

Alcohol Alert

APRIL

2017

New alcohol marketing
report suspects **FOUL PLAY**



Study reveals how industry
bent advertising rules during
Euro 2016



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Lords: Licensing Act “needs major overhaul”

Lords Committee report critical of ‘fundamentally flawed’ Act

A cross-party committee of Lords has reached scathing conclusions about the workings of the 2003 Licensing Act, 11 years after it was introduced.

After a 10-month inquiry, and having questioned 65 witnesses as well as receiving substantial written evidence, they concluded that “the Act is fundamentally flawed and needs a major overhaul.” Many of the recommendations echo those from a report produced by IAS on the same issue last year, *The Licensing Act (2003): its uses and abuses 10 years on*.

The Lords point to key problems within licensing committees, stating that “the Committee was shocked by some of the evidence it received on hearings before licensing committees. Their decisions have been described as “something of a lottery”, “lacking formality”, and “indifferent”, with some “scandalous misuses of the powers of elected local councillors”. They recommend full retraining for all licensing committee members, and merging planning and licensing committees in order to improve standards.

As with IAS’s work on this area, they highlighted the way that licensing had become “too political”, with some local authorities “frightened of making a tough decision” in case they faced costly appeals brought by big drinks companies, another key theme highlighted by IAS in relation to licensing. The Lords committee also gave welcome backing to Minimum Unit Pricing (MUP), if it is found to be effective in Scotland. The Scottish Government legislated for MUP in 2011 but it is yet to be implemented because of legal proceedings led by the Scotch Whisky Association. These are however in their final stages, and Scotland may be able to implement MUP in the near future.

In addition to MUP, Scotland’s licensing system also includes more significant restrictions on the off-trade, including a ban on multi-buy offers and restricted hours, and the Lords recommend copying these in England and Wales, along with allowing local authorities to set their own licensing fees. These three recommendations were also made in last year’s IAS report, and the peers gave some support to the issue of health and wellbeing with licensing, stating that while they did not think it was appropriate as a licensing objective, it is a necessary and desirable objective for an alcohol strategy.

Jon Foster, author of *The Licensing Act (2003): its uses and abuses 10 years on*, who gave oral evidence to the Lords committee, said:

“From the start the 2003 Licensing Act was one sided and poorly thought out, which resulted in many of the problems highlighted by the Lords committee in their interesting report.

“The standard of training many licensing committee members receive is often not very good, and at times the in-house legal advice they get is not much better. While some licensing committees do get things right, the standard of decision-making needs to improve in many parts of the country. The Lords suggestion that this could be done by using existing planning committees to apply licensing law is an interesting one that bears consideration.

“Their support for Minimum Unit Pricing is also welcome, as is their recognition that cheap alcohol bought via the off-trade is a real concern. While I think that promotion of health and wellbeing would work as an objective within the Act, the Lords are absolutely right that the promotion of health and wellbeing is a necessary and desirable objective within an alcohol strategy.” ■■■

DWP: Alcohol dependency a major burden on workless families

Report acknowledges impact of alcohol on children's life chances

New research from the Department for Work and Pensions has highlighted how alcohol dependency is both a cause and a consequence of wider factors that affect the life chances of children from workless families.

The report '*Improving Lives: Helping Workless Families*' identifies alcohol as one of multiple disadvantages among families who are workless and live with numerous potential barriers to entering employment. It found that the vast majority of parents reporting treatment for drug/alcohol use/dependency had been out of work for at least a month. This was one of several findings, which include:

- Those who experience social and economic disadvantage in early life or adulthood are at greater risk of adopting problem drinking behaviours later in life
- Parental alcohol dependency significantly affects the lives, and harms the wellbeing of children, negatively affecting more children than the misuse of illegal drugs
- Research has shown that children of parents with alcohol use disorder (AUD) are more likely to develop AUD in later life
- Alcohol consumption can also be both a cause and consequence of intimate partner violence (IPV).



The DWP report is the first in a series of initiatives aimed at “tackling the problems that prevent families from getting on in life.” Key alcohol dependency statistics from the report reveal that: between 189,000 and 208,000 children were living in households with adults with alcohol dependency in 2014/15; that 63% of parents with alcohol dependency reported no days’ paid work in the 28 days before starting treatment in 2015/16; and that higher rates of alcohol dependency tend to be associated with areas with higher deprivation.

Work and Pensions Secretary Damian Green MP, said:

I don't want any child to be defined by the circumstances of their birth. Every child should benefit from a strong relationship between their parents – whether they are together or separated.

Today marks the start of new support to help families overcome the problems they face to make sure that every child can go as far as their talents will take them.

In 2014 to 2015, 1 in 8 UK children were in families where no one was in work. To help address the range of problems that workless families face, the government plans to set out details of the next phase of the Troubled Families Programme, including more emphasis on helping parents into work.

This follows the recommendations made in Dame Carol Black's independent review '*Drug and alcohol addiction, and obesity: effects on employment outcomes*' published late last year. The DWP has announced plans to introduce:

- A trial of the Individual and Placement Support approach to help people addicted to drugs and alcohol back into employment
- A new network of peer mentors to act as trusted role models for people with drugs and alcohol dependencies, to help them back into employment
- An expansion of the Access to Work fund to provide people with drugs and alcohol dependencies with the support they need to enter or stay in work.

Commenting on the report, Rosanna O'Connor, director of Alcohol, Drugs & Tobacco within the Health and Wellbeing Directorate of Public Health England tweeted:

Great to see #ImprovingLives next steps: @DameCarolBlack recommendation to trial IPS supporting people in drug & alcohol treatment into work

— Rosanna O'Connor (@Rosanna_OConnor) April 4, 2017

Experts also called, however, for a wider, population-level approach to improving life and employment opportunities for dependent drinkers alongside greater support for individuals. Leading liver doctor Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance UK (AHA), said:

"We welcome the Government's recognition that cheap alcohol is damaging some of the most vulnerable groups in society. The revelation that 200,000 children in England are living with adults in need of specialist help is deeply worrying. We need to make sure people get the support they need once they have a problem with alcohol, for their own sakes and for the sake of their children. But people don't set out to become dependent drinkers and we need to stop more people from reaching that stage.

"For the greatest impact, the measures announced today should be combined with measures like minimum unit pricing of alcohol. Studies have shown that [setting a minimum price for alcohol would reduce unemployment and bring substantial numbers of unemployed drinkers back into the workforce](#).

"The government is already taking steps to tackle alcohol dependence in this broader way, with the recent announcement that it will be consulting on increasing the tax on high-strength ciders, drinks which are known to be drunk by the most vulnerable and do disproportionate harm.

"Studies also indicate that MUP would help address health inequalities, with [over 80% of lives saved coming from the lowest income groups](#). At the same time, the measure would not increase the price of alcohol sold in pubs and clubs." ■■■

UK women most likely to drink alcohol during pregnancy

Higher education and smoking before pregnancy also predictors of consumption

A multinational study of over 7,000 women in 11 European countries has found that 28.5% of UK women consumed alcohol whilst knowing they were pregnant; the highest proportion of all countries investigated. The UK was followed by Russia (26.5%) and Switzerland (20.9%) in the proportion of women consuming alcohol during pregnancy; the lowest proportions were reporting in Norway (4.1%), Sweden (7.2%) and Poland (9.7%). The European average was 15.8%. Additionally, 39% of those who confirmed they drank during pregnancy, drunk at least one unit per month; in the UK this figure was over half. However, those who drank the most frequently were found in Italy, with 7.8% of women who confirmed they drank during pregnancy drinking more than 1-2 units per week; the corresponding figure for the UK was 2.8%. Of those who drank, women from Norway and Sweden drank the least, with over 80% drinking only 1-2 units during their pregnancies. Women who were pregnant (53.1%) or had recently given birth (46.9%) completed online questionnaires, discussing tobacco and alcohol use, as well as sociodemographic factors. It was hoped this may be able to determine how these factors might explain any differences recorded. Smoking prior to pregnancy was found to predict alcohol consumption during pregnancy; this was speculated to be due to a common risk-taking nature of these behaviours.



Published in the *Norwegian Institute of Public Health*, the study also found that higher educated, older women were also found to be more likely to drink during pregnancy; it was suggested that this may be due to these women having experience of drinking during past pregnancies with limited adverse consequences, having less exposure to health warnings against alcohol use during pregnancy, or feeling sceptical about guidelines they have seen. The study hoped to expand on previously recorded single-country data, in order to elucidate cross-country difference. ■■

Alcohol media campaigns focus mainly on short-term harms

The majority of mass media alcohol harm reduction campaigns deal with short-term impacts of alcohol misuse such as injury and violence, while neglecting long-term effects such as cancers and cardiovascular diseases, a new report has found. Writing in *BMC Public Health*, researchers from the Centre for Behavioural Research in Cancer in Victoria, Australia, found that only one-in-ten of adverts addressed the long-term harms of alcohol use, despite the fact that "most alcohol-attributable harm is due to long-term disease".

The researchers investigated the content of 110 adverts spanning 72 campaigns, "identified through an exhaustive internet search of Google, YouTube, Vimeo and relevant government and health agency websites", using keywords such as "mass media", "campaign", "advertising", and "alcohol harm reduction / prevention". All ads were in English – just over a quarter of which (26%) were UK-based – produced between 2006 and 2014, and crucially were neither primarily focused on drink-driving or pregnancy, nor alcohol industry funded.

Short-term harms represented the theme of 52% of ads. 10% addressed long-term harms, 18% underage drinking, 17% communicated a how-to-change message, and 3% advocated for policy change. The behavioural objective of most ads was to motivate audiences to reduce their alcohol consumption (38%) or to behave responsibly and / or not get drunk when drinking (33%), whereas only 10% of all ads mentioned the official low-risk drinking guidelines of the country in which the ads were broadcast.

The researchers concluded that their findings suggest "future campaigns may fill a potentially important gap if they were to focus on long-term harms".

Cut Scots' alcohol consumption by 10%, say campaigners

Health groups set target for new alcohol strategy

The Scottish Government should establish a target to reduce overall alcohol consumption by 10% over the next decade, says a new report jointly authored by several Scotland-based health experts.

The government also needs to 'address alcohol's role in health inequalities' and implement a 50p minimum unit price 'as soon as legally possible', urges *Changing Scotland's relationship with alcohol: recommendations for further action*. A 10% cut in drinking levels could potentially 'deliver a 20% reduction in deaths and hospital admissions' after 20 years, the report states.

This recommendation is one of a comprehensive set of policies aimed at curbing Scotland's alcohol problem and addressing the associated health inequalities.

The report precedes the publication this summer of the Scottish Government's 'refresh' of its 2009 strategy, *Changing Scotland's Relationship with Alcohol: A Framework for Action*.

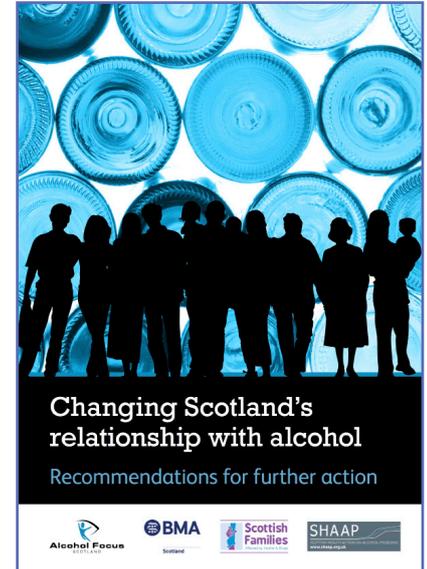
The report's recommendations include:

- Implementing a 50p minimum unit price as soon as possible
- Developing a strategic approach to reducing the availability of alcohol, and improving existing licensing regulation
- Reducing exposure of children to alcohol advertising and sponsorship
- Clearer information for consumers about the health risks associated with drinking
- More investment in alcohol prevention, treatment and support services

'Scotland is awash with alcohol,' said Alcohol Focus Scotland chief executive Alison Douglas. 'Widespread availability, low prices and heavy marketing are having a devastating effect, not only on drinkers but on their children and families too. Minimum unit pricing will hopefully be introduced next year, but further action is required to turn off the tap of alcohol harm, rather than simply treating the symptoms. This report provides a blueprint which, if implemented, will improve the lives of millions of Scots, make our communities better and safer places to live, and reduce demand on our over-burdened public services.'

'As doctors we see first-hand the damage that alcohol misuse does to patients and their families,' added chair of BMA Scotland, Dr Peter Bennie. 'It is essential that as a society we redouble our efforts to tackle Scotland's damaging relationship with alcohol. The proposals we are jointly publishing today will be the yardstick against which the Scottish Government's willingness to go further will be measured, and show how we can build upon the work that has already been done to reduce the harms that are caused by alcohol misuse in Scotland.'

Alcohol Focus Scotland and BMA Scotland are two of the organisations involved in the making of the report – the others being Scottish Action on Alcohol Problems (SHAAP) and Scottish Families Affected by Alcohol & Drugs – which shows that Scotland continues to have the highest level of



alcohol consumption and alcohol-related harm in the UK.

The report comes as political parties accused the SNP-led government of slashing the budgets of Alcohol Drug Partnerships in half the country's 14 health boards in 2016/17. [According to Herald Scotland](#), a Freedom of Information request by the Scottish Conservatives revealed health board contributions in seven boards did not make up the shortfall. Scottish ministers reduced their direct funding from central government last year, but advised health boards would be expected to make up the difference from their increased budgets.

Eric Carlin, Director of Scottish Health Action on Alcohol Problems (SHAAP) said: "The 2009 Alcohol Strategy bravely championed actions on price, availability and marketing as 'best buys', recognised by the World Health Organization to reduce the unnecessary suffering and deaths caused in Scotland because of an alcohol market that has been balanced in favour of companies' profits, rather than protecting Scots' health.

"There is no room for complacency when our alcohol harm statistics remain appalling. The health community is urging the Scottish Government to re-commit its efforts and resources over the longer term to support evidence-based policies that will save Scottish lives, even where the vested interests of multi-national companies range themselves, with no sense of shame, in opposition to this."

John Holleran, Development Officer at Scottish Families Affected by Alcohol & Drugs said: "This report presents a prime opportunity for the Scottish Government and other stakeholders to develop renewed actions to counter the alcohol-related harms still experienced by many families and communities across Scotland.

"It provides welcome recognition of the vital role that families play; in helping individuals towards treatment and sustainable recovery, as a force for positive change at a time when alcohol availability and marketing is so prominent within our society." ■■■



Scotland continues to have the highest level of alcohol consumption and harm in the UK.

- **1 million Scots drink above recommended guidelines**
- **1,150 alcohol-related deaths in 2015**
- **£267 million annual cost to our NHS**

Alcohol Focus Scotland | BMA | Scottish Families Affected by Alcohol & Drugs | SHAAP

Violent crime down; alcohol-related weekend casualties peak

Alcohol-related violence remains a significant problem

Serious violence has fallen substantially in England and Wales, but in the last year, casualties peaked at weekends amid spikes in alcohol-fuelled incidents, the latest annual study of people treated in accident and emergency units suggests.

Cardiff University's survey of 152 hospitals found 188,803 people were admitted for injuries from a fight or assault – 10% fewer than in 2015 and the lowest recorded figures since 2001, when the survey began. Since 2010, researchers found a decline of 40% in people needing treatment in emergency departments after violence.

The paper said the reasons for the continuing fall are not clear, but suggested improvements in detection and reporting, better targeted policing, improved sharing of data by emergency departments, and local collaboration to tackle violence on the streets, in licensed premises and domestic settings. Decreases in drug use and binge drinking were also said to be possible reasons for falls in the number of violent incidents that occurred.

But the latest report – which also assessed records from minor injury units and walk-in centres – said casualties peaked at weekends – suggesting that alcohol-related violence remained a significant problem. Males and people aged 18 to 30 continued to be at most risk from violence.

Report author Professor Jonathan Shepherd, said: “Our findings suggest that alcohol-related violence remains a significant problem, with violence-related emergency department attendance consistently at its highest levels on weekends.” ■■■

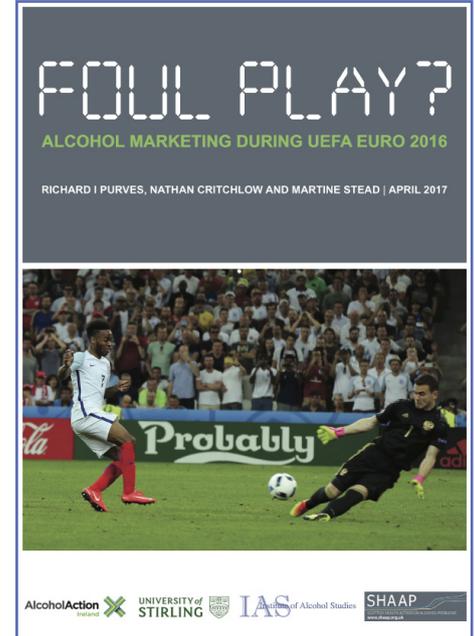
New alcohol marketing report suspects foul play

Study reveals how industry bent advertising rules during UEFA Euro 2016 tournament

The Arsenal Emirates Stadium saw the launch of a new report, *Foul Play? Alcohol marketing during UEFA Euro 2016*, which highlighted how alcohol producers worked to circumvent legislation designed to protect children during the UEFA Euro 2016 football tournament.

Unveiled on the tenth anniversary of the European Healthy Stadia movement, researchers at the Institute for Social Marketing, University of Stirling, found over 100 alcohol marketing references per televised match programme in three countries – France, the UK and Ireland.

The 2017 edition of the Healthy Stadia conference explored the growing interaction between sports stakeholders, public health agencies and academic researchers, with presentations from over 40 speakers underlining the benefits of partnerships established between research institutions, clubs, venues and governing bodies.



Foul Play found that most marketing appeared in highly visible places, such as pitch-side advertising during the matches. This was the case, despite the fact that the tournament was held in France, where alcohol TV advertising and sports sponsorship is banned under the ‘Loi Évin’.

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

“There is strong evidence that exposure to alcohol marketing encourages children to drink earlier and in greater quantities. The findings of this report show that alcohol companies are following in the footsteps of their tobacco colleagues by bending the rules on marketing restrictions putting children’s health at risk.”

An analysis of broadcast footage found that alcohol marketing appeared, on average, once every other minute. The majority took the form of ‘alibi’ marketing, whereby indirect brand references are used to promote a product, rather than a conventional logo or brand name. Carlsberg was the most featured brand, accounting for almost all references in each of the three countries, using their slogan ‘Probably the best in the world’ while avoiding the mentioning the product name. ‘Alibi’ marketing was a common practice of tobacco companies in sporting events when advertising restrictions were introduced.

Dr. Richard Purves, Principal Investigator, Institute for Social Marketing, University of Stirling said:

“Beamed to audiences across the world, major sporting events such as the UEFA EURO tournament, present a prime opportunity for alcohol companies to market directly to a global audience. In order to continue to protect children and young people from exposure to alcohol marketing, laws such as those in France need to be upheld and respected by all parties involved and not seen as something to be negotiated.”

Click on the Soundcloud icon to hear the [Alcohol Alert podcast](#) covering the report’s launch.



Open letter to the candidates for Director-General of WHO

How will you address the issue of accountability and health policy
free from conflicts of interest?

In May 2017, the World Health Organisation (WHO) Member States will meet in Geneva for the 70th World Health Assembly (WHA) and a new WHO Director-General will be elected. As public-interest NGOs involved in preventing and treating chronic diseases resulting from consumption of alcohol and unhealthy foods, we believe that a fundamental consideration for Member States when electing the new DG will be how the new leadership will ensure appropriate interactions with alcohol, food, pharmaceutical and medical technology industries. We invite the three candidates to describe what steps they commit themselves to take in order to ensure greater transparency, rigor and public scrutiny of WHO's policy, regulatory and norm setting activities so that they are adequately protected from undue commercial interests.

In May 2016, the WHA adopted the Framework for Engagement with Non-State Actors (FENSA), a policy due to be fully operational by May 2018. While FENSA envisages that WHO will “exercise particular caution...when engaging with private sector entities ...whose policies or activities are negatively affecting human health...” the rhetoric, direction of WHO's reform process as well as WHO's chronic dire funding situation – has left us more disturbed than reassured. We fear that instead of protecting WHO's mandate – FENSA risks relegating WHO to a limited role, unable to stand up for peoples' human rights and democratic decision-making.

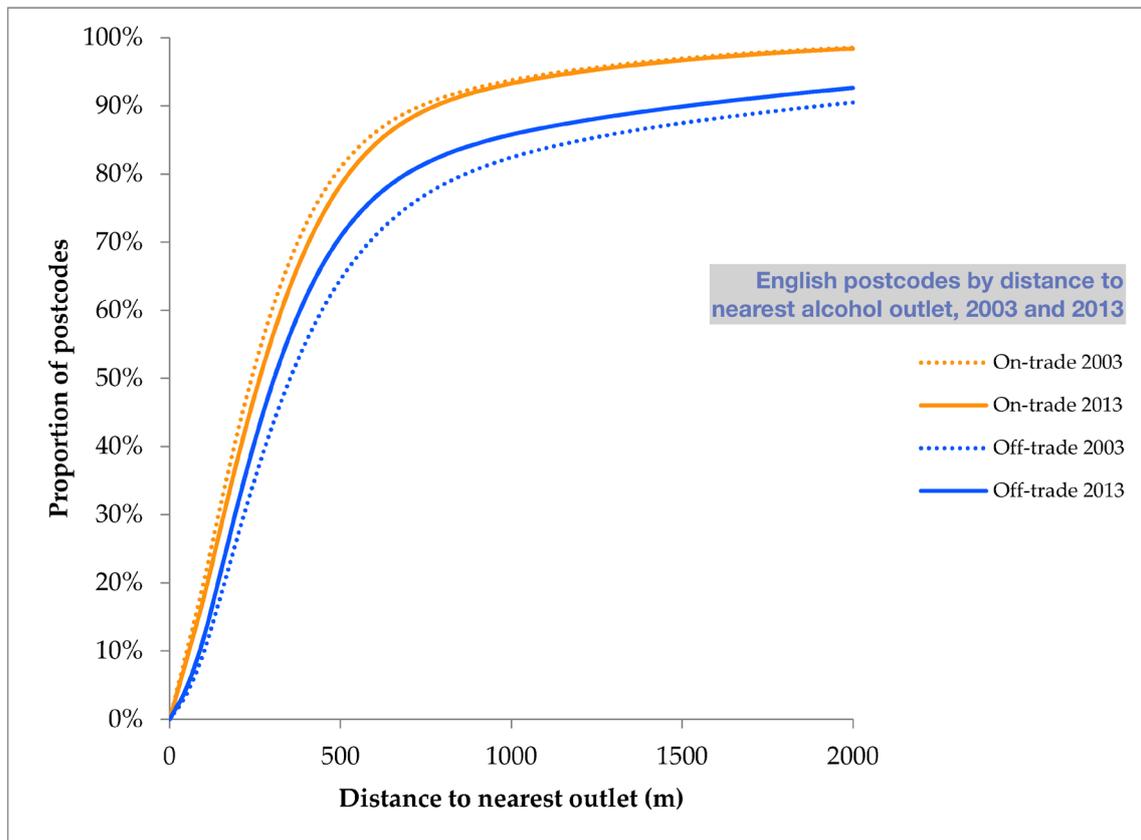
We draw attention to the Conflict of Interest Statement signed by more than 175 NGOs and networks representing over 2,000 groups and first launched at the United Nations High-Level Meeting on NCDs in 2011: “The policy development stage should be free from industry involvement to ensure a ‘health in all policies’ approach, which is not compromised by the obvious conflicts of interests associated with food, alcohol, beverage and other industries, that are primarily answerable to shareholders.”

Producers of food, soft-drinks, alcoholic beverages, pharmaceutical and medical technologies should be held accountable for delivering on policies developed by WHO and its Member States. Their role is not in public health policy formulation, risk assessments, risk management or priority-setting, nor in determining normative quality standards and legally binding regulations to protect and promote public health. These processes must be undertaken in an environment free of commercial influence.

We believe that only a WHO that protects its independence and integrity of decision-making will have the ability to fulfil its constitutional mandate, and look forward to your response to our request.

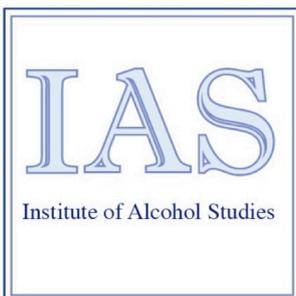
For the letter and the full list of signatories, please visit [The Lancet journal website](#). ■■■

Alcohol snapshot: 85% of people live within 500m of an outlet selling alcohol



Despite the well-documented economic troubles of the on-trade, 85% of people still live within 500m of a pub, bar or club selling alcohol – a figure that has barely changed between 2003 and 2013. What’s more, for the majority of people their nearest source of alcohol is in the on-trade, though the proportion of people living near an off-trade retailer has increased in recent years.

These changes are documented in the chart above, taken from Colin Angus, John Holmes, Ravi Maheswaran et al’s recent paper, ‘*Mapping Patterns and Trends in the Spatial Availability of Alcohol Using Low-Level Geographic Data: A Case Study in England 2003–2013*’. The authors find that overall, the average English postcode was within 1km of 9.8 pubs, bars and nightclubs in 2013, compared to 10.7 in 2003. By contrast, the number of off-trade outlets selling alcohol within 1km of the average postcode has increased from 6.7 to 9.1 over that period. This trend was particularly extreme in deprived areas, where there were more on-trade closures and off-trade openings on average. ■■



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