



Quaker Action on Alcohol and Drugs

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QAAD RESPONSE TO CAP AND BCAP CODE REVIEW CONSULTATION; ADDENDUM ON ScHARR REVIEW

Quaker Action on Alcohol and Drugs (QAAD) is a listed group of the Religious Society of Friends (Quakers). QAAD is an independent national charity that has a concern with the use and misuse of all drugs, legal, illegal and prescribed, and with gambling. QAAD offers prevention and information services for Quakers. We also contribute to public debates and consultations on matters relating to our concern and experience. Trustees give their time to QAAD freely, and bring voluntary and statutory experience from settings that include prevention, treatment, medical services and criminal justice. QAAD does not represent the Religious Society of Friends as a whole, but the views we express are grounded in our Quaker principles.

Question 158: Given BCAP's policy consideration, do you agree that the evidence contained in the ScHARR Review does not merit a change to BCAP's alcohol advertising content or scheduling rules? If your answer is no, please explain why you consider the ScHARR Review does merit a change to BCAP's alcohol advertising content or scheduling rules.

We do not agree that the evidence contained in the ScHARR review does not merit a change to BCAP's advertising content or scheduling rules. We believe that a tightening of restrictions is warranted, and we support the position that Alcohol Concern has adopted on these issues. We endorse the idea of a ban on the advertising of alcohol on television before the 9.p.m. watershed, and we would also support the proposal that 1/6 of advertising expenditure be devoted to public health messages.

We accept the authority of the ScHARR report and its account of the limitations on the evidence-base. However, we note the wording of the statement: *'there is conclusive evidence of a small but consistent association of advertising with consumption at a population level.'* We also note that, whilst recognising the variable nature of the evidence about advertising limitation and the difficulties of extending it to a UK context, the authors state in the full report:

'Results vary substantially depending upon which published evidence is assumed to be most applicable to England, with overall changes in consumption of between -0.2% and -2.2%, and the financial value of harm avoided over 10 years ranging from - £0.39bn to -£3.9bn. Similar exploratory analyses for the total elimination of exposure to advertising for under-18s show an overall change in consumption ranging from -0.1% to -0.4%, and

the financial value of harm avoided over 10 years ranging from -£0.3bn to - £1.0bn.' (page 11, SchARR report)

These gains are relatively modest in relation to other measures such as minimum price setting, but even the lower estimated figures would be extremely worthwhile in terms of health and well-being, as well as in terms of social savings.

We acknowledge the specific methodological difficulties the report outlines in relation to banning advertising for under 18s. However, a recent review of the available evidence (Smith and Foxcroft, 2009)¹, which limited itself to robust, predominantly longitudinal studies, concluded that:

'The data from these studies suggest that exposure to alcohol advertising in young people influences their subsequent drinking behaviour. The effect was consistent across studies, a temporal relationship between exposure and drinking initiation was shown, and a dose response between amount of exposure and frequency of drinking was clearly demonstrated in three studies. It is certainly plausible that advertising would have an effect on youth consumer behaviour, as has been shown for tobacco and food marketing.'

Whilst Smith and Foxcroft do not assert that limiting advertising would certainly reduce young people's drinking (because there may be other factors involved other than those the studies controlled for), they note the emerging 'stronger empirical evidence' in this area and its application to policy. Their conclusion also points up the potentially significant role of counter-advertising.

Within the SchARR report we note the middle estimate they consider suggests there would be a particularly strong effect on teenagers:

'The result of the 'Mid' scenario (37) is an estimated reduction in total consumption of just - 0.3%, but the effects on 11 to 18 year olds are estimated to be much more substantial with a reduction in consumption for that group of -9%. The estimated consequent reduction in harm occurs particularly in the area of crime, with -38,000 offences and a crime costs reduction of - £28m per annum.' (page 162)

The health and social gains for young people of limiting alcohol advertising warrant a proactive approach. This is particularly the case given that apart from the risks of excessive consumption for young people at the time it occurs, there are indications from the current generation of mid-life drinkers that higher consumption in youth may be sustained into middle years (Joseph Rowntree Report, 2009²). Studies also show that early onset drinking in young people is sustained into young adulthood (Andersen et al., 2003³) A precautionary approach to these significant risks seems wholly appropriate.

There is further evidence that positive expectations of alcohol intake affects the consumption of young people, and advertising is one element in creating these expectations. A recent naturalistic study also showed that exposure to alcohol images is

¹ Smith, L., Foxcroft, D., The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health*, Volume 9, 2009.

² Smith, L., Foxcroft, D. (2009) Joseph Rowntree Report, *Drinking in the UK* p 86

³ Andersen, Anette; Due, Pernille; Holstein, Bjorn E.; Iversen, Lars (2003) *Addiction*. 98(11):1505-1511

likely to increase the extent of intake at the time it occurs⁴. As evidence message 10 of the SchARR report summarises, *'There is consistent evidence from longitudinal studies that exposure to TV and other broadcast media is associated with inception of and levels of drinking.'*

Advertising affects the general culture and individual expectations - and both of these need to modify if the damage from alcohol is to reduce. Public health budgets for responsible drinking information are dwarfed by the amount spent on the positive promotion of alcohol. The proposal that a proportion be used for safety messages is desirable in terms of public awareness - and whilst the potential social savings are uncertain in their configuration, as the SchARR report outlines, some at least are likely.

The consultation discussion inherently raises the question of what level of proof is required before a precautionary approach can and should be taken. We believe that on the basis of the balance of strong probabilities and the desirability of the social goals to be achieved, there is already sufficient evidence for action. The SchARR report suggests that some positive impacts would be likely to result from restrictions in the three areas it outlines, even though the level and types of gain are difficult to estimate. The developing evidence-base relies on policies being adopted and then measured for impact, and no certainty about outcomes can be guaranteed in a UK context except by UK action. We believe, therefore, that the time has come for these restrictions to be adopted. We note that similar measures have been adopted in other European countries, some of which have lesser alcohol problems than the UK. As Pratten and Lovett⁵ note:

'...members of the European Union signed the WHO's European Charter on Alcohol, which declared that 'children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages'. The result was that each member state reduced the advertising of alcohol addressed specifically to young people. As illustrations: Belgium stopped spirit advertising on commercial TV and all alcohol advertising on radio; France prohibited advertising on TV for alcohol over 1% ABV and on advertising in publications for young people and sports venues; Ireland banned spirit advertising on radio or TV, refused to allow alcohol adverts before sports programmes and insisted that the same advert could appear only once per night on any channel; Italy permits alcohol adverts on TV only after 8pm; Luxembourg radio and TV adverts must not depict consumption of alcohol or feature young people or sportsmen or drivers consuming alcohol; Portugal has restricted alcohol advertising on TV to 10pm and later, and Spain's watershed is 9.30 pm (Institute of Alcohol Studies).''

For all these reasons, then, we suggest that two of the measures discussed in the SchARR report - pre-watershed television advertising and public health messages with 1/6 of current advertising revenue - be adopted. Whilst we think in principle a full advertising ban would be desirable on similar grounds, we accept that it may be helpful to start with these limited measures before wider ones are implemented. We note the evidence that advertising restrictions have a more substantial and measurable impact if

⁴ 4 Rutger C. M. E. Engels, Roel Hermans, Rick B. van Baaren, Tom Hollenstein and Sander M. Bot (2009) Alcohol Portrayal on Television Affects Actual Drinking Behaviour, *Alcohol and Alcoholism*, 44, 244-249

⁵ Pratten, J.D., Lovatt, C.J. (2006) None for the road: an attempt to identify the responsibility for ethical alcohol service.' Paper presented at the Business Studies and the Environment Conference, Corporate Responsibility Research Conference at Trinity College Dublin, 2-5 September 2006.

they are linked with other harm-reduction initiatives, and hope that a broader approach will be developed. We would, of course, expect that the impact of these restrictions would be rigorously researched to assist further policy development.