



# ASSOCIATE PARLIAMENTARY FOOD & HEALTH FORUM



## Minutes of the FHF Meeting “Alcohol-related illnesses and deaths in the context of licensing reform”

6pm Tuesday 29 November, 2005

Committee Room 15, House of Commons

**Present:** Lord Rea, *Chairman*  
The Earl Baldwin of Bewdley, *Secretary*  
Baroness Gibson of Market Rasen  
Baroness Masham of Ilton  
Lord Chan of Oxton  
Baroness Richardson  
8 non-Parliamentarians, names recorded.

**Apologies:** 21 members, including Baroness Miller of Chilthorne Domer and Dr Ian Gibson, sent their apologies, which have been recorded.

**Speakers:** **Srabani Sen, Chief Executive of Alcohol Concern.**

**Rob Hayward, Chief Executive of the British Beer and Pub Association**

**Dr Jonathan Chick, Consultant Psychiatrist at the Alcohol Problems Clinic of the Royal Edinburgh Hospital Trust, Editor of the journal, “Alcohol and Alcoholism” and a member of the Alcohol and Education Research Council.**

### Introduction

1. Lord Rea welcomed members to the meeting, but was interrupted by a division bell so Earl Baldwin of Bewdley took the Chair. Earl Baldwin introduced the speakers and explained that they would take questions after they had all spoken.

### Srabani Sen

#### Introduction

2. Srabani Sen (SS) outlined the context in which licensing reform was taking place. The amount of alcohol drunk per head had risen by 50% since 1970, especially among women and young people. The number of people whose drinking regularly exceeds Government guidelines is significant: one in three men and one in five women. Alcohol is now 54% more affordable than twenty years ago and more accessible: there are 30% more bars and pubs now than there were 25 years ago.

Chairman: Lord Rea  
Vice-Chairmen: Tony Baldry MP, Dr Ian Gibson MP  
& Baroness Miller of Chilthorne Domer  
Secretary: The Earl Baldwin of Bewdley  
Treasurer: Baroness Gibson of Market Rasen

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3. The way people drink has changed. There has been a 50% increase in the amount of alcohol we purchase to drink at home and the way we view drunkenness has also changed. It is now more acceptable to appear drunk than it was twenty years ago

### **Alcohol and harm to health**

4. Alcohol is now the third biggest risk to health in the developed world. People have misconceived ideas, however, about how damaging alcohol is. Many people believe you have to be “an alcoholic” to damage your health as a result of drinking alcohol. They do not realise that persistent excessive drinking, even slightly above the government’s recommended guidelines, is significantly harmful to their health.

### **Cost to the NHS and society**

5. Alcohol-related illnesses and accidents cost the NHS some £1.7 billion per annum, for example, 70% of A& E admissions at peak times are alcohol related. There are also other significant costs for example 17 million working days are lost per annum, in 65% of suicides alcohol is a contributory factor and the cost of alcohol-related crime and disorder is £7.3 billion.

### **Treatment**

6. Alcohol kills three times as many people as illicit drugs, but less than half the amount spent on drug treatment is spent on alcohol treatment. As a result there is a huge amount of unmet need: only 1 in 18 people get the treatment they need on average and in the worst areas it is 1 in 102 people. This compares very badly with the USA where provision for 1 in 10 people is regarded as poor. Yet treatment works: £1 spent on alcohol treatment saves £5 in costs to the NHS, social care and the criminal justice system.

### **Problems with alcohol sales**

7. SS suggested there were three problem areas with regard to the sale of alcohol: sales to underage people, sales to people who are already drunk and promotions which make alcohol relatively cheap. SS acknowledged that there were two enforcement campaigns a year which seek to prevent sales to underage drinkers. These campaigns highlight the problem, and are targeted at premises suspected of selling to underage drinkers. In 2005 British Medical Journal research showed that most 16 year olds who drink buy their own alcohol and these 16 year olds are drinking twice as much as they did ten years ago.
8. SS argued that companies should be more proactive about their legal duty not to sell alcohol to someone who is already drunk, for example by training their staff properly and disciplining them if necessary to ensure compliance.
9. SS noted research that indicated that a 10% increase in the price of alcohol would reduce alcohol-related deaths among men by 27% and among women by 36%. SS also noted that there was a huge imbalance between the amount spent by the drinks industry in marketing alcohol products, up to £800 million per year, and the amount spent on promoting the sensible drinking message, less than £40,000 in 2004.

### **Licensing reform**

10. SS accepted that the “jury is still out” as far as the impact of licensing reform is concerned, but she noted that elsewhere in northern Europe alcohol-related problems had been exacerbated by

longer licensing hours. She argued that changing the amount of time we spend drinking will not, alone, change our drinking culture.

11. Alcohol Concern (AC) would like the Government to monitor the impact of licensing reform systematically and review it on the basis of that research. AC would like to see Local Authorities given greater powers to manage the licensing regime in their area and they would like to see the drinks industry making a greater contribution to preventing and tackling alcohol-related harm. SS drew attention to AC's report, "Raising the Bar" which was circulated to those present.

**Lord Rea** thanked SS and apologised for the small attendance, explaining that the Health Bill debate taking place in the Commons had deprived the Forum of several of its regular members. Lord Rea (NR) then introduced Rob Hayward.

## **Rob Hayward**

### **Introduction**

12. Rob Hayward (RH) told members that before he worked for the British Beer and Pub Association he had been in charge of personnel for GEC, where he introduced the first alcohol programme for employees. RH said he broadly agreed with much of what SS had said, although he noted that it was necessary to appreciate the context of certain figures given. For example, it should be noted when considering the increase recorded in women drinking and drinking excessively that it started from a very low base because in the past many women didn't drink at all. RH also noted that Goldman Sachs research on the amount spent by the drinks industry promoting alcohol products had been misleadingly reported in the Sunday Times and a (small) correction had been printed.
13. RH agreed that there were significant costs in terms of health, society and the economy as a result of alcohol misuse, but noted there were benefits too. Moderate drinking is known to be beneficial to health.
14. RH noted that the drinks industry has changed significantly in recent years. Most alcohol is no longer sold by pubs and clubs. Supermarkets are responsible for 60% of all spirit sales and 40% of all beer sales, whilst 14% of all Tesco's alcohol sales for the UK last year were sold from their shop in Calais.
15. RH agreed that bad pubs – those selling to underage drinkers and people who are already drunk – should be closed and he strongly supported the 2001 Licensing Act which gives Local Authorities the powers to close pubs which are the source of disorder. He also expressed sympathy for the police and argued that alcohol misuse was an issue which society as a whole had to address.
16. RH strongly supported the view that the Government should monitor the impact of the new licensing reforms and noted with regret that it had not responded to the industry's willingness to agree base data for monitoring.
17. RH expressed sympathy for medical staff who were being asked by the Government to implement the Alcohol Harm Reduction Strategy, but who had not been given the resources to deliver the strategy.

18. RH argued that the issue of licensing reform has to a large extent distracted government, the industry and others from the important debate about alcohol and health more generally, which is a growing problem.

**Lord Rea** thanked Rob Hayward and introduced Dr Jonathan Chick.

## **Dr Jonathan Chick**

### **Introduction**

19. Dr Jonathan Chick (JC) spoke briefly about the beneficial effect of light drinking and argued that the crucial issue is whether licensing reform would make any difference to the incidence of cumulative heavy drinking that was becoming more common. He did not dwell on the statistics for the harm caused by alcohol to health as these had been described by SS and agreed by RH.
20. JC noted that alcohol-related conditions are now appearing at an earlier age, for example liver damage was previously significant in people in their 60s, but the median age now was late 40s to early 50s.
21. JC agreed with SS and RH that there was a significant economic cost in addition to the social harm caused by alcohol misuse. He noted that in the past 25 years consumption had increased by 125% while the cost fell by 54% in real terms.
22. JC was heartened by the drink's industry's wish to train responsible servers. He noted that the impact of this could be the subject of a controlled study and he described a responsible intervention study that had taken place in California, which had led to a reduction in single vehicle night time injury-producing traffic accidents.
23. JC noted that the power to suspend or revoke licences could be an effective instrument in reducing alcohol-related harm. He said that the examples of switching from glass bottles to other containers and the decision to lower the alcohol content of beer sold at the time of a European Cup football match in Eindhoven proved that such measures could reduce problems.
24. JC described a period, 1991-97, in Perth, Western Australia where a trend towards increased violence across all pubs was noted, but the increase was significantly worse at pubs where longer hours were introduced which resulted in increased sales of alcohol.
25. JC noted that licensing reform was part of an attempt by the Government to persuade people in the UK to move from a northern European drinking culture to a more Mediterranean drinking culture, but he didn't expect culture to change as a result of legislative changes. He noted that new customs tend to be grafted onto old customs.

## **Questions**

### **Baroness Gibson**

26. Baroness Gibson asked the speakers to comment on the merits of introducing identity cards to prevent under-age drinking and the issue of raising the price of alcohol products to reduce alcohol-related harm.
27. RH said the British Beer and Pub Association (BBPA) would welcome the introduction of any measures which might make it easier to identify under-age consumers, including identity cards,

but pointed out that many young drinkers obtain their alcohol from friends and in group drinking. RH said that BBPA members do try to prevent sales to young people and people who are already drunk, noting that 82% of all assaults on staff were made on door staff who were attempting to refuse people entry.

28. RH argued that the fall in the price of alcohol products had to be viewed in the context of falling prices for most products and decision to increase the price of alcoholic drinks would have to apply to off-sales to be effective.
29. SS thought sales to young people could be prevented if staff were disciplined if they failed to adhere to the law. SS referred to research which indicated that increasing the price of alcoholic drinks has a disproportionate effect on “problem drinkers”.

### **Baroness Masham of Ilton**

30. Baroness Masham of Ilton declared an interest as President of the Spinal Injuries Association and drew members’ attention to the level of accidents caused by people who have had too much to drink and the huge increase in sexually transmitted diseases, which many people ascribe to uninhibited behaviour attributable at least in part to excessive alcohol consumption. Baroness Masham also commented on the lack of alcohol treatment facilities, for example, for people being sent to prison.

### **Professor Mike Daube, Professor of Social Policy at Curtin University, Western Australia**

31. A guest, Professor Mike Daube (MD), was asked by Lord Rea to give an Australian perspective on the issues which had been discussed.
32. MD said he had noticed a significant cultural change in the UK over the last 25 years and said there would be an outcry if 24 hour licensing was proposed in Australia. MD said that an increase in the licensing hours, would lead inexorably to an increase in alcohol sales and he expressed regret that the alcohol industry does not make a more significant and more effective contribution to preventing and tackling the problems of alcohol misuse. MD said that good public education programmes do work, but they take time and they need to be well coordinated across all levels of government.
33. RH said there was no doubt that alcohol did contribute to some accidents and some disorder, but one needed to distinguish between underage drinkers who were less likely to be involved in disorder and older drinkers in the 25-39 age group. He noted that only 700 twenty-four hour licences had been applied for (less than 1% of licensed premises) and most of these were not for pubs, but for off-licences. British Beer and Pub Association members alone contribute some £59 million per annum for local projects designed to prevent alcohol-related problems.
34. SS recognised the contribution made by the drinks industry, but regretted the lack of evaluation of these projects and argued that the emphasis on local projects meant they were not well coordinated across the country.

### **Lord Chan of Oxton**

35. Lord Chan drew a comparison between the changing attitude to tobacco products over the last twenty years as a result of effective public health education and the need to raise awareness of the effect of excessive drinking, for example with warnings on labels. He argued that at present we are just “tinkering at the edges”.

**Sarah Freeman, free lance food writer**

36. Sarah Freeman asked about the quantities of different alcohol products sold and whether consumption of, spirits, wine or beer, was more closely related to alcohol-related harm. All the speakers agreed that there was no clear evidence as to which type of alcohol products cause the most harm. RH said that some 40% of alcohol consumed was in the form of beer, with wine and spirits accounting for some 25% each.

**Dr Noel Olsen, Chair of the Alcohol and Education Research Council**

37. Dr Olsen noted that whilst tobacco is inherently harmful to health, alcohol is only harmful if consumed excessively. He said the trends are adverse in terms of alcohol consumption, health and public nuisance. In his view there is no “magic bullet”, but there is clear evidence that a combination of measures including pricing, access, effective regulation and education can have a major impact on alcohol-related problems. Dr Olsen expressed regret that the Government’s final Alcohol Harm Reduction Strategy, for which no additional resources had been provided, did not reflect the quality of first class evidence and expertise demonstrated by the interim study on which it was based. Dr Olsen suggested that a levy equivalent to the climate change levy should be introduced requiring the drinks industry to contribute a percentage of their profits to the prevention and treatment of alcohol-related problems.

**Conclusion**

Lord Rea thanked the speakers for their excellent presentations and reminded members that the next meeting of the Forum would take place on 10 January 2006, when the subject of children’s food would be discussed.

**CLC, November 2005**