

Alcohol Alert newsletter

July 2016

IAS
Institute of Alcohol Studies

Can alcohol make you happy?



‘Momentarily’, say researchers

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By Lauri Beekmann

UK Alcohol Alert
incorporating Alliance
News

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Austria to introduce alcohol interlock programme next year

Adapted from the European Transport Safety Council website (1 July)

Transport Minister Jörg Leichtfried has announced that convicted drink-drivers in Austria will be given the option of installing an alcohol interlock in their vehicles from next year, rather than face a driving ban.

Every year about 26,000 people in Austria have their driver's license revoked for drink-driving, according to figures cited by the Austrian Press Agency.

The government says the optional scheme will be particularly attractive to people who rely on their cars for their job, and expects demand for the interlock option to be high – though no estimate of expected numbers of participants has been given.

The cost of the system, paid by the driver, will be around EUR 2,500 a year plus administration costs including issuing a new driving license which includes the standardised EU code for drivers who are subject to alcohol interlocks (code 69).

In 2012 and 2013, the Austrian government commissioned two successful trials of the programme, that were run by ETSC's Austrian member KFV

(The Austrian Road Safety Board).

Austria will be the eighth EU country to introduce an alcohol interlock programme following Poland's adoption of the technology last year.

This announcement comes in the wake of a study published by researchers at the University of Pennsylvania in the United States showing that states requiring alcohol interlocks for drink driving convictions are associated with 15% fewer alcohol-related crash deaths, compared with states with less stringent requirements. The report's researchers concluded that interlocks are a life-saving technology that merit wider use.



Edinburgh Law School article backs MUP

Scottish health professionals welcome conclusions of academic paper (7 July)

SHAAP (Scottish Health Action on Alcohol Problems) welcomed a new academic study which strongly supports the moral and legal validity of minimum unit pricing, ahead of the latest round of long-running alcohol Minimum Unit Pricing (MUP) court case at the Court of Session on 7 and 8 July.

The new study, by Dr Arianna Andreangeli, Making markets work in the interest of public health: the case of the *Alcohol*

(Minimum Pricing) (Scotland) Act 2012, draws on the experience of a number of Canadian provinces that show that minimum unit pricing may well be the most effective tool to address the health-related and social ills arising from alcohol consumption.

Dr Andreangeli calls on the Scottish Court of Session to be "courageous" and... 'to embrace the "brave new world" of price controls as tools of "genuine" public interest regulation. The Scottish Government's legislation continues to be blocked by a consortium of global alcohol producers, fronted by the Scotch Whisky Association (SWA).

She also asserts that the SWA case, 'pits the demands of free, competitive and efficient markets against the protection of high levels of public health in light of the needs of Scotland's population'.

The author 'strongly suggests' that "minimum pricing rules, compared with other price-based policy tools, may be more effective in achieving the reduction of demand- and, consequently, of alcohol-related health and social damage, especially among disadvantaged layers of the Scottish population."

Dr Andreangeli argues that experience in Canada has shown that Minimum Unit Pricing legislation has had

direct effects on alcohol-related mortality: in British Columbia, in the years between 2002 and 2009, a generalised increase in the minimum price by 1% was estimated to lead to an immediate, substantial and significant reduction in “wholly alcohol-attributable” deaths – i.e. deaths that find their “underlying cause” in the alcohol consumption – of 3%. The same study highlighted an immediate reduction of mortality of 35.25% overall as a result of an increase by 10% on the price of spirits and a lagged reduction in years 1 and 2 following the same increase in the price for cider and coolers (i.e. mixed drinks).

Eric Carlin, Director of SHAAP, said: “The MUP legislation has not been implemented because of the ongoing legal challenge by global producers, led by the SWA, prioritising profits over health. This new research provides important additional support for the Scottish Government’s case.

“Twenty-two people die every week in Scotland because of alcohol. The Scottish medical professions have to deal with the harms caused by cheap, strong alcohol, sold for as little as 18p per unit, which devastates the lives of individuals, families and communities.

“I hope that the Court of Session will make its decision, in favour of MUP, wisely and swiftly, in the interests of the people, reducing the burden on GPs, hospital and

emergency services and the distress and harms caused to Scottish people.”

Door open for health NGOs to rejoin EU alcohol forum

Commission hopes to bring NGOs back to the table (18 July)

The European Commission is exploring ways to bring back health organisations to its alcohol policy forum, a year on from the collapse of the European Alcohol and Health Forum (EAHF), a stakeholder platform aiming to develop strategies to fight alcohol abuse.

The NGOs, most of which receive EU funding, decided to abstain from the EAHF in June 2015 in protest against the European Commission’s refusal to submit a new alcohol strategy, which formally expired in 2012.

But a Commission spokesperson told EurActiv that the areas of work and the objectives identified in the EU alcohol strategy to support member states in fighting alcohol harm remained valid.

“The Commission continues supporting the prevention of alcohol abuse and addressing the harm it causes through a joint action and various projects under the Health Programme,” the EU official said, adding that the executive is considering how best to rekindle EU activities

related to reducing alcohol-related harm.

“Since the NGOs chose to leave the Alcohol and Health Forum, reflection is also underway on how to best include stakeholders in such work,” the spokesperson said.

“We are in dialogue with the NGOs to examine how to continue cooperation and whether this can be done in a structured way,” the official continued, emphasising that the Commission had an “open door policy” with all stakeholders engaged in action to reduce alcohol-related harm.

However, the European Commission risks presiding over another dispute, having recently proposed a reform of advertising rules on television and online, in its EU Audio Visual Media Services Directive (AVMSD), which public health campaigner Eurocare has warned merely continues to permit a self-regulatory policy approach to the marketing of alcoholic beverages, and wishes to class alcohol advertisements within the category of ‘television advertisements’ only, rather than all commercial communications, thus exempting it from restrictions on sponsorship and product placements.

Council to cut funding for drug and alcohol treatment by half a million pounds

Adapted from Northern Echo (15 July)

A report that will go before the York City Council's health and adult social care committee next week says the authority is to slash its contributions by £545,000 by 2021/22.

The decision to cut funding for treating drug and alcohol misuse has been made following research which showed on average local authorities in the region spend around 30% of their public health grant allocation on substance misuse.

However in York's case the figure is just under 36% – considerably higher than the regional average.

Public health improvement manager Leigh Bell said: "The prevalence of substance misuse in York does not justify this higher level of spend. Therefore it is proposed to set aside a budget for substance misuse services, which is equal to 30% of the public health grant, over the next 5 years."

She said a new contract would be sought for the next three years, with an option to extend it by up to 4 more years, depending on quality and performance.

She added: "This is considered to be the option which will lead to the council obtaining best value for money and will provide a stable and supportive environment for service users".

The council estimates there are 840 opiate users living in York, and 42,202 adults in York who have problems with alcohol.

Peers quiz think-tanks on Licensing Act

IAS and IEA give oral evidence on 2003 Act (19 July)

Representatives from the Institute of Alcohol Studies and the Institute of Economic Affairs gave evidence to the Lords Select Committee panel on the *2003 Licensing Act*, with differing views over whether it has been a success to date.

Jon Foster (IAS) and Chris Snowden (IEA) gave answers to a series of topics on the Act, including its impact on crime, disorder, hospital admissions and drinking habits, the implementation of the Act and its objectives, and the appeals and fees systems linked to the Act. They were invited to the parliamentary session having both written reviews of the Act's effectiveness for their respective organisations.

Chair Baroness McIntosh of Pickering began the session by asking both Mr Foster and Mr

Snowden whether the Act was still, as it was intended to be originally, light touch legislation. They both agreed that the Act had become less light touch over time, although Snowden believed that "it was only light touch by the standards of what went before", whereas Foster said the original law was "too light touch".

They also agreed that the Act's law on closing times has shifted drinking times back into the night, also known as "temporal displacement". Jon Foster pointed out that this has had a knock-on impact on the shift patterns of emergency services workers. Chris Snowden was not sympathetic to this change, remarking that overall crime levels have fallen, and that "everyone has to work and some of us would like to go off and enjoy ourselves in the evening and not be tucked up in bed by 11pm for the benefit of the police."

Snowden also denied that the rise in hospital admissions over the last decade is linked to the Act, notably the phenomena commonly associated with it (i.e. a rising proportion of off-sales, pre-loading, and binge drinking).

Jon Foster commented on the lack of a strategic vision among many local authorities in their implementation of the Act, as they often are "reactive", waiting for problems to emerge before addressing them. He

said that the Act “allows for a more forward-looking approach, which is not often taken”, due to mismatches between how the Act is used and the ways in which it could be interpreted instead.

Shouldering the cost of increasing licensing fees also hindered the Act’s flexibility to help local authorities “better coordinate and nip problems in the bud”, he said.

Foster suggested that the Home Office would be better “making sure that the basics of the Act are used and applied by local authorities consistently.”

You can listen to the session on the Parliament TV website.



Quitters drink less

Study challenges assumption that smokers use alcohol to compensate for a lack of cigarettes (22 July)

Lead author Jamie Brown and colleagues from the University College London found that adults who have attempted to quit smoking in the past week consume less alcohol than smokers who have not tried to quit.

Previous studies have suggested quitting smoking can increase alcohol consumption, fuelling the widely held belief that people use alcohol as a way

of compensating for their lack of cigarettes.

But Brown and colleagues suggest this notion may be wrong, and that smokers who are trying to quit may actually be taking note of recommendations to lower alcohol intake.

To reach their findings – published in the *BMC Public Health* journal – the team analysed the results of household surveys, which included 31,878 individuals from England aged 16 and older. Between March 2014 and September 2015, 6,278 of the respondents reported smoking.

Of these, 144 had tried to quit smoking in the week prior to completing the survey.

As part of the survey, subjects completed the Alcohol Use Disorders Identification Test consumption questionnaire (Audit-C), and the researchers used this information to compare the alcohol intake of smokers who had and had not tried to quit in the past 7 days.

Compared with smokers who had not attempted to quit in the past week, those who had tried to quit smoking reported lower overall alcohol intake, lower levels of binge drinking, and they were more likely to be deemed “light drinkers.”

Because the study was observational, the researchers say they are unable to establish

cause and effect – that is, they cannot conclude that smoking itself reduces alcohol consumption.

They note that it is possible smokers who are trying to quit intentionally lower their alcohol intake in order to avoid relapse, or it may be that people who consume less alcohol in the first place are more likely to quit smoking.

“We can’t yet determine the direction of causality. Further research is needed to disentangle whether attempts to quit smoking precede attempts to restrict alcohol consumption or vice versa,” says Brown.

“We’d also need to rule out other factors which make both more likely. Such as the diagnosis of a health problem causing attempts to cut down on both drinking and smoking.”

Still, the researchers believe their findings indicate that smokers who try to quit may not necessarily reach for that beer or glass of wine as a way of filling the cigarette void.

“These results go against the commonly held view that people who stop smoking tend to drink more to compensate. It’s possible that they are heeding advice to try to avoid alcohol because of its link to relapse”, said Jamie Brown.

As a way of helping the quitting process, health officials

recommend reducing alcohol intake or abstaining from it altogether.



Public Health England to equip authorities for dealing with substance misuse

'Value for Money' tools aimed at maximising cost-effectiveness (25 July)

Public Health England (PHE) has produced several tools to help Local Authorities and public health commissioning teams understand and better allocate limited resources on the most cost-effective treatments.

Alcohol and Drugs Value for Money tools are designed to help support local authorities – specifically alcohol and drugs commissioners – explore ways in which the existing substance misuse budget can be spent to maximise cost-effectiveness.

The tools are:

- **Alcohol and Drugs Commissioning Tool:** Developed by the PHE Drugs and Tobacco team, this tool supports areas in understanding and improving cost-effectiveness. The Cost Calculator helps commissioners estimate local spend and unit costs, while the cost-effectiveness section helps answer a variety of questions on treatment interventions and the use of existing resources.

The Tool compares spend on the treatment system with outcomes of different types of treatments accessed by opiate users, non-opiate users and alcohol only (i.e. leaving treatment free of substance(s) of dependency).

- **Social Return on Investment (SROI):** Focusing on social return on investment (SROI) can help local authorities make informed decisions about how to spend their money effectively on services that improve lives, opportunities, health and wellbeing. PHE will soon be releasing an SROI tool to further support local authorities in assessing the cost-effectiveness of alcohol and drug treatment, making the case for investment. The tool will estimate crime, health and social care benefits.
- **The Families Toolkit:** Families for which parental substance misuse is an issue often have multiple complex needs. In addition to drug and alcohol dependency, they may experience problems with housing, unemployment, education and domestic violence, all of which can cause severe and lasting problems. The Families Toolkit is designed to complement the Social Return on Investment tool so that commissioners can demonstrate the social and

economic benefits of alcohol and drugs interventions to the individual, their family and the wider community.

According to official figures, there were 295,244 adults in alcohol and drug treatment services across England in 2014–15, and the latest official mortality figures for England have shown increases for deaths related to both drugs and alcohol, with alcohol-related hospital admissions (narrow measure) topping the 300,000 mark in 2013/14.

Substance misuse is estimated to cost the UK £10.7 billion each year from health service costs, drug-related crime and economic costs such as premature deaths. Public Health England (PHE) warns that this is likely to be an underestimate as health data is limited and several harms, such as unemployment and homelessness, are not included in the calculations.

Nevertheless, alcohol and drug treatment services play a crucial role in the local response to these harms and in reducing these costs, as well as helping people to recover while being value for money. Treatment is associated with immediate and long-term savings to the public purse, e.g. every £1 spent on drug treatment, saves £2.50.



Government to 'look at' 24-hour airport alcohol sales

Review amid concern with increasing number of 'air rage' incidents (29 July)

Excessive drinking at airports should be curbed to secure the safety of fellow passengers, a minister has said.

In his new role as aviation minister, Parliamentary Under Secretary of State for Transport Lord Ahmad of Wimbledon said that while he does not want to "kill merriment altogether" he is concerned that the current regime regarding alcohol sold at airports may not "fit for purpose".

The Conservative peer said he wants to "look at" the fact that airport pubs, bars and restaurants can sell alcohol 24 hours a day because they are exempt from licensing laws.

It comes amid mounting concern about 'air rage' after a rise in cases of mid-flight disruption, some of which have led to emergency landings. Figures released under freedom of information laws showed at least 442 people were held after incidents on planes between March 2014 and March 2016.

Lord Ahmad told the Press Association: "If you're a young family travelling on a plane you want to go from point A to B, you don't want to be disrupted.

"I don't think we want to kill merriment altogether, but I think it's important that passengers who board planes are also responsible and have a responsibility to other passengers, and that certainly should be the factor which we bear in mind.

"In terms of specific regulations of timings of outlets (which sell alcohol) and how they operate, clearly I want to have a look at that."

He added: "I want to certainly look at what more can be done in terms of making aviation a very attractive sector for all, so whether you're a businessman making travelling arrangements or you're a family planning a holiday, you can do so... knowing that once you board the plane it's going to be an environment in which you're going to be safe and secure."

However Graham Stringer, a Labour MP on the Transport select committee, said: "My instinct is that there are already rules and if people fancy a drink at the start of their holidays then why shouldn't they have one?"

"It sounds to me like nannying and I think he's looking for something to do. There are perfectly adequate rules to stop anti-social and drunken behaviour both in airports and on planes."

Association, which represents airlines, recently published new guidance stating that airlines will "seek to hold passengers who are disruptive to account for their behaviour".

It states: "This will include recouping from passengers the costs resulting from their disruptive behaviour, including for diversions, damage to aircraft and delays".

It also says that staff at "airside" pubs and bars must stop selling alcohol to people who have drunk too much.

Part 19, Article 139 of *Air Navigation Order 2009* (SI 2009/3015), made under *section 60 of the Civil Aviation Act 1982*, makes it an offence to enter an aircraft while drunk, or to be drunk on an aircraft.



Alcohol makes you momentarily happier... but not more satisfied

Research suggests a fleeting upturn in happiness when drinking – but cannot guarantee an increase in satisfaction over time



While the pleasure of drinking is often central to public debates about alcohol policies, there is a near-silence in academic research about it. In a new paper in the journal *Social Science & Medicine*, researchers found that people who developed drinking problems were less satisfied with life.

Although the effect of alcohol on happiness is often discussed during debates about alcohol policy and regulation, it has rarely been the subject of serious academic study. Instead, lead author Dr Baumberg-Geiger argues, governments have simply used the economist assumption that everyone always acts rationally and in their best interests – even when they are drunk or addicted to alcohol.

The study considered how people's happiness and drinking change alongside each other over a period of time. The authors, Dr Ben Baumberg-Geiger of the University of Kent School of Social Policy, Sociology and Social Research, and Dr George MacKerron of the University of Sussex, made use of both an iPhone-based app (called Mappiness, created by Dr MacKerron) and a traditional cohort study to generate the findings.

The results suggested that, after making allowances for other factors such as illness that can affect wellbeing, there was no connection between people's drinking and their happiness over a period of time. The exception to this was in situations where alcohol became a problem, leading to reduced feelings of wellbeing.

Both studies took into account other possible explanations for the relationship between alcohol and happiness, although the authors concede that being absolutely sure that alcohol is causing

momentary happiness is difficult. They also acknowledge that those involved in the studies are not representative of the whole population; the first study involved iPhone users, who tend to be young and wealthy, while the second study looks only at 30–42 year-olds.

But the study does offer at least some robust evidence when policymakers previously had nothing but 'pub talk' to rely on, say the paper's authors. They hope the research will help policymakers properly take happiness into account when doing cost-benefit analyses of alcohol regulation – and therefore make better, more transparent decisions about which policies will benefit the population and which won't.

Writing in *The Conversation*, Dr Baumberg-Geiger remarked that “these findings challenge the naive assumption that all drinking makes us more happy in every way, and prompts us to think more carefully about what we might mean by “pleasure” or “happiness” in this context. Instead, it should make us consider whether there are possible policies that could help us cut down only the drinks that don't make us happy. It might even be the case that – as found for cigarette taxes – certain regulation may make us happier as well as healthier than we were before.

“Most of all, we need to stop reducing the whole spectrum of human pleasure to naive economic models or the vested interests of governments, companies or lobby groups, and actually think about how much we value different aspects of pleasure and enjoyment – including how we drink alcohol – and which policies best balance alcohol's pleasures against its harms.”

You can listen to Dr Baumberg-Geiger explain his research in our *Alcohol Alert* podcast: soundcloud.com/instalstud 

“Strong evidence” that alcohol causes cancer

Report finds support for a causal association between alcohol consumption and cancers at seven sites in the body

A new review of the epidemiological evidence on alcohol and cancer has uncovered the strongest link between the two yet.

Alcohol consumption as a cause of cancer claims that there is evidence that alcohol consumption directly induces cancer of the following areas of the body: oropharynx, larynx, oesophagus, liver, colon, rectum and female breast. The causal link was supported by evidence for a dose-response relationship, at least partial reversal of risk when alcohol consumption is reduced, statistical adjustment for other factors that might explain the association, and specificity of the association with some cancers and not others.

worldwide. The highest risks are associated with the heaviest drinking, but a considerable burden is experienced by drinkers with low to moderate consumption. Most crucially, confirmation of specific biological mechanisms by which alcohol increases the incidence of each type of cancer is not required to infer that alcohol is a cause.

She wrote: “Even without complete knowledge of biological mechanisms, the epidemiological evidence can support the judgement that alcohol causes cancer of the oropharynx, larynx, oesophagus, liver, colon, rectum and breast. The measured associations exhibit gradients of effect that are biologically plausible, and there is some evidence of reversibility of risk in laryngeal, pharyngeal and liver cancers when consumption ceases.”

... alcohol caused approximately half a million deaths from cancer in 2012, 5.8% of cancer deaths worldwide.

Jennie Connor, from the University of Otago Department of Preventive and Social Medicine in New Zealand, had her findings published online as a debate piece for the *Addiction* journal, in which recent epidemiological and biological research on alcohol and cancer was reviewed and summarised, drawing upon published meta-analyses identified from the Medline database and the archives of the International Agency for Research on Cancer. More recent epidemiological studies not included in these publications were also reviewed. A brief description of the nature of causal inference in epidemiology was used to frame discussion of the strength of the evidence that alcohol causes cancer, and contrast this with the case for a protective association of alcohol with cardiovascular disease.

Connor’s review cites evidence that alcohol caused approximately half a million deaths from cancer in 2012, 5.8% of cancer deaths
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Connor’s article also challenged evidence suggesting that moderate drinking provides protection against cardiovascular disease, warning that “a high level of scepticism regarding these findings is now warranted.”

She wrote: “The mechanisms suggested for cardioprotection are sensitive to regularity of drinking, and epidemiological studies across populations show that the benefits are not observed in groups with heavy drinking occasions, even if average consumption is moderate.”

The epidemiological evidence for her conclusions comes from comprehensive reviews undertaken in the last 10 years by the World Cancer Research Fund and American Institute for Cancer Research, the International Agency for Research on Cancer, the Global Burden of Disease Alcohol Group, and the most recent comprehensive meta-analysis undertaken by Bagnardi and colleagues, building

on meta-analyses of the effect of alcohol on single cancers.

The article comes as the latest Continuous Update Project (CUP) report from the World Cancer Research Fund declared that the consumption of alcoholic drinks is a “convincing cause of oesophageal squamous cell carcinoma”. 6 of the 8 studies were included in the dose-response meta-analysis showed a statistically significant 25% increased risk per 10 grams of alcohol per day.

Responding to the publication of this article, Colin Shevills, from the Alcohol Health Alliance UK, said:

“This important review reinforces the need for the public to be made aware of the causal link between alcohol and cancer. Research shows that only around 1 in 10 people are currently aware of the alcohol – cancer link.

“People have the right to know about the impact of alcohol on their health, including its link with cancer, so that they can make informed choices about how much they drink.

“In light of the strengthening of the evidence and the UK’s Chief Medical Officers’ guidelines, the government has a responsibility to ensure the public are more informed of the risks of drinking, and there is public appetite for this information. The government should take action and invest in awareness raising campaigns and ensure that all alcohol products have the risks of drinking displayed at-a-glance so that drinkers are not kept in the dark and potentially put at risk.” 

Alcohol duty rise might cut violence-fuelled emergency visits by 6,000 per year

Lower on-trade and off-trade alcohol prices were associated with higher numbers of violence fuelled attendances at emergency care departments

Just 1% above inflation increase in alcohol duty could lead to a 6,000 fewer violence-fuelled emergency care department visits in England and Wales, claim researchers.

Writing in the *Injury Prevention* journal, a research team from Cardiff University argue that this tiny duty imposed on alcohol sold in retail outlets, pubs and restaurants may even be more effective at curbing the toll of injuries sustained through alcohol-related violence than minimum unit pricing.

The research team assessed the impact of on-trade (pubs/clubs/bars) and off-trade (retail outlets) alcohol pricing, as well as socioeconomic and environmental factors, on the rate of violence-fuelled attendances at emergency care departments in England and Wales.

They collected anonymised data on adults who had visited a sample of 100 emergency care (A&E) departments across England and Wales between 2005 and 2012, as a result of injuries sustained during an episode of violence. They also looked at nationally available data on alcohol pricing and expenditure, and prevailing socioeconomic factors over the period.

Between 2005 and 2012, just short of 300,000 visits were made by adults to 100 emergency care departments in England and Wales as a result of injuries sustained during violence, equating to roughly just over 2 million visits in total across all facilities.

Three-quarters of attendees were men aged between 18 and 30, and monthly injury rates among men were around three times as high as they were among women. Regional and seasonal variations were also evident, with higher violence-fuelled injury in the North West and North East of

England and in Wales, and during the summer months (June-August).

Analysis of the data showed that lower on-trade and off-trade alcohol prices were associated with higher numbers of violence-fuelled attendances at emergency care departments, after taking account of poverty, differences in household income, spending power and time of year.

The researchers calculated that an estimated rise in on-trade alcohol prices of 1% above inflation could cut the annual tally of violence fuelled emergency care visits by 4,260, while the equivalent increase in off-trade alcohol prices could mean 1,788 fewer annual attendances, adding up to around 6,000 fewer visits in total.

They point out some caveats: emergency care data on violence are likely to be an underestimate as patients may be unwilling to reveal the cause of their injuries while the data only reflect the more serious end of the spectrum. Furthermore, living close to an emergency care department may influence the likelihood of using it for treatment.

Also, given the high proportion of 18 to 30 year old men in the sample, it is likely that the data represent street violence rather more than domestic and other types of violence.

However, the team believes that its findings have important implications for alcohol policy. Professor Jonathan Shepherd CBE, Director of the Violence Research Group at Cardiff University, one of the authors of the study, said:

“While alcohol-related violence is generally on the decline in England and Wales it still remains a big problem and places a substantial burden on health services and our emergency departments.

“Our findings suggest that reforming the current alcohol taxation system would be more effective at reducing violence-related injury than minimum unit pricing and would lead to substantial reductions in violence nationally.

“However, any such policy would need to increase the price of alcohol in both markets, especially within drinking establishments. The additional tax revenue of about £1 billion a year could be used to offset the cost of alcohol-related harm to the NHS.”

Worldwide, interpersonal violence was the second leading cause of death among young men aged 15-29 in 2012, and more than 210,000 people sought emergency care in England and Wales for injuries sustained during an episode of violence in 2015.

Excess alcohol consumption has been linked to violence, but the exact nature of the association is unclear, although the evidence also points to a link between pricing and consumption. ■■

Better parenting and lower affordability linked to fall in underage drinking

New report assesses explanations for lower levels of consumption among teens

A new report from the Institute of Alcohol Studies, *Youthful Abandon: why are young people drinking less?*, suggests that improvements in parenting and the reduced affordability of alcohol are the best explanations for recent declines in underage drinking.

In 2003, 61% of 11-15 year olds had tried alcohol; by 2014 this had fallen to 38%. Yet there is limited research and evidence explaining this phenomenon. *Youthful Abandon* surveys the academic literature and popular media to collate and assess the leading theories for why children are drinking less.

The report identifies two leading contenders: improvements in parenting and lower affordability. Parents are less likely to drink in front of their children, less likely to approve of their children drinking, more likely to know their children's whereabouts and activities, and on some indicators have warmer and closer relationships with them. Each of these make underage drinking less likely. The alcohol duty escalator, which ensured that tax on alcohol rose above inflation between 2008 and 2013, is also identified as a likely explanation for declining alcohol use by reducing affordability.

Youthful Abandon expresses scepticism towards a number of prominent theories. The notion that lower consumption is a backlash against the habits of earlier generations fails to account for the fact that children of heavier drinkers are more likely to drink themselves. The idea that online activity and social media are crowding out drinking has limited evidence, with some studies suggesting the reverse – those who spend more time online appear more likely to drink.

Other theories are found to be plausible, but likely to explain only a modest fraction of the shift. Stricter enforcement of ID policies can only have made a minor contribution to the

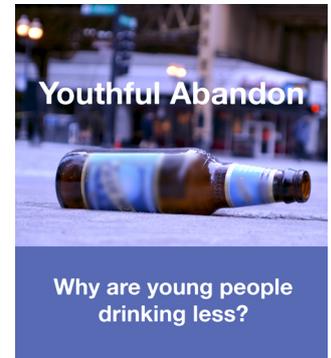
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fall, since relatively few underage drinkers buy their own alcohol. At its peak, only 6% of 11-15-year-olds purchased alcohol from shops, with family and friends a far more common source of supply. Demographic changes associated with immigration have played a small part, with ethnic minority populations growing, and less likely to drink. Yet the fall in drinking has been greatest among white children (although this may in small part be due to the influence of minority peers).

Katherine Brown, Director of the Institute of Alcohol Studies, said: "This report takes an important first step towards understanding why underage drinking has fallen, which is critical if we are to maintain the welcome progress of recent years and prevent a reversal of this trend. It's terrific to see that better parenting skills and improved family relationships may be contributing to the fall in drinking amongst children and young people.

"The influence of the economy and the affordability of alcohol on underage drinking is perhaps more concerning, given that alcohol taxes have been cut in recent Budgets. If alcohol continues to become more affordable, we could see a return to the underage drinking rates of the early 2000s."

Aveek Bhattacharya, the report's author, said: "This report challenges a number of stereotypes and urban myths around underage drinking... whilst we don't have all the answers and evidence to explain why underage drinking has fallen, the fact that alcohol has become less affordable is highly likely to have discouraged many young people. Further research is needed to explore the driving forces behind this trend, and I hope this report will be a helpful starting point."



July 2016 IAS Institute of Alcohol Studies

Blog: When does alcohol sponsorship of sport become sports sponsorship of alcohol?

Following Formula One's sponsorship deal with Heineken, Eurocare vice-president Lauri Beekmann speculates over the real benefits to the funding of national and global sports for the major alcohol industry players



Let's start with a peculiar case from Estonian National Television. The law states that there can't be any commercial advertising in the Estonian Public Broadcasting. But they do accept cultural and social messages that are aired without any charge. Our national organisation ran a campaign in 2015 focusing on harm to others. Funding came from Norway Grants and The Ministry of Social Affairs. Both were mentioned in the end of the 3 clips that we produced. To our surprise the TV asked us to remove the logos explaining that they can't show anything else besides the message itself, not even the ministry's logo.

The same Public Broadcasting makes an exception for sponsorship messages during sports events. Sure, they don't advertise specific products, but they do allow a 30 second clip stating that the biggest brewery of Estonia is also the biggest fan of our national cross-country skiing team.

Sponsoring opens closed doors for companies. Alcohol, that is daily associated with negative imagery and dramatic consequences, receives through sponsoring special treatment and a reserved seating. Current legislation allows a loophole for the alcohol industry to go against the spirit of most national laws and international agreements on alcohol. The 1995 World Health Organisation European Charter on Alcohol listed the following in one of its 10 strategies for alcohol action: "Implement strict controls, recognising existing limitations or bans in some countries, on direct and indirect advertising of alcoholic beverages and ensure that no form of advertising is specifically addressed to young people, for www.ias.org.uk

instance, through the linking of alcohol to sports."

When Eurocare, together with a number of partners and members, turned public attention to Heineken's global partnership with Formula One management, it should have been an easy case to win. It's not just alcohol and sports that are put together. It's motor sports and in the light of global drink-driving problem, there just isn't any rationale for it. Heineken's own *Rules on Responsible Commercial Communications* (2008-2016) agrees, stating that:

"Our commercial communication must never relate to events connected with motor vehicles – including advertising displays at motor racing circuits."

But they changed it shortly before the infamous deal with F1.

In my opinion, sponsoring is more than advertising to current and future consumers. That might be a secondary goal to spending millions without being able to show your actual products. The primary goal might to stay in our good books. While F1 could easily find other sponsors and funds, there are smaller sports at national levels where industry money creates the understanding that their decision to invest keeps the sports alive. With that they win the hearts and souls of millions of fans, because suddenly they are found among those who solve problems.

Lithuania is currently third in the global per capita consumption list and alcohol creates huge problems. The industry faces accusations and negative results of their business. But as sponsors – for instance of the Carlsberg-owned Alus – they have been associated with the incredible victories of the Lithuanian National Basketball team. As the locals say themselves, basketball is a religion in Lithuania. To be a funder of a religion? That's just simply brilliant business.

We expect anything from the drinks industry, what they do is in the interest of their business, that's

why the letter was sent to the F1 management. The ball is in the court of sports leaders and national and international policy makers. They have to understand that when it comes to alcohol, sponsorship money is not only about sports but about alcohol policy that has these same goals everywhere: to reduce alcohol related harm, overall consumption levels and youth exposure to alcohol. They may say and think that they can't solve alcohol problems and deal with alcohol policy issues, that they are just there for their sports. But if they accept alcohol money, they are part of the problem. They must ask themselves, when does alcohol sponsorship of sport become sports sponsorship of alcohol?

A good example comes from Australia where 12 sporting organisations have agreed to end all existing and future alcohol sponsorship agreements. In exchange, the groups will share \$25 million in replacement government funding taken from new alcopops tax revenues. As a sports fan I agree that other measures have to be found to replace the alcohol money. A simple ban could leave some sports without necessary support. But as the Australian case shows, it's possible.

Heineken's generous F1 sponsorship attempts to present that they are irreplaceable. Big Tobacco tried this before, but lost the battle. Nick Fry, Former CEO of Mercedes AMG Petronas Formula One Team said about losing the tobacco sponsorship: "While tobacco companies were generous partners of Formula 1 for nearly four decades, the reality is that a large number of companies did not want to be associated with a team with tobacco logos on the car and indeed some didn't want to be associated with the sport, which was very tobacco oriented. This really has opened up a whole new door."

So are these the last chapters of the alcohol sponsorship in F1 and in other sports? I believe so, but while I'm certain of its inevitability, it probably takes time and it doesn't come without strong policies. But sports will survive.

As the Sponsorship Awards states: "What's clear above all is that the sponsorship industry was smart enough to survive the loss of tobacco sponsorship. So it shouldn't fear the upheaval caused by an alcohol ban. If anything, it might lead to a welcome shake-up in approach, led by dynamic agency thinking and a new wave of brands."

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