DRUG ALCOHOL FINDINGS *Research analysis*

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Four nations: How evidence-based are alcohol policies and programmes across the UK?

Fitzgerald N., Angus C.
Alliance for Useful Evidence, 2015

Approaches to alcohol policy differ widely across the UK. Scottish policy appears to be most closely aligned with evidence-based recommendations, framing alcohol as a whole population issue, in contrast with UK government policy which is influenced to a greater extent by prevailing beliefs about personal responsibility for alcohol issues.

SUMMARY

Alcohol: No Ordinary Commodity is the World Health Organization's exhaustive review of evidence on effective alcohol policy. *Health First* applies this to the UK context, offering 30 evidence-based recommendations for policy. The paper considered here assesses policies and programmes sanctioned by governments and national devolved administrations across the UK against these recommendations. The report first gives an overview of the strategic approaches adopted by Scotland, Wales, Northern Ireland and the UK as a whole, and then looks at pricing, availability, marketing, early intervention and treatment, information and education.

Overall alcohol strategies and approaches to evidence

What does the evidence say? National and local alcohol policies should prioritise a public health and community safety approach, and set appropriate policy targets informed by scientific evidence. Governments should seek to contribute to the evidence base where gaps exist. Drinks companies should contribute only as producers, distributers and marketers of alcohol, and not be involved in policy formation or health promotion.

What is happening in practice? All four nations are involving the alcohol industry in ways that contravene the *Health First* recommendations, for example through the Public Health Responsibility Deal established by the former UK coalition government in 2011. Overall, policy in Scotland and Northern Ireland best reflects the current evidence base. Recent outputs from the Welsh Government indicate a shift towards a whole population approach, in line with evidence, though it is unclear how the requirements of recent legislation will be implemented. The UK Government approach (which also includes English strategy) consistently fails to meet evidence-based recommendations.

Key points
From summary and commentary

This paper reviews current UK alcohol policy against recommendations made in *Health First: An evidence-based alcohol strategy for the UK*.

There are differences between the UK, England, Northern Ireland, Scotland and Wales in the way alcohol problems are framed, and the way evidence is used to inform or justify policies.

Across the board, the level of industry involvement in policy design and implementation exceeds their role as producers and distributors of alcohol. This has the potential to undermine public health and promote weak or ineffective policies.

Scotland appears to have the best system for evaluating the impact of interventions, and is generating new evidence through its Monitoring and Evaluating Scotland's Alcohol Strategy team. Northern Ireland regularly reports on progress in relation to outcomes/outputs in its strategy, and such a system may emerge in Wales following recent legislation. There is no equivalent in England.

Pricing

What does the evidence say? Cheap alcohol drives alcohol- related harm, enabling heavier drinkers to maintain their consumption by switching to cheaper products, and making alcohol accessible to young people with limited budgets. A minimum price of at least £0.50 per unit of alcohol (subject to regular review) would help mitigate this.

What is happening in practice? Scotland, Wales and Northern Ireland have stated their support for minimum unit pricing for alcohol, and Scotland has already introduced legislation. This support is not matched at a UK level. The previous coalition government reduced duty on alcohol and reversed a decision to introduce minimum unit pricing.

Marketing: Promotion, product and packaging

What does the evidence say? Alcohol consumption (particularly in young people) is related to exposure to advertising and promotion. The independent regulation of marketing is a key aspect of any evidence-based strategy to reduce alcohol-related harm in young people.

What is happening in practice? Advertising and promotion is dealt with at a UK level, and is categorised in this report as a combination of self-regulation and 'co-regulation', falling "well short of the recommendations of *Health First*". The status quo on alcohol labelling is in line with the view of the former UK coalition government – seeking to work together with the industry through self-regulation – despite the fact that the stated preferences of all three devolved administrations were for a stronger legislative approach, more in line with the evidence.

Availability: Licensing and sales

What does the evidence say? Increases in the availability of alcohol – for example through increased hours or days of sale, or a greater number of alcohol outlets in a given area – are associated with increased consumption and alcohol-related problems.

What is happening in practice? Despite provisions across the UK to enable local control of the availability of alcohol, current legislation does not allow for reductions in the numbers of premises by revoking existing licences in the interests of public health. Perhaps the strongest policy on licensing exists in Northern Ireland, where no increase in licensed premises is possible: a new premise can only open if it acquires a licence from another venue in Northern Ireland. Local authorities in Scotland can refuse to grant new licences where they assess an area to be overprovided with premises; however, in practice there is variation in use of this power.

Early intervention, treatment and recovery

What does the evidence say? There is a solid evidence base for the early identification of people drinking at levels that are risky or harmful to their health, and the provision of brief (and where necessary, more intensive) interventions.

What is happening in practice? All areas of the UK are supportive of brief interventions. However, little is known about the optimal content or duration of alcohol brief interventions, particularly outside of primary care, or of the best way to achieve routine delivery.

Information and education

What does the evidence say? While there is no evidence that media campaigns are effective in directly changing behaviour, they may help build public support for other alcohol policy initiatives. Health First therefore recommends that mass media campaigns, designed and run independently of the alcohol industry, should be developed as part of broader strategies to reduce the harm from alcohol.

What is happening in practice? Both the former UK government's Responsibility Deal and the Scottish government's Alcohol Industry Partnership endorse Drinkaware, an industry-sponsored website for the public. Though outside of the scope of this report, the authors were also aware of many industry-funded initiatives working in schools across the UK.

The authors' conclusions

This report was commissioned by the Alliance for Useful Evidence, an organisation championing the use of evidence in social policy and practice. The authors noted the difficulty they encountered in identifying current or up-to-date policy even with prior knowledge of the field. National strategies become outdated very quickly, or are superseded by subsequent activities and policy announcements. In the interest of facilitating research and public accountability, the authors advocate regular updates on action from governments in

relation to each element of their strategies.

Overall, Scotland appears to be leading the way in driving evidence-based policy. Given Scotland's greater autonomy and powers to act than other nations, it is possible that Wales and Northern Ireland will follow suit if and when the necessary powers are devolved. However, this is not the only component. In Scotland, the evidence-based approach is underpinned by support for alcohol being framed as a 'whole-population issue', requiring a public health approach to reduce alcohol-related harms by reducing overall consumption.

In direct contrast with the evidence base, there is a level of industry involvement in policy design and implementation across all four nations which exceeds their role as producers and distributors of alcohol. This involvement is likely to undermine public health and promote weak or ineffective policies.

FINDINGS COMMENTARY This report further demonstrates that alcohol policy development and decision-making in the UK is not being driven by scientific evidence alone. Governments are not so much ignoring the evidence, as interpreting it through particular cultural, political and ideological lenses. Among the most striking examples of practice diverging from evidence-based recommendations are UK government policies on minimum per unit pricing of alcohol and methadone maintenance for the treatment of heroin addiction.

Thanks for their comments on this entry in draft to research author Niamh Fitzgerald of the University of Stirling. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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