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EDITORIALS

How a minimum unit price for alcohol was scuppered

Remember Disraeli: "the first consideration of a minister should be the health of the people"

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Taking advice on health policy from those with direct commercial interests has not been successful in the past, most notably in the case of tobacco. We should not be surprised, therefore, to read that evidence based alcohol policy in the United Kingdom has been systematically subverted by those who supply or sell the product. Of particular importance is the sudden decision not to pursue a minimum unit price for alcohol in England, despite personal commitments from the prime minister.[1] But even weathered public health campaigners will be dismayed to read about the politics behind that change.

After consulting on the strategy, the Home Office minister Jeremy Browne announced to parliament that he lacked "concrete evidence" that responsible drinkers on low incomes would not be greatly disadvantaged by minimum unit pricing. However, we read that the government commissioned and received that evidence, but it was embargoed until after the announcement. Also, a review of how that consultation was conducted raises important questions about its integrity.[2] This, and evidence presented by Gornall, provides a strong case for the health select committee, which recommended minimum unit pricing in 2010,[3] to review the government processes that led to the policy being deferred, if not dropped completely.

Minimum unit price is just one, albeit particularly important, plank of an evidence based strategy. The top 10 recommendations for a model strategy were recently published by the University of Stirling and the Alcohol Health Alliance in *Health First*.[4]

The problem for the NHS, as hospitals face the tide of alcohol induced illnesses on top of the usual winter pressures, is that none of the other nine recommendations features highly in the government strategy either. Instead, the strategy relies on largely discredited voluntary partnerships with industry, such as the "responsibility deal." Those public health organisations that had not already left this scheme did so after the decision not to proceed with minimum unit pricing. The whole saga must be an embarrassment to the prime minister, particularly given his adviser Lynton Crosby's links to the drinks and tobacco industries.

Not all *Health First* recommendations are easy for governments to implement, although a ban on alcohol companies sponsoring sports and music events already exists in France and is planned in Ireland. However, it is hard to see why life saving recommendations, such as lowering the drink driving limit from 80 to 50 mg alcohol per 100 mL, have not been adopted. The UK stands alone with Malta within Europe in retaining this limit, in spite of the North report.[5] And would any reasonable person support the current situation of cinema advertisements for alcoholic products being shown at films rated as suitable for unaccompanied 12 year olds? A recent study showed that 10-15 year olds saw more alcohol advertising on television than adults.[6] Children are heavily exposed to alcohol promotion through advertising, sponsorship, and social media. Marketing documents show that the alcohol industry targets young people, including through the development and promotion of sugary, alcoholic confections.[7] Whatever the public's stance on personal choice and freedom, it would not support any government that can be manipulated to condone such practices.

Although the UK lags behind some other countries, it is not alone in failing to protect the young and vulnerable from a powerful industry. Gornall highlights some of the reasons: the remarkable access of the industry to policy makers; the industry's ability to spin the problem as being the fault of a small minority of users rather than an inherently risky psychoactive substance with a propensity to induce dependence; its promotion of voluntary alternatives to regulation; and its use of non‐peer reviewed "junk science" to counter the evidence.

The Home Office minister Jeremy Browne also signalled a particular mindset when he told parliament "we do not yet have concrete evidence"—in other words, the onus is on those in public health to prove their case beyond reasonable doubt. But the policy passes even that harshest test—recent evidence from a Canadian province (scientific research available to ministers at the time of the policy shift) showed that minimum pricing led to a rapid and highly significant reduction in harm.[8]

There are clear parallels with tobacco companies, which still resist public health action through lobbying, public relations, commissioned reports, voluntary agreements, and extreme demands for proof of impact for new measures such as standardised packaging. That is hardly surprising, given the close links between the two industries.[9 10]

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The pace of action on alcohol in Britain and globally has lagged behind that on tobacco. An alcohol equivalent to the UN Framework Convention for Tobacco Control would be an important step in encouraging governments to implement evidence based measures for alcohol.

The government has, to its credit, done a double U-turn on tobacco standardised packaging—first backing it, then conceding to industry pressures, but now likely to implement it. It is testament to the influence of the alcohol lobby that it achieved a U-turn from the prime minister, who had personally backed the policy. A double U-turn would be welcome recognition that public health and safety must outweigh the interests of such a powerful industry.

Public health organisations must hope that this further exposure of the alcohol industry's lobbying and public relations activities will encourage politicians to take the evidence based action that can bring so much benefit to the community. "After all," as the prime minister's predecessor Benjamin Disraeli famously said, "the first consideration of a minister should be the health of the people."

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