

TRANSFORM

DRUG POLICY FOUNDATION

Submission to the Department of Health, 'Safe, Sensible, Social – Consultation on further action'. October 2008

Transform Drug Policy Foundation is the UK's leading centre of expertise on drug policy and law reform. For more information please visit www.tdpf.org.uk. As a registered charity and policy-orientated think tank our mission is to "promote sustainable health and wellbeing by bringing about a just, effective and humane system to regulate and control drugs at local, national and international levels".

Introduction

Transform welcomes this consultation, and hopes that it contributes to the development of alcohol policy with more appropriate and targeted regulation based around evidence of effectiveness on key public health and criminal justice indicators. Rather than answer the specific questions raised in the consultation document Transform would like to endorse **Alcohol Concern's detailed submission to the alcohol consultation**¹ (note: some additional points are made regarding answers to questions 2 and 8 – see below).

Transform also endorse the **Framework for alcohol policy in the World Health Organisation (WHO) European Region**², which offers comprehensive and authoritative guidance informed by the best international evidence on alcohol policy effectiveness. It is hoped this WHO document will receive due consideration during the policy development process.

In addition to these endorsements, the thrust of which is clearly supported by the vast majority of the medical and public health field, Transform raise a number of discussion points. The first two of these concern specific issues not raised by the consultation document (on pricing controls and drink driving limits), followed by two additional points on labelling and marketing issues, and concluding with some broader observations about the problems with the historical evolution of alcohol policy, specifically:

- The negative influence of the alcohol industry³ on implementation of public health based regulation.
- The Government's historic failure to stand up to industry pressure, or undertake the potentially unpopular regulatory measures required
- The anomalous status of alcohol policy, relative to a) tobacco policy and b) illegal drug policy

¹ 'Alcohol Concern's Response to the 2008 Department of Health Consultation on Safe, Sensible, Social' - <http://www.alcoholconcern.org.uk/servlets/doc/1372>

² 'Framework for alcohol policy in the WHO European Region', WHO, Copenhagen, 2006, pg. 24 - <http://www.euro.who.int/document/e88335.pdf>

³ 'Alcohol industry' is a generic term used in this document to refer to the various professional bodies, and cross-industry entities, and corporate PR and lobby efforts of individual companies – who act collectively to secure and protect industry profits.

Issues not covered by the consultation:

- **Alcohol pricing**

Transform, like Alcohol Concern (AC), is particularly disappointed that the Government's alcohol consultation document does not deal with the issue of alcohol pricing controls⁴. We support AC's calls for an introduction of a minimum price per unit (see *action point 5.3 in the AC submission*) and an end to price promotions, including 'happy hours'. There is a substantive body of evidence (*much of it detailed in the AC submission*) to show that strategic increases in alcohol price leads to a decrease in alcohol consumption⁵. Acknowledging that heavy and dependent drinkers are less likely than more moderate consumers to change their behaviour due to prices rises, there is none the less, strong evidence to show that increases in price do have a particular effect on alcohol consumption among another key target group where alcohol, related harms are evidently growing; *young people*⁶.

The very strong sense is that Government reluctance to move on alcohol pricing is based on political fears that price increases would be unpopular, as they no doubt would, in the short term at least (we see the same political dynamics played out every year at budget time with the populist tabloid responses to changes in alcohol taxes). The Government must be willing to make unpopular decisions when a clear public health interest is demonstrated, as is the case here. It is also likely that any short term political costs of such moves would be outweighed by political gains accrued from a more effective and successful alcohol policy in the longer term (note the similar phenomenon regards the public smoking ban for example).

- **Drink driving**

Transform supports calls by the Association of Chief Police Officers, the British Medical Association and the Royal Society for the Prevention of Accidents to **reduce the drink-drive limit from 80 to 50 milligrams of alcohol per 100 milligrams of blood**⁷. A study by University College London suggests that by lowering the blood alcohol content (BAC) to 50 mgs could save an estimated 50 deaths and 250 serious accidents per year⁸. Britain is one of the few countries to have a limit of 80 mgs, most other European countries are between 50 and 20 mgs⁹.

Additional recommendations:

- **Labelling of Alcohol products;**

In respect of Q2 – regarding labelling, Transform endorses Alcohol Concern's calls for a legal requirement for the labelling of all alcohol products. It seems extraordinary that alcohol, despite

⁴ We understand that there is separate work being undertaken on this front and hope this will also be subject to consultation

⁵ See also: 'What are the most effective and cost-effective interventions in alcohol control?', WHO Regional Office for Europe's Health Evidence Network (HEN), Copenhagen, Feb 2004, pg. 6-7 - <http://www.euro.who.int/document/E82969.pdf>

⁶ Ibid pg. 7

⁷ 'Drinking and Driving', BMA, Sept 2008 - <http://www.bma.org.uk/ap.nsf/Content/Drinkinganddriving>

⁸ 'How much is too much? – Lowering the legal drink-drive limit', Richard Allsop, University College London, presentation to the Brake Conference on drink and drug driving, London, May 2005 - http://eprints.ucl.ac.uk/1379/1/Brake05_REA.pdf

⁹ 'Drink Driving Limits in Europe' - <http://www.safetravel.co.uk/EuropeDrinkDrivingLimits.html>

the huge health harms its use is directly associated with (including a level of chronic deaths second only to tobacco), is the only legal drug in the UK not required to carry health warnings of any kind. There can be no excuse for this anomaly on any practical or political grounds, and **appropriate health warnings should be legally mandated on all alcohol containers, packaging, and advertising as a matter of urgency.** The size, prominence, content, and wording of the warnings should be determined by appropriate medical authorities *entirely independently of the alcohol industry.* The industry efforts to stave off mandated health warnings (tokens including the ‘*drink alcohol responsibly*’ messages and the www.drinkaware.co.uk website) are woefully inadequate. We would support the suggestion for all alcohol packaging (cans and bottles) to be mandated to prominently carry alcohol content information in units (yet another obvious move that has been fought against for years by the alcohol industry) and that health information be directly linked to these unit measures as appropriate.

We further call for all alcohol products to be labelled with full ingredients listings – in line with every other food and beverage product in the UK. The alcohol industry’s bizarre and inexplicable historical exemption from the requirement to list ingredients is inconsistent with laws covering all other drugs, foods and beverages, and is another unfortunate historical relic of industry lobbying pressure. Consumers have a fundamental legal right to be aware of what they are consuming, as well as the potential health risks such consumption presents. Any such ingredients labelling should include (along with all the information now mandated for other UK drugs, foods and beverages) the amount of calories per unit/measure; this may have some moderating influence on how much people drink (calories in alcoholic drinks¹⁰ can be a significant contributory factor in obesity).

- **Alcohol advertising and promotion**

In respect of Q8, Transform believes that significantly more far reaching restrictions on alcohol marketing and advertising are required if alcohol related harm is to be reduced in the long term. Alcohol is a potentially dangerous drug associated with growing and well documented social and health harms. It is entirely inappropriate and unethical to allow profit motivated companies to market such products with the clear intention of increasing consumption, sales and profits.

A total ban on all alcohol product/brand sponsorship of sporting and youth events (including sporting teams/clubs) is a crucial first step to reducing young people’s exposure to alcohol marketing and, in the longer term, reducing problematic alcohol use by cultivating more healthy social norms around alcohol consumption. This must include not only events that occur within the UK but also foreign events broadcast in the UK. We have reached a point today where a potentially dangerous drug, associated with a growing epidemic of health and social problems amongst young people, is being *aggressively marketed to young people and children* by branding association with healthy sporting activities (including national sporting teams) and glamorous music and lifestyle events. All with tacit Government approval. The perversity of this situation is perhaps best encapsulated by the sponsorship of high speed driving events, including F1 racing, by alcohol brands such as Fosters and Martini. Given the appalling human and social costs of drink driving is there anyone in Government seriously willing to defend the blatant branding association between drinking and high speed driving events (complete with thrills, spills and crashes) as a leisure activity, for adults, let alone children and young people?

¹⁰ alcohol is unique amongst drugs in also being a food – it is broken down into sugars and has a significant calorie content independently of any other ingredients in the beverage

In a now familiar pattern, the alcohol industry has attempted to deflect some of this ‘flak’ with token efforts to show it is responding to the critics of its various youth marketing strategies. Alongside the predictable (albeit entirely non-credible) denials that it is marketing to children and young people, this effort has notably included the voluntary, if begrudging, removal of alcohol branding from children’s replica football kits, including those designed for babies and toddlers. This reluctant and cynical move ignores the fact that young football fans are (literally from birth) bombarded with 1000’s of alcohol branding messages, on a daily basis, associated with their heroes and role models; in the stadiums, plastered across the TV coverage, on the players themselves, on the millions of (adult) supporter’s replica kits, on the trophies, and on the vast majority of merchandising - much of it aimed at young people - including, for example, the posters that cover the walls of their bedrooms¹¹.

If one element of a youth marketing strategy is squeezed, the alcohol industry will simply redirect their marketing resources to areas where it is less constrained. For this reason **Transform is also calling for a total ban on all alcohol advertising, marketing and branding that is readily seen or accessed by children under the legal drinking/purchasing age.** This means an effective ban on all television alcohol advertising (pre-watershed limits have been rendered meaningless by new recording and internet technology and the proliferation of televisions in children’s bedrooms), all public billboard advertising and all print and web advertising in publications with any significant level of non-adult readership. Advertising restrictions for alcohol should be differentiated from the tobacco advertising ban only in that advertising should be permitted in adult-only venues and publications¹². Controls over the content of advertising should also be tightened and better enforced. Care should be taken to ensure that alcohol marketing does find new ways to market to young people (as tobacco marketing has done in the past) that get around any new restrictions. A hierarchy of severe fines, and other sanctions (including criminal prosecutions) should be deployed to ensure adherence to new advertising and marketing laws.

Broader policy considerations:

- **Government relations with a profit-making drug industry**

The alcohol industry has fought tighter regulation at every juncture, with current and previous Governments evidently all too willing to prioritise industry interests over the concerns of the Royal Colleges of Medicine, The British Medical Association, numerous public health bodies and independent NGO’s, not to mention the overwhelming weight of published scientific research and epidemiological evidence. The current failing state of alcohol controls are a shameful testimony of the systematic failure of government to stand up to vested interests in the alcohol industry and their substantive lobbying resources, combined with an inability to demonstrate principled leadership and pursue public health policies that might incur short term political costs.

¹¹ Not all teams/events are sponsored by alcohol brands (demonstrating that there is no financial necessity for the practice to continue), however, significant numbers are - in a range of sports including football, cricket and rugby. It is worth remembering that it was not long ago that *tobacco companies* sponsored the World Cup and UK football teams (tobacco sponsorship of sports still continues in developing countries).

¹² Obvious problems would emerge regarding access to international websites and imported publications – as they have for tobacco advertising restrictions, but these represent a small fraction of total media consumed in the UK, and other possible responses exist including; regional controls on banner ads for example.

As with the tobacco industry, the alcohol industry is solely profit-motivated and therefore public health issues become a concern only when they threaten to impact on the bottom line. The industry will always strive to do the least as little market control to regulators as possible by deploying a now familiar menu of faux outrage and populist posturing (the nanny state against 'a man's right to have a drink in the pub' etc.), dubious science (creating the false impression there is a genuine debate or controversy over issues like the efficacy of price and advertising controls), and token gestures (such as ending branding of child sport replica kits, setting up www.drinkaware.co.uk etc.). These efforts have been startlingly effective at distracting from, or delaying any meaningful regulatory legislation and have successfully kept what regulation has been passed at a voluntary level, meaning it can largely be ignored or sidelined to the point of being almost completely ineffectual.

The alcohol industry as a whole will *never* willingly accept *any* policies involving increased or stricter regulation that leads to a substantial decrease in consumption - as this will obviously lead to a consequent decrease in profits. Yet this is exactly what is required if issues of binge drinking and problem drinking in particular are to be addressed. It is important to remember that problematic and binge drinking constitute a significant proportion of alcohol industry profits; they are, quite simply, hugely profitable market sectors. Going on past experience - which demonstrates much of the industry not only avoiding the issue but actively encouraging unhealthy (but profitable) drinking behaviours - we have no reason to believe the alcohol industry when they claim to be serious about reducing such problems. Transform recommend that in the future they are kept at arms length in all development of public health policy and that some form of independent scrutiny of industry lobbying is established (and made public). The time for voluntary regulation of alcohol marketing has passed – it was a doomed experiment that has transparently failed on all fronts. The industry has held the balance of power in the policy-making equation for far too long, with systematic policy failures and disastrous public health outcomes there for all to see. **It is time the brief was taken away from those that profit from maximising consumption and is returned to the public health experts whose goal is to minimise harm.**

- **Alcohol and tobacco policy**

Some comparisons between alcohol and tobacco policy are appropriate here. Whilst there are obviously differences in how each should be approached, in many key respects research from around the world illustrates that the basic regulatory principles and public health approaches that underlie them are remarkably similar – for example regards price controls, controls on marketing and promotion, controls on availability, and controls on where and when they may be consumed. Yet developments in alcohol policy seem to be lagging at least 10 to 15 years behind progress on tobacco regulation. Whilst tobacco policy is delivering dramatic improvements in public health outcomes, the situation with alcohol is deteriorating.

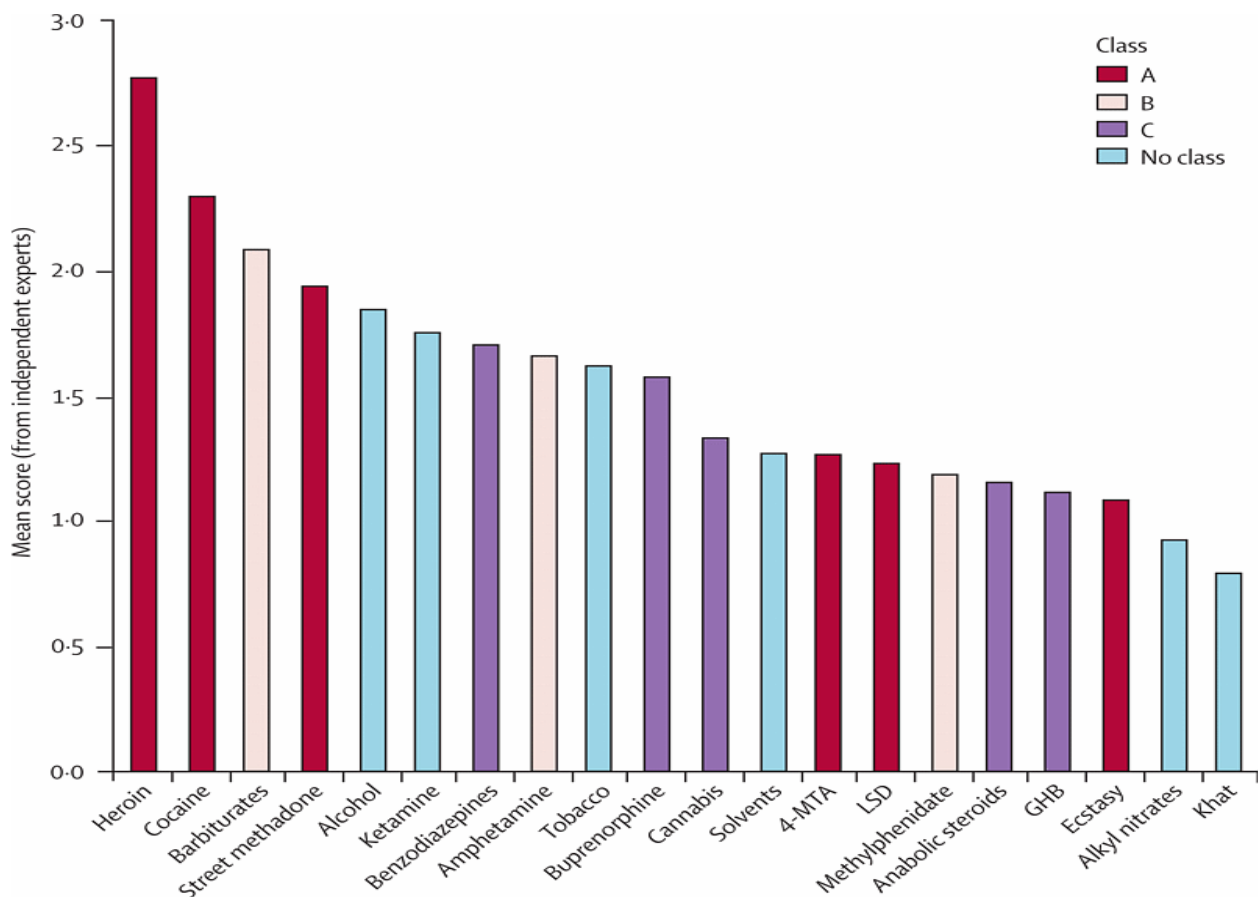
The reasons for this disparity are hard to fathom, after all, tobacco industry lobbying was arguably no less ferocious or well funded 10 or 15 years ago than today's alcohol lobbying and PR machine. We can only assume that it is an issue of political fear, and that a failure of leadership is primarily to blame. These fears appear to be two fold; firstly the negative public reaction to increased prices and other regulatory market restrictions, and secondly concerns about potential negative consequences for the alcohol industry itself, which, we are informed in the consultation document's second paragraph, turns over £40 billion a year, whilst creating only £20 billion in health and social harms. Maybe from a certain perspective this constitutes a

reasonable piece of political maths, but from any ethical or public health analysis – it is entirely unacceptable.

This baffling situation begs the question of how bad the public health crisis with alcohol misuse must become before it is taken anything like as seriously as tobacco?

- **Alcohol and illegal drugs policy**

Research published in The Lancet in March 2007 on drug classification¹³, places alcohol 5th out of 20 drugs (both legal and illegal) in respect of the level of harm caused by potential misuse; by contrast tobacco is 9th on the scale (see below).



This leads to the final discussion point of this submission. All drugs, whether currently legal or illegal, need to be subject to the optimum level of regulation such that harms, both to individual users and the wider community are minimised and wellbeing maximised. Better regulation of tobacco is now delivering positive public health benefits and it is hoped that these lessons will soon be translated into more effective regulation of alcohol markets.

¹³ 'Development of a rational scale to assess the harm of drugs of potential misuse', David Nutt, Leslie A King, William Saulsbury, Colin Blakemore, The Lancet, Mar 2007 - <http://www.thelancet.com/journals/lancet/article/PIIS0140673607604644/abstract>

However, it is hard to ignore the fact that such regulatory interventions, on price, packaging, availability, ingredients/strength, marketing etc., and the positive outcomes they can demonstrably deliver, are entirely beyond the reach of government when it comes to drugs covered by the Misuse of Drugs Act 1971. Responsibility for control of illegal drug markets was abdicated to criminal profiteers and unregulated street dealers when they were subject to absolute prohibitions against their production, supply and use - enforced with criminal law.

The disjuncture between how we approach legal and illegal drugs is entirely illogical, and the case for all drugs to be regulated within a single regulatory framework, by a single regulatory agency, using a consistent set of evidence-based public health principles/tools seems overwhelming¹⁴. Why are alcohol and tobacco the primary concern of the Department of Health, (DoH) whereas over 200 illicit drugs are the responsibility of the Home Office? It is a quite bizarre and untenable situation. Even the Advisory Council on the Misuse of Drugs, the body of experts appointed to advise Government on drugs issues recently argued that:

*"As their actions are similar and their harmfulness to individuals and society is no less than that of other psychoactive drugs, tobacco and alcohol should be explicitly included in the terms of reference of the Advisory Council on the Misuse of Drugs"*¹⁵

Transform argues that the sorts of questions being asked about appropriate levels of legal market regulation and state intervention in the tobacco and alcohol consultations are precisely those we should be asking for currently illegal drugs. Even though tobacco and alcohol regulation is still some way from optimum – the pendulum having swung too far towards unregulated free markets (as opposed to unregulated criminal markets) - at least we are now in the position of being able to ask the right questions and have the debate. The current anomalous legislative framework for illegal drugs however, completely denies us this opportunity and there is a striking and depressing contrast between the public health pragmatism of the DoH consultation documents on tobacco and alcohol and the shallow politically-driven criminal justice posturing that characterised last year's disgraceful drug strategy consultation¹⁶.

The DoH should unambiguously assert that drug policy is primarily a public health issue and is should therefore be the primary responsibility of the DoH and relevant public health authorities.

Transform Drug Policy Foundation. October 2008

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¹⁴ see: 'why this but not this' discussion on the Transform website: http://www.tdpf.org.uk/Policy_General_Whythisbutnotthis.htm

¹⁵ Pathways to Problems 2006 <http://drugs.homeoffice.gov.uk/publication-search/acmd/pathways-to-problems/Pathwaystoproblems.pdf>

¹⁶ Discussed in more detail in the submissions from Transform: http://www.tdpf.org.uk/Policy_General_DrugStrategyConsultationSubmission.htm and the Drugs and Health Alliance: http://drugshealthalliance.net/documents/consultation_submission.php