This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

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1.1 IAS is pleased to respond to the Consultation which raises timely and important questions. Our comments specifically address the issues that arise in relation to alcohol and these testify to the importance of the questions raised in the Consultation. For while the public and political debate about alcohol policy does on occasion engage directly with factual questions about the medical or other effects of alcohol, debate is more usually concerned with the ethical issues involved: the rights and responsibilities of drinkers, manufacturers, retailers and other stakeholders and, in particular, with the rights and wrongs of governmental intervention into the alcohol market and into the lives of consumers.

1.2 Indeed, in our view, the example of alcohol brings the questions concerning the ethics of public health policy into particularly sharp focus. This is because alcohol has a number of characteristics which no other substance or risk factor shares in their entirety:

- Alcohol is integral to British culture and is consumed at least occasionally by the great majority of the population.
- One of the main determinants of the level of alcohol harm in society is the overall level of consumption in the population as a whole.
- Alcohol has a wide range of adverse effects, social as well as medical, and these are costly in economic as well as human terms.
- It is cheaply and easily made, and therefore, in the absence of special control measures to the contrary, easily accessible to all.
- Its consumption, particularly its heavy consumption, can affect drinkers' self-control and their capacity to make rational decisions in both the short and the long term. This is due partly to the acute effects of alcohol on mental functioning and partly to its being a drug of dependence.

1.3 In regard to the questions raised in the Consultation, our starting point is thus that the ubiquity of alcohol and the pervasiveness of its effects mean that virtually the entire population, including non-drinkers, are affected by it in one way or another. By their very nature, therefore, crucial decisions concerning alcohol's availability transcend the scope of any one individual citizen and must necessarily be agreed collectively.

1.4 This does not, of course, mean that individuals are exempt from the necessity of taking decisions concerning their own drinking behaviour, or from accepting responsibility for the consequences of those decisions. Far from it. It does mean, however, that attempts to frame the alcohol policy debate exclusively in terms of individual responsibility *versus* state control are based on a false premise. For alcohol is not merely a problem of and for individuals: it is also and importantly a societal issue, one that it is beyond the capacity of individuals to resolve on their own.

1.5 An obvious example here are the decisions taken in regard to the licensing of alcohol retail establishments, for these decisions have largely determined the character and development of the night-time economy and hence also the quality of life available to residents and visitors to town centres and elsewhere, irrespective of whether individual residents and visitors drink a lot or a little or not at all. There is, therefore, a legitimate public interest in its regulation, and in our view, the overriding aim of public health policy on alcohol should be to protect and promote the common good.

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1.6 There would be a clear public interest in the regulation of alcohol even if alcohol lacked another feature not necessarily shared equally or at all by other substances or risk factors: the causing of harm directly to third parties i.e. to people other than the drinkers themselves. In reality, alcohol-related harm to others occurs on a large scale – to the children of problem drinking parents; to the innocent victims of another's drink driving; to the victims of alcohol-fuelled anti-social behaviour and to those who are disturbed or intimidated by aggressive displays of drunkenness in public places. There is also the case of the taxpayer who is called upon in effect to subsidise alcohol-related harm by contributing towards the additional health, social and criminal justice services that would not be necessary in the absence of a thriving alcohol market.

2 Ethical concerns around alcohol policy

2.1 In recent years there have been a succession of controversies around alcohol policy issues which raise a number of ethical concerns. Many of these controversies concern the role of the alcohol industry, and they have been brought into sharp focus by the introduction of the Government's National Alcohol Harm Reduction Strategy[1], the main component of which is a partnership between the Government and the alcohol industry.

2.2 For example, it is known that the Government is not merely consulting the alcohol industry in regard to its new `sensible drinking message'; it has also engineered the creation of the Drinkaware Trust, funded by the alcohol industry, whose functions include "educational campaigns to promote sensible drinking among the general public, project aid for local and national initiatives, and the running and evaluation of pilot programmes to tackle alcohol related harm".

2.3 Launching the Trust, Public Health Minister Caroline Flint said: "This is an international first. The new Drinkaware Trust is a model of how industry, stakeholders and Government can work together to achieve a shared goal"[2].

2.4 The problem here, however, is that shared goals presuppose common interests, and the supposed commonality of interest between public health and the alcohol industry is difficult to reconcile with the knowledge that there are direct relationships between the overall volume of alcohol consumption in a population and the amount of alcohol-related harm[3]. Clearly, the industry has a vested interest in promoting and maintaining high levels of consumption, and the normal concomitant of these is high levels of harm.

2.5 Moreover, in most English speaking countries, the heaviest drinkers account for around half or more of the total alcohol consumed[4]. This means that sections of the alcohol industry are dependent for their viability on the continued patronage of the drinkers most likely to have or to cause problems with alcohol.

2.6 This conflict of interests between the alcohol industry and public health has led its critics to argue that industry participation in policy-making is always likely to result in the distortion and dilution of health policy on alcohol. On these grounds, the approach of the UK Government has been particularly severely criticized. A recent review concluded:

'A stark discrepancy exists between research findings about the effectiveness of alcohol control measures and the policy options considered by most governments. In

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[1] Alcohol Harm Reduction Strategy for England – March 2004 – Prime Minister's Strategy Unit, Cabinet Office

[2] Department of Health Press Release – 29 June 2006

[3] Alcohol Policy and the public good – Ed. Edwards, G; Oxford University Press, 1995

[4] Robertson, I – Safe Drinking, British Medical Journal Vol 308.29, January 1994

> *many places, the interests of the alcohol industry have effectively exercised a veto over policies, making sure that the main emphasis is on ineffective strategies such as education. A case in point is the recent Alcohol Harm Reduction Strategy for England, which emphasises co-operation with the alcohol industry and eschews effective strategies.'*[5]

2.7 It is generally recognised that the reason the Government reneged on its promise to lower the legal blood alcohol limit for drivers was the pressure exerted by the alcohol industry[6], but as the creation of the Drinkaware Trust confirms, the industry now also appears to have gained significant influence over public alcohol education programmes and the alcohol research agenda. This is worrying, given the adversarial approach that sections of the industry have adopted to public health policy on alcohol[6]. Bodies such as The Portman Group, created by the alcohol industry to address the `social' aspects of alcohol consumption and harm have made something of a speciality of disputing and obfuscating the evidence base for alcohol policy[6].

3 The Questions

3.1 The definition of public health.

3.1a In our view an obvious omission in the Consultation Paper is the lack of any consideration of the concept of health itself. The ethical and the practical implications for public health policy are very different depending on whether health is being defined simply as the absence of disease or, alternatively, World Health Organisation–style, as a state of complete physical, mental and social well-being.

3.1b In our report to the European Commission[7] we proposed that in the context of public health policy, the central purpose of alcohol policy "*is to serve the interests of public health and social well-being through their impact on health and social determinants, such as drinking patterns, the drinking environment, and the health services available to treat problem drinkers*".[8]

3.2 Factors that influence public health

3.2a In regard to alcohol we agree strongly that interactions between the five factors mentioned are of great importance. In our view it is appropriate to refer explicitly also to ***cultural*** and ***political*** factors rather than subsuming them under the `social' heading, for they are of fundamental importance.

3.2b In regard to culture, drinking is a highly symbolic activity, and all aspects of drinking, type of beverage, time and place of consumption, drinking companions, and way of drinking all contain culturally prescribed meanings for the drinker and those around them. Cultural expectation also exerts a powerful influence on the experience of drinking and its behavioural effects. No public health policy on alcohol could, therefore, afford to ignore the cultural dimension.

3.2c It is also important to acknowledge the significance of religion as one main cultural influence. Moreover, despite secularisation, alcohol-related ethics touch on some specifically theological issues, including interpretation of religious

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[5] Room, R;.Babor, T; Rehm, J - Alcohol and Public Health. Lancet 2005; 365: 519-30.

[6] Disabling the Public Interest: Alcohol Strategies & Policies for England – Room, R; Alcohol Alert, Issue 3, 2004, IAS

[7] Anderson, P; Baumberg, B; Alcohol in Europe – report for EC, IAS, 2006

[8] Babor et al – Alcohol, no ordinary commodity; Oxford University Press, 2003

texts. It will thus be similarly unwise to ignore the religious dimension in an increasingly multi-faith society.

3.2d In regard to political factors, it is clear that public policy on alcohol can directly affect the levels of both alcohol consumption and harm and thus the scale of the health burden.

3.3 Government response to alcohol

3.3a It is in our view correct that, despite the recent introduction of a National Alcohol Harm Reduction Strategy (NAHRS), the Governmental response to alcohol has, for a number of reasons, been tardy, hesitant and incomplete, compared with its response to tobacco.

3.3b The first and most obvious reason for the inadequate response is that alcohol is simply a much more problematic issue politically. As stated above, alcohol is consumed by the great majority of the population, not merely a deviant minority. Moreover, as also suggested above, the whole issue is beset by a range of conflicts of interest, which tend to inhibit Governmental action by inter alia making it difficult or impossible to achieve a consensus on policy responses.

3.3c The difficulty of arriving at a consensus is evident in regard to the public health `message' on alcohol. Because alcohol, unlike tobacco, cannot be unequivocally condemned as an inherently and irredeemably unhealthy product, the goal has been to persuade the public not to desist from the activity but, rather, to practice it `sensibly', a much more complicated task, especially as there is some uncertainty and confusion about what counts as sensible drinking. The result is that the public message on alcohol has not been as clear or as credible as it might have been.

3.3d The lack of consensus may be part cause, part consequence of another factor, which is that, up to now, the public health community has not identified alcohol as an issue worthy or capable of a sustained, co-ordinated campaign. Nor, in the main, has public opinion exerted much pressure on Government to introduce effective alcohol policies, as, following the demise of the organised temperance movement, there is no longer any force capable of mobilising public opinion to press for a reduction in alcohol-related harm.

3.3e This lack of pressure for effective public health policy on alcohol is, of course, in marked contrast to the pressures exerted by powerful forces with a vested interest in continued high levels of alcohol consumption. The alcohol policy and public health community may be fragmented but the alcohol industry and its associated industries (hospitality, tourism, advertising) are a well organised lobby with the power to divert or obstruct public health policy.

4 Roles and responsibilities

4.1 In our view, the prevention of alcohol-related harm is `everybody's business' and is, in particular, a responsibility shared along the supply chain.

4.2 The National Alcohol Harm Reduction Strategy defines some specific responsibilities of the alcohol industry, and also indicates what the industry has a right to expect of others:

4.3 Responsibilities:

- giving accurate information about its products and warning about the consequences

- supplying its products in a way which minimises harm
- working with national agencies and local partners to tackle the harms which the supply of its products creates

4.4 Rights:

- fair regulation consistent with its responsibilities
- provision of services for which it pays through business rates and taxes

4.5 The Government has made it clear that the success or failure of the National Alcohol Harm Reduction Strategy depends critically on the willingness of the alcohol industry to co-operate satisfactorily with the `social responsibility charter for drinks producers'. This strongly encourages drinks companies to:

- pledge not to manufacture products irresponsibly – for example, no products that appeal to under-age drinkers or that encourage people to drink well over recommended limits
- ensure that advertising does not promote or condone irresponsible or excessive drinking
- put the sensible drinking message clearly on bottles alongside information about unit content
- move to packaging products in safer materials – for example, alternatives to glass bottles
- make a financial contribution to a fund that pays for new schemes to address alcohol misuse at national and local levels, such as providing information and alternative facilities for young people.

4.6 At local level, there are also new "code of good conduct" schemes for retailers, pubs and clubs, run locally by a partnership of the industry, police and licensing panels, and led by the local authority. These are meant to ensure that industry works alongside local communities on issues such as under-age drinking and making town centres safer and more welcoming at night.

4.7 In regard to the retail sector, preventing alcohol-related harm is a designated task of the licensing system. In this connection, it is, in our view, a matter of regret that while the new Licensing Act (2003) enshrines four public interest objectives (the prevention of crime and disorder, the prevention of public nuisance, the protection of children and the protection of public safety), the Government dismissed calls for a fifth objective, the protection of public health, though it is possible that this will appear in the equivalent Scottish legislation.

4.8 In our view, the problem with the Government's partnership approach is less the merits or demerits of the specific proposals themselves than the fact that they have been put forward on an ad hoc basis in the absence of any ethical framework in regard to the potential conflicts of interest involved. As already suggested above, the alcohol industry is involved in most aspects of alcohol policy, and this involvement raises a number of ethical issues. For example, the industry is involved in public (youth) education in a number of ways, some of which are clearly more appropriate than others:

- It commissions education programmes from independent providers
- It acts simply as a source of funds for educational projects without exercising any control over their content

- It funds programmes and controls their content
- It provides educational material directly under its own banner without going through any intermediary.

4.9 Similarly, the industry can relate to non-governmental organisations involved in alcohol policy in different ways:

- It provides funding
- It has representation on or membership of governing bodies
- It forms partnerships in relation to specific projects.

4.10 One of the most important areas is alcohol research. Again, the industry's relationship to research can take more than one form:

- Commissioning research for its own internal purposes
- Commissioning research for external publication under its own banner
- Acting as a source of funding
- Publishing research digests/reviews
- Membership of research funding bodies

4.11 It is clear that there are some policy areas, such as responsible server programmes, in which the engagement of the alcohol industry is necessary because it is required for policy implementation. There are others, such as anti-drink drive programmes, in relation to which industry involvement may be considered desirable on the basis that the industry has responsibilities as well as rights. The model here is one of good corporate citizenship. There is a third category, such as directly producing alcohol education for schoolchildren, which most commentators would agree the alcohol industry should not attempt to do at all.

4.12 For most of these areas, the question for public policy, therefore, is not should the alcohol industry be involved, but how should it be involved and what should be the terms of engagement? It may well be accepted that the industry has a right to be consulted and to be part of the dialogue, but how much control should it have?

4.13 Yet, as suggested above, it does not follow that because governments cannot avoid engaging with the alcohol industry in relation to a range of policy areas, it is sensible for public health agencies to do the same. And for public health agencies, dialogue and partnership are two entirely different matters. Whilst dialogue is no doubt necessary and beneficial, so long as it is carried out on an appropriate basis, the experience described above suggests that partnership with the alcohol industry is likely to prove highly dangerous. In Australia, collaboration between an alcohol policy organisation and the alcohol industry created a new agency, `Alcohol Education Australia', to educate consumers in `responsible drinking'. Unfortunately, it is reported that:

> *'The results indicate the partnership advances the interests of the drinks industry rather than public health. The mission and objectives of Alcohol Education Australia Ltd. subordinate public health goals to industry aims and the host organisation…has changed its policy and practice to accommodate the drinks industry.'*[9]

4.14 Organisations in the USA have had similar experiences. Accepting

[9] Munro, G; An Addiction Agency's Collaboration with the Drinks Industry. Addiction.

> financial support from the industry has tended to result in the alcohol policy organisations concerned changing their policy orientation, away from environmental strategies such as controls on the availability of alcohol and towards individual education to promote `sensible drinking'.[10]

4.15 Partnership which allowed the industry to gain undue influence over the scientific research agenda would result in the research base for alcohol policy being diverted and distorted. The prospect of effective alcohol policy would also be undermined by the loss of independence and credibility that would likely follow from being seen to partner a body with such an obvious conflict of interest.

5 Guiding Ethical Principles

5.1 We think the Consultation Paper would have been improved by confronting more directly the underlying question regarding the justification for Governmental intervention in respect of behaviour such as drinking and smoking. Conventionally, the justifications proposed are that:

- Consumers may have inadequate information about the health risks involved
- Consumers may have inadequate information about the risks of dependence
- Smoking and drinking can impose costs, physical and financial, on third parties

5.2 In addition to these arguments of externalities and imperfect rationality, there is also the argument of perverse effects: the exercise of each individual's free choices may sometimes produce sub-optimal outcomes for all. Individual choices do not necessarily add up to a collective good.

5.3 Assuming that the case for Governmental intervention in the public interest is successfully made, ethical issues then arise in relation to all the kinds of intervention available. Essentially, these are of three main kinds:

- Education
- Regulation
- Taxation (positive incentives and sanctions/penalties)

5.4 In regard to the ethical criteria that should govern all these types of intervention, we do not have an argument with any of the principles proposed in the Consultation Paper. We would, however, add that, as already suggested, there is a need to develop a framework stating the basic principles involved in public health policy on alcohol and governing the relationships between the various stakeholders involved in its formulation and implementation. Some previous suggestions include the following:[11]

a. Governments need to implement evidence based policies to reduce the harm done by alcohol, with such policies formulated by public health interests, recognizing that the viewpoints of social aspects organizations are not impartial and represent the vested interests of the beverage alcohol industry.

b. Governmental organizations should be concerned at spending public money on the programmes and policies put forward by the social aspects organizations, since such programmes and policies lack evidence of effectiveness.

c. A proportion of alcohol taxes, hypothecated for the purpose, should be used to

[10] The Alcohol Industry & Public Health – WHO paper – A McNeill, July 2005
[11] Anderson, P – The Beverage Alcohol Industry's Social Aspects Organisation – A Public Health Warning Eurocare, 2003

fund relevant independent non-governmental organizations to implement evidence based campaigns to reduce the harm done by alcohol.

d. Governments should support nongovernmental organizations that are independent of the beverage alcohol industry and that promote initiatives aimed at reducing the harm done by alcohol, recognizing that critical appraisal of government policy should not call financial support for non-governmental organizations into question.

e. Independent non-governmental organizations that have a specific role with regard to safeguarding effective alcohol policy should inform and mobilize civil society with respect to alcohol-related problems, lobby for implementation of effective policy at government level, and expose any harmful actions of the beverage alcohol industry.

f. In discharging their role, and in maintaining their respect with civil society, non-governmental organizations mentioned in point 5 above should remain completely independent of social aspects organizations and any communications between such non-governmental organizations and social aspects organizations should be transparent and placed in the public domain.

g. All independent scientists that are paid by or undertake work for social aspects organizations and the beverage alcohol industry should state their declarations of interest in their scientific publications.

h. Greater vigilance and monitoring of beverage alcohol industry behaviour is needed, especially issues of intelligence-gathering; image management actions such as industry-initiated dialogues; active agenda-setting in the areas of research or publishing, with a particular emphasis on so-called beneficial patterns of drinking; and the image transfer effect of industry connections with reputable scientists and public health organizations.

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