorder caused by late-night bars and nightclubs.

“CAMRA’s National Executive will consider motions passed at conference and put a strategy in place to help local CAMRA branches get more information about late-night levies in their areas and campaign effectively for well-run pubs to be treated fairly, rather than penalised by this blanket measure.

Court ruling: Reducing the Strength scheme still valid

Senior magistrate in so-called “landmark case” calls for consultation between interested parties over police-led initiatives (28 April)

Newcastle City Council (NCC) has produced a statement (pictured) clarifying the sequence of events around a legal dispute with the off-licence Lifestyle Express, which shows that the owner was denied permission to relax the restrictions on his licence to sell high-strength alcohol.

This verdict contradicts an article in *Off Licence News* (OLN) alleging that retailers could be entitled to compensation from councils over removing high-strength products from their stores.

After his initial application to amend his premises licence was refused, store owner Shabir Mohammed appealed to Newcastle Magistrates Court, claiming that he had lost £280,000 as a result of being forced to implement the Reducing the Strength scheme. The OLN reported the resulting verdict given by District Judge Earl as ruling in favour of Mohammed, heavily criticising the authority’s actions for imposing a condition despite a lack of “direct evidence that the premises was undermining licensing objectives”.

In June 2014 the premises licence holder for 196, Shields Road, an off licence premises, applied to the Licensing Authority to vary his premises licence. The main variation was to remove the following condition:

“The Designated Premises Supervisor or other responsible person appointed by the Designated Premises Supervisor shall take part in Police-led initiatives such as “Off Watch”, “Alcohol Watch”, “Safer Summer Streets” or similar as well as regularly attend any meetings organised by the Police in relation to these initiatives.”

The application to have this condition removed was objected to by Northumbria Police, Trading Standards and Public Health. Consequently the matter was considered by the Licensing Sub-committee on 26 August 2014.

The background to the matter was that 2 years earlier the applicant had agreed with the police to have that condition included on his licence, in return for being allowed to operate later hours.

The premises are located in the Chillingham Road and Shields Road Cumulative Impact Area, which means that material variations to off-licences in that area will normally be refused unless the Applicant can demonstrate that the application will not add to the negative cumulative impact on one or more of the licensing objectives already being experienced.

In the meantime the police introduced the “Super-Strength Scheme”. 22 of the 26 off-licences in Chillingham Road/Shields Road area voluntarily took part, but the Applicant was not keen to do so. Consequently he applied to amend his licence to remove the clause, so he would not be bound to comply. The Licensing Sub-Committee refused to remove it and the licence holder appealed to Newcastle Magistrates Court and the case was heard by District Judge Earl. The Appellant chose not to give evidence. The Council called numerous witnesses.

At the end of the case the Judge determined that the wording “police-led initiatives” was far from clear, and that in future police-led initiatives ought to be the subject of full consultation with interested parties, including the trade, and be in writing.

Whilst the Judge stated that it was ordinarily unfair that one person should be obliged to comply with an initiative which was voluntary for others, he was satisfied that in this particular trader’s case he warranted being subject to such a condition, due to the manner of the operation at his shop.

The Judge remitted the case back to the Council in order that the members could debate the wording of a suitable clause to include on the licence. He gave guidance that the clause should reflect the fact that the police must fully consult on the proposed initiative and that it should be in written form. Consequently once the clause has been re-drafted by the members, and the police have consulted widely and then produced a written initiative(s), then the trader will be subject to any initiatives the police introduce in this manner.

However, the Council’s statement noted that the judge had said he was satisfied that in this particular trader’s case, “he warranted being subject to such a condition, due to the manner of the operation of his shop”, calling Mr Mohammed’s conduct into question. The judge gave guidance that the restrictions placed upon the licence holder be revised, subject to consultation between Northumbria Police, NCC’s Licensing Sub-Committee and other interested parties.

Since its inception in Suffolk in 2011, the Reducing the Strength initiative has come under attack from the industry for encouraging anti-competitive practices. Chair of the All Parliamentary Party Beer Group Andrew Griffiths raised this concern on their behalf in a letter addressed to the Office of Fair Trading (OFT)

in 2014, writing that brewers feared the scheme would “distort competition... restrict consumer choice, and would discriminate in favour of other brands and other drinks categories such as wines and spirits.”

However the regulatory body has already backed the idea of developing guidance for local authorities raising awareness of competition considerations ahead of the release of a Local Government Association document issuing advice to retailers released in December 2014.

European Parliament passes resolution for a new EU Alcohol Strategy

European Parliament ratifies ALCOHOL ALERT | 6

resolution that includes calorie labelling of alcoholic drinks (29 April)

MEPs voted in favour of a Resolution calling on the European Commission (EC) to present a new *EU Alcohol Strategy* to tackle health harm for 2016-2022. The move came only a week after European Union (EU) Health Ministers meeting in Riga called on the Commission to take action on the health impacts of alcohol.

The resolution tabled was passed during the day's plenary session in Strasbourg. A last-minute amendment — led by members of the European People's Party — to limit calorie labelling on alcoholic beverages to just alcopops threatened to derail the resolution, but it was defeated and the resolution was adopted less than an hour after being brought.

Both MEPs and Ministers have recently criticised the EC for failing to update the previous strategy, which expired in 2012. The UK House of Lords EU Committee also criticised the strategy for achieving very little, urging the EU to “focus on measures within its powers, and not rely just on action by Member States, or voluntary commitments from industry.”

The vote sent a clear message to the EC to speed up efforts to introduce a new strategy in order

to reduce alcohol-related harm across all Member States. Glenis Willmott, a sponsor of the original resolution, expressed her delight at the passing of the resolution on social media (illustrated).



Glenis Willmott MEP
@GlenisWillmott

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[#EUAlcoholStrategy](#) passed today! Calorie labelling on alcoholic beverages approved . Great result for EU consumers [@beuc](#) [@WhichUK](#)

1:28 PM - 29 Apr 2015

↩️ ↻️ 41 ★ 17

Public health experts also welcomed the resolution, but urged the EU Commission to act swiftly by bringing forward new laws without delay. Royal Society for Public Health (RSPH) CEO Shirley Cramer CBE said: “While we are pleased with [the] outcome, we must keep the spotlight on this issue and apply pressure on the Commission to ensure the measures are followed through as quickly as possible.”

The renewed *EU Alcohol Strategy* is proposed to come into place by 2016 and run until 2022. It emphasises the importance of better labelling of alcoholic drinks including ingredients and nutritional information with special focus on calories, and the need to raise awareness across the EU of the dangers of drinking during pregnancy and drink driving.

OECD report gives damning assessment of UK drinking habits

First major OECD report on harmful alcohol use finds Brits' drinking levels above average since 1995

The UK consumes more alcohol than the average OECD member country, and has done so for 20 years, according to a study published by the Organisation for Economic Co-operation and Development (OECD).

The *Tackling Harmful Alcohol Use: Economics and Public Health Policy* report examines the health and economic impact of policies, such as tax, regulation, education and health care, on dangerous drinking in OECD nations.

Its analysis of trends in alcohol consumption of OECD countries found that while average annual consumption is the equivalent of 9.5 litres of pure alcohol per capita (down by 2.5%, on average, during the past 20 years), UK alcohol consumption increased over the same period of time, reaching an estimated average of 10.6 litres annually in 2011. This raises questions for how best the country can tackle the inevitable health and social impacts of widespread harmful and hazardous drinking.

England's country profile reads as follows:

1. Levels of alcohol consumption in the United Kingdom are above the OECD average and increased during the last 30 years. In 2011, an average of 10.6 litres of pure alcohol per capita was consumed in the United Kingdom, compared with an estimate of 9.5 litres in the OECD.

2. Initiation into alcohol drinking happens at increasingly early ages. In the United Kingdom, the proportion of 15 year olds who have experienced alcohol increased from 71% in 2002 to 75% in 2010.

3. The distribution of alcohol drinking is heavily concentrated. In England, the heaviest-drinking 20% of the population drink almost 63% of all

alcohol.

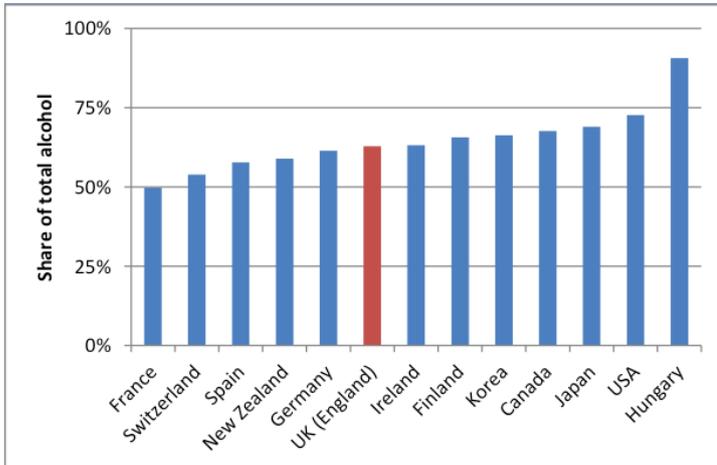
4. Large socio-economic disparities in hazardous drinking rates exist in both men and women. In England, both men and women with high education are more likely to be hazardous drinkers than their less educated counterparts (illustrated).

5. Compared with other countries in the OECD area, the United Kingdom has relatively high levels of taxation for all types of alcoholic beverages. The blood alcohol concentration (BAC) limit for drivers is 0.08%, the highest in OECD countries, although Scotland lowered the limit to 0.05% in 2014 (the majority of OECD countries enforce a BAC limit of 0.05%). The United Kingdom has adopted a wide-range of policies to regulate on- and off-premise sales of alcoholic beverages and promotion of alcohol products, but other legally binding regulations (e.g. on sponsorships, sales promotions and health warnings on alcohol containers) are not applied at the national level.

A video linked to the report states that "alcohol causes more deaths worldwide than HIV-aids, violence, and tuberculosis combined", and suggests that four out of five people would benefit greatly from drinking one unit less per week.

The report's policy solutions involve targeting the heaviest drinkers first: "primary care physicians who identify alcohol misuse and can persuade patients to start dealing with the issue, as well as tougher enforcement of drinking and driving laws to cut traffic casualties."

The report also states that broader approaches are needed to complement measures targeting heavy drinkers, "including by raising costs, through increased taxes, for example, or minimum prices on cheaper alcohol", and "greater regulation of alcohol advertising and increasing investment on educating young people on the dangers of harmful alcohol use."



At 63%, England ranks among the top ten OECD countries for the share of total alcohol consumed by the 20% of the population who drink the most

- People who are better educated and of higher socioeconomic status (SES) are more likely to drink alcohol than others.

- Less educated and lower SES men, as well as more educated and higher SES women, are more likely to indulge in risky drinking. The drinking behaviours of young, better educated, and higher socioeconomic status women are converging to those of men.

The paper concludes that governments seeking to tackle binge drinking and other types of alcohol abuse can use a range of policies that have proven to be effective, including counselling heavy drinkers, raising prices, increasing the regulation of the marketing of alcoholic drinks and stepping up enforcement of drinking and driving laws.

The results for England tally with several of the key findings of the report:

- Average annual consumption in OECD countries is the equivalent of 9.1 litres of pure alcohol per capita (down by 2.5%, on average, during the past 20 years).

- The majority of alcohol is drunk by the heaviest-drinking 20% of the population in the countries examined.

- Rates of hazardous drinking (a weekly amount of pure alcohol of 140 grams or more for women, and 210 grams or more for men) and heavy episodic drinking (“binge drinking”, defined as five to eight drinks in one session depending on the country) in young people, especially women, have increased in many OECD countries.

- The proportion of children aged 15 and under who have not yet drunk alcohol shrank from 44% to 30% of boys and from 50% to 31% of girls during the 2000s. the proportion of children who have experienced drunkenness increased from 30% to 43% (boys) and from 26% to 41% (girls) in the same period.

“The cost to society and the economy of excessive alcohol consumption around the world is massive, especially in OECD countries,” said OECD Secretary-General Angel Gurría, launching the report in Paris. “This report provides clear evidence that even expensive alcohol prevention policies are cost-effective in the long run and underlines the need for urgent action by governments.”

OECD experts Franco Sassi and Mark Pearson, who helped contribute to the making of the report, presented the findings at a press conference in London, while Angel Gurría held a press conference in Paris simultaneously. ■■

Action on Alcohol Week in Ireland: Women drink as much as men

Conference on female consumption in Ireland headlines Action on Alcohol Week; Irish Health Minister also announces alcohol bill set for summer 2015

Irish women now drink as much as their male counterparts, Alcohol Action Ireland CEO Suzanne Costello told her audience at the *Girls, Women and Alcohol: The changing nature of female alcohol consumption in Ireland* conference held in Dublin on 21 April.

The conference was the standout event of Action on Alcohol Week, which began on April 20th. This initiative was coordinated by a steering group of representatives from the Alcohol Forum, Alcohol Action Ireland, Drugs.ie, and the Royal College of Physicians Ireland who are concerned about and working to reduce alcohol-related harm in Ireland.

Figures on female drinking in Ireland mentioned during the conference also highlighted the consumption patterns of young women. Since 1995 teenage girls are out-boozing boys and 4 out of 10 women report harmful drinking patterns – meaning their drinking is already harming their physical and / or mental health.

Between 1995 and 2004, there was a 29% increase in teenage girls being admitted to hospital for alcohol-related conditions, compared with a 9% increase in teenage boys.

Middle-aged women are developing alcohol-related ill health and dying more prematurely than their male counterparts, with professional women drinking significantly more than non-professionals.

Leading the conference, Suzanne Costello said: “In recent decades, Irish women, particularly younger women, have begun to drink more alcohol, more often.

“The shift we have seen in the nature of women’s drinking in Ireland has been influenced



Speakers at the Alcohol Action Ireland conference in Dublin, from left to right: Author and alcohol policy advocate Ann Dowsett Johnston; Suzanne Costello (CEO Alcohol Action Ireland); Katherine Brown (Director, Institute of Alcohol Studies); and Lucy Rocca (founder, Soberistas)

by a number of factors, but the main one is undoubtedly how heavily targeted they have become by alcohol marketing and advertising, including the development of many products – often high in alcohol content – specifically for the ‘female market’.”

The notion that female drinking in Ireland has been driven by the aggressive marketing of the alcohol industry was echoed by other speakers (pictured), including Ann Dowsett Johnston, Canadian author of best-seller *Drink: The Intimate Relationship Between Women and Alcohol*, sold in the UK and Ireland as *Drink: The Deadly Relationship Between Women and Alcohol*.

On profit and marketing, she says: “There was an entire gender underperforming. The invention of alcopops was aimed to steer teenage girls away from beer towards spirits. The profits of Smirnoff went up. Today in Canada and the US, there is Cupcake Wine, Girls’ Night Out wine, MommyJuice wine, berry flavoured vodkas. These are not marketed at men.”

“Socially, we are equal, but metabolically and hormonally we are not,” continued Johnston.

“There has been an overall 30% increase in liver

disease in the past decade, and 15% of all breast cancers are linked to alcohol consumption.

“But alcohol is our favourite drug and we don’t want to look at that. This is a public health crisis, yet we have very fuzzy values around women and drinking. You can keep your masculinity and have too much to drink – but not your femininity.”

Johnston offered three reasons for why Irish women tended to drink more alcohol today than in previous generations.

“First, there is heavy pitching of alcohol to women. Second, it’s the modern woman’s steroid, enabling her to do the heavy lifting. We come home from work, and we start another day’s work. Emancipation has resulted in complex lives.

“And thirdly, we use alcohol to self-medicate. It’s a lot easier to pop a cork than to seek help for depression and anxiety – which we are more prone to suffer from than men. Alcohol is too cheap, too accessible, and too heavily marketed.”

This is where another conference speaker, Lucy Rocca, has first-hand experience. As founder of Soberistas – a peer support online resource for women with alcohol dependency issues – she found that the women who use the site are largely college educated, professional people, mums, and mostly wine drinkers.

She notes: “In the last twenty years, the wine manufacturers have really targeted the female market, telling us it’s an almost harmless drink that works well as a stress reliever, a social lubricant, and something to add a touch of glamour and pizzazz to an evening.”

The speech delivered by Katherine Brown, Director of The Institute of Alcohol Studies, focussed on industry tactics, bringing to the audience’s attention the conflict of interest in drinks companies’ funding of public health campaigns while being the main drivers of alcohol

consumption.

“Interventions that rely solely on changing individual behaviours simply won’t work while we are surrounded by promotions and cheap offers that normalise everyday and excessive drinking” she said.

“The alcohol industry has worked for years to make alcohol products appealing to women, bombarding us with messages that glamorise drinking while ignoring all the negative health effects such as breast cancer. It’s extremely important that women are told about these risks so that they can be empowered to make informed decisions about their drinking.”

Brown also spoke on the theme of alcohol sponsorship of sport and its effects on children’s drinking habits in later life at a briefing connected to the main event. She noted that it acted as “a gateway to children’s bedroom doors”, a comment repeated by Senator Jillian van Turnhout at a subsequent Health Committee hearing (23 April).

Irish Public Health (Alcohol) Bill set for summer 2015

Sponsorship of sport was an important policy detail for Leo Varadkar TD as he addressed the 3rd National Alcohol Forum Conference entitled *The Best Available Evidence: Supporting the implementation of local solutions to reduce alcohol consumption and alcohol harms*, held the following day (22 April) at Croke Park.

The Irish Health Minister confirmed that the *Public Health (Alcohol) Bill* will be published this summer with a view to being made law by the end of 2015.

TD Leo Varadkar’s announcement comes as new figures show that the Irish drank 11 litres of alcohol per person last year, up from 10.6 litres in 2013, a possible reflection of Ireland’s economic recovery.

The bill will introduce minimum unit pricing for



alcohol, and regulate alcohol advertising and sponsorship targeted at young people, including a broadcast watershed and a pledge to review alcohol sponsorship of sports events in 3 years' time.

"This legislation has been bandied around for 3–4 years and it wasn't possible to get agreement on this. We're in year 4 of the parliament and I want to get good stuff done," he said.

Leo Varadkar (pictured above; second from right) also announced his intention to use minimum unit pricing to help reduce annual consumption in Ireland to the OECD average of 9.1 litres per person by 2020.

He said: "Despite Ireland having relatively high excise duty rates, the price of alcohol remains affordable, particularly in supermarkets.

"A woman can reach her low risk weekly drinking limit for just €6.30, while a man can reach this weekly limit for less than €10."

Mr Varadkar said minimum unit pricing would be based on the number of grammes of alcohol in a drink but no price had been agreed yet: "It needs to be low enough so that it eliminates very cheap alcohol but not so high that it affects the price of a glass of wine in the pizzeria."

However, he also pointed out that it could be

blocked by the European Court of Justice on the grounds that it impedes free trade.

Responding to calls by experts at the conference to ban drinks sponsorship of sport, Mr Varadkar said that it will happen in the next 5 to 10 years. The current proposal will instead put curbs on marketing and advertising of alcohol, some of which is extraordinary, he insisted.

However, disappointment was expressed at the failure to propose an outright ban on sports sponsorship by drinks companies. Independent TD Séamus Healy said it was time for the Government to "grasp the nettle" and end the relationship between alcohol and sports sponsorship permanently. ■■

Stop Out of Control Drinking scheme under fire over its position on Irish Public Health Bill

Campaign falls short of full endorsement; industry sponsors silent on minimum unit pricing

The anti-alcohol campaign Stop Out of Control Drinking has failed to publicly back the entirety of the Irish Government's *Public Health (Alcohol) Bill 2015*, revealed earlier this year.

The Bill outlines a range of measures to tackle binge drinking, including an advertising watershed and strict regulations on separating alcohol from other products in retail outlets. However, although a spokesperson for Stop Out of Control Drinking said the campaign's board supports the general scheme of the Bill, plans to introduce minimum unit pricing, which could see the price of a can of beer rise to €2.20 and a bottle of wine to €8.80, have been ignored by the campaign's funders, Diageo. As a member of the Scotch Whisky Association, the drinks firm is involved in a court case challenging the legality of the Scottish government's plans to introduce minimum unit pricing as law.

The Alcohol Beverage Federation of Ireland (ABFI) has also remained quiet over the question of whether to support minimum unit pricing in order to tackle the sale of cheap alcohol, instead suggesting that "the best and quickest way to do this is by reintroduction of a ban on below cost selling of alcohol".

But the likes of Alcohol Action Ireland and the National Off-Licence Association (NOFFLA), who openly support the move, have criticised the campaign's failure to do so as well. Alcohol Action Ireland CEO Suzanne Costello said: "Any initiative which doesn't wholly support the bill can't really be seen as worthwhile.

She added: "We don't feel that the alcohol industry has any role in the formulation of alcohol policy".

Bad publicity

This spat marks the latest controversy in a long-

running dispute between Diageo and public health experts over the Stop Out of Control Drinking campaign.

The scheme has had problems right from its high-profile launch at the start of the year, when it was discovered that it had accepted €1m in funding from the drinks firm.

Stop Out Of Control Drinking campaign chair Fergus Finlay – who is also CEO of children's charity Barnados – defended the anti-binge drinking campaign's involvement with the makers of popular Irish drink Guinness on Irish national television.

Speaking on RTÉ's *Prime Time* in March, Mr Finlay denied there was a conflict of interest between Diageo's funding of the Stop Out Of Control Drinking campaign and the alcohol multinational's participation in attempts to stop the addition of a ban on sports sponsorship to the Alcohol Bill. When pressed on whether he thought Diageo's opposition to the measure hampered the campaign's anti-binge drinking message, he remarked: "I had discussions at the very start with Diageo; I said we'll do this campaign, on the basis of an absolute guarantee of independence and no interference... I'm not going to apologise to anybody for spending as much of Diageo's money as I possibly can with my colleagues to try and reduce the harmful effects of alcohol abuse."

But Senator Jillian Van Turnout, member of the Oireachtas Committee on Health and Children, challenged the intentions of the campaign's sole funder. She said: "My difficulty with the campaign is that the credibility, the reputations of the organisation [Diageo] are a smokescreen. And I really believe, we, as civil society, should be getting behind public health experts."

The issue of funding has also been raised at meetings; one of the members, entrepreneur Gavin Duffy, admitted to the *Irish Independent* that Diageo's sponsorship of the campaign had

STATEMENT FROM THE CAMPAIGN TO STOP OUT OF CONTROL DRINKING



David Smith's carefully considered decision to leave the Board of our campaign is yet another assertion of his determination that this Board will act in an entirely independent way, as we have from the start. It is also a reiteration of our total independence to produce a national debate, and a strategy that will seek to change the drinking culture within Ireland. Finally, it is an opportunity for reasonable and fair-minded people to reassess any initial scepticism about the motives of this campaign.

As it is, from the outset of the campaign the vast majority of people with whom we have been in contact have accepted both the campaign's goal to change Ireland's national drinking culture and the determination of the Board to try to make an honest contribution to a necessary and long-overdue debate. The reality is that despite all the reports, despite all the public health analysis, despite all the experts, out of control drinking has got worse in Ireland. Ironically, the controversy that has affected part of our efforts has started more conversations about this topic than we've had in years.

But the campaign has already achieved more than that. Already over 12,000 people have voluntarily joined us, hundreds have joined our workshops around the country and hundreds more people have taken the time to make submissions to the campaign. The campaign board is committed to honouring the public's support through the publication, this summer, of a long-term plan that will help to make excessive drinking socially unacceptable in Irish society. We respect their hopes for a healthier society and we encourage others to take the opportunity to shape our report that aims to create the blueprint for a legacy of a healthier society for both current and future generations.

We will deliver our plan this summer and welcome that Diageo will continue to fund the campaign during this time, while playing no further part on the board itself.

created a "credibility gap" within the group itself.

The Stop Out of Control Drinking campaign has also lost high-profile members from its board, most notably TV doctor Ciara Kelly, who stepped down citing "time constraints", and Diageo Country Manager for Ireland David Smith, as publicised by a statement to the press towards the end of March (illustrated).

Health Minister Leo Varadkar welcomed the move, saying: "I don't think it is appropriate that the drinks industry should be actively involved in campaigns around public health for the obvious reasons."

An open letter signed by the likes of comedian Des Bishop, folk singer Christy Moore and TD Róisín Shortall went further in its criticisms, accusing the campaign group of continuing to have ties to Diageo through funding.

The letter also questions the independence of board as it continues to use one-time tobacco lobbyist Goddard Global UK as secretariat. ■■■

What does the future hold for alcohol policy under a Tory government?

Party quiet on public health measures including minimum pricing in manifesto

Alcohol policy faces an uncertain future under a newly elected Conservative government as it decides how it will run the country for the next five years.

Despite having a half a dozen mentions of the word “alcohol” itself, the Party’s manifesto for the 2015 UK General Election failed to detail specific evidence-based alcohol policies that it might implement, such as minimum unit pricing, to prevent alcohol related health and social harm, that currently costs the UK economy more than £21 billion each year. Instead the document focussed on its

commitment to dealing with alcohol dependency and addiction as some of the root causes of the UK’s social and health problems, crime, and poverty. The sole targeted aim mentioned in the manifesto promised to “make sobriety orders available

to all courts in England and Wales, enforced through new alcohol monitoring tags”. This is despite the fact that the pilot schemes are yet to be concluded.

According to *Alcohol Policy UK*, the Conservatives’ 2015 manifesto adopts a more cautious tone towards alcohol policy compared with five years ago, when the Party set out plans to introduce the so called ‘below cost ban’, as well as pledges to ‘overhaul’ the licensing regime.

However the *Morning Advertiser* has already reported that the Tories have pledged licensing fees for the majority of pubs would be frozen and reviewing business rates to support small firms.

This hints at a continuation of the business-friendly approach that the Party has taken since it formed a Coalition government with the Liberal Democrats in 2010.

Track record

In this time, the Conservative Party’s record on alcohol policy has left little for public health advocates to cheer. Its flagship initiative, the controversial *Responsibility Deal* (PHRD), encouraged partnership with the industry in formulating health policy. But many public health groups left the PHRD on the basis that business interests appeared to take priority over public health goals, with no evidence to suggest that

industry pledges had led to reductions in rates of alcohol harm.

However, the former Coalition government continued to work with the alcohol industry on this self-regulatory initiative, while successive Public Health ministers have held

meetings with industry representatives lobbying for fiscal policy changes that would undermine long-term alcohol policy on health, including the premature abolition of the alcohol duty escalator by Chancellor George Osborne in the 2014 Budget.

And although the government introduced a below-cost sales ban on alcohol in the previous Parliament, some health groups see that measure as inferior to the much-contested minimum unit pricing. In the *2012 Alcohol Strategy*, Prime Minister David Cameron wrote: “When beer is cheaper than water, it’s just too easy for people to get drunk on cheap alcohol at home before



"We have to tackle the scourge of violence caused by binge drinking... And that means coming down hard on cheap alcohol."

A handwritten signature of David Cameron in blue ink, written over a white background.

The Government's Alcohol Strategy, 2012

Promises, promises... some have argued that the pledge made by Prime Minister David Cameron in the 2012 Alcohol Strategy has been undermined by a series of trade-friendly alcohol policies

they even set foot in the pub. So we are going to introduce a new minimum unit price.”

However, following a lengthy consultation process, the Home Office decided not to introduce minimum unit pricing for the time being, reckoning that it “[did] not yet have enough concrete evidence that its introduction would be effective in reducing harms associated with problem drinking... without penalising people who drink responsibly.” This is despite commissioning a study from the University of Sheffield that showed how the policy would, at the mooted 45p per unit, be up to 50 times more effective than a below cost selling ban, and have a minimal impact on moderate drinkers.

Fast-forward to today, and the Conservative Party appears still reluctant to mention the minimum unit pricing to the UK electorate. Speculating on the possibilities for introducing the measure, *Alcohol Policy UK*'s article notes that: “with minimum pricing hardly a vote winner, early in the parliamentary term is when less popular policies may be more likely to be implemented.

“Scotland’s long running MUP battle is however still being dragged through the European courts, so any other Government is unlikely to attempt it before the verdict. Least of all the Tories one would assume, given their infamous minimum pricing u-turn.”

The Conservative Party as the leading partner of the Coalition government has garnered a reputation for prioritising business interests by lowering alcohol taxes while encouraging light-touch regulation for other policy areas such as advertising, which has posed serious problems for public health organisations at both national and local level.

With this track record in mind, it remains to be seen how a fully Conservative government will be able to reconcile its ambition to reduce rates of premature avoidable mortality, reverse the

increasing burdens on the NHS and emergency services, and grow the economy from its current precarious position over the next five years, without pursuing head-on evidence-based alcohol policies such as minimum unit pricing. ■■■

Movie drinking linked to alcohol-related problems in teens

UK study finds exposure to alcohol use in films associated with higher risk of alcohol use and alcohol-related problems among adolescents

Findings produced by University of Bristol researchers confirm a link between adolescent alcohol use in the UK and exposure to alcohol use in films.

Published online in *Pediatrics*, the study *Alcohol Use in Films and Adolescent Alcohol Use* revealed that adolescents with the highest exposure to alcohol use in films were 1.2 times more likely to have tried alcohol compared with those least exposed and 1.7 times more likely to binge drink. They were also at least twice as likely to drink weekly and to have alcohol-related problems than those least exposed.

The cross-sectional study adds to previously published literature which has hinted at a relationship between both factors. However, the authors claim that this study stands apart for being the first to adjust for the many early childhood exposures and characteristics that might affect life course trajectories and confound the movie alcohol exposure-youth alcohol consumption association. Adjusting for various factors allows the authors to draw a clearer picture from the data.

Method

5,163 15-year-olds from the *Avon Longitudinal Study of Parents and Children in the United Kingdom* were asked whether they had seen 50 randomly selected films from a list of 366 popular contemporary films. The amount of time alcohol use was depicted in each film was recorded in seconds and total exposure was the sum of durations in each film the adolescent had seen.

Participants were then asked about alcohol use, categorised as 4 potential outcomes: 1) alcohol onset; 2) current alcohol use; 3) binge drinking in the last 2 years; and 4) alcohol leading to problems in last two years.

Data accounting for both confounding and mediating variables were also collected, namely about parental alcohol use and how many of the participant's friends drank alcohol during the last year, respectively.

Adjustment for the confounders were modelled as follows:

Model 1: age and gender

Model 2: age, gender and social factors

Model 3: age, gender, and early family influences

Model 4: age, gender, and current family influences

Model 5: age, gender, social factors, and all family influences

Model 6: Model 5 plus behavioural factors

Model 7: Model 6 plus current factors (smoking, peer alcohol) adjusting for mediators

Results

The proportion of adolescents who had tried alcohol was 85.7%. Just over a fifth (21.2%) currently consumed at least one drink a week. Nearly half (46.6%) were binge drinkers, and 42.6% had experienced at least one drink-related problem.

Data on the likelihood of alcohol use in relation to film exposure was split into several categories: onset alcohol use or initiation (ever had a whole drink) and weekly drinking (currently drink at least weekly) for one table; binge drinking (in the last two years) and alcohol-related problems (alcohol leading to at least one problem in the last two years) for another, all ranging in duration of exposure to alcohol use in films watched.

After adjusting for age, gender, social factors, all family influences, and behavioural factors (Model 6), results showed that there was a 1.2 times increased risk of alcohol onset for the highest exposure and a 2.4-fold increased risk of drinking weekly compared with those least exposed

(illustrated below; Association between film exposure and alcohol outcomes). The risk of binge drinking was 1.7 times higher and that of alcohol-related problems in the previous year doubled (Association between film exposure and adverse alcohol outcomes).

Outcome	Ever Had a Whole Drink			Currently Drink at Least Weekly		
	RR ^a	95% CI	P for trend	RR ^a	95% CI	P for trend
Model 1, min						
28-44	1.2	1.1-1.2	—	1.4	1.2-1.7	—
45-63	1.2	1.2-1.3	—	1.6	1.4-1.9	—
≥64	1.3	1.2-1.3	<.001	2.4	2.0-2.8	<.001
Model 2, min						
28-44	1.2	1.1-1.2	—	1.4	1.2-1.7	—
45-63	1.2	1.2-1.3	—	1.7	1.4-2.0	—
≥64	1.3	1.2-1.3	<.001	2.4	2.0-2.9	<.001
Model 3, min						
28-44	1.2	1.1-1.2	—	1.4	1.2-1.8	—
45-63	1.2	1.2-1.3	—	1.6	1.3-2.0	—
≥64	1.3	1.2-1.3	<.001	2.5	2.1-3.1	<.001
Model 4, min						
28-44	1.2	1.1-1.2	—	1.4	1.1-1.7	—
45-63	1.2	1.1-1.2	—	1.5	1.3-1.9	—
≥64	1.3	1.2-1.3	<.001	2.2	1.8-2.7	<.001
Model 5, min						
28-44	1.2	1.1-1.2	—	1.5	1.2-2.0	—
45-63	1.2	1.1-1.2	—	1.6	1.3-2.1	—
≥64	1.2	1.1-1.3	<.001	2.5	2.0-3.1	<.001
Model 6, min						
28-44	1.2	1.1-1.2	—	1.7	1.3-2.1	—
45-63	1.2	1.1-1.2	—	1.6	1.3-2.1	—
≥64	1.2	1.2-1.3	<.001	2.4	1.9-3.1	<.001
Model 7, min						
28-44	1.1	1.1-1.2	—	1.5	1.2-1.9	—
45-63	1.1	1.1-1.2	—	1.5	1.2-1.9	—
≥64	1.2	1.1-1.2	<.001	2.0	1.6-2.5	<.001

Exposure = Duration of AUFs (vs ≤27 min). Model 1 = age and gender (N = 5163). Model 2 = age, gender, and social factors (social class, financial difficulties, housing; N = 4482). Model 3 = age, gender, and early family influences (maternal age, maternal education, marital status, parity, maternal alcohol intake in pregnancy, partner alcohol intake in pregnancy, breastfeeding; N = 3538). Model 4 = age, gender, social factors and current family influences (current maternal alcohol, parental monitoring; N = 3645). Model 5 = age, gender, social factors and all family influences (N = 2597). Model 6 = age, gender, social factors, all family influences and behavioral factors (ADHD disorder, conduct disorder, anxiety disorder, depression disorder, sensation seeking; N = 2438). Model 7 = age, gender, social factors, all family influences, behavioral factors, and current factors (current smoking, peer alcohol use; N = 2451). N values for each model are for the outcome "ever had a whole drink." Ns may vary slightly for other outcomes. —, P values are for trend across the risk ratios for each category of exposure (as opposed to separate P values for each category compared with the baseline).

^a RRs estimated from Poisson regression models with robust error variance.

Association between film exposure and alcohol outcomes

smoking behaviours) were cross-sectional – that is, a snapshot observation of participants' behaviour – they could not determine causality from the results.

Outcome	Any Binge Drinking in Last 2 y			Alcohol Leading to at Least 1 Problem in Last 2 y		
	RR ^a	95% CI	P for trend	RR ^a	95% CI	P for trend
Model 1, min						
28-44	1.3	1.2-1.5	—	1.4	1.2-1.5	—
45-63	1.6	1.5-1.8	—	1.7	1.5-1.9	—
≥64	1.9	1.8-2.1	<.001	2.1	1.9-2.3	<.001
Model 2, min						
28-44	1.4	1.2-1.5	—	1.4	1.2-1.6	—
45-63	1.6	1.5-1.8	—	1.7	1.5-1.9	—
≥64	1.9	1.8-2.1	<.001	2.1	1.9-2.4	<.001
Model 3, min						
28-44	1.3	1.1-1.4	—	1.4	1.2-1.6	—
45-63	1.6	1.4-1.8	—	1.7	1.5-1.9	—
≥64	1.9	1.7-2.0	<.001	2.1	1.9-2.4	<.001
Model 4, min						
28-44	1.3	1.1-1.5	—	1.3	1.1-1.5	—
45-63	1.6	1.4-1.8	—	1.5	1.4-1.7	—
≥64	1.9	1.7-2.1	<.001	1.9	1.7-2.2	<.001
Model 5, min						
28-44	1.3	1.1-1.5	—	1.3	1.1-1.6	—
45-63	1.6	1.4-1.8	—	1.6	1.4-1.9	—
≥64	1.8	1.6-2.0	<.001	2.0	1.7-2.3	<.001
Model 6, min						
28-44	1.3	1.1-1.5	—	1.4	1.2-1.7	—
45-63	1.5	1.3-1.7	—	1.6	1.4-1.9	—
≥64	1.7	1.5-2.0	<.001	2.0	1.7-2.4	<.001
Model 7, min						
28-44	1.2	1.0-1.4	—	1.3	1.1-1.5	—
45-63	1.4	1.2-1.6	—	1.5	1.3-1.7	—
≥64	1.5	1.3-1.7	<.001	1.7	1.5-2.0	<.001

Exposure = Duration of AUFs (vs ≤27 min). Model 1 = age and gender (N = 5163). Model 2 = age, gender, and social factors (social class, financial difficulties, housing; N = 4482). Model 3 = age, gender, and early family influences (maternal age, maternal education, marital status, parity, maternal alcohol intake in pregnancy, partner alcohol intake in pregnancy, breastfeeding; N = 3538). Model 4 = age, gender, social factors and current family influences (current maternal alcohol, parental monitoring; N = 3645). Model 5 = age, gender, social factors and all family influences (N = 2597). Model 6 = age, gender, social factors, all family influences and behavioral factors (ADHD disorder, conduct disorder, anxiety disorder, depression disorder, sensation seeking; N = 2438). Model 7 = age, gender, social factors, all family influences, behavioral factors, and current factors (current smoking, peer alcohol use; N = 2451). N values for each model are for the outcome "ever had a whole drink." Ns may vary slightly for other outcomes. —, P values are for trend across the risk ratios for each category of exposure (as opposed to separate P values for each category compared with the baseline).

^a RRs estimated from Poisson regression models with robust error variance.

Association between film exposure and adverse alcohol outcomes

The authors wrote that, contrary to previous studies, risk factors such as familial alcohol use, parental monitoring, and sensation seeking did not alter associations between alcohol use in films and adolescent alcohol use. However, mediating factors such as peer alcohol use and smoking behaviours did influence teenage consumption.

Limitations

The authors of the study acknowledged their uncertainty over whether adolescent alcohol use was sanctioned by parents, as well as the impact of parental viewing restrictions on their children's exposure to the films.

They also wrote that because data collected (i.e. exposure to alcohol use in films, drinking consumption, peers' alcohol use, individual own

Conclusion and recommendations

The report concluded: "Exposure to alcohol use in films is associated with higher risk of alcohol use and alcohol-related problems in UK adolescents."

Given the findings of the University of Bristol study and those before it, the authors suggested that more attention be paid to the classification of films depicting alcohol use.

They wrote: "An adult rating for alcohol use would result in the removal of alcohol use from films intended for the adolescent market and also reduce adolescent exposure via adult-rated films.

"Our findings support the argument that a review of film-rating categories and alcohol ratings for all films may help reduce problem-related alcohol consumption in young people."



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