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Insight

The health lobby seems determined to make alcohol one of the big issues for 2010, with the stated aim of reducing consumption across the population. **Phil Mellows** reports

The demon drink

With the mandatory code pushed to the backburner by Lord Mandelson, the pub industry might feel it's off the hook for a while on the alcohol question. But, with the election looming and a string of related reports coming off the presses, drinking is bound to rise up the political agenda in 2010.

Before Christmas it emerged that MPs on a health select committee were expected to use their report – due on January 7 – to reopen the debate, calling for minimum pricing, a clampdown on alcohol advertising and, most ominous for the pub trade, a review of the 2003 Licensing Act.

Then in March NICE, the NHS independent advisory body, will publish guidance following consultation around a document that recommends minimum unit pricing, inflation and earnings-linked duty rises, and greater powers for local authorities to reduce the number of licensed outlets in an area – and the hours and days on which they are open. NICE also wants a fifth licensing objective to be added to the law in England and Wales along the lines of Scotland's: the protection of public health.

But the British Beer & Pub Association (BBPA) for one doesn't think the NICE proposals will gain much traction. "They are based on a common misapprehension among many outside the industry framed by the myth of 24-hour drinking," says Mark Hastings, the BBPA's director of communications. "Local authorities already have all the powers they need to control licensed premises, and I can't see licensing has any role whatsoever in public health."

He did, however, anticipate a more concerted campaign from the health lobby in 2010 on a national, European and global level as the World Health Organisation releases its new recommendations on alcohol policy and the European Union reviews its strategy. "NGOs operate on all three levels," says Hastings. "They sing off the same hymn sheet and they share the same objectives. Alcohol is bound to be one of the political footballs that gets kicked around the pitch in an election year, and we have got to be much clearer about what the industry already does to address these issues."

Will industry efforts be enough? Drinkaware has announced £15m funding from the industry to promote responsible drinking over the next three years in addition to the £100m Campaign for Smarter Drinking. As Hastings says, it's a strong indication of the industry's commitment. But it's not going to convince the health lobby.

Alcohol Concern's Don Shenker described

Smarter Drinking as "yet another example of the drinks industry trying desperately to avoid mandatory legislation". At Alcohol Concern's conference in November the effort was ridiculed in colourful terms by Professor Martin Plant, the author of *Binge Britain*, who was introducing a report into alcohol and mortality. "If the industry really wanted to save lives it would use the money to buy helicopters for Afghanistan," he said.

Prof Ian Gilmore, president of the Royal College of Physicians (RCP), also suggested the industry was wasting its time. "There is very little evidence that health messages work to prevent binge or harmful drinking," he declared.

There is, in fact, little common ground between the industry and the health lobby because they disagree on a fundamental tenet of alcohol policy that, over four decades, has developed into a powerful consensus that unites the medical profession.

It is a simple idea: the total amount of alcohol consumed by a population determines the level of alcohol problems that population will suffer. In brief, the 'total consumption' or 'whole population' model. And it has a surprisingly short history.

For most of the 20th century alcoholism was believed to be a kind of disease. But a failure to pin down its underlying nature, or find a 'cure', meant the theory was vulnerable to an alternative approach. By the early 1970s opinion among a small group of addiction specialists gathered around a piece of half-forgotten research into deaths from liver cirrhosis in wartime Paris by French mathematician Sully Ledermann. The figures showed, he said, that the decline in mortality matched a decline in the city's alcohol consumption.

The idea began to take hold following the publication of fresh research in 1973 by a team of scientists led by a Finn called Kettel Bruun in what became known as the 'purple book'. Griffith Edwards, who as a young British doctor in the 1960s had worked among meths drinkers with little reward, was an important figure in establishing the theory within the WHO and was in 1994 lead author of a book expanding on Bruun's work, *Alcohol Policy and the Public Good*.

The third post-Ledermann key text is *Alcohol: No Ordinary Commodity* by Thomas Babor. This is the WHO bible and the basis of the health lobby's demands worldwide. It not only reasserts the total consumption model but sets out poli-

cies that flow in a hierarchy according to their effectiveness.

At the top are measures that reduce the accessibility and availability of alcohol: pricing and taxation, the restriction of numbers of outlets and their opening hours. At the bottom is the kind of education campaign the drinks industry is funding.

The aim of the health lobby is to cut down everyone's drinking, not just those with alcohol problems. As Prof Mike Kelly at NICE told the health select committee last spring: "We need a national strategy that is about bringing down the overall alcohol consumption in the population as a whole, especially for people that consider themselves as sensible because that's where the problem tends to build."

In the eyes of the health lobby we are all potential alcoholics.

Ironically, the 'whole population' approach could soon mean the demotion of the 'binge drinker' on the lobby's hitlist. Recent academic research has questioned the validity of the term, and a spokeswoman at Gilmore's RCP confirmed it doesn't fit the strategy. "The focus on binge drinking, on youth, has detracted from other groups that drink a lot but don't appear in the media," she said. "We hope to get away from binge drinking to a whole population-based approach, reducing overall consumption."

The industry would welcome escaping the frying pan of the binge-drinking moral panic. But will it mean jumping into the fire of whole population policies? And what might that mean for pubs?

Certainly the health lobby is marshalling its forces. "It's unfortunate that the mandatory code has been put on the backburner as it raises a lot of issues around responsible retailing," said the RCP spokeswoman. "Pubs have started to address this, but we

want to see more buy-in. I suspect the economic climate is being used as an excuse for not doing things. Ultimately we want to see the end of 24-hour licensing. The debate will step up between now and the election. If both major parties are talking about it in the campaign, there could be a review of the licensing laws. Alcohol is going up the political agenda. It's the next smoking."

That's a chilling thought for pubs, and some believe Drinkaware accepts too much of the health lobby agenda, that the industry needs to put forward a sharper critique. As the debate heats up we could find out the hard way whether that view is correct.

