

# GRAPE BRITAIN

Politicians are happy to talk tough on binge-drinking jobs and yobettes as election day approaches. But when it comes to addressing the pernicious problem of the middle classes over-dosing on wine, they bottle it. By Ian Gilmore

Last year saw significant steps forward in the public perception of alcohol-related harm and a shift in the debate around alcohol policy. Barely a week goes by without new headlines about 'binge drinking teens' or a TV documentary on the effects of drunken behaviour on our emergency services. By now, hardly anyone can be unaware that drinking too much is bad for their health, and can lead to all kinds of consequences such as liver disease, violence, sexual assault and drunk driving.

Yet despite all the headlines, people continue to drink beyond safe levels on a weekly basis; that is, more than 14 units of alcohol for women and 21 units for men. This shows how deeply ingrained the alcohol culture is in our society – no social occasion can pass by without being celebrated by alcohol, much of the

action in our soap operas occurs in pubs and bars, and we are bombarded with advertising, offers of cheap drink and the general social acceptability of our favourite drug.

As a result of the public perception that the danger and harm related to alcohol only comes from binge drinking, it has been easy for UK governments and political parties to largely ignore a problem of a more pernicious kind. Hundreds of thousands of people – the silent majority – are in their own homes, quietly opening a bottle of wine each evening and over the week unknowingly drinking well over the recommended limits, storing up problems for the future.

In the run up to the general election, tackling these wider causes of alcohol harm are politically unpalatable. The

Prime Minister openly squashed the Chief Medical Officer's support for a minimum unit price for alcohol, saying: "We don't want the responsible, sensible majority of moderate drinkers to have to pay more or suffer because of the excesses of a small minority."

Evidence from the Sheffield University study of alcohol policy interventions shows that, in fact, people drinking inside the recommended safe limits would be little affected by the introduction of a minimum price of 50p per unit. Indeed if the discounts currently applied to alcohol in supermarkets were transferred to other items in the weekly grocery basket, the moderate drinker might be even better off. However, the study, which was commissioned by the Department of Health, has not been acted on despite

demonstrating the potential for a minimum unit price to cut down on levels of harmful drinking. It estimated that a minimum price of 50p per unit of alcohol would lead to over 3,000 fewer deaths, 97,900 fewer hospital admissions and 10,300 fewer violent crimes in England per year.

Another area which receives less media attention is access to alcohol treatment services. Brief interventions are a quick and effective means of engaging with large numbers of drinkers who are not severely dependent, but are still harming their health. There is a benefit in about one of every eight patients receiving the intervention, which compares well with many more expensive and established treatments in other areas. It is also possible that the effects spread into the wider community, promoting a deeper cultural behavioural change. However, it is almost universally understood that belts will have to be tightened across the NHS, leading people to wonder where the funding for rolling out services more widely will come from.

A positive sign is that all the main political parties recognise that alcohol harm needs to be addressed and have policies which do this, to various degrees. The government has brought forward plans for a mandatory code on alcohol retailing, which includes measures to ban drinks promotions that encourage irresponsible drinking and aims to help drinkers make healthy choices. It also continues to push forward with public health campaigns about the dangers of drinking. The other devolved UK nations also show signs of serious intervention through regulation, particularly in Scotland where there are attempts to pass an act to allow a minimum unit price.

The Conservatives have rejected calls for a minimum price on the same grounds as Gordon Brown that it would be unfair to moderate drinkers, but have talked about banning supermarkets and other retailers from selling alcohol below cost price to help tackle the 'pre-loading' trend – young people and binge drinkers consuming cheap alcohol at home before going to town centres. Other proposals include raising taxes on alcopops and super strength beers and cider and a much tougher licensing regime. Local councils and the police will be given new powers to restrict the large number of late licences awarded to shops, takeaways and other venues.

The Liberal Democrats have been in favour of minimum pricing since 2008, and have repeatedly called for the end to alcohol being sold at 'pocket money

prices'. There is, however, a split, as the Scottish Lib Dems have come out against minimum pricing. They argue that the 2008 Scottish Health Survey shows that minimum pricing will not address the challenge of problem levels of drinking by women in particular. The influence of large whisky manufacturers in key Lib Dem constituencies cannot be insignificant or ignored. The industry has considerable sway with all parties.

While price and availability of alcohol are key drivers of consumption and it is welcome that politicians are at least taking note of this, other factors that are also crucial to affecting behaviour, such as marketing and advertising, do not receive the same attention.

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In 1998 a voluntary agreement was reached between the drinks industry and the government to introduce unit labelling on all products. In 2007 the drinks industry made further promises to improve alcohol labelling but recent research shows that many producers are falling short of their corporate social responsibility pledges. Only four per cent of products reviewed carried all five elements that make up the industry best practice label; only 18 per cent of products carried information about sensible drinking levels and 56 per cent carried unit information. The government is now planning to make the code mandatory, but this is opposed by the Conservatives and it is not clear whether it will be possible to push new regulations through in the lifetime of this parliament.

The promotion of alcohol to children and young people is prohibited, but the Health Select Committee has recently demonstrated with internal industry documents that these rules are being flaunted. There are calls from alcohol groups to ban alcohol advertising altogether, but other policy options that could be considered include the introduction of an 'end-frame' of alcohol health information comprising

one-sixth of air time or press space attached to all alcohol advertising; a ban on alcohol advertising (either branded or supermarket) from 6am through to 9pm regardless of the predicted age of audience of a programme; and a major review of the voluntary broadcast advertising code to better protect young people.

The period following the election may offer new opportunities. If any party manages to gain an overall majority, they may be able to push forward in areas deemed 'no go' during an election. A recent article in the *Daily Telegraph* reported that the current health secretary, Andy Burnham, was in favour of minimum pricing, quoting him as saying 'the mood has changed' and that Labour in government had 'never shrunk from taking tough public health decisions and ... are not going to start now'. The following day, the paper published a letter from Mr Burnham rolling back his position. While disappointing in the short term, this indicates that post-election Labour, either in government or in opposition, may be more willing to come back to minimum pricing with a more measured approach. This would echo the action taken by the Scottish National Party, which has been able to bring forward plans for minimum pricing in the Scottish Parliament as their next elections are not until 2011.

Whoever forms the next government, the debate must move beyond binge drinking and antisocial behaviour. We can no longer ignore the many millions of people in the UK who are quietly over-consuming cheap, readily available and heavily promoted alcohol, slowly developing major problems for themselves and the NHS for the future. A shift is needed to focus on the health of the whole population, looking more closely at the huge burden of dependence, damage to third parties ('passive drinking' or 'collateral damage') and the social and economic costs of alcohol misuse. And a bigger more public conversation is needed about our attitudes to alcohol as a society.

Like obesity and smoking, alcohol is a major public health issue. It requires strong public policy measures on price and the availability of alcohol, better commissioning of treatment services, underpinned with greater investment in prevention.

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