ALCOHOL AND HEALTH – IN PRAISE OF MODERATION (IN DRINKING, TALKING ABOUT ALCOHOL AND POLICY MAKING)

1. Introduction

In speaking about the role of alcohol in society, Abraham Lincoln (1809-1865, lawyer, American President) observed "None seemed to think the injury arose from the use of a bad thing but from the abuse of a very good thing."

Alcohol is a deeply ingrained part of Western culture. The most obvious indication of the significant role of alcohol in our culture is the number of words that we have to describe its effects. There are more synonyms for "drunk" than for any other word in English, including stewed, boozed, plastered, smashed … Benjamin Franklin already counted 229 terms in The Drinkers Dictionary (1737). Alcohol is also the most controversial part of our diet, simultaneously nourishing and intoxicating us. In Jean Tremolieres' words "alcohol is at once a choice drink and a dangerous food" (Dietetique et Art de Vivre, 1975).

Today's society is willfully Manichean in spirit. It needs to classify things in 'good' and 'bad', whence its difficulty with alcohol which is neither one nor the other. Alcohol has been widely consumed through the ages because of its perceived benefits as a social lubricant, for relaxation and for pleasure. The feature of alcohol that has been most abused is its ability to intoxicate.

We need to recognize that it is not alcohol itself but rather the abuse of alcohol that is the problem. The basic premise of this paper is that there is a clear and useful distinction between 'harmful' and 'responsible' drinking. This distinction is important because it speaks to the opportunity to develop policy approaches that are relevant to both individual and society.

Many difficulties pervade attempts to prevent alcohol-related problems. These include the definition of the problem, variations in levels and patterns of alcohol consumption, and the identification of appropriate policies to deal with harmful alcohol consumption. Essential to the description of alcohol-related problems are perception and experience. Those who promote, distribute and sell alcoholic beverages will view increases in consumption as desirable. On the other hand, those concerned with the adverse health, social and economic consequences may view it as undesirable. The voice from the responsible consumer, who drinks for enjoyment, is rarely heard.

The debate about how to address the harmful use of alcohol has now become highly polarized. The media is playing an ambivalent role in highlighting with lurid headlines (that sell) the harms to society of the binge drinking brigade, while being closely tied to the industry in terms of advertising revenue and also having a role in education and counter-advertising. Moderation in evidence-based reporting is urged.

The ‘alcohol’ issue is now going global with the WHO being instrumental in detailed and objective reporting and analysis of alcohol consumption around the world. It is also setting the stage for national alcohol policies but it will not involve the industry in the discussion.

The influential medical journal, The Lancet, accused the government in February 2011 (“Projections of alcohol deaths – a wake-up call”) of pandering to the industry on pricing. In its report Under the Influence (2009) the British Medical Association attacks the “cynical motives” of the drinks industry and shows that the Portman Group (which is responsible for the regulation of the “below the line” promotion of alcoholic products, i.e. naming, packaging and promotion) is dominated by the industry. It does not mention that compliance with the Portman Group’s Code of Practice is extremely high and that this model is admired by other countries. Once again, moderation in this debate is requested.

The government is an important stakeholder as its health (and judicial) sectors and the local communities carry the burden of the harmful use of alcohol. At the same time it is also the recipient of the tax levies on the industry and it recognizes the important role of the drinks sector in employment. It therefore needs to determine a set of policies that is consistent, balanced (between individual responsibility, consumer choice and restricting harmful practices) and based on evidence. This is not always the case.

Alcohol misuse is a complex issue that must be tackled in a targeted way by a range of stakeholders. The pressure for regulation is steadily increasing. The interpretation and the policy implications of the different options are disputed by health professionals, the alcohol industry and the Government. The industry must help shape this agenda, not merely react to it. It needs to better understand the social, economic and cultural undercurrents affecting the current anti-alcohol debate. The American temperance movement and subsequent Prohibition did not arise spontaneously. There is a valuable object lesson in this.

To curb harmful drinking and avoid restrictive regulation in order to maintain consumer choice, targeted education of consumers (and legislators), a strong focus on the minority who drinks too much, strict enforcement of the current laws and compliance with the industry guidelines and, above all, moderation in talking about alcohol and setting policy are key.

2. Alcohol sells – the role of the media

Media directly shape a culture’s values and beliefs, and therefore, the messages we get from the media cause us to behave and think in certain ways. The media have been playing an ambivalent role in the depiction of alcohol and the harmful use of alcohol.

The current media demonizes alcohol, and in particular the self-destructive drinking that supposedly characterizes the behavior of youths in the British town centers on weekend nights. These alarmist articles with shocking titles such as “binge-drinking Britain on verge of tsunami of harm” (Evening Standard, 2008) seem to aim above all at selling

headlines, rather than objective reporting. Distorted or incorrect reports may attract media attention, but they do not contribute to a reduction of alcohol abuse, which requires accurate information and unbiased interpretation. Hype and exaggeration are actually an important part of the problem. They help to forge a public opinion that generalizes the harmful conduct of a minority.

On the other hand, alcohol advertising is a significant contribution to the revenues of media companies. The Guardian estimated that the alcohol industry spent £ 202 million on above-the-line advertising and marketing in 2009. The equivalent number in the US is estimated at USD 2 billion. The alcohol industry argues that the primary purpose of marketing in the mature developed markets is obtaining and defending market share, rather than lure young and vulnerable drinkers to their products. Alcohol, however, is often glorified in the media. People shown in alcohol commercials are depicted as popular, outgoing and sociable. This does create a climate in which dangerous attitudes toward alcohol may be presented as normal, appropriate, and innocuous.

The role of the media as an advocate for moderation, while being an important partner for the alcohol industry, should not be underestimated. The current self-regulation in terms of advertising works for the protection of vulnerable groups but the media is urged to apply more balance and thoughtfulness in reporting on the 'alcohol problem.'

3. WHO cares

The World Health Organization (WHO)'s definition of health is enshrined in the 1949 constitution of the organization and says that it is "a state of complete physical, mental and social wellbeing." It therefore goes beyond the absence of disease. When it pertains to alcohol and health, the WHO is playing an important role in the global debate.

The notion of 'harmful' drinking was first introduced in the WHO 1992 International Classification of Diseases and refers to any drinking pattern in relation to alcohol that causes damage to physical and mental health; it does not necessarily have any social connotations. Hazardous drinking would be a lower pattern but with increased risk exposure.

On the other hand, 'responsible' drinking has no generally accepted definition, but is considered as a synonym for the term 'moderate' drinking, denoting a pattern that does not exceed a culturally accepted daily volume and carrying little or no risk of harm. The Industry Association for Responsible Alcohol Use in South Africa describes responsible drinking as "the enjoyable consumption of alcoholic beverages within the limits set by your health, circumstances and obligations to family, friends and society." While this definition is somewhat fluid, it is helpful as it incorporates the important elements of personal health and society.

In the UK the recommended guidelines say that a man should not drink regularly more than 3-4 units a day and a woman should not exceed 2-3 units a day. One alcohol unit is

measured as 10 ml or 8 g of pure alcohol. This equates to one 25 ml single measure of whisky (ABV 40%), a third of a pint of beer (ABV 5-6%) or half a standard (175 ml) glass of red wine (ABV 12%). A handy calculator is Strength (ABV) x Volume (ml) / 1000 = number of units. (For example, a pint of Stella = 5.2 x 569/1000 = 2.95 units.)

The WHO Global Status Reports on Alcohol and Health (2011, 2004 and 1999) is eye-opening due to the wealth of data that they carry across developed and developing countries. The burden of harmful alcohol use to individuals and society is clearly described and measured in the Global Information System on Alcohol and Health (GISAH).

In May 2010, delegations from all 193 member states reached consensus at the World Health Assembly on a resolution to confront the harmful use of alcohol. The facts show that it kills 2.5 million people a year, including 320,000 between the age of 15 and 29. It was responsible for almost 4% (6.2% males and 1.1% females) of all deaths in the world in 2004. Harmful alcohol use is the eight leading risk factor for deaths globally and the third largest for disease. The world's highest alcohol consumption levels are found in the developed world. World-wide consumption in 2005 was equal to 6.1 litres of pure alcohol per person over 15 year. In its Strategies to reduce the harmful use of alcohol report of 2010, the WHO identifies the challenges to reduce alcohol-related mortality and morbidity, while balancing competing interests (industry, Government, consumer choice) and cultural settings. It urges countries to set out a national strategy and appropriate legal framework and recommends a combination of policy options including pricing, health services and reducing the impact of illicit alcohol.

Despite the press sometimes reporting on headlines taken out of context, the WHO maintains a balanced and factual view on the alcohol problem. It is regrettable, however, that due to the perceived conflicts of interest, it has traditionally not been willing to engage the alcohol industry in the debate. (A softer stance is observed however in the 2010 document, which calls for continuing the dialogue with the private sector on how it can contribute to a solution.)

4. "Within that cup there lurks a curse" (Walt Whitman, 1841) – the doctor's view

The history of drinking alcohol is a history of excess. From very early on in biblical history, when "Noah became drunk and lay naked in his tent" (Genesis 9:20-21) there have been warnings against the effects of alcoholic beverages. It is not alcohol (or wine) that is considered wicked, but the effects of vicarious overconsumption. Medieval folklore accordingly distinguished four successive stages of drunkenness based on the animals they made men resemble: sheep, lion, ape, and sow.

The relationship between alcohol consumption and health outcomes is complex, often resulting from a series of factors, many of which are related to levels and patterns of consumption, but also to other factors, such as drinking culture and alcoholic beverage quality (-a serious issue in developing countries-).

Doctors tend to stress the harm done. Sir Lian Donaldson, the Chief Medical Officer (CMO), even claims that there are no safe limits of drinking. (House of Commons Health Committee, Alcohol, January 2010) Excessive consumption of alcohol harms health through three properties (according to Rehm et al, Alcohol and Global Health, 2003):

> Acute intoxicating effects (after a single binge as alcohol)
> Chronic toxic effects (following years of harmful drinking affecting almost ever organ and system in the body)
> Propensity for addiction (leading to physical and mental dependence)

Harmful drinking is a major avoidable risk factor for a variety of diseases such as cardiovascular affectations, cirrhosis of the liver and various cancers. It is also associated with several infectious diseases.

In 1860, the mechanics of cirrhosis of the liver were first explored and documented. Liver disease is a useful marker of alcohol-related harm and has gone up five-fold in the UK since 1970. Liver death rates have more than doubled to 11.4 per 100,000 people in the last 15 years. In people over 35 years it is now the main alcohol related cause of death. The Office of National Statistics (ONS) estimated 8724 alcohol related deaths in England and Wales in 2007, double the rate of 1991. Nearly all were due to liver cirrhosis. Professor Ian Gilmore, a former president of the Royal College of Physicians, believes that the real number is closer to 30,000 (Daily Telegraph, 21 February 2011). Alcohol is carcinogenic and has become the second risk factor for cancer after smoking. Problem drinking is also heavily associated with mental illness. Alcohol is not a stimulant but a depressant. Already in 1804 Trotter stated that "(a) habit of drunkenness is a disease of the mind." It is estimated that one in 17 people (6.4%) in Great Britain are alcohol dependent, with a majority of them men and between the ages of 16-24 (Drinkaware). Alcohol is clearly a source of health inequalities as well, as people from lower socio-economic groups are more affected by a given level of alcohol consumption. While alcohol dependence is a disorder in itself, being dependent on alcohol is also a gateway to further health and mental problems. Alcohol misuse is therefore a major and very costly public health issue.

Over recent years the public has been exposed to mixed messages with some articles promoting the benefits of alcohol, especially red wine, in preventing cardiovascular disease, but many others stressing the harm done in causing cancer and liver disease. Medical students in Paris were taught in the 1920s that wine drinkers had average life span expectancy four years greater than water drinkers. This so-called French Paradox got a lot of publicity in the early 1990s, asking why the French seemed to be less affected by the consumption of alcohol. Research reinforced the message that alcohol consumption at mealtimes is best and that a number of other factors such as exercise, drinking in a sociable setting also play a role. As a result, UK policy of that era even suggested establishing a "cafe society" culture, similar to France. Recent studies have shown, however, that the French paradox was not really one: it ignored the significant number of liver cirrhosis cases in France due to overconsumption of cheap wine. The benefits of alcohol are all about moderation. Red wine contains a complex mixture of

compounds, including resveratrol which appears to have health benefits (including a protective effect on heart disease risk, late onset diabetes and stroke risk), but few of us would drink alcohol primarily for its possible health benefits (or order resveratrol pills over the Internet).

Alcohol has positive and negative features. It is clear that overconsumption and heavy episodic drinking is extremely harmful. The medical profession should exert some moderation in its talking about alcohol to ensure that its message remains credible. It should work with industry, government and media to find appropriate solutions to this problem.

5. The NHS – the "Cinderella" of public health

Alcohol cost the NHS £ 2.7 billion in England in 2006/7. This is an increase of 35% (in real terms) versus 2001. This is £ 1000 for every tax payer in England and Wales. The Department of Health calculated these costs in its study The cost of alcohol harm to the NHS in England in 2008 and they were confirmed by the Institute of Alcohol Studies in The Impact of alcohol on the NHS (2009). The estimated annual costs are broken down in three groups: impatient and outpatient hospital visits (£ 1.5 bn), Accident and Emergency and Ambulance Services (£ 1 bn) and primary and specialist care (£ 200 million). The 2006/7 data show that there were 811,000 hospital admissions that were directly related and attributable to alcohol. This represents an almost doubling from 2002/3 and the figure is still rising by about 80,000 admissions each year. Analysis by DH suggests that 7% of the UK population engage in harmful drinking (and represent 33% of overall consumption) and 26% drink regularly more than government guidelines (hazardous drinking). This represents 76% of all alcohol consumption. The burden on the NHS will be unsustainable if this continues, as stated in the NHS Briefing "Too much of the hard stuff – what alcohol costs the NHS (2010)" Alcohol Concern wants a coordinated government strategy to address these issues by investing in primary and specialist health workers. The CEO, Don Shenker, in its report Making alcohol a health priority (2011) calls alcohol the "Cinderella of public heath" and claims that for every £ 1 invested in specialist alcohol treatment, £ 5 is saved on health, welfare and crime costs. A "modest' investment of £ 217 million would bring annual savings of £ 1.1 billion for the NHS and society. The alcohol industry should strongly support this proposal.

6. The sober(ing) facts – the total cost to society of harmful alcohol use

The economic burden created by alcoholics was first calculated by Dean Tucker, who prepared an estimate of the social cost of drinking and came up with an annual expense of £ 3.9 million, against total revenue of all forms of taxation of £ 676,125. This was in 1749… (described in Iain Gately, Drink, A cultural history of alcohol, 2009). The figures brought the notion that drinking entails expenses as well as revenues and that those might be quantified in monetary terms to the attention of the public.

The consequences of harmful drinking go far beyond the individual drinker's health and well-being. There is a growing school of thought that assesses harm by looking at society

as a whole rather than solely at the individual. While the tangible harms of alcohol misuse on the health sector are relatively straightforward to measure, the collateral damage from harmful drinking goes beyond this. They include the adverse consequences of drunken violence, vandalism, sexual assault and child abuse, and a huge burden carried by those who care for those damage by alcohol. The "social costs" (as compared to "private costs" borne knowingly and freely by the drinker) of passive drinking are wide-ranging in their impact. Up to 1.3 million children are negatively affected by family drinking and around a quarter of child protection cases involve alcohol, In 2006, 7000 people were injured in the UK due to traffic accidents caused by alcohol and 660 died. The British Crime Survey found that almost half of the victims of violent attack thought that their assailant was under the influence of alcohol, with 40,000 reports of sexual assault a year also being associated with excessive alcohol consumption. In 2008 there were 1.25 million instances of alcohol related vandalism. Drunkenness also creates an unpleasant social environment, especially in town centers at night. Crime and anti-social behaviour associated with alcohol result in major costs to the emergency services and the criminal justice system, in addition to the costs incurred by victims (and insurers). Together these costs are estimated at £ 7.3 billion per year (CMO, Passive Drinking: The collateral damage from alcohol, 2010) This estimate does not even include the opportunity cost of these agencies and services not being able to focus on other causes. Alcohol misuse causes unemployment, absenteeism and reduced productivity at work. These costs amount to another £ 6.4 billion per year. The intangible costs of passive drinking –the loss of a child, the human misery- are impossible to quantify.

A number of studies have examined in detail the scale of the damage done to health and society. The Cabinet Office estimates in Alcohol misuse: How much does it cost? (2003) that the total cost amounts to £ 20 billion (£ 1.7 bln health , £ 7.3 crime, £ 4.7 social cost, £ 6.4 loss of productivity). In 2007 the National Social Marketing Centre produced an even higher estimate of £ 55 billion (which includes £ 22 billion in human costs). Estimating these costs encounters problems over availability of data as well as methodology but several experts estimates that these costs amount to 1.3-3.3% of GDP in the developed nations.

The impact of passive drinking continues to be the drinks' industry weakest area in terms of defending itself against fresh legislation, particularly in the age of austerity. (Just-Drinks) To present a holistic picture of the economic effects of alcohol consumption, it is equally important to add up all the economic benefits provided by alcohol consumption. These include employment to millions, income to producers, distributors, retailers and the on-trade, and of course significant tax and duty revenues to the Government. One should not forget that UK households spend about £ 42 billion a year on alcohol. Just as certain studies try and estimate the intangible costs, there is equally the subjective enjoyment of alcohol that has a value. No detailed studies on the benefits of alcohol consumption to society have been produced. The industry can play an important role in helping to quantify the full picture and show a strong pro-active engagement in the "passive drinking" debate.

7. The industry hangover

The beverage alcohol industry is diverse and complex and represents many stakeholders with differing objectives (e.g. producers versus off-trade, on-trade versus supermarkets). A vigorous and successful alcohol industry can contribute significantly to the economic health of a society and therefore to the health status of its population. At the same time, the industry recognizes that reasonable regulation is required to protect the population, especially vulnerable groups.

Many of the stakeholders are so convinced that the alcohol industry is the cause of the problem that they cannot acknowledge that the trade can play its part in the solution. "Playing the blame game is far easier than tackling a deeply complicated and entrenched social problem" (The Drinks Business, 2008) and those who sell alcohol have been singled out as a particularly soft target. It is recommended that, given its technical competence and deep understanding of the consumer and the local markets, the alcohol industry is allowed to contribute to the alcohol debate in a positive and considered way. The case for drinks producers' involvement in the global and national strategies is set out in Marcus Grant (representing ICAP, a not-for-profit organization set up in 1995 by major alcohol producers to promote the understanding of the role of alcohol in society and how to curb its abuse) and Mark Leverton, Working Together to Reduce Harmful Drinking, 2010. This view is echoed by Harpers Wine & Spirit who is calling on the trade to have its say in the government proposals to reform alcohol pricing and safeguard health.

On the positive front, the industry has committed significant funding to the independent body, Drinkaware Trust, to raise public awareness about alcohol risks. Its website is included on the labels for a majority of all alcohol sold in the UK. A number of other successful initiatives include the Community Alcohol Partnerships (CAPS) aiming at co-operation between alcohol retailers and the local stakeholders. They have proven effective at tackling problems with underage access to alcohol. A successful pilot scheme was launched in St Neots, Cambridgeshire in 2007.

However, the responses from the industry have generally been fragmented, despite the efforts of the WSTA, headed by Jeremy Beadles. This lack of a common and thoughtful response to the anti-alcohol lobby has been particularly highlighted in multiple editorials of The Drinks Business and in Harpers Wine & Spirit calling the trade "rudderless in a sea of potential legislation and control." An example is Diageo's assertion that pricing has no direct impact on alcohol consumption. It needs to be pro-active, better coordinated and more thoughtful to avoid that further mandatory and more restrictive legislation is imposed.

8. In Vino Sanitas – who hears the consumer's voice?

The question of why we drink alcohol has almost taken a backseat in the current debate. Traditionally, people have wanted to drink alcoholic beverages because they taste good and they contribute to our enjoyment and quality of life. Anthropologist Solomon Katz

has argued that wine's inebriating effects, "provided a socially acceptable way to ease tensions between individuals in increasingly larger and more complex urban communities." (R. Walters, The Wine of Astonishment, WFW 22, 2008) The relationship between alcohol and subjective pleasure has been examined by many authors, with particular attention given to issues such as sociability, relaxation and quality of life, provided one drinks in moderation. (R. Scruton, I drink therefore I am, 2009). Alcohol has a unique social function. Hugh Johnson in A Life Uncorked (2006) calls alcohol (while referring to champagne) the "social drug" and states that "(h)alf the secret of enjoying wine is to know when to put your critical faculties on hold." Goethe in Ergo Bibamus (Therefore let us drink) (1810) writes poetically that "Wine elevates us and renders us lords/ Breaks the chains that bind our captive tongues."

The debate all too often features doctors and politicians but excludes those who enjoy a drink responsibly. The site www.drinkersalliance.com was launched by WSTA in 2008 to give the consumers a voice, but (in my opinion) it is woefully inadequate, poorly designed and does nothing but publish industry-promoted papers (e.g. loss of Government revenue due to lower alcohol sales in 2008/9 – which is not very relevant for the consumer). A better forum for hearing the consumer's voice is required and the industry can help provided it sets up an organization as efficient and well organized as the Drinkaware Trust.

9. Policy making and the UK response

The UK has had a long and difficult relationship with alcohol and alcohol misuse. The history of consumption of alcohol over the last 500 years has been one of peaks and troughs. The UK's attitude to drink, and its propensity to drink in large amounts is seen as being hardwired into the psyche of the population. The Government's responses to this drinking culture have often been inconsistent and misguided.

In 1577, England contained a pub per every 187 persons (Iain Gately, Drink. A Cultural History of Alcohol, 2009). The figure for 2004 was one for every 529. Pitt the Younger was said to be a "six-bottle man." The government effectively created the gin craze of the 18th century due to its Government Act of 1710 encouraging the use of grains. The social misery that it caused had to be curtailed by subsequent acts and legislations.

Over the last 60 years British drinking habits have been transformed. In 1947 the nation consumed 3.5 litres of pure alcohol per head; the current figure is 9.5 litres (with slight falls in the early 1990s and 2005 onwards). Since 1970, alcohol consumption has fallen in many European countries but has increased by 40% in England.

It is important to differentiate the volume of alcohol and the pattern of drinking, which reflects how people drink instead of how much they drink. This is strongly associated with the alcohol-attributable burden of disease in a country. Heavy episodic drinking ('binge drinking", which is defined as drinking more than double the recommended guidelines at one session) is therefore of particular interest to be addressed.

Alcohol policy refers to the set of measures in a society aimed at minimizing the health and social burden from harmful alcohol consumption. Reasonable regulation provides the context for good alcohol policy; excessive regulation often leads to unintended negative consequences. (Marcus Grant and Mark Leverton, Working Together to Reduce Harmful Drinking, 2010) Policy must be based on the principles of evidence-based, fair, proportionate, effective, consistent and avoid unintended consequences.

Since devolution, the Scottish (and Northern Ireland) Government has proposed a very different approach to alcohol and is determined to address total alcohol consumption rather than concentrate on the minority (or significant minority) of problem drinkers, which is the policy in England. This "whole population theory", first propounded by the epidemiologist Ledermann in 1958, has argued that there is a fixed relationship between average per capita consumption and the number of problem drinkers and corresponding harm. The industry's view is that targeting the population as a whole is unfocused, unfair and unlikely to succeed. Instead, measures should focus on addressing the minority that drink irresponsibly through education and enforcement.

The current health strategy of the Government is set out in its white paper Healthy Lives, Healthy People (2010). It aims to ring-fence public health spending and empower local communities to improve the health of its people. This strategy was informed by the 2007 Department of Health (DH) paper Safe, Sensible, Social proposing to put in place a policy that promotes the "sensible drinking" message and focuses on the irresponsible minority of harmful drinkers. DH commissioned an independent review of the links between alcohol pricing and promotion and increased consumption and harm from the School of Health and Research (ScHARR) at Sheffield University. This "Sheffield" review (which is a meta-analysis of research conducted in mainly Australia, US, UK and Switzerland, rather than independent evidence-based research) found significant impact of price on young people and heavy drinkers, but less so on moderate drinkers. At the same time, KPMG was asked to review the alcohol industry's Social Responsibility Standards (adopted in 2005) and found evidence of poor practice in the promotion of cheap alcohol. This study contains a number of methodology issues and incorrect data, but it serves as the basis for many rejecting any self-regulation of the industry. The industry response to both studies dismisses the claim that its self-regulation is not "fit for purpose" and opposes a blanket mandatory national code. It states that self-regulation is more appropriate when dealing with subjective issues (versus the black and white nature of legislation), can respond quicker to change and emerging trends and is funded by the industry (and therefore does not impact the public purse). It concurs with the focus on the irresponsible minority and states strongly that the majority of people is drinking responsibly, that binge drinking is declining and that consumer education and enforcement of current laws remain key tools. In our opinion the WSTA capitulated too quickly in its response by also offering a model of co-regulation.

The government plays a key role in protecting the health of the public through the setting of policies that are fact-based, consistent, effective and enforced. The anti-alcohol lobby is vocal and well organized (as shown by Eurocare, the European alcohol policy alliance

with 50 member organizations in 20 countries). Moderation in policy setting is therefore a condition for success.

10. Policy Options - Any time, any place? – the restriction of availability and access to alcohol

Research findings show that restricting the conditions of alcohol supply – when and how- can considerably affect the rates of alcohol related problems. These are population-wide strategies as they will impact all.

Total bans are imposed in Muslim countries. There is wide experience of government control on the production, distribution and sales of alcoholic drinks. One mean is through monopolizing the activity itself. This is most common for spirits (in 30 countries), less so for beer. A retail monopoly reduces both physical and economic availability. A common alternative is the regulation of the operation of private interests through a system of licensing (adopted in 40+ countries worldwide) – licenses can be suspended or withdrawn. In addition, the number of outlets and its density are directly related to the level of alcohol consumption. This is caused by the perception of availability and increased cost to get alcohol (– although it may lead to increased drink driving). This means that these measures can be enforced through administrative measures and/or the judicial path. However, laws aimed at reducing alcohol availability are notoriously subject to disobedience. While restricting times (e.g. no sales during Sunday, between 10 pm and 6 am) and place of sale and consumption (e.g. alcohol free zones - no drinking in public places in US or in the workplace in Belgium, no sale at petrol stations in Germany or near schools in Italy) is considered generally a cost effective measure, it requires visible and prompt enforcement.

The sale of alcohol in the UK is mainly regulated through the Licensing Act 2003. Its objectives include the prevention of crime and public nuisance, public safety and the protection of children. Improving public health is not a stated objective. Central to this is the targeted enforcement of the law, particularly the sale of alcohol to drunk and underage people.

A minimum age for purchasing and drinking alcohol is one of the most widely used policy options. Already in 1872 the Licensing Act prohibited the sale of spirits to children. The spectre of underage drinking keeps haunting politicians. Drinkaware's Chris Sorek claims that 360,000 11-15 year olds get drunk every week (-a statistic ridiculed by my two teenagers-). There is substantial evidence that a minimum age reduces the level and frequency of alcohol consumption, but not the age of drinking initiation. The prevention of sales to intoxicated people was further strengthened from April 2010 by the prohibition of irresponsible drink promotions, the banning of the 'dentist chair' drinking and speed drinking competitions. The role of the retail sector is essential in this respect and includes training of its staff to recognize intoxication and prevent such sales, e.g. the "Know the Signs" and Challenge 21 campaign (-a surprising name given that the legal drinking age in UK is 16/18-) or the mandatory 'bar server

license' in New Zealand (-a breach by serving repeatedly youngsters/drunk people will lead to loss of license and thus employment).

An overhaul of The Licensing Act 2003 is under review (through an update of the Police Reform and Social Responsibility Bill, currently under review at the House of Commons). It will grant greater powers to local authorities and police to reduce the burden of harmful alcohol use through its ability to remove licenses of persistent offenders and by doubling the fines for those selling alcohol to minors.

The effectiveness of availability prohibitions depends considerably on enforcement. It should be noted that less than 7 people a year have been pursued since 2005 for selling alcohol to visibly drunk people. Drinking Banning Orders (commonly called "Booze Asbo" – applied to any individual over the age of 16 who frequently gets involved in anti-social behaviour while under the influence of alcohol) have proven unenforceable, short of offenders carrying electronic tags. There are a lot of laws available that can curb harmful drinking but they need to be enforced in a smart way.

Of particular interest is the legislation around drink driving. The current legal blood alcohol concentration (BAC) limit for drivers in the UK is 80 milligram of alcohol per 1000 millimetres of blood (0.8% pro mil). However, several countries around the world have cut this threshold to 0.5%. The National Institute for Health and Clinical Excellence (NICE) (quoted in Drinks International, 2011) has shown that this reduction has led to 12% fewer alcohol-related driving deaths among 18 to 25 year olds in these countries and advocates a similar measure, combined with ongoing publicity, encouragement of alternative transportation modes and visible and rapid enforcement (random breadth tests, sobriety checkpoints, mandatory driver re-education, even ignition locks). I would support such a reduction to 0.5% accompanied with a zero-tolerance (0%) for young, novice and professional drivers as is the case in Austria.

Enforcement is absolutely necessary, but it is not the solution in and of itself. Aristotle was of the view that crimes committed when drunk should be more severely punished than those committed when sober, since they exhibit not one fault but two: the offence against the other, and the additional offence against the self, that comes from lack of judgment.

11. Policy options - "Guinness for Strength", surely not – the regulation of alcohol marketing

John Gilroy's iconic Guinness posters have become collectibles, but would not be acceptable under current marketing rules due to its association with physical prowess. Six alcohol producers are among the world's largest advertisers globally (WHO Expert Committee on problems related to alcohol consumption, 2007). In addition, they invest heavily in other forms of promotion, such as sponsorships of sporting events and culture.

Professor Ian Gilmore advocates a complete ban on alcohol advertising and sports sponsorship. France has banned all alcohol advertising on television and billboard

through the Loi Evin, enacted in 1991. Other countries, such as Norway, Poland and Ukraine, followed suit. In the United States, alcoholic drink advertisements can only be placed in media where 70% of the audience is over the legal drinking age (of 21). In Hong Kong, alcohol advertising is not allowed during Family Viewing Hour. In the Netherlands it is not allowed between 6-9 pm. The European Commission sponsored FASE (focus on alcohol safe environments) project, which started in 2007, collects best practices and issues guidelines regarding alcohol marketing.

While econometric studies have shown little to no correlation between alcohol marketing and the onset of drinking by youngsters and binge drinking, certain longitudinal research (looking at developments over time) show that there is a correlation between advertising and alcohol consumption, but not that there is a causal effect between marketing and harmful drinking (P. Anderson et al, Impact of Alcohol Advertising, 2009).

Alcohol advertising was first regulated at EU level by the Television without Frontiers Directive on 1989 (and subsequently revised in 1997 and 2007). The provisions have been incorporated into national law. Alcohol advertising restrictions are implemented in the UK largely through self-regulatory bodies. Voluntary codes almost exclusively refer to the content (and not amount and frequency) of alcohol advertisements. The Advertising Standards Authority, which enforces the current advertising code (tightened in 2005), argues that the UK has a "gold standard" of advert regulation which is among the strictest in the world. As an example, alcohol ads can't be shown in programs where the proportion of 10-15 year olds viewing is 30% higher than the general population. The Social Responsibility Standards adopted by the industry in 2005 equally disallow a particular appeal of the alcohol marketing to under-18s, an emphasis on alcoholic strength, an association with bravado or sexual success, or that they enhance one's mental or physical capability. The Portman Group's Code of Practice (4th edition, 2005) regulates all "below the line" marketing with similar guidelines.

A particular area of concern however is the use of new media technologies in alcohol marketing, the so-called "360-degrees strategy." Examples are Heineken's virtual city, Jack Daniel's "Give a Toast" on Facebook and the alcoholic tea clip on YouTube for Smirnoff. Guidelines were issued by the European Forum for Responsible Drinking (EFRD) in 2009. They include a strict age-verification scheme for access to alcohol marketing site. K. Montgomery in Alcohol Marketing and the Digital Age (2011) points to the need for the industry to go beyond this and publish annual 'transparency' reports.

The sponsorship of sporting events is banned in many countries. In France, the rugby union Heineken Cup is called the H Cup for this reason. Cricket is a sport with a large amount of alcohol sponsorship (by Red Stripe and Wolf Blass among others). Diageo sponsors several classic golf tournaments. The UK Football League is sponsored by Carling (till 2012). It is estimated by Nielsen Media (2006) that the alcohol industry contributes up to 12% of these budgets (being the second largest after the financial sector) and therefore ensures their viability. The Portman Group's code must be strictly enforced to ensure its acceptance by the other stakeholders. Examples include the requirement that sports' sponsorships can only be undertaken if at least 75% of the audience or

participants are aged over 18. Companies are also not allowed to put drink logos on children's replica shirts. The industry must ensure strict adherence to these guidelines to avoid the event of a UK Loi Evin.

At the same time, the media remains an effective tool for the health sector, government and non-governmental organizations in promoting the 'alcohol in moderation' message, so-called "counter-advertising." Many mass media campaigns have been implemented over the past decades. The goals of these campaigns are generally to persuade individuals to give up harmful drinking, in particular with regard to drink-driving (e.g., "Friends don't let friends drive drunk' or Anheuser-Bush's sponsored "Know when to say when"). The effectiveness of these campaigns is the subject of a lot of controversy. Evidence (as in R. Elder at al, Effectiveness of Mass Media Campaigns, American Journal of Preventive Medecine, 2004) shows that carefully planned and well executed media campaigns (often with celebrity endorsement) attain adequate audience exposure and have the desired effect as long as they are in conjunction with other ongoing prevention activities, such as law enforcement for drinking and driving.

Advertising regulations must be robust and based on best evidence. If any new evidence emerged which clearly highlighted major problems caused by alcohol advertising in relation to consumer harm, then the independent regulators would have a duty to consider this fully and take appropriate action. The alcohol industry would do well to pro-actively study its compliance with the voluntary codes to avoid further restrictive marketing legislation.

12. Policy options - Everything you ever wanted to know (or not) about alcohol – the role of education

Alcohol education is premised on the model that knowledge will change behaviour. A variety of approaches has been used, including classroom education, information campaigns (through counter-advertising), promulgation of drinking guidelines and the labeling of alcoholic drinks.

The Alcohol Education Trust has been instrumental in providing alcohol education to pupils age 11-16. (www.talkaboutalcohol.com) There have been many initiatives by non-governmental agencies, such as Alcohol in Moderation (AIM), founded in 1991, to communicate the "responsible drinking message'.

Particularly attractive are the initiatives by the Drinkaware Trust. Its 2009 campaign, entitled "Alcohol: How much is too much" urged consumers to look at the content of their recycling boxes. Its website is highly user-friendly and is a often-copied template around the world (according to the Drinks Business, 2008) Its latest £ 100 million five-year campaign (run in partnership with 40 companies and Cocoa Cola) "Why Let good times go bad?" seems to strike a chord with the public. It is similar to the visually-attractive and well received Spanish campaign "Noches Europeas sin accidentes"(European nights without Accidents) (noted by www.Drinksinitiatives.eu, a

database sponsored by the European Spirits Organisation, sharing the most interesting anti-alcohol abuse campaigns across Europe.)

Critics say that all these campaigns have limited impact due to the many confusing messages, the insignificant sums (£ 17.6 million in 2009 versus advertising spend of £ 202 million) and the possible counter-effects (-the ceiling effect if the consumer is already aware and the over-warning effect where the consumer ignores the message or reacts unfavourably).

However, the lack of information on responsible drinking by the consumer remains a concern. The European Commission's Eurobarometer report on attitudes to alcohol shows that Europeans lack basic information. For example, only 27% of citizens can accurate give their country's blood alcohol limit for driving and to what this equates in number of units.

Product warning labels are one step toward treatment of alcohol as a special commodity. Heineken was the first brewer to introduce a responsibility message on every can and bottle linked to an educational website on responsible drinking. The effectiveness of labels is difficult to measure. According to G. Agostinelli et al, Alcohol Counter-Advertising and the Media (2011), the effectiveness of the labelling message depends on a number of factors (the qualifiers in the text –may/could/will-, the design, the placement). Further research is required in better understanding how people react to labels and the industry should contribute to this work. The Department of Health recommends five health labels (including unit information, pregnancy advice, a responsible drinking message, the logo and web address of Drinkaware and the official daily recommended limits in units). This was adopted in a voluntary agreement by the industry in 2007. While a survey by Campden in 2010 has shown that 85% of alcoholic drinks are not in compliance, this is challenged by the industry but without showing concrete data.

The use of "units" is another area of contention. The UK Conservative Party proposed to scrap the units of alcohol on alcoholic drink labels and replace them with information detailing centiliters of pure alcohol. Alcohol Concern and Tim Wilson (The Wilson Drinks Report, 2010) responded that while more information on labels is welcome, consumers in the UK are just getting to grips with the unit method and this would lead to further confusion.

Consumers want informed choice. Nine out of 10 wine drinkers want alcohol levels to be clearly displayed on the front label of bottles, according to a nationwide survey from Wineoption.org in 2011 (Drinks International). This confirms that more targeted information and education campaigns are needed. The Charter on Responsible Alcohol Consumption from CEPS, the European Spirits Producers, (Roadmap 2015) therefore recommends further information at the Points of Sale (-a proposal rejected by the WSTA, showing that the industry does not speak with a common voice-).

We believe that media advocacy, targeted controlled messages and properly tested labelling can educate the public and key stakeholders. They may not be able to change the *behaviour* of the irresponsible minority immediately, but they do help in changing *attitudes*. The industry has been notably ineffective in demonstrating the beneficial effect of education and should sponsor relevant independent studies to that effect.

13. Policy options - "Dunk for a penny, dead drunk for tuppence" (etched on Hogarth's print Gin Lane, 1750) – the impact of alcohol pricing and taxation

Alcoholic drinks are commercial products and, as such, subject to the same commercial principles as other products. With other factors held constant, a rise in alcohol prices leads to a drop in consumption, and vice versa. Pricing policies can therefore be used to reduce alcohol consumption, and in particular underage and harmful drinking. Alcohol has become 69% more affordable (in real terms) over the past 30 years relative to household income. As a result professor Ian Gilmore claims that there is a "scary correlation between per capita consumption and affordability."

Pricing is also one of the most intrusive options as it affects all drinkers. However, demand for alcohol has been found to be relatively inelastic to price: a change in price results in a drop in consumption that is relatively smaller. The Sheffield survey estimated that the decrease is not uniform for different beverages. The decrease in consumption is estimated at the following levels for a 10% price increase: beer -3.5%, wine -6.8%, whisky -9.8%. This has important implications as drinkers will switch to cheaper drinks when prices are raised. It is noted that young people and heavy drinkers' consumption is particularly sensitive to price.

There are several policy options in terms of price increase, which are fully endorsed by the WHO in its Global Status Report: Alcohol Policy (2004) especially if they help the government recoup part of the costs through increased taxes). The Home Office in The likely impact of increasing alcohol price, January 2011 reviewed the cost/benefit analysis of price rises and the distributional impact among different groups of users. It stated that "On the basis of the evidence reviewed, it is not possible to determine which alcohol pricing policies may be most effective." This is a passionate debate that has led to the many stakeholders not agreeing with the different approaches but the industry could assist in further independent research.

In June 2010 the think-tank RAND published a Preliminary assessment of the economic impacts of alcohol pricing policy options in the UK. It identified three possible methods:

a. Increases in tax

The use of taxes to regulate behaviour was already used by the UK government in the setting of the Gin Act of 1743. Different products can also be taxed differently (e.g. higher alcohol strength – cf. the higher duty on whisky, the change of definition of cider and resulting duty increase in 2011, alcopop taxes in Australia).

Alcohol excise duty taxes and value added taxes (VAT) are passed through to the consumer to various degrees. For the most part, the on-trader appears to pass on tax increases, while the off-trade (in particular large retailers such as supermarkets) seems to absorb part of the increases. Leading liver specialist Sheron even argues that VAT should be further increased on drinks sold in supermarkets and off-licences to protect the public and pubs at the same time (Harpers, 2010). The UK already raised VAT from 17.5% to 20% in the last year having a further effect on total taxes for alcoholic drinks.

Taxes are effective and easy to implement. An important aspect remains that the government obtains additional revenues (provided that there is some inelasticity in demand). Currently, the UK imposes duty worth £ 17.32 for every percent of alcohol strength per 100 litres. In 2008/9 the duty raised in UK amounted to £ 14.7 billion. The UK Government intends to introduce new additional duty on beers over 7.5% ABV in strength (the 'super strength' lagers) and reduce the rate on beers produced at an alcohol strength of 2.8% ABV or below to promote lower alcohol beverages. The Scotch Whisky Association argues that taxing all drinks on the same basis would be a fairer and more responsible way to tax alcohol. It would also secure over £ 1 billion a year extra tax revenue (Drinks International, 2011) The government has announced that it would keep the duty accelerator (RPI + 2%) for another 4 years, which has already led to a significant increase of the price of alcohol over the last years. De facto minimum prices are being stealthily introduced by this series of tax rises. Proposals by the WHO to ban duty-free liquor sales, a business which was worth USD 6.3 billion in 2008, are currently shelved but would have a major impact on the industry and consumers.

Taxes affect all drinkers, who either pay more, reduce the amount of drinking or switch to cheaper drinks. This is why taxation ("sin taxes") is considered a "blunt instrument" that does not target harmful drinking instead impacting all consumers to some extent.

b. minimum pricing

The whole population theory of French epidemiologist Ledermann underpins the philosophy of those who support minimum prices per unit of alcohol. If alcohol is a societal problem with a fixed relationship between per capita consumption of alcohol and the number of problem drinkers, then raising prices for all consumers will lead to a reduction of the amount of alcohol related harm. This is also the premise for the Sheffield survey, which has large based its findings primarily on Wagenaar's Effects of beverage alcohol taxes and Prices on Consumption (2008), and has become the mantra for many health professionals and the philosophy of the Scottish Government (although it was ultimately rejected by the Scottish Parliament in November 2010).

The full effect depends of the setting of the minimum price. In case the minimum price per unit is close to the current minimum of £ 0.30 per unit, the effect will be muted. A Swedish study by Ponicki established that price increases for cheaper drinks have a larger impact on consumption than prices of more expensive drinks. As the price effect is especially strong for low-cost alcohol, young and harmful drinkers and low income

groups will be more affected. Unlike taxation, minimum pricing circumvents retailers' ability to absorb the price increases. The on-trade is less affected as it already incorporates a certain margin over the minimum price. Producers and retailers pass on the increase, but the government makes no additional revenue (except on the margin through an increase in VAT income). The Lancet believes that setting a minimum price of 50p per unit would increase the spending of moderate drinkers by only 23% but it would decrease consumption by underage and heavy drinkers by 7 and 10% respectively. The estimated benefit would be a reduction of 100,000 hospital admissions per year and health savings of £ 150 million per year.

This subject has polarized the different stakeholders. On the one hand, the government and the industry stress that minimum pricing may be illegal under EU competition law but, above all, that the problem is down to a minority of irresponsible drinkers. Accordingly, increasing prices would penalize the vast majority of responsible drinkers; the best policy is therefore to target the habits of the small minority through better information, education and enforcement. (The industry also notes that the findings of the Sheffield study are not corroborated by the actual data: the decrease in overall alcohol consumption since 2004 has not led to a lower number of hospital visits. In addition, minimum pricing would lead to even more marketing spend among the industry members to differentiate their offerings. Even within the industry, certain supermarket groups have broken ranks. Tesco, for example, is supporting minimum pricing as it believes that supermarkets are more affected by duty increases and that minimum pricing will encourage the purchase of weaker alcoholic drinks.) In contrast, health professionals argue that the alcohol problem is not the preserve of a small minority of the population and therefore that this is the most effective policy.

c. Ban on sales below cost

The UK government has settled in January 2011 on banning the sale of alcohol below the combined cost of VAT and excise duty. This puts an effective minimum price for a standard bottle of wine of £ 2.03, medium-strength lager at £ 0.38 per 440ml and vodka at £ 10.71 per litre. An additional consideration is that this positively affects the beer-cola ratio (which increases the attractiveness of non-alcoholic). The impact of this ban will mainly depend on the extent to which retailers have indeed been engaging in sales below cost. Evidence points to deep discounting and even loss-leading sales by UK supermarkets (during certain periods of the year). A ban will therefore counter the possible substitution effect where heavy and young drinkers go for cheaper drinks (in case costs are raised). It will also address to some degree the "pre-loading" phenomenon, where young drinkers buy cheap supermarket alcohol to get intoxicated before hitting the town. Even if the effect is small, where it increases the price of the cheapest drinks, the ban will lead to some reduction in harmful drinking.

An important issue is the definition of cost. If cost is defined as VAT + excise duty, the implementation and enforcement are relatively transparent versus those for a concept of "true cost" of production. This pricing option however does not generate additional revenue to the government *per se*.

The health sector has rejected this policy as inconsequential as it will not address the alcohol issue. The trade and Decanter (Guy Woodward) however support it as it does not discriminate the responsible drinker and call it "a victory for common sense." Time will tell how effective it is but the debate has shown that the industry must be more pro-active, thoughtful and better coordinated and assist in gathering the necessary evidence to support its proposals.

14. Conclusion

Alcohol is not an ordinary commodity. While it carries connotations of pleasure and sociability, the consequences of its harmful use in terms of health and social burden are diverse and widespread. To effectively reduce the level of harmful drinking requires much preparation and partnership between all stakeholders.

There is no doubt that the behaviour of a sizeable minority clearly oversteps the line of acceptability, but the vast majority of drinkers consume alcohol responsibly and the vast majority of retailers sell alcohol responsibly. A mix of policies, based on good research and data, is therefore required to address the issue of the burden of harmful use to society. Education needs to go hand in hand with strict compliance of voluntary rules and enforcement of legislation. Pricing needs to be recognized as an effective tool. The industry should ensure that it is pro-active, coordinated and thoughtful in its responses, so that it is an acceptable partner.

Boniface in Ebrietatis Encomium (The Praise of Drunkenness, 1723) defined six rules for drinking alcohol: 'do not drink too often, drink in good company, drink good wine, drink at convenient times, force no one to drink and do not push drunkenness too far."

The art of drinking may not be particularly widespread today. A focus on moderation in drinking, speaking about alcohol and policy setting is definitely warranted.

Chris Van Aeken
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