



## editorial

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### UK alcohol policy – genius, pure genius

In 2004, 10 March was 'National No Smoking Day'. Nevertheless, 70 members of Parliament and the Lords lit up outside the House of Commons for 'a bit of fun'. Five days later the *Alcohol Harm Reduction Strategy for England* (Prime Minister's Strategy Unit, 2004) was released by the UK Cabinet Office. It appears that a similar jovial mindset has guided these recommendations. Even more hilarious was the *Draft Guidance Issued under Section 182 of the Licensing Act 2003* (UK Ministry of Culture, Media and Sport, 2004). This document provides local councils with advice on how (or rather, how not) to regulate drinking establishments.

#### The Alcohol Harm Reduction Strategy

The reviews by commentators from alcohol treatment agencies speak for themselves: 'the dampest of squibs' (Plant, 2004), 'a recipe for ineffectiveness' (Room, 2004), 'weak . . . narrow in its scope, lacking clear objectives' (Drummond, 2004). Under the heading 'Surely you jest, Mr Blair', Professor Robin Room explains that the strategy heartily embraces all the policies that are high profile, cheap and ineffective, such as school education and voluntary advertising codes. However, the strategy dismisses virtually all the policies that are effective in reducing alcohol consumption (brief interventions, reduced licensing hours, increased excise duty, reducing the drink-driving limit). It is notable that these strategies are also the most expensive and politically unpopular. One of the most ludicrous lines in the harm reduction strategy states: 'There is no direct correlation between drinking and the harm experienced or caused by individuals'. An equally bizarre statement in the strategy states: 'evidence [which] suggested that using price as a key lever risked major unintended side-effects', presumably to Mr Blair's re-election hopes. On a financial note, the strategy does not provide a brass farthing to implement any new treatment.

#### Draft Guidance Issued under Section 182 of the Licensing Act 2003

The regulation of licensing of English drinking establishments has a long and colourful past – but not much of a

future. Provisions under the new guidance are now in place to eliminate any national closing hours for pubs and nightclubs. The guidance states that 'the fixed and artificially early closing times' are 'a key cause of disorder and disturbance when large numbers of customers are required to leave premises simultaneously'. However, staggered closing times 'would only serve to replace the current peaks of disorder and disturbance . . . with a series of smaller peaks'. Hence, 'the general principle should be to support later opening so that customers leave for natural reasons' (presumably to crawl home to be sick). These reforms would be 'good for the economy, opening the way to new and more diverse markets'.

Unfortunately, some local councillors have dared to suggest that pubs and nightclubs be held responsible for the misbehaviour and ill health of their intoxicated clients. Indeed, establishments might even be charged for extra policing, street cleaning and late-night transport. The guidance seeks to prevent such abuses of power. For example: 'The public safety objectives [of licensing] is concerned with the physical safety of the people using the relevant premises and not with public health'. Furthermore: 'Conditions [on licenses] relating to public nuisance caused by . . . customers once they are beyond the control of the license holder [beyond the vicinity of the premises] . . . cannot be justified'. Hence, 'noise from customers in the street beyond the premises cannot be taken into account by the police in considering a temporary closure of the premises'. Whereas licence holders must be protected from 'repetitive', 'frivolous or vexatious complaints'.

#### Tax and the 'Beer Group'

The parliamentary 'Beer Group' comprises 275 Members of Parliament sympathetic to the drinks industry (Wainwright, 2002). The alcohol industry generates £30 billion each year for the Exchequer and employs well over 1 million people. Perhaps this has led to the oversight of some other facts. For example, between 1960 and 2002 alcohol consumption in the UK has doubled, but the price of alcohol relative to income has halved (Academy of Medical Sciences, 2004). Alcohol misuse causes at least 22 000 premature deaths each year and costs the taxpayer an estimated £20 billion (Prime Minister's



Strategy Unit, 2003). Approximately 5% of the UK population are alcohol-dependent (Farrell *et al*, 2001) and 8 million of us drink more than recommended levels. By contrast, heroin addictions costs UK society £3–4 billion and results in 2000 deaths per annum. There are around 250 000 heroin addicts in Britain (Royal College of Psychiatrists, 2000). Nevertheless, the National Health Service in England currently spends around £500 million on treatment of illicit drug use (primarily heroin addiction) but only £75 million on alcohol treatment (National Treatment Agency for Substance Misuse, 2004). Meanwhile one vodka manufacturer is alleged to have spent £100 million on a recent advertising campaign (Dignan, 2004).

In retrospect it was hopelessly naïve to think that a handful of medical experts could out-manoeuvre the alcohol industry. For example, 'the ugliest aspect of this strategy is that extensive evidence provided to the Prime Minister's Strategy Unit by experts in alcohol policy was excluded from the final document . . . Nor did members of the advisory group likely to be critical of these aspects of the strategy have any opportunity to comment on the strategy document before it was published' (Drummond, 2004). Before we drown our sorrows, we should take some comfort in the fact that the tobacco industry is facing a radical change in public opinion. Not only is there a ban on advertising in many countries, there is also a ban on smoking in public places even in bastions of the free market, such as the USA. However, these political changes have occurred primarily through governmental fear of compensation cases rather than efforts to protect public health. One day there may be a British Prime Minister who is willing to take on the might of the

alcohol trade. Perhaps future generations will look to him and comment: 'I bet he drinks Carling Black Label'.

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