THE WILBERFORCE SOCIETY

Students and Alcohol

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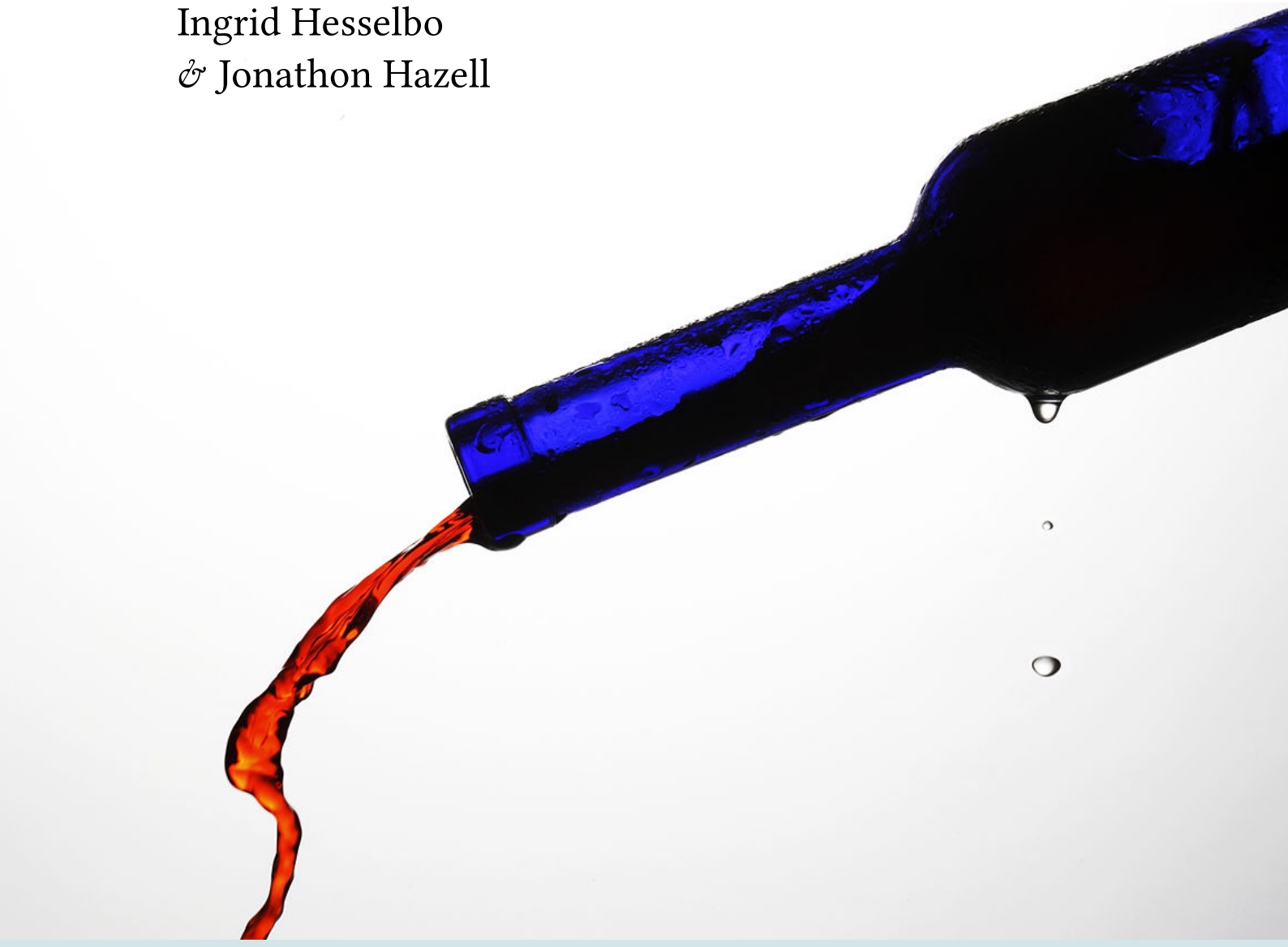

Outline

Written exclusively by students, this paper is uniquely placed to present a broad range of perspectives on issues surrounding young people and alcohol.

- In the opening chapter, Claudia Leong argues that media presentation of a youth binge drinking culture is unfair and counterproductive: unfair in light of comparable levels of alcohol consumption among other generations and counterproductive in reinforcing negative stereotypes.
- Debayan Dasgupta, the author of chapter two, targets his proposals for community level partnerships at the problems of underage drinking and cheap, superstrength alcohol, which are in his eyes the key factors in reducing antisocial behaviour surrounding alcohol misuse.
- The provision of explicit, personalised information is the key proposal of the third chapter, by Gabriel Lambert. He sees potential in making the medical effects of alcohol consumption easier to conceptualise by linking alcohol intake directly to life expectancy. In addition, he makes a wider case for full disclosure of information by alcohol producers, which he hopes would lead people to reduce their consumption, obviating the need for punitive measures.
- In chapter four, Helena Barman points to the success of graphic health warnings on cigarette packets in arguing for the adoption of a similar strategy for tackling alcohol misuse. Visually arresting images that target heavy drinkers would add shock value to a message, which could be communicated more effectively overall with the help of representative student bodies.
- Ingrid Hesselbo adopts an anthropological perspective in chapter five. She emphasises the importance of separating the medical effects of alcohol from its cultural associations, and highlights the issue of personal responsibility for actions while intoxicated. She also advocates more liberal licensing laws in the long term, as part of normalising moderate alcohol consumption.
- Finally, in chapter six Jonathon Hazell argues for further alcohol taxation over minimum pricing as a potentially more progressive system that would see the proceeds go to government rather than alcohol companies. In addition, he draws attention to the fact that, despite the government's outward concern with phenomena such as *preloading*, young people are not disproportionately heavy drinkers compared with the general population.

Richard Stockwell, Editor

About The Wilberforce Society

The Wilberforce Society was founded in 2009 by students at the University of Cambridge. It is the University's student-run think tank, and aims to provide a forum for dialogue between students and leading policymakers.

This core aim is achieved by three key functions: the promotion of public policy debate amongst the wider student body, the publishing of students' policy research to a professional audience, and reaching out to policymakers across the UK to work with students on the formulation of new policy.

For further information on the society, its events and the possibility of commissioning policy research, please visit www.thewilberforcesociety.co.uk or email chairman@wilberforcesociety.co.uk.

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Contents

Chapter 1

"Chundergraduates" and "Binge Britain" — Media Portrayal of Student Drinking Culture

Claudia Leong

1.1 Introduction

From a cursory glance at the pages of Britain's most widely read newspapers, one would be forgiven for thinking that the 18-24 year old population in this country is blighted by a "binge-drinking epidemic."[1] Excessive consumption of alcohol contributes to violence, vandalism and vice during night-time hours around city centres, and strains already overburdened law enforcement and emergency health services. As a group that is generally part of the "young adult" age demographic, university students are often portrayed by the press and popular media as leading hedonistic and careless lifestyles.

This paper argues that media representations do not truly reflect alcohol consumption habits and behaviour of most students. It proposes that more balanced media representation of student drinking will be instrumental to tackling over-intoxication and its related social ills in university communities and surrounding areas. Furthermore, media attention and anti-binge-drinking social campaigns focused on health related or social consequences of binge-drinking, while well-meaning, may not completely dissuade young people from engaging in risk-related behaviour, because binge-drinking is reported as being pleasurable by those who repeatedly engage in it. It may be more productive to address binge-drinking from the angle of tangible risks that redress the problem in a way that students can relate to. Finally, communicating with students via social media may help to change "lad culture" on a broader basis, and counter conflicting messages about drinking that are encountered in everyday life through the media, advertisers and authority figures.

[-1] Binge Britain: How do we tackle our booze problems? Tom Parry, *Daily Mirror*, 16 Feb 2012

[0]Beware the chundergraduates! Oxford students to be given compulsory alcohol lectures after freshers' week event gets VERY messy Hugo Nye, *Daily Mail* 15 Dec 2011,

[1] Judge slams underage binge-drinking epidemic after boy, 16, punches stranger to death Jaya Narain, *Daily Mail* 22 April 2010

1.2 Discussion

Student perceptions about peer alcohol consumption are exaggerated. Respondents overestimated the volume of alcohol their peers consumed on a night out by an average of "two drinks" and 24% reported feeling embarrassed by not drinking large volumes of alcohol on some occasion[2]. In the long run, this misperceived norm may lead students to increase their alcohol intake. They may feel social pressure to conform to an inaccurate, overestimated belief about what constitutes 'average' alcohol consumption.[3] The "pluralistic ignorance" phenomenon has been documented at North American universities, where, when the perception among students that health-related risk behaviour is more widely condoned by the student body than it actually is, the likelihood of actually partaking in related behaviour increases[4]. Media portrayals of drinking behaviour are even more likely than the perception of "campus social norms" to lead to pluralistic ignorance, especially if there is no overt peer criticism of the behaviour emphasised by the media[5]. While students may privately disapprove of the supposed wild exploits of their classmates, and the press may rightly be critical of criminal activities committed by drunken youth, this may be ineffective in modifying student binge-drinking and conduct, because mass support against this kind of behaviour on a peer group level is lacking[6]. Paradoxically, the media attention paid to binge drinking might reinforce false stereotypes, leading to their proliferation and perpetuation.

1.3 Proposals and evaluation

Proposal 1 **Reduce sensationalist press coverage about binge drinking and lad culture.**

Concerns about binge-drinking appear overqualified in the first place. Statistics published by the Department of Health show a marked fall in the proportion of young teenagers drinking alcohol from 2001 to 2011 and a drop in binge drinking levels overall, particularly among young women and students, from 2005 to 2010[7]. Recent studies on Britain's general population show a long-term decline in the proportion of adults who reported drinking in the week before interview, from 75% of men and 59% of women in a 1998 study compared to 68% men and 54% of women in 2010[8]. Average British consumption of alcohol has fallen over the years 2001 to 2010, and at the equivalent of 10.2 litres of pure alcohol consumed per capita in 2010, is lower than many other continental European countries[9].

[2] Ibid.

[3] Pluralistic Ignorance and Health Risk Behaviors: Do College Students Misperceive Social Approval for Risky Behaviors on Campus and in Media? David Hines, Renee N. Saris and Leslee Throckmorton-Belzer Journal of Applied Social Psychology, 2002,32, 12, pp. 2621-2640

[4] pp 2623 Pluralistic Ignorance and Health Risk Behaviors Hines et. al 2002

[5] pp 2637 Pluralistic Ignorance and Health Risk Behaviors Hines et. al 2002

[6] Ibid.

[7] Meet the new puritans: young Britons cut back on drink and drugs Tracy McVeigh and Gemma O'Neill 8 Dec 2012 *The Guardian* http://www.guardian.co.uk/society/2012/dec/08/students-new-puritans-less-drink

[8] Statistics on Alcohol: England 2012 Paul Eastwood, Health and Social Information Centre

[9] OECD Health Data 2012– Frequently Requested Data http://www.oecd.org/els/health-systems/oecdhealthdata2012-frequentlyrequesteddata.htm

Among university students, specifically, binge-drinking and alcohol-related antisocial behaviour is possibly even less common than the age group as a whole. Less than a third of 1325 students surveyed at three British universities were "heavy drinkers" as opposed to moderate or light drinkers, or teetotal[10]. By contrast, students report that media portrayals of binge-drinking culture at British universities are overwhelmingly negative and unreflective of their own experience– only 8% surveyed in 2010 agreed that they behaved "all the time" in the manner suggested by the press, and 54% reported to have never acted in the students were depicted[11]. In the same survey, 79% disagreed that the media represented everyone they knew at university, and 60% agreed that only a minority they knew conformed to the media's stereotype.

By putting public concern about student drinking culture into perspective and portraying a more realistic, positive picture of how students actually behave through the media, conformity to misperceived norms can be reduced. Responsible journalism is needed to change the public perception of students and students' perceptions of themselves, so that accurate, healthy campus social norms about what constitutes "normal" alcohol consumption are established. It is important to acknowledge that there is little onus on the press to alter their reportage, especially as emotive and attention-grabbing newspaper headlines that play up public fears sell more copies. More self regulation by the press and stronger public pressure on the media to report accurately may be beneficial to resolving this problem.

Proposal 2 **Modify "intoxication culture"**

Szmigin et al. (2008) and Measham and Brain (2005) both assert that binge-drinking, an alternative definition of which is drinking with the intent of becoming drunk, is now commonplace among British youth. But on the whole, binge-drinking behaviour involves a "controlled loss of control," where a hedonistic drinking style is tempered by personal boundaries about a maximum acceptable state of drunkenness. Most of the time, the consequences of binge-drinking are limited to health effects on the individual who has accepted them as the trade-off for the benefits of "having fun, conforming to peer group norms, letting yourself go, forgetting the frustrations of the day and helping self-confidence in a social situation, also reducing tension, enhancing sexuality and aiding social interaction."[12]

All the same, binge-drinking has a fairly low incidence overall among university students, as highlighted in the section above. "Intoxication culture" may have infiltrated student populations to a lesser extent than the rest of the 18-24 age demographic. For the minority of students who binge-drink, or participate in activities posing a threat to themselves or others while inebriated, it may be useful to:

[10] pp 14 Behind the Headlines: Social norms and student alcohol consumption November 2010
[11] pp 9 Behind the Headlines 2010
[12] Re-framing 'binge drinking' as calculated hedonism Szmigin et al. 2008

Proposal 3 **Change attitudes to binge drinking by focusing on risks that students feel are more tangible.**

A top-down approach in the media that informs of the potential physiological harm of excessive alcohol consumption[13], or implements a "pedagogy of regret" by framing binge-drinking and a loss of control, particularly among young women, as deviant and unacceptable in 'civilised' society[14], is likely to be regarded as irrelevant to young students in the prime of their lives, or, worse, patronising. Making salient how binge-drinking and "intoxication culture" puts students at immediate risk or affects their short term goals in a more objective and non-accusatory manner may be more effective. This could be done through the media drawing attention to crime statistics about the possibility of intoxicated individuals becoming unfortunate targets for mugging and violent or sexual assault, the possibility of lowered inhibitions leading to disorderly or antisocial behaviour and subsequent prosecution, the effects of binge-drinking on memory, concentration and academic performance, and the potential harm that compromising photos of a drunk individual may cause to their future job prospects. This proposal may encourage better conduct among students once they are intoxicated. However the association of binge-drinking with leisure in the first place still needs to be addressed, and the possibility of "media fatigue" following overexposure to these messages, and thus a loss of effectiveness, are also possibilities.

Proposal 4 **Utilise social media and student journalism to target antisocial behaviour associated with "lad culture," by disentangling social credibility and high-status in the student community from high alcohol intake.**

To solve possible shortfalls in the proposal above, peer group pressure may be helpful in supplementing government or media anti-binge-drinking campaigns from a grass roots level. This problem is compounded by conflicting messages about binge-drinking and so-called "lad culture" at UK universities. Students are exhorted by the national media, authorities and university staff to avoid the negative health effects of binge drinking and its associated social problems, but at the same time receive information on student drinks deals at freshers' fairs, as well as advertisements for student clubbing nights in booklets produced by student unions. Stories in some of the most widely read student newspapers associate binge drinking and "lad culture" with being a "big name on campus", remarking positively on binge-drinking as a way of having fun, achieving popularity within the student community, and attracting sexual partners[15]. Incidents involving excessive student drunkenness are reported more ambivalently in student journalism while subsequent coverage by the national media gives further attention and notoriety to this minority[16], validating their behaviour.[17]

[13] Drink Aware: Check the Facts http://www.drinkaware.co.uk/check-the-facts

[14] The pedagogy of regret: Facebook, binge drinking and young women Rebecca Brown and Melissa Gregg *Continuum: Journal of Media & Cultural Studies* 2012 26:3, 357-369

[15] Cambridge's Biggest Name Revealed *The Cambridge Tab* 25 November 2012 http://cambridge.tab.co.uk/2012/11/25/cambridges-biggest-name-revealed/

[16] Man vs Booze: The 'foolish' student who became a poster boy for binge drinking Britain by downing terrifying amounts of alcohol on YouTube Jill Reilly 8 May 2012 *The Daily Mail online* http://www.dailymail.co.uk/news/article-2146383/Man-vs-Booze-The-foolish-student-poster-boy-binge-drinking-Britain-downing-terrifying-amounts-alcohol-YouTube.html

[17] Man Vs. Booze: Exclusive Interview Michael McFadyen 18 May 2012 *The National Student* http://www.thenationalstudent.com/Features/2012-05-08/man_vs_booze.html

Promoting sensible alcohol intake in a direct and targeted fashion through social media sites such as Facebook and Twitter can counteract the proliferation of the "lad" subculture, and student newspapers, student radio, JCRs and student unions can all be useful methods of disseminating these messages. Like traditional media, student journalism affects which norms are perceived and internalised by students. Shifting column inches away from stories about those who participate in lad subculture, to individuals in the university community noteworthy for their achievements can change student discourse about what they wish to aspire to, and may create a more diverse set of role models in student social groups.

1.4 Concluding remarks

British student drinking culture is a complex phenomenon affected not only by student behaviour, but by media depictions and the wider social environment. Media descriptions of university alcohol consumption patterns often bear little resemblance to reality, which is unfair to students, who may be innocent of inconsiderate or criminal behaviour that occurs in city centres on weekend nights. Creating friction between university students and the wider community through these distorted representations diverts attention away from groups that are genuinely responsible, preventing the problem from being solved. Among the proportion of university students who do binge-drink and act irresponsibly, the media can help change pervasive beliefs and modify behaviour. Possible policy action by governments, the alcohol industry and universities is also likely to help resolve issues surrounding binge-drinking. Integrated solutions and cooperation between various social institutions will provide more thorough methods of reducing harmful behaviour than a one sided solution, which would be a possible direction that the proposals outlined above could be further developed in.

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Chapter 2

How should alcohol policies be adapted to be more effective in tackling anti-social behaviour?

Debayan Dasgupta

2.1 What is anti-social behaviour?

Crime & Disorder Act, 1998: "acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the complainant."

2.2 Why do we need to re-examine our approach now, and why is alcohol relevant?

Alcohol-related violence on the streets is perceived as a problem by 41% of the population, and 61% think it is increasing. The National Alcohol Harm Reduction Strategy calculated the overall annual cost of crime and anti-social behaviour linked to alcohol misuse to be £7.3bn, and 33,000 deaths in the UK p.a. are alcohol-related. (The Economist, May 2000)

When regarding alcohol in particular, offences are mainly street drinking, rowdy behaviour, and groups intimidating or acting raucously, most commonly as a part of the night-time culture of the majority of the UK's towns. Alcohol misuse shows strong links to anti-social behaviour — for example, over 60% of anti-social behaviour offences in Greater London in 2011-12 were alcohol-related. Further, Bonomo et al. (2002) found individuals who met the DSM (Diagnostic and Statistical Manual of Mental Disorders) criteria for antisocial behaviour were 21 times more likely to abuse alcohol than those who did not, so it is a bidirectional relationship.1

Other community problems, from vandalism, graffiti, litter and noise can all be exacerbated by excessive alcohol consumption. Research tells us that young people are far more likely to

commit crime if they have been drinking and feedback to police surveys and others suggests that communities feel unsafe and insecure in the face of this behaviour.

This paper focuses on tackling underage drinking within this context in particular, as this is not only a large proportion of all cases reported by various police forces across England and Wales, but also the feeling that tackling this with younger individuals will have a greater impact on the communities at a local level looking to the future.

2.3 Proposals

Proposal 1 **Minimum pricing for alcohol — but where and how do we set the bar?**

There are options within this of either a minimum unit price, or a floor price through the duty system. As Mr Cameron's recent struggles with the objections of his own cabinet show, this isn't a golden bullet, but is almost certainly a step in the right direction. There is little contention that this would at least reduce the availability of cheap alcohol. This step acknowledges the clear relationship between price and the consumption of alcohol and associated harms, which is supported by substantial and robust evidence and modelling, and has the backing of NICE (2010; 2011), the WHO (2007), the Home Office (November 2012), The Government ('The Government's alcohol strategy', 2013), the Institute for Fiscal Studies (2012), and the Health Select Committee (2012), as well as the Department of Health and the Chief Medical Officer (2009).2-10

Proposal 2 **Reducing the availability of, and increasing the awareness of the negative health effects of, super strength alcohol.**

There is overwhelming and widespread evidence from, for example the Joseph Rowntree Foundation, that one of the major contributory factors to the levels of antisocial behaviour and underage drinking is the easy availability of super strength alcohol. This refers to not only cheap spirits, but the availability of high strength beers and ciders at less than cost prices. The high alcohol volume of super-strength drinks, and the very low cost (see Proposal 1), means that these products are regularly consumed by young people who engage in binge drinking, often putting themselves at risk and creating disruption in communities.

This policy has already been adopted to great effect by the East of England Co-operative society in Ipswich, who urge off-licences to go 'super strength free'. This needs to be employed on a much greater scale to have the desired impact.

Proposal 3 **Refocusing the attempts to reduce underage drinking — creating Community Alcohol Partnerships (CAPs) and local multi-agency teams specifically for tackling alcohol-related anti-social behaviour.**

Encourage cooperation between local councils, local police, schools, alcohol services, and local retailers to reduce the levels of crime and antisocial behaviour caused by underage drinking — possibly through the more widespread use of CAPs, such as the very

successful project in Hayling Island in Durham. Here the CAP has been a key factor in the 41% decrease in anti-social behaviour in the area, and the concept is beginning to be adopted by some London councils, such as Islington. The concept of CAPs is unique in that it recognises that retail is part of the solution and has been shown to be more effective than enforcement alone. CAPs and local multi-agency teams should also aim to provide greater advice, guidance, and resources to support communities in developing their own capacity to deliver a co-ordinated, localised response to alcohol misuse.

Proposal 4 **Work with parents and carers in 'hot-spots' to increase awareness about the risks of underage drinking — targeting proxy sales in particular.**

Targeting resources to areas with the highest levels of anti-social behaviour and of underage drinking is vital to tackling the problem from a bottom up approach, as this is the only way to produce a robust, sustainable, long-term solution to this growing societal issue. As levels of education and awareness are increased, the information will be passed around not only between carers and parents, but more importantly between peers, and this is where the greatest impact is likely to be. Both buyers and sellers (through CAPs) in proxy sales are an important target as they facilitate what is thought to be a significant proportion of overall underage drinking.

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Chapter 3

The 'whole truth' about alcohol — towards a better informed consumer choice

Gabriel Lambert

Every year there are around 8,750 alcohol-related deaths and 1.2 million alcohol-related hospital admissions that cost the NHS approximately £3.3 billion.[18] Yet attempts to implement the pricing policy suggested by the University of Sheffield's independent review of the effects of alcohol pricing and promotion have floundered and it remains to be seen whether minimum pricing will be taken up again in the future.[19] Other suggestions for tackling high alcohol consumption have included restricting alcohol sales to specific times and places, banning special promotions (such as 'buy one get one free') and the prohibition of alcohol advertising.[20]

There are arguments to be had about the efficacy of these suggestions, but a more pressing problem is the political difficulty in passing legislation that can be seen as a form of social engineering that reduces consumer choice. The point at which behaviours involving a degree of risk become the legitimate target for legislation will remain deeply controversial. One could argue that since diseases related to poor diet cost the NHS £5.8 billion, certain types of food should be subject to similar proposals to those the list above. This type of logic seems flawed to enough of the electorate and Westminster to make gaining traction in passing this kind of public health law tough.

It is not the purpose of this paper to debate either the potential effectiveness or the political legitimacy of minimum pricing and sales restriction policies. Instead, it argues for absolute clarity on the actual risks and benefits of alcohol consumption to give consumers the tools they need to make an informed choice on their drinking levels. It makes an argument for the following:

[18]NHS cost based on 2006/7 statistics. See *Health First: an evidence based alcohol strategy for the UK*, University of Stirling, 2013, p13 and *The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006 — 07 NHS costs*, Scarborough P et al., Journal of Public Health, May 2011, p1

[19]*Modelling the Potential Impact of Pricing and Promotion Policies for Alcohol in England: Results from the Sheffield Alcohol Policy Model*, University of Sheffield, 2008

[20]*Health First,* University of Stirling, 2013, p7

1. Giving consumers the 'whole truth' on alcohol
2. Providing better health warnings on packaging and advertising
3. Making effective use of GPs
4. Educating the next generation on risk
5. Launching the 'whole truth' on alcohol

3.1 Giving consumers the 'whole truth' on alcohol

Though it seeks to simplify calculating whether one drinks too much or not, the 'units system' has certain aspects that make it at best the 'truth' but not the 'whole truth' as well as assuming that a 'one size fits all' approach for conveying risk.[21] Just as it would be important to offer a variety of simple and understandable options to patients considering undergoing an operation, it should be possible to create several ways of presenting an accurate impression of the risks of alcohol that are intuitively understandable. Simply stating that drinking above a level of 24-32g of alcohol or 3-4 units per day for men and 16-24 or 2-3 units for women is not good for one's health fails to communicate the risks involved in exceeding those limits. Is drinking below this level enough to prevent a raised risk of cardiovascular disease, cancer and cirrhosis? Consumers need to be given an impression of what drinking more than this level actually means, particularly given that an NHS survey in 2010 found that in a group of 2000 adults, '83% believed that regularly drinking more than the recommended daily limits didn't put their long-term health at risk.'[22] Therefore consumers are not making an informed choice about their consumption levels because they lack access to information that clearly shows the risks of drinking.

3.1.1 What are the risks?

It is worth spending a moment discussing what current evidence suggests are actually the dangers of alcohol consumption. A recent meta-analysis of alcohol dosing and total mortality gives what is described as a 'J-curve' (see Figure 3.1).[23] This means that drinking 5g of alcohol per day, or about half a drink, gives one a lower relative risk of mortality than non-drinkers, by between 15 to 20%. Drinking a small amount actually improves life expectancy. Beyond this level, relative mortality risk starts to rise, reaching the same level as non-drinkers at between 3-5 drinks, depending on what form of adjustment was made in the modelling process. Beyond this level of consumption mortality risk rises steadily above the level of non-drinkers. Adjustment has been made in the model for age, social status and dietary factors. Another paper agrees that the 'optimum' level of alcohol consumption for reducing chronic disease is

[21] *Understanding risk and lessons for clinical risk communication about treatment preferences,* Edwards A and Elwyn G, Quality in Healthcare Supplement, 2001, i11

[22] '*Social Drinking': the hidden* risks, NHS Choices. Available at `http://www.nhs.uk/Livewell/alcohol/Pages/Socialdrinking.aspx` (Accessed: 27 April 2013)

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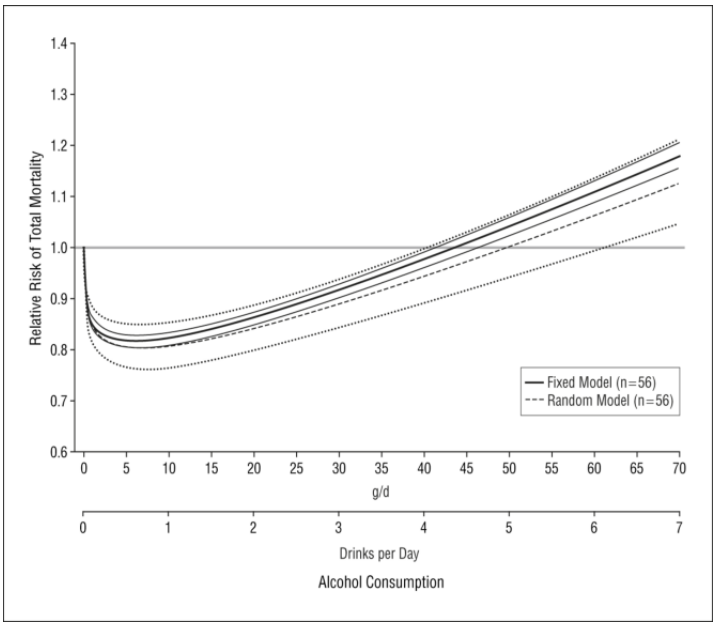

Figure 3.1: Relative risk of total mortality (95% confidence interval) and alcohol intake extracted from 56 curves using fixed — and random-effects models.

approximately 5g per day (about half a unit) while a third puts the optimum at a drink per day.[24] Overall we can conclude:

- Between half and a full drink per day yields the greatest reduction in relative mortality risk compared to non-drinkers.
- Any alcohol consumption up to about 3/4 drinks for men and 2 for women per day still yields a reduced relative mortality risk.
- Alcohol consumption above this level leads to a progressive risk per drink in relative mortality.

3.1.2 Getting the health message across

Achieving a good understanding of risk is reliant on having clear, comprehensible methods for communicating it. The following are two ideas that could help to build more intuitive, informative and powerful presentations of the risks of alcohol.

Conceptualising life expectancy Rather than use 'relative mortality risk' or even life expectancy change, one can use a more intuitive presentation of the effect of risk on mortality based on Spiegelhalter's 'microlives'. It starts by inviting one to imagine the rest of one's lifespan as 24 hours and then calculates the number of hours lost or gained from that period depending on one's daily behaviour. For instance, smoking 15-24 cigarettes per day for

[24] *What is the optimum level of population alcohol consumption for chronic disease prevention in England? Modelling the impact of changes in average consumption levels*, Nichols M. et al., BMJ, 2012, p1 and *Using speed of aging and 'microlives' to communicate the effect of lifetime habits and environment*, D Spiegelhalter BMJ December 2012

the rest of your life will lose you 5 hours from your representative 24 hour lifespan. But combining 20 minutes of moderate exercise per day and eating five or more servings of fruit and vegetables will gain you an extra 3 hours.[25]

Alcohol is particularly interesting in this context — based on the statistics above, the first drink of the day gains you an extra half an hour but for each extra drink you lose a quarter of an hour. So 3 drinks per day will neither gain nor lose you any time but 7 will lose you an hour (plus half an hour for the first drink then minus an hour and a half for the subsequent six).

This simple method provides a powerful tool to compare a huge range of different behaviours and actually quantifies them using a novel way of expressing life expectancy.

Personalised statistics A recent randomised control trial on smoking cessation revealed the power of showing patients their own 'lung age' at their GP surgery. Regardless of whether patients' lungs were normal or not, being given a more personal relationship to otherwise abstract data led to an absolute 7.2% increased rate of quitting up to a 13.6% quit rate compared to 6.4% for the control group.[26] The authors argued that if the 'lung age' was higher than the patient's real age, it galvanised them to act to stop causing more harm but if it was normal it was nevertheless motivation to prevent future damage.

While it would be harder to create a 'liver age' since there is no corresponding non-invasive test to the spirometry used to calculate 'lung age', the key message is that people respond better when their own behaviour and physical state is linked to general data on risk.

Together, these two examples highlight three key ingredients that should be present when trying to communicate the 'whole truth' of the risk of alcohol consumption:

- The impact of various levels of drinking on **life expectancy**, expressed in a readily-understandable format.
- The level of risk should be comparable to other risks such as smoking, obesity etc. to give them **context**
- Where possible statistics should be **personalised**

The rest of the paper explores in what circumstances these three ingredients could be applied.

[25] *Using speed of aging and 'microlives' to communicate the effect of lifetime habits and environment*, D Spiegelhalter BMJ December 2012

[26] *Effect on Smoking quit rate of telling patients their lung age: the Step2quit randomised controlled trial*, Parkes, Greenhalgh, Griffin et. al., BMJ 2008

3.2 Providing better health warnings on packaging and advertising

The data presented above needs to be made explicit on every piece of packaging and advertisement for an alcoholic drink. It should make clear what level of moderate drinking improves life expectancy and more importantly exactly what the effect of excess drinking on lifespan is. Simple statements could be used:

> "If you have more than three of these bottles per day you will reduce your life expectancy by approximately 8 months for each extra drink.'[27] (for men)"

Consumption could be illustrated in a simple table (Table 3.1).

Table 3.1

Drinks per day	0	1	2–3	Each drink over 3
Life expectancy change from normal	+0 years	+1.1 years	Between +1.1 and +0 years	-8 months per extra drink

Using a 24 hour representative life (Table 3.2):

> "If a 24 hour day represents your remaining lifespan, this is how alcohol will affect it:"

Table 3.2

Drinks per day	0	1	2–3	Each drink over 3
Extra time	+0 hours	+1/2 hour	Between +1/2 and 0 hours	-1/4 hour per drink

For comparison:

> "To put this in perspective, 20 minutes of exercise per day adds 2 years and 2 months to your life expectancy while being 10kg over optimum weight (a BMI between 18.5 and 25) removes 1 year and 7 months."

Using the 24 hour comparison:

> "20 minutes of exercise per day adds an hour while being 10kg over optimum weight removes ½ an hour."

[27] *ibid*, p4

The data used here has been taken from two of the articles referenced previously but the more important point is the principle of explicit reference to life expectancy and comparison to other risks.[28] There are a few further considerations for packaging:

- Drinks manufacturers would have to include a standardised set of data that would make clear what the word 'drink' meant.
- Units could continue to be used, but only in conjunction with clearly demonstrating the actual health implications of exceeding 3 or 4 for men and 2 or 3 for women.
- Drinks menus in bars, pubs and restaurants would also have to clearly display the warning.
- All the statistics given so far only cover daily behaviour and it would be important to add information on the impact of binge drinking on life expectancy as this emerges.
- For simplicity only mortality has been discussed but it may also be valuable to present consumers with the increase in relative risk of developing certain alcohol-related diseases, particularly cancers and cirrhosis.
- It may prove necessary to increases the size of the health warning label to sensibly convey all the information listen above.

If implemented, these measures would make the impact of drinking on one's health immediately clear.

Decisions regarding beverage packaging fall under the EU Directive on alcohol packaging and so any changes would have to be lobbied at a European level.

3.3 Making effective use of GPs

Part of the duty for making consumers aware of the risks of alcohol rests in primary care. A recent Finnish study sought to identify the reasons why GPs were reticent when asking patients about their alcohol consumption. These included: the sensitivity of the topic; availability of tools for intervention; expectations of effectiveness of interventions and a lack of time.[29]

Firstly, the position of doctors must not be one of coercing patients to behave in particular ways. They must emphasise that they are there to inform and advise but that ultimately the decision of how much to drink rests with the individual. There needs to be a change in culture so that patients are aware that doctors are there to help them make sense of a great number of risk factors to enable the patient to make a decision that fits best with their lifestyle. By approaching a consultation from the perspective of informing and discussing instead of challenging doctors should have more confidence in broaching an otherwise sensitive subject.

[28] See *What is the optimum level of population alcohol consumption for chronic disease prevention in England? Modelling the impact of changes in average consumption levels*, Nichols M. et al., BMJ, 2012 and *Using speed of aging and 'microlives' to communicate the effect of lifetime habits and environment*, D Spiegelhalter BMJ December 2012

[29] *Factors influencing inquiry about patients' alcohol consumption by primary health care physicians: qualitative semi-structured interview study*, Aira M. et al., Family Practice, 2003

Secondly, doctors need a variety of tools they can employ quickly and effectively. This could come in the form of an alcohol calculator that would require brief information on alcohol consumption history and current practice and could compute changes in life expectancy and risks of developing diseases like cirrhosis or cancer. With the patient's input, the GP could alter the future consumption variable to demonstrate how life expectancy or risk of disease could be reduced with a change in behaviour. The 'lung age' evidence suggests that creating this type of personal profile is more effective than just presenting individuals with standard statistics. Using this type of calculator would take a matter of minutes.

The calculator alone is not enough — GPs need to be given a range of literature that expresses the risks graphically, numerically and in plain language so that every patient's preference for type of information can be met. As an incentive, alcohol profiling of high risk patients could be added to the Quality and Outcomes Framework — indeed the National Institute for Clinical Excellence (NICE) has already recommended this.[30]

3.4 Educating the next generation on risk

With 'lifestyle diseases' the most likely cause of death for the vast majority of people born in the UK it is particularly urgent that children are given an understanding of both the positive and negative impacts they can have on their long-term health. Though studying the effects of alcohol is part of PSHE syllabus, it would be useful to get students thinking statistically about quantifying those risks, through techniques such as using real-world risk data in maths lessons.

It is important to emphasise that the aim of this is to equip the next generation with the skills necessary to make their own decisions about balancing risky and beneficial behaviours. To scare monger would likely be counterproductive but to invest young adults in particular with responsibility for their own health and emphasise that they have control over their lifespan could prove quite empowering.

This type of conceptualisation of risk at school need not be restricted to alcohol — diet, exercise, drugs, smoking and sexual health are all hugely important factors and should be considered in toto rather than as isolated topics.

3.5 Launching the 'whole truth' on alcohol

This final initiative would attempt to raise awareness of the other changes ideally through as many media as possible (television, radio, magazines, posters, social media and so forth). Simplicity of presentation and message would remain key. The aims would be to:

- Publicise the key statistics around the health benefits and risks.
- Demonstrate the health advantages of moderate consumption.

[30] *NICE to develop alcohol screening QOF.* Available at `http://www.gponline.com/News/article/1164854/NICE-develop-alcohol-screening-QOF-targets/` (Accessed 28 April 2013)

- Illustrate the effects the new presentation of alcohol would have on packaging, for discussions with GPs and in the classroom.

These could be tied in with comparative health statistics (see section 2) to provide context to the discussion and raise wider awareness of other potentially beneficial or risky behaviours.

3.6 Conclusion

Consumers are currently only given an incomplete picture about the dangers of alcohol. They need to be given the 'whole truth' by providing them with easily accessible, comprehensible and personalised information on the specific impacts of various levels of drinking. This should come through a standardised part of the packaging and advertising, a shifting culture at the GP that makes discussing personal risks more comfortable, lessons on the importance of understanding long term risk at school and a publicity campaign to launch the conversion to a more open approach to information about alcohol. Thinking of oneself as a 'heavy drinker' is meaningless if one is not aware that will lead to a tangibly shorter lifespan.

In a way, the extent to which these measures reduce drinking is a secondary concern. Of primary importance is the duty drinks' manufacturers have to fully disclose the impact of their products. However, it is hoped that once consumers are equipped with a clearer picture of the potential benefits and risks of alcohol a significant portion would adjust their drinking accordingly.

Chapter 4

Graphic health warnings: We have acted on smoking, why not on drinking?

Helena Barman

4.1 Introduction — similar 'sins'?

Alcohol is the most damaging drug in Britain. David Nutt's et al. 2010 report[31] considers the damage caused by 20 drugs across 16 criteria including harm to the individual "from death to damage to mental functioning and loss of relationships" and harm to others. Of a score of maximum 100 and a minimum of 0, alcohol scored the highest (72), above heroin (55) and tobacco (26).

A key argument for the stringent restrictions on tobacco is its harmful effects on others. When an individual's choice damages society as a whole, that choice should be regulated to account for its negative externalities. But alcohol, in the report's scoring system, is the most harmful to others out of all drugs examined (46), outranking abuse of crack cocaine (21), and tobacco (10). The paper does not take into account the legal status of a drug — this will clearly have impact on its harmfulness. For instance alcohol's regulated availability means that many more people have access to it than most drugs, which will have an effect on its level of harm. Similarly, the controlled status of some drugs will make them more harmful because of unsafe production and risky practices. Despite this caveat, the paper still shows how worryingly large the problem of alcohol abuse is in the UK.

In many ways smoking and drinking are similar 'sins' — for many they both are cornerstones of our social interactions (at university at least) and both carry huge direct economic costs to the NHS , social services and law enforcement system. One of the largest of these costs

[31] Prof David J Nutt FMedSci,Leslie A King PhD,Lawrence D Phillips PhD (2010) "Drug harms in the UK: a multicriteria decision analysis", on behalf of the Independent Scientific Committee on Drugs, The Lancet. 6 November 2010 (Vol. 376, Issue 9752, Pages 1558-1565)

is argued to be the £55bn[32] annual cost of alcohol misuse. Agreed, when we consider that smokers and alcoholics have shortened life spans, their lifetime healthcare bill is actually less than an average person (Dutch Governmental study 2008). I take the liberty here of assuming that the NHS has a goal of preserving life.

There has been huge impetus to change our smoking habits, which clearly has had an effect. Sales of tobacco and cigarettes have decreased, and it is estimated the smoking ban is predicted to save 40,000 lives over the next 10 years[33]. In comparison, policy to change our drinking habits has been half-hearted and largely targeted at our wallets, not our behaviour.

Proposals

- **Instead of targeting our economic incentives, policy should be directed primarily at the social incentives and asymmetric information problems associated with alcohol abuse**
- **Graphic Health Warnings** :
  - A third of the label on all cans and bottles of alcohol should be given over to a hard-hitting warning about the health dangers of over-consumption
  - "Visually arresting" graphic warnings should be targeted at student binge drinkers, by focusing on short term impact.
  - Warnings should minimise the adverse effects on moderate drinkers.
  - Health warnings should be devised in collaboration with the National Union of Students (NUS) or similar student body

4.2 Discussion of Proposals

4.2.1 Economic vs. social incentives

This paper proposes that the government should focus on reforms which target our social incentives, not solely restrict our economic ones. Individuals should have the right to make their own economic decisions when there is not a first best policy alternative. Any form of taxation clearly is a second best policy response, because we can never directly target the externalities of 'passive consumption' and harmful overconsumption, not to mention that these taxes tend to be highly regressive[34].

Changing a society with a hardwired drinking culture is a tough job, and economic incentives will only ever scratch the surface of this problem. Bolder plans and more concerted efforts to

[32] Calculated in 2007 by the National Social Marketing Centre (A Department of Health sponsored research company)

[33] Figures from Cancer Research UK

[34] "Minimum alcohol pricing will exacerbate poverty and entrench inequality" as argued by Christopher Snowdon in the Adam Smith Institute Report "Wages of Sin Taxes"

make people more aware of the dangers they face by their drinking habits will empower people to make more informed choices. Asymmetric information on the alternatives to alcohol should also be tackled. To achieve this I am proposing visually arresting health warnings on all cans and bottles of alcohol that will inform the choices of binge drinkers, but limit any adverse impact on moderate drinkers.

4.2.2 In depth: Graphic Health Warnings

The Alcohol Health Alliance, a coalition of medical organisations, including those representing GPs, A&E doctors and surgeons, urge ministers in a new report[35] to implement an array of radical measures to reduce alcohol misuse. This paper fully condones their proposal of implementing hard-hitting health warnings on label on all cans and bottles of alcohol.

The Department of Health, however, immediately came out in opposition to the introduction of graphic health warnings on bottles and tins, saying "Cigarette-style health warnings are not applicable to alcohol. All levels of smoking are bad for your health, but the same cannot be said for alcohol consumption." [36] This paper urges politicians and the Department of Health to reconsider their position.

The argument that sales of alcohol to moderate consumers will be severely impacted is only true if policy is heavy handed. Clearly, price controls, taxes and restrictions on sales channels and product placement will have an adverse effect on the moderate drinker. But packaging can have a high impact in a less damaging way. Granted, a campaign in which removing branding in a similar way to tobacco sales regulation would have an adverse effect on moderate drinkers, and so is not advisable. This is because health warnings can directly target abusers in their messages, whereas policies such as removing all branding have an equally adverse effect on all consumers.

There is clear evidence of the positive effect of health warnings on cigarette packets has on young people's attitudes. A study in Australia[37] asked teenagers about their opinions on smoking before and after graphic health warnings were introduced. They found the warnings were noticed by most of the teens, and not only that, but they were read and understood. Teens also reported thinking more about stopping smoking if they already smoked, and feeling less likely to start if they didn't. Not only this, but there is strong evidence that graphic warnings have a large impact. A study of 200 smokers in the American Journal of Preventive Medicine found that 83% were able to remember the health warning if it was accompanied by a graphic image. This compared with a 50% success rate when text-only warnings were viewed. This, coupled with the fact that we can target health warnings educate on persistent and excessive alcohol use, gives graphic warnings a strong case for implementation.

Further, to gain the most impact, the government should work with the NUS or consult with a representative body of students to devise the slogans and visuals. Government initiatives in

[35] http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf

[36] Department of Health, 2013

[37] White V, Webster B, Wakefield M.(2008) "Do graphic health warning labels have an impact on adolescents' smoking-related beliefs and behaviours?", Addiction. Vol 103(9):1562-71

changing drinking habits have shown a disconnect with young people, and are seen by many as patronising. They can all too often have the opposite effect on student drinkers. My peers regularly use the units calculator on the Drinkaware website to have competitions over how much they are drinking. The "Why let the good times go bad?" joint NUS and Drinkaware campaign has been hugely successful at understanding student motives behind over consumption. A key element of their success is having a focus on short term impact — students are notoriously impulsive.

This paper proposes that packaging regulation is a useful tool in targeting those most at risk from alcohol abuse. When getting a message through to young people is getting harder and harder, in an internet age where we are constantly bombarded by an information overload, the government should not be so dismissive. Drinking habits are formed largely at university — students are imperative to target.

4.3 Conclusion

The government should work harder to help individuals make more informed choices about alcohol. Alcohol abuse is deeply entrenched in our society, so to have any impact the government needs to invest in bolder policy. The habits we form when we are young have long lasting impacts on ourselves and our society. The government should target our social motivations for excessive drinking and not just our economic ones. Taxation is one way to change our behaviour, and fills the government coffers, but it is not an appropriate policy response when we consider the root of our alcohol consumption problems.

Chapter 5

Addressing the cultural behaviours of drinking in light of drinking practices of Cambridge students

Ingrid Hesselbo

5.1 Introduction

The United Kingdom has a temperance notion of alcoholic drinking, viewing alcohol as associated with negative social behaviors, such as sexual promiscuity, violence and lack of responsibility. The negative social behaviour connected to alcoholic drinking should be separated from the medical affects of alcohol. The separation of the two types of affects will result in a decrease in negative social behaviour associated with drinking.

This paper takes an anthropological approach to Cambridge students' drinking habits. The use of alcohol is seen in almost all societies across the globe, but the affects of alcohol on peoples behaviour varies immensely[38]. Alcohol is a commodity and is exchanged in societies to confirm social relations. High levels of symbolism are connected to alcohol, and meanings such as social class or status can be 'read' from the use of alcohol.

The study is supported by ten half-hour interviews with undergraduates from three colleges in Cambridge, most of the people interviewed were from third year and most took arts subjects. The interviews demonstrate that students in Cambridge drink alcoholic beverages that are connected to high status, that they enjoy the social freedom that alcohol allows them, and that they attribute medical problems to their individual drinking practices.

There is a need for policy that attempts to reverse the negative social associations that we connect to over-drinking. There needs to be a move away from a focus on problem drinking, and instead an emphasis on normal and healthy drinking. There also needs to be a change away from seeing alcoholic drinking as an individual problem, but as an inherently social activity that is governed by wide social codes and rules.

[38] SIRC, (1998) *Social and Cultural aspects of Drinking*, Oxford.

5.2 Observations

Globally there is a wide variation in cultural and social behaviours attributed to drinking.

The behaviours we connect to drinking, such as violence, aggression and sexual promiscuity, are socially developed. We learn what kind of behaviour is expected from drinking and conform to those ideas. Studies of the behaviours resulting from drinking alcohol in other countries across the globe demonstrate high levels of variation. The Camba in Bolivia regularly drink large amounts of alcohol, but it does not result in violent behaviour; instead friendliness and calmness are common. In Nigeria it is a mark of authority to be able to drink large amounts of alcohol without demonstrating a change in behaviour[39]. Placebo studies have shown than when people are given what they think are alcoholic drinks they demonstrate drunken behavior. In addition when intoxicated people are given the incentive to act sober they can minimize the social and cultural behaviours associated with drinking alcohol[40].

The interviewees said they liked the 'social release' they associate with drinking. One said that they enjoyed "[Getting] absolutely smashed and doing embarrassing things. I enjoy hearing about the things the next day." Others expressed that they liked to "escape reality." The behaviours that people connected to drinking allowed them to have a good time, to disconnect from the work they had been doing in the day and to relax. The interviews show that the magical effects we attribute to alcohol were seen as a good thing. Although people felt embarrassed about their actions subsequently, they also see it as more excusable to act that way if they are drunk. One student said drinking at dinners allowed them to talk to supervisors freely about topics covered in their degree that would not have had confidence to talk about otherwise.

Alcohol is deeply connected to symbols; in almost every society alcohol is used in social situations to enhance social bonds.

There are many rules surrounding alcohol, and practices connected to alcohol are key in signaling identity. Different drinks are connected to different activities: champagne is connected to notions of celebration, for instance[41]. A study of groups of young people in bars in Glasgow found that alcoholic drinks were used to emphasize gender identifiers: men drank more than women and men drank beer and larger more often than women, while women were the bigger consumers of spirits[42]. As well as indicating the social situation and the gender of drinkers, alcohol is also used to signal social status. People choose drinks that are aspirational; in countries recently admitted to the European Union, European drinks like wine are preferred. In Poland, for example, students drink eight times as much wine than students in America, although this could be influenced by differences in legal age one can purchase alcohol in both countries.[43].

The interviews of students in Cambridge supported this view. There was remarkable homogeneity in which drinks people said they liked the most and the least. Drinks associated with

[39] SIRC, (1998) *Social and Cultural Aspects of Drinking.* Oxford.
[40] M. Vogel-Sprott. (1997) 'Is behavioral tolerance learned?' *Alcohol Health & Research.*
[41] SIRC, (1998) *Social and Cultural Aspects of Drinking.* Oxford.
[42] P. Aitken and G. Jahoda (1982) An observed study of young adults' drinking groups. *Alcohol and Alcoholism.* 18:2 135-150
[43] SIRC, (1998) *Social and Cultural Aspects of Drinking.* Oxford.

more prestigious social situations were preferred. Gin and tonic and champagne were named as people's favourite drinks, or wine with the caveat that it had to be of good quality: "I don't like the college wine." There was also a perception that people were aware of the social connotations of different kinds of drinks. One interviewee said that people "go though this pretense of 'oh yes I like this bottle'" when choosing what to drink. While another student said that at home they would drink beer but in Cambridge, "when I drink a pint people turn up their noses." The social messages that alcohol has are recognised by students in Cambridge, but students still based their favourite and most regular drinks on the social messages that they gave out.

British society views the practices associated with drinking alcohol as individual habits. But the two previous points indicate that alcoholic drinking is tightly socially controlled.

The interviews of students at Cambridge showed that almost all said they thought they drank too much, and all picked out practices of their drinking that they either saw as being wrong or alcoholic. One said, "now [in third year] I'll just drink in the evening. I'm sounding more and more like an alcoholic." Another expressed sincere concern that she was "on the verge of being alcoholic." A third reflected : "I have had a glass of wine while writing a essay, I mean, drinking alone is worrying." Based on the previous observations, drinking is socially controlled and governed by rules. The behaviours we partake in when drinking are not part of individual choice; rather they are constructed by what is appropriate and legitimised in society. It is unlikely that the majority of the people interviewed were dependent on alcohol, but all people picked out individual practices as problems instead of focusing on normal and regular drinking practice.

5.3 Policy suggestions

Proposal 1 **Make clear the distinction between medical and cultural effects of alcohol drinking**

There is a lack of awareness about the differences between social behaviours and medical effects of alcohol. There should be a clearer distinction made in warnings about drinking between cultural and medical factors. A new campaign should focus on safe drinking habits by down-playing the social and cultural behaviours we currently associate with over consumption of alcohol. This paper has not focused on the negative medical effects of alcohol, but it could be that the medical consequences of drinking large amounts of alcohol could be the specific focus of further campaigns.

Proposal 2 **Emphasis on normal rather than problem drinking behavior.**

There needs to be change in tone of messages. Instead of showing images of extreme results of the problems of drinking alcohol, there needs to be a more positive message, explaining and describing what normal and reasonable drinking looks like, and not focusing on the negative social aspects that we currently connect to alcohol. Campaigns should not focus on the extremes of behaviour, or dwell on the problem behaviour connected to alcohol, but should emphasize safe drinking. Once alcohol is normalized it will cease to be the highly valuable symbolic commodity that it currently is.

Proposal 3 **Emphasize personal responsibility for actions while intoxicated.**

With clarification regarding what actions attributed to drink are culturally based, there needs to be a change away from legitimizing these behaviours. Being under the influence of large amounts of alcohol should not be used as an excuse for behaviour while intoxicated. When we stop seeing drinking alcohol as a way to lessen responsibility then behaviours that would otherwise not be tolerated, such as violence, should decrease. This action could take place as a legislative change, although it would also require a shift in the attitudes of society to drunkenness.

Proposal 4 **Reduce the mysterious associations of alcohol by reducing controls on alcoholic drinks after the above policies have been implemented**

Once there has been a concerted and long-term change in the way the dangers of drinking large amounts of alcohol are portrayed, and the UK has moved away from a temperance attitude to alcohol, then there could be moves to lessen the restrictions on where and when alcohol can be bought, the 2003 licensing law's 24 hours drinking was only taken up by a minority of large pubs. Instead relaxed laws could be limited to small-scale businesses. If places where people can drink are more open and not so restricted, then the effects of alcohol will stop being mystified. By increasing the price or restricting the access of alcohol its value as a socially significant commodity will increase; conversely, by making alcohol a normal and mundane part of society its value as a social commodity will decrease.

5.4 Conclusion: alcoholic drinking is not an individual problem, but is strongly controlled by social rules.

Alcohol and the behaviours connected to it need to be seen as social. We need to recognise that the problems the UK has with alcohol are socially constructed cultural attitudes that can change, but not if we ignore that they exist at all. By picturing alcohol use as an individual problem of weakness we blame the individual for conforming to the rules and dictations of society; by instead recognising and making explicit the social rules and patterns we can begin to remove them. It needs to be recognised that alcohol is a valuable commodity. It is unlikely that drinking will disappear, but the social behaviours that we attach to drinking are constructed and can be dismantled if they are shown to be illusions, and if we stop re-enforcing that our behaviour is out of control when we have a drink. By insisting on responsibility when drinking, and by emphasizing normal and reasonable behaviour after drinking, new practices and habits can be learnt.

The interviews with Cambridge students have demonstrated that students are part of the social web of codes linked to drinking, using drink in much the same way as the rest of the country, and are complicit in maintaining an unhelpful temperance attitude to alcohol in this country.

Chapter 6

Why alcohol minimum prices are unfair to students, and taxes may not be

Jonathon Hazell

This paper argues that minimum pricing is deeply flawed because it is unfair to students. Firstly, it is highly regressive, and so is both politically unpopular and socially undesirable. Secondly, it does not target alcohol consumption reduction for relative old and high-income drinkers. However binge drinking is relatively evenly spread across age groups, income brackets, and social classes, so that minimum pricing does not fully tackle the public health problem presented by alcohol. Thus minimum prices represent two problems for students. The first is that minimum pricing financially affects students more than the general public, since they are more likely to buy the affected drinks. Secondly, because the benefits of minimum pricing accrue to all of society, while students would be disproportionately affected by the costs, students would end up having to lower their drinking by an unfairly high amount, given that they are not disproportionately heavy drinkers. I argue that a different approach to alcohol taxation can solve both these problems. Clearly alcohol consumption reduction is an important societal goal. The external costs imposed upon society by individual alcohol abuse is large, since for example increased public health care expenditures due to alcohol abuse total 2-12% of total NHS expenditure according to RCP (2001). Thus the government needs to alter alcohol consumption behaviour to some extent to reduce its social costs, regardless of individual preferences. However the proposed system of alcohol taxation would lower alcohol consumption for students in line with other demographics, and therefore ensure a more equitable distribution of the costs of alcohol consumption reduction.

A better approach to price interventions in the alcohol market is to change tax policy. The government could standardise unit taxes on all alcohol, as is currently not the case. This would allow the government to replace the putative minimum price of 45p per unit with higher unit alcohol taxes. These would bring all below-45p alcohol up to 45p in price, and also affect alcohol that currently has a higher unit cost than 45p. The IFS, in Leicester (2011), estimates

that this is roughly equivalent to charging 25p unit taxes on all alcohol. Importantly the increase in taxes would be revenue neutral. The government would commit to using increased revenues to enhance tax code progressivity, for example through raising the threshold income tax level. Changing the structure of taxes would be better than a minimum price in that it would effectively tackle the problems of both regressivity and wider public health concerns, while maintaining the same quantity reduction. Students would therefore not be overpaying for their alcohol, and would not be cutting back their drinking by more than the general population.

It is generally accepted that alcohol minimum prices are regressive to some extent. Since they raise prices on relatively cheap alcohol, they tend to cause poorer people to spend disproportionately more — in the words of the Adam Smith Institute (2012), 'it only hurts poor and frugal drinkers'. Consumer surveys and quantitative simulation tends to verify this, as in Hagger (2012), while Meier et al (2008) note that 'younger, poorer [and] less professional drinkers choose cheaper drinks. Thus they are the most prone to a minimum price policy'. Therefore the significance to students, as a large part of this population, can hardly be overstated. However minimum pricing, unlike taxes, is regressive for the specific reason that higher prices amount to a substantial transfer of wealth from drinkers to the alcohol industry. The level of redistribution is forecasted to be very substantial — the IFS estimates a 45p minimum price would transfer approximately £1.4 billion more per annum from drinkers to alcohol retailers. Moreover, because minimum prices lower total output, the figure of £1.4 billion is a lower bound on the profit increase to the alcohol industry from minimum prices. Thus the conventional transmission of regressivity, through higher government tax take from the poor, is thought to be negligible according to Meng et al (2012), in their study of the likely effects of alcohol minimum pricing in Scotland. Thus minimum pricing is regressive because it creates an implicit and large profit subsidy to the alcohol industry, at the expense of disproportionately poor, young, and non-professional drinkers, including students. In this sense minimum pricing is undesirable because it is highly beneficial to the alcohol industry at the cost of relatively poor consumers. Meng et al (2012) find this effect in their modelling of the implementation of alcohol minimum pricing in Scotland, with a 45p minimum price causing an additional yearly transfer of £103m from consumers to retailers.

The tax proposal avoids these costs entirely. By raising prices on all units that cost less than the putative minimum price, alcohol taxes can achieve the same reduction in quantity consumed as under a minimum price. As a matter of simple microeconomics, the government tax receipt on alcohol units currently below minimum price, would be the same as the net revenue transfer to alcohol retailers under a minimum price, the £1.4 billion per annum estimated by the IFS. Thus taxes would have the same benefits as minimum pricing, in terms of quantity reduction, and also eliminate the implicit subsidy to the alcohol industry. If the rise in alcohol taxes were revenue-neutral, and committed to making the tax code more progressive, the gain from higher alcohol taxation could be used to eliminate income distribution effects. In this way higher alcohol taxes would avoid the distributional problems of minimum pricing between poor consumers and the alcohol industry, while retaining the public health gains of quantity reduction.

There is the deeper problem, however, that minimum pricing is by design aimed at reducing consumption for young binge drinkers. This is the explicit aim of the Government's 2012

outline of its strategy. Minimum pricing is aimed at reducing 'pre-loading', purportedly a habit of the young, and is designed not to punish the 'responsible majority'. Economic intuition and the survey and quantitative studies suggest that it would be effective in this regard. Clearly the tax proposal can target these drinkers as least as effectively as a minimum price. However, the evidence suggests that these are not the only source of the UK's binge drinking problems. The following graphs are useful:

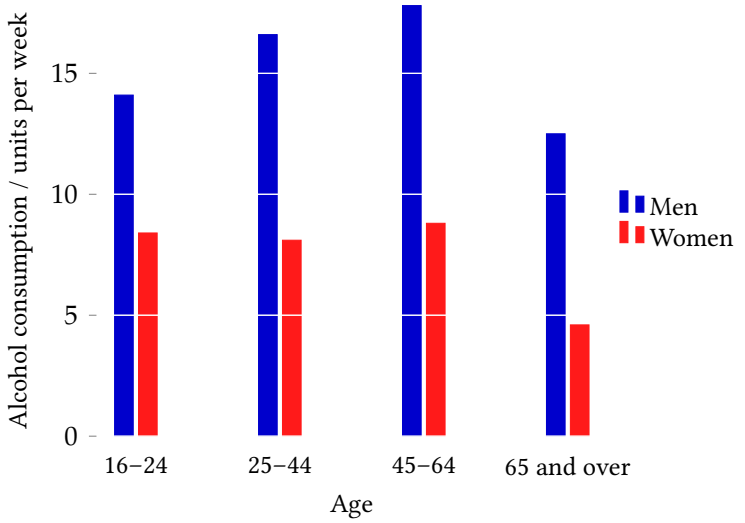

Figure 6.1: Average weekly consumption (units of alcohol)

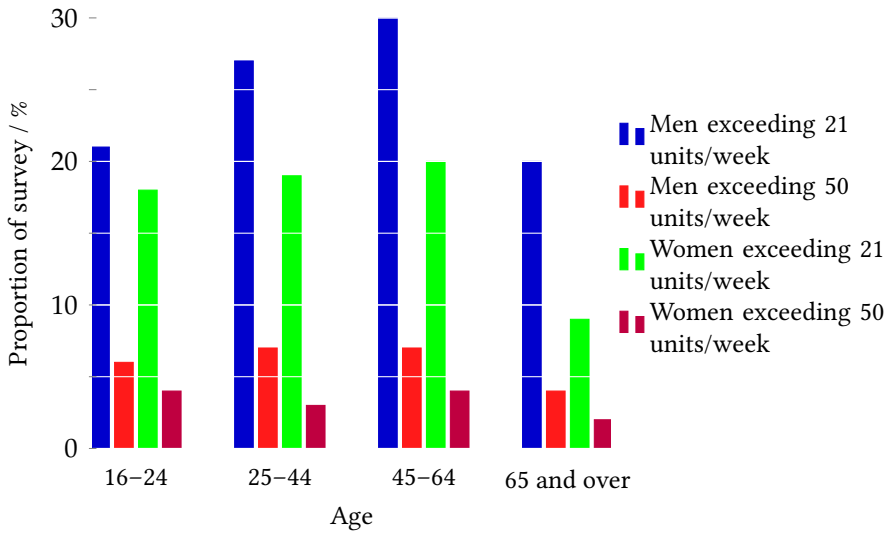

Figure 6.2: Proportion of survey binge drinking in past week. Binge drinking is defined as drinking more than 21 units in a week for men and more than 15 units in a week for women. Source: ONS Household Survey (2010)

Taken from the ONS *Household Survey*, these charts make it clear that the 16-24 demographic do not binge drink or consume more on average than either of the two demographic groups above them. Although it is perhaps true that different demographics may binge drink in differ-

ent ways, alcohol abuse is by no means exclusive to the young, according to the criteria of the government's alcohol harm reduction strategy and independent bodies such as Drinkaware. Similar there is no significant correlation between income level and average alcohol consumption or binge drinking, while average weekly alcohol consumption declines for less professionally classed workers, in ONS data. Since by design and expected effect, minimum pricing targets a demographic that is not particularly associated with binge drinking, the young, poor and non-professional, it presents two problems. Firstly, because its scope is limited, it cannot affect alcohol abuse in a wide segment of the population, and thus fails to deal with the public health problems presented by these demographics. Secondly, the alcohol reduction it does achieve is then unfair to the young, the poor and the non-professional. They incur disproportionately high costs from minimum pricing and consumption reduction, but do not consume or abuse alcohol more than the rest of the population. However the social benefits from lower alcohol consumption are felt by all members of society equally. In particular, then, minimum pricing seems to be unjust to students, because they will probably assume a disproportionately high portion of the costs in terms of drinking less, despite not being particularly culpable.

The tax proposal, however, solves both these problems neatly. By raising taxes across all alcohol, it will affect the demographics that tend not to drink cheap alcohol, but still contribute substantially to alcohol abuse statistics. In this way higher alcohol taxes present a superior public health outcome compared with minimum pricing. Moreover every demographic will contribute substantially to the overall reduction in consumption, because taxes will affect alcohol irrespective of its initial cost. In this way all segments of the population will contribute to the overall social benefits given by alcohol consumption reductions. Given that the social benefits of alcohol reduction are felt equally by all members of society, and no demographic appears particularly responsible for alcohol abuse, this is obviously fairer. In this way, by creating a better public health outcome, the tax proposal presents a significantly better settlement for students.

Lastly, we ought to tackle some of the problems of feasibility — is a policy advocating alcohol tax increases really politically palatable? Surprisingly, perhaps, there is a strong case on this front. The fact that the tax increases are designed to be revenue-neutral, unlike most excise duties, is politically convenient and could go some way towards quelling the anger that normally happens after alcohol duty hikes. Since the proposal has a commitment towards making the tax code more progressive, it avoids anger over unfairly scapegoating the poor. Because the debate between minimum prices and taxes can be framed as a choice between subsidising the alcohol industry and helping the poor, it may even prove to be politically popular. Finally, a strong case can be made for the fiscal responsibility of the tax proposal, which is obviously an important consideration in the medium term. The consensus in the empirical literature on alcohol harm reduction is that taxes are by far the most cost-effective way of reducing alcohol-related harms, compared to other policy interventions such as healthcare interventions and re-education programs, as in Chisholm et al (2004). Finally, the tax proposal ought to be popular amongst students and other affected demographics, because it does not discriminate against them, unlike comparable policies.

The conclusion of this paper, then, is that the tax proposal outlined above presents a significantly better outcome for students, and also for public health outcomes. The tax proposal,

relative to a minimum price, redistributes wealth from implicit subsidies for the alcohol industry to a more progressive tax code, preventing alcohol taxes from being regressive. It would create better public health outcomes, because it affects the large proportion of the population who binge drink but do not buy cheap alcohol. Finally, it moves towards ensuring that different consumer groups lower their alcohol consumption equitably, so that students are not forced to drink unfairly little for the common good.

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