

Rt Hon Andrew Lansley CBE MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

7th March 2011

Dear Minister,

RE: Public Health Responsibility Deal for Alcohol

We write in response to your letter of invitation sent on 18 February 2011 to sign up to the Public Health Responsibility Deal for Alcohol. Whilst we thank you for the invitation, we have grave concerns about this initiative and as a result will not be signing up. We outline below our reasons.

The Public Health Responsibility Deal for Alcohol (RDA) will not result in any real reduction in levels of alcohol-related health and social harms in the UK. Evidence shows that policies outlined in the current RDA pledges; product labelling, workplace policies, unit information, education and voluntary marketing codes, have little impact on reducing alcohol-related harmⁱ. In addition, there is insufficient focus on outcomes and evaluation; the government has not set out a clear process for measuring the effectiveness of the RDA pledges, or stated what steps will be taken if targets are not met.

The estimated annual cost of alcohol misuse in England and Wales is £25bnⁱⁱ and in Scotland is £2.25bnⁱⁱⁱ. Whilst we acknowledge that overall consumption levels have fallen in recent years, the fact remains that, according to figures from the Office of National Statistics, each year at least 8,664 people die from alcohol related causes^{iv}. Alcohol remains a major contributor to health inequalities in the UK, Europe and globally; heavy drinking is prevalent amongst all socio-economic groups, but the health harms are disproportionately felt by those amongst lower socioeconomic and vulnerable groups. Heavy drinking has also been shown to have a negative effect on educational achievement and subsequent occupational status^v. Given these facts, we cannot afford to waste time on policy strategies we know will not work.

The Responsibility Deal has been described by the ministers facilitating this initiative as just one strand of the Coalition Government's strategy for tackling alcohol harm. However, we have serious reservations about the level of importance placed on this strand as providing a solution to the problem of alcohol in the UK.

Advisory Council

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The World Health Organization acknowledges the most effective means of reducing alcohol related harm is through adjustments in affordability, availability and promotion^{vi}. These policy interventions are supported by a broad evidence base and have been recommended to the UK Government by a recent cross party House of Commons Health Committee report^{vii}. The Responsibility Deal fails to address any of these policy areas and we are yet to see real proof that Government is looking into developing a cross-departmental comprehensive alcohol strategy, based on evidence of what works.

Of particular concern is the close relationship Government has fostered with the alcohol industry during the RDA process. The health community has not been given an equal voice or the opportunity to have real input into the formation of RDA pledges, the bulk of which were written by Government and industry officials before we were invited to join the proceedings. We cannot endorse a process in which the alcohol industry is invited to co-create and self-regulate health policy. There is clearly a conflict of interest between industry economic objectives and public health goals of reducing alcohol consumption and associated harms, which has been highlighted by two parliamentary select committees^{viii} and the WHO^{ix}.

There have been two previous attempts by government to develop a national strategy for dealing with the problem of alcohol, in 2004^x and 2007^{xi}. Both these strategies called for more responsible retailing and industry practices and both promised to consider regulatory change, if necessary. We are therefore asking Government to review previous alcohol strategies and recent developments in alcohol harm reduction approaches. The forthcoming alcohol strategy must cut across government departments and it must put public health and social concerns at the top of the agenda, as opposed to commercial interests.

For these reasons we cannot sign up to the Public Health Responsibility Deal on Alcohol. We will remain independent observers and monitors of this process, whilst putting pressure on Government to develop a comprehensive cross-departmental alcohol strategy, based on evidence of what works, with rigorous evaluation metrics.

We understand that these are difficult negotiations but ultimately we hope to agree on a resolution that benefits the UK public. IAS is working in collaboration with the WHO and the European Alcohol Health Forum to facilitate strategies for reducing alcohol related harm in the UK and other countries. We hope to use our expertise and resources in this policy field to contribute constructively to the development of a UK alcohol strategy.

Yours faithfully



Dr Adrian Bonner
Director, Institute of Alcohol Studies

i For a comprehensive review of the international evidence base for effective alcohol policy interventions see Babor et al, *Alcohol: No Ordinary Commodity* (second edition) Oxford University Press, 2010

ii Data taken from Department of Health Alcohol Harm Reduction Strategy, 2004

iii Scottish Government, Costs of Alcohol use and misuse in Scotland, 2008

iv Office of National Statistics, Alcohol Related Deaths in UK 2000-2009 Statistical Bulletin, published January 2011

v WHO, Global strategy to reduce the harmful use of alcohol, 2010

vi WHO Expert Committee on problems related to alcohol consumption 2nd report, WHO, 2007

vii House of Commons Health Committee First Report on Alcohol vol I, January 2010

viii House of Lords European Union Committee Report 2002; House of Commons Health Committee First Report on Alcohol vol I, January 2010

ix WHO Expert Committee report, 2007

x Department of Health, Alcohol Harm Reduction Strategy for England, 2004

xi Department of Health, Safe. Sensible. Sociable. The next steps in the National Alcohol Strategy, 2007