UNDER THE INFLUENCE

Jonathan Gornall discovers that the government consultation into introducing a minimum unit price for alcohol in England and Wales was a sham and that politicians ignored the strong health evidence in favour of protecting the industry.

When the British government published its alcohol strategy in March 2012, its pledge to introduce a minimum price for a unit of alcohol, underwritten by the word of the prime minister, appeared to be an unequivocal commitment.

Minimum price would “target the cheapest products and help reduce drinking in those who drink the most,” wrote David Cameron. The only issue still up for debate was the level at which the price would be set, but if it were 40 pence (£0.48; $0.65) that could mean “50 000 fewer crimes . . . and 900 fewer alcohol-related deaths a year by the end of the decade.”

The proposal wouldn’t be universally popular, Cameron acknowledged. But “the responsibility of being in government isn’t always about doing the popular thing. It’s about doing the right thing.”

A year later, however, the government revealed it had decided instead to do the wrong thing. In an extraordinary U-turn, flagged for months but finally announced in the House of Commons on 17 July, the last day before summer recess, the commitment was withdrawn. Even though Scotland had already passed a bill to introduce a minimum price of 50 pence per unit, England and Wales would not be following suit.

Just how that U-turn was achieved is a cautionary tale about the ability of the alcohol industry to influence public health policy. That it can is thanks in part to a fundamental reluctance in government to hamper an industry that claims credit for millions of jobs and billions of pounds of income for the Treasury. But it is also a result of the extraordinary access granted to companies and industry groups by individual MPs and many government departments.

Through freedom of information requests the BMJ has found evidence of dozens of meetings between industry representatives and the Department of Health alone, in some of which alcohol companies were encouraged to argue the case for alternatives to minimum pricing even after the policy had apparently been set in stone. This open door for the industry contrasts with the lack of access granted to the health community, and even to Conservative MP Sarah Wollaston, a former general practitioner who campaigned long and hard in parliament for minimum pricing. When rumours began to circulate that the policy had been scrapped, she confronted David Cameron during prime minister’s questions in March 2013, demanding a one to one meeting at which she could “explain to him the evidence base.”

“All I told him was that there was a lot of evidence that minimum pricing was effective and helps protect young people and also adults,” she remembered. “We knew there was evidence that it would help.”

“Everything I tried was blocked,” she told the BMJ, “Every avenue I went down to try to get a meeting before the decision was announced was closed off, or I had a meeting and it would be cancelled the day before.”

The decision to scrap the policy, she said, was “absolutely shameful” and evidence that “The influence of industry, within media and government, is too great. You’ve got a government telling doctors to get out there and reduce avoidable mortality and yet they’ve stepped away from one of the best tools they could deliver for doctors to be able to do that, which I think is outrageous.”
Ignoring the evidence

Even before he took office in May 2010, health secretary Andrew Lansley had made no secret of his belief that the alcohol industry should be trusted to regulate itself. In 2008, as shadow health secretary, he had founded a Public Health Commission, bringing together industry and the public health community to formulate a “responsibility deal.” In July 2009 the commission, led by the head of Unilever, published We’re All in This Together, a manifesto for improving the nation’s health through a “genuine partnership and shared responsibility” between business and government.

Unsurprisingly, perhaps, none of the report’s recommendations proposed shackling industry with regulations. Instead, when it came to alcohol, there was much talk of “sensible drinking guidelines,” and “best-practice agreements.”

After the coalition took power in May 2010 and Lansley became health secretary, the doctrine swiftly became government policy. In his new health strategy, in November 2010, Lansley declared that “Rather than nannying people, we will nudge them by working . . . collaboratively with business and the voluntary sector through a new Responsibility Deal.”

Lansley’s industry dominated Public Health Commission had come of age—it was now an instrument of public health policy. By inviting the drinks industry to regulate itself, Lansley was flying in the face of evidence that it could not be trusted to do so and advice and criticism from the House of Commons select committee on health, which feared government policy was “too trusting from the House of Commons select committee on health, which feared government policy was “too trusting.”

Disquiet deepened in March 2011, when details of industry’s pledges under the responsibility deal were revealed and eight health groups, including Alcohol Concern and the British Medical Association, pulled out. “By allowing the drinks industry to propose such half hearted pledges on alcohol with no teeth,” said Don Shenker of Alcohol Concern, “this government has clearly shown that, when it comes to public health, its first priority is to side with big business and protect private profit.”

In October, the Commons health select committee returned to the fray, “unconvinced” the deal would prove effective. “Those with a financial interest,” it cautioned, “must not be allowed to set the agenda for health improvement.”

Then, in September 2012, just five months after the alcohol strategy had been published, came the unexpected news that Lansley had been sacked. The path to minimum unit pricing, a policy he had rejected, seemed to have cleared.

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**False dawn**

The Home Office consultation on the alcohol strategy opened at the end of November 2012. Once again, there in black and white was the absolute commitment to minimum pricing, with the only question up for debate being the level at which it should be set, with the government favouring 45 pence a unit.

At that moment, the strategy “seemed like a triumph for health and commonsense,” recalled Mark Bellis, then co-chair of the Responsibility Deal Alcohol Network as a representative of the Faculty of Public Health. “People were bolstered—they thought . . . the evidence that was presented over many years was finally having an impact.”

Much of the evidence on minimum pricing had been produced by the University of Sheffield’s alcohol research department, which had been commissioned by the Labour government in 2008 to review existing data and model the health and social effects of raising alcohol prices. As early as 2008 Sheffield had shown that the higher the minimum price, the greater the positive effect on alcohol consumption and health harms, with relatively small effects on tax and duty income for the Treasury. For a minimum price of 40p per unit, year one would see 6309 fewer hospital admissions, 157 prevented deaths, and a saving to the NHS of £24.6m. In year 10, there would be 40846 fewer admissions, 1381 fewer deaths, and a saving of £115.9m.

But the celebration was to prove premature. The public health community had reckoned without the reach and influence of a drinks industry determined to defend its profits and ready to pull on every one of the many levers of influence at its disposal. Remarks made by Nigel Fairbrass, head of global communications at the big brewing company SABMiller, to the BMJ show that what health campaigners saw as a done deal, the alcohol industry viewed as anything but.

“The question that was being asked by the press and by people in the legislature [at that time] was not just about the price, it was about the principle of minimum pricing as well,” Fairbrass said.

“I mean, I know the government indicated that it was just a price base question, but a lot of the people we spoke to, inside and outside parliament, were actually debating the principle.”

The opening public salvo of a concentrated lobbying offensive with the sole objective of killing off minimum unit pricing was a report published by the Adam Smith Institute on 26 November, two days before the consultation opened. The institute is a self appointed opponent of “big government…regulating businesses [and] interfering with lifestyle choices,” and has a long record of resisting regulation on behalf of the tobacco industry.

For the institute, opposition to minimum pricing was a perfect fit, and its report, Minimal Evidence for Minimum Pricing, declared that...
predictions based on the Sheffield alcohol policy model were “entirely speculative and do not deserve the exalted status they have been afforded in the policy debate.”

Two months later, another right wing think tank, the Centre for Economics and Business Research, joined in, attacking minimum pricing as “a poor piece of policy that will do little to address the damage caused by alcohol misuse and much to exacerbate the financial challenge facing moderate drinkers on lower incomes.” This time the industry’s involvement was clear. As the report stated, the work had been commissioned by SABMiller.

Towards the end of January, just a few days before the end of the consultation, the Wine and Spirit Trade Association launched “Why should responsible drinkers pay more?”—a campaign that claimed to show “major public opposition to government’s plans to hike up alcohol prices.” It was backed by research that it too had commissioned from the Centre for Economics and Business Research. This also cast doubt on “the capability of the Sheffield model to properly predict the relationships between alcohol-related harms and alcohol consumption.”

John Holmes, a public health research fellow at the Sheffield Alcohol Research Group, says he has no problem with the industry and its supporters joining the debate: “We’re in a free market economy; they’re a player in that, and if you’re going to regulate the market they should have a say on it.”

The frustration felt by him and his colleagues, he says, centres on “the way they go about it. They are engaging with science but not with the scientific process—peer review, constructive discussion, balanced arguments, debate, critical appraisal of the totality of the evidence—so we’re just responding to the same points over and over again.”

Holmes believes the industry and its mouthpieces are “not particularly interested in . . . engaging in any kind of debate about whether their arguments are accurate. It’s all about creating doubt about what we’re saying.”

Another organisation that has repeatedly mounted defences of the tobacco and alcohol industries is the Institute of Economic Affairs, whose assaults have included accusing the charity Alcohol Concern of using “dodgy surveys, junk science and misleading press releases.”

Ruth Porter, communications director for the institute, said the organisation didn’t do “tied commission research for companies” but declined to say if any players in the alcohol industry had donated any part of the £830 000 given to the institute by supporters in 2012. However, the institute does have a relationship of sorts with the alcohol industry. In September this year SABMiller sponsored “Lessons from the recession,” a fringe panel event at the Conservative party conference organised by the institute.

SABMiller says it has not funded directly either the Institute for Economic Affairs or the Adam Smith Institute, but it has had a two year relationship with another think tank, Demos, which resulted in two reports on alcohol.

Published in 2011 and 2012, both reports argued that parental influence was the chief cause of harmful drinking and, at the height of the consultation over minimum unit pricing, gave SABMiller a platform in the House of Commons from which to broadcast its message of corporate social responsibility.

Feeling the Effects was launched in Westminster on 11 December 2012, at an event sponsored by SABMiller and at which the speakers included the MP Andrew Griffiths, chair of the all party parliamentary beer group. The report concluded that “effective parenting is the best way to call time on Britain’s binge drinking.”

A previous report by the project, Under the Influence, published in April 2011, was the subject of a seminar held in the House of Commons in January 2012, towards the end of the consultation over minimum unit pricing. The policy, it said, would “cause some reduction in the frequency of binge drinking episodes among some groups [but] there is little evidence to show it would change the norms surrounding binge-drinking behaviour.” Instead, it recommended that retailers should “consider a joint initiative as part of the Public Health Responsibility Deal, which sets a code of conduct for responsible alcohol sales.”

Public health researchers are at a tactical disadvantage when they go up against the material produced by such organisations, says Holmes. “We can’t really change the narrative in any way—we don’t have that power—but bodies such as the Adam Smith Institute have this public megaphone which is disproportionate to the scientific merits of what they’re saying.”

Such propaganda, however, was merely the creeping barrage that preceded the industry’s patiently prepared and carefully executed ground assault on the bastions of government.

Playing the long game

Jim McCambridge and colleagues at the London School of Hygiene and Tropical Medicine interviewed senior members of the industry for a study examining influence on health policy, “and they were surprisingly forthcoming about what they did,” said the senior lecturer in behaviour change.

“Lobbying on an issue by issue basis, trying hard to get a particular policy outcome, is undertaken sometimes, but that is not how lobbying is ordinarily done,” he said. “It is really about building long term relationships with key policy actors so influence can be exerted in very subtle ways . . . and within these long term relationships what you see is quite astonishing levels of contact.”

The industry doesn’t have to work very hard to build such relationships. Thanks to the activities of the four all party parliamentary groups devoted to representing the interests of the beer, wine, spirits, and cider industries, MPs with constituency interests in alcohol companies as employers virtually lobby themselves on behalf of the industry.

The beer group, to which some 300 MPs—almost half the total in the House of Commons—belong, is by far the largest of all 472 all party subject groups. And other industries must envy the cosy access to parliamentarians it gives the alcohol industry.

On 14 July 2013, for example—three days before the announcement that minimum pricing was dead—the chancellor, George Osborne, was among 100 MPs and members of the House of Lords who mingled with guests from the industry at the 20th annual dinner of the beer group in Westminster. Among the various awards handed out that night was one for Osborne, named Beer Drinker of the Year for his decision in the spring Budget to scrap the beer duty escalator and take a further 1p off beer duty.

The chancellor told the guests, “You can hopefully take what has happened this year as a recognition from all of us that we heard what you were saying and we listened and reacted.”

There was also an award for MP Andrew Griffiths, who as chair of the all party beer group was honoured by the Society of Independent Brewers “for his work for the brewery industry.”

The all party parliamentary beer group says it exists to “promote the wholesomeness and enjoyment of beer and the unique role of the pub in UK society [and] to promote understanding of the social responsibility exercised by the brewing and pub industries.”

Surprisingly, perhaps, although at least 20
ALCOHOL AND PUBLIC HEALTH

The story of a private meeting between the secretary of state for health and the chief executive of Asda supermarket—held three months after the government’s public consultation on minimum unit pricing for alcohol had supposedly closed—shows it is not only the alcohol companies that have easy access to the highest levels of government. It also reveals the incestuous web of influence spun by think tanks and lobbying companies paid to lobby on the companies’ behalf.

According to emails released to the BMJ under a freedom of information request, around April 2013, two months after the end of the consultation on minimum pricing, Asda contacted a special adviser in the Department of Health to seek a meeting with Jeremy Hunt, the health secretary. Among other issues, the company wished to discuss the “Alcohol Strategy, the status of the Minimum Unit Pricing (MUP) proposal, and alternatives that will encourage responsible alcohol use without penalising poorer families.”

“The circumstances, it was a curious shopping list,” Under the circumstances, it was a curious shopping list. Supposedly, the government had publicly committed to the principle of minimum pricing, and the consultation was only about the level at which the price should be set.52

Along with many other companies with an interest in alcohol, Asda had responded to the government’s consultation with a written submission expressing its opposition to the policy, which would “represent a significant additional burden on our customers at a time when they can least afford it.”

Now, despite the consultation being closed, Asda’s chief executive, Andy Clarke (left), saw fit to make his case against minimum pricing face to face with Jeremy Hunt. More surprisingly, perhaps, Hunt saw fit to allow him to do so. The emails also reveal that a similar meeting was held with Tesco on 12 June.

On 2 May, Asda had a “pre-meeting” at the Department of Health with Sam Talbot Rice, a former director of research at the Centre for Policy Studies, the right wing think tank. Talbot Rice had been appointed as one of the secretary of state’s special advisers in 2012. Those representing Asda at the meeting included Martin Le Jeune, a founding partner of the communications agency Open Road, which specialises in healthcare public affairs and communications.54

Talbot Rice and Le Jeune had something in common. Le Jeune, a former civil servant in the Cabinet Office, had spent three years as director of public affairs at broadcasting company Sky before cofounding Open Road in 2007. But he was also a fellow of the Centre for Policy Studies, where Talbot Rice had previously worked.

Alumni of the centre were an influential force in at least two of the government departments most involved in the debate on minimum pricing. At the same time as Talbot Rice had been installed at the Department of Health, Stephen Parkinson, another former head of research at the centre, was appointed a special adviser by Theresa May at the Home Office.55

Following the “pre-meeting” with Talbot Rice, a meeting was scheduled between Hunt and Asda for 15 May. On 10 May, Hunt received a written briefing ahead of the meeting.

There was a list of issues to be discussed only if raised by Asda, including the alcohol strategy and minimum unit pricing. “Thank Asda for strong support on alcohol,” read the briefing note.

Then came a passage which seems to indicate that the government’s consultation had been a sham. “Asda are opposed to MUP,” continued the briefing. Hunt’s line should be “Government still considering the issue. Could be open to alternative proposals from industry. Welcome Asda’s views on this.”

Talbot Rice left the Department of Health in May 2013. In October the advisory committee on business appointments approved his application to return to working as an independent consultant for the Centre for Policy Studies.56 57
between representatives from the Scotch whisky and spirits industry and MPs," are less transparent. Although it declares no financial or material support from the industry, the group's secretariat is in fact provided by the Scotch Whisky Association, which also hosts a webpage for the group, on which it provides no fewer than three public relations contacts, led by Campbell Evans, the association's government and communications director. 29 The industry's views on minimum unit pricing are clear: it believes it would be "illegal, will be ineffective in tackling misuse and will damage the Scotch whisky industry."30

According to Evans, the failure of the group to list its association's support on the register of all party groups is not a breach of the rules governing the operation of such groups. These state that any financial or material benefit, such as administrative services, received by the group with a value in excess of £1500 in any calendar year must be declared, 31 and "the very limited support given...falls below the level the parliament sets for the annual return registration."

Such groups, says Holmes of the Sheffield alcohol unit, allow industry actors to "talk to lots of MPs in a way that just wouldn't be available to any public health group."

But the industry's access to the corridors of power extends far beyond the all party drinks groups. The sheer scale of it became apparent when the BMJ asked the British Beer and Pub Association—just one of a large number of representative groups and companies—how many meetings its representatives had had in the past year with members of the government or senior civil servants.

That, said David Wilson, the association's director of public affairs, was "difficult to calculate as we...will have daily contacts with officials and frequent meetings with ministers and their advisers across a range of government departments," including the Treasury, Home Office, and Prime Minister’s Office.

It's a similar story with individual alcohol companies. "As you might expect for a large company employing around 2300 people in the UK we have a regular dialogue with the UK government on a wide range of issues," said Jeremy Beadles, corporate relations director for Heineken UK. As the former chief executive of the Wine and Spirit Trade Association, Beadles was a founder member of Lansley’s Public Health Commission. When he left the association after six years to join Heineken in 2011, the association's chairman, Tim How, praised Beadles's "tremendous contribution...the association's standing with government and the media has never been higher." 32 Heineken joined the responsibility deal in 2011. 33

A series of freedom of information requests by the BMJ, put to the Treasury, Home Office, Department of Health, and Department for Business, Innovation and Skills, yielded further evidence of the industry's widespread access to government.

For example, in January and February 2013, during the Home Office consultation on minimum unit pricing, Sajid Javid, economic secretary to the Treasury, had meetings with Greene King, the British Beer and Pub Association, the Wine and Spirit Trade Association, the Federation of Wholesale Distributors, the Scotch Whisky Association, the Association of Convenience Stores, and the National Association of Cider Makers. The Treasury has so far twice delayed responding to a request for the minutes of these meetings, which at the time of going to press had still not been made available.

Like Osborne, Javid had a beer named in his honour to thank him for his part in killing off the beer duty escalator. Sajid’s Choice, brewed by Bird’s Brewery in his Bromsgrove constituency, was served in the Strangers’ Bar at the House of Commons. 33

In addition to Javid's meetings, Treasury officials met representatives of the alcohol industry on seven occasions between March 2012 and July 2013—the period between the publication of the government’s alcohol strategy and the killing off of minimum unit pricing. The Treasury, said a spokesperson, did not hold minutes for these meetings.

More surprising, perhaps, is the access granted to the alcohol industry by the Department of Health. On 6 February 2013, the day the consultation on minimum pricing closed, Anna Soubry, public health minister, met to discuss minimum unit pricing with seven representatives of the industry, including Heineken, the Wine and Spirit Trade Association, Scotch Whisky Association, National Association of Cider Makers, and the British Beer and Pub Association.

According to minutes of the meeting acquired by the BMJ, Soubry said that although she had been "convinced by the arguments put forward by a group of liver doctors she had met [on 5 December 2012] she acknowledged that the primary responsibility for reducing [alcohol] consumption lay with the individual."

For their part, the industry representatives insisted they were “committed to tackling overconsumption” but “expressed deep concern” about minimum pricing. It was, they said, a “disproportionate response” that would cost consumers £1bn a year, have a “negative effect on the responsibility deal,” and would hit Treasury revenues. Industry, they added, “preferred a ban on below-cost sales.”

According to the Home Office, Soubry and Theresa May, the home secretary, hosted a subsequent meeting with representatives of the alcohol industry on 3 July, three weeks before May published her response to the consultation on minimum pricing. According to a Home Office response to a freedom of information request, the purpose of the meeting was “to discuss the voluntary action that industry could take to help reduce problem drinking and the crime and health harms associated with it.” The meeting was attended by the representatives of 18 organisations, including supermarkets Asda, Sainsbury’s, Morrisons, and Tesco; drinks companies Diageo, ABInBev, and Heineken; and industry lobby groups the Scotch Whisky Association, National Association of Cider Makers, and the Wine and Spirit Trade Association. According to the Home Office, “no minutes were circulated.”

Cold feet

After the government’s consultation closed in February 2013, there followed a long and increasingly unnerving silence, punctuated by a steady drip of articles in the media that seemed to indicate that a battle over the policy was being fought at the heart of government. 36 37 The prime minister, reported the Telegraph, was facing opposition from some senior Tory and Liberal Democrat colleagues who saw the measure as “illiberal.” As a result, “even though Mr Cameron has publicly backed the policy,” it was “still possible that the price per unit could be revised downwards or scrapped entirely and replaced with voluntary agreements with industry.” 38

Over the next weeks the pressure mounted with a series of stories suggesting that the policy had become a political liability to Cameron. 40 41 The Telegraph noted that former health secretary Lansley, who still had a seat in the Cabinet as leader of the House of Commons, had “long voiced his opposition to minimum pricing and [had] now apparently been joined by Theresa May at the Home Office and Michael Gove at Education. [The] most powerful opponent of all, George Osborne, the Chancellor” was “worried his tax take will fall.” 42

In fact, well briefed political insiders seemed to know that minimum pricing was a dead duck as early as March 2013—and why. “The simplest thing to say [about it],” wrote the Telegraph’s Benedict Brogan on 18 March, “is that it meant booze would be more expensive at a time when voters have had enough of prices going up. So the policy was dropped.”

On 1 May, James Kirkup, the Telegraph’s political editor, reported that Lynton Crosby, Cameron’s election campaign adviser, had advised the prime...
**COMMENTARY**

### MINIMUM UNIT PRICE

**How the evidence stacks up**

A minimum unit price exquisitely targets the heaviest drinkers, find Nick Sheron and Kate Eisenstein.

The mean weekly alcohol consumption of patients with alcoholic cirrhosis is around 15 bottles of white wine or 5 bottles of vodka, 20 litres of super strong lager, or 20 litres of strong white cider brewed from fructose syrup.\(^1\)\(^2\) As a result, irrespective of income, these very heavy drinkers opt for the cheapest possible alcohol—currently around 30 pence (£0.36; $0.49) per unit. The average low risk drinker already pays around £1 per unit and so the impact of minimum unit pricing on low risk drinkers is negligible, and on pubs it is zero.\(^3\) A minimum price of £5 per unit of alcohol would mean that a 700 ml bottle of vodka with a typical alcohol content of 40% would cost at least £14, making it difficult for the heaviest drinkers to maintain their alcohol consumption without substantially increasing their expenditure.

All purchase taxes are regressive; they affect deprived communities more severely. But the effect of alcohol related harm on deprived communities is savage—a threefold excess mortality between the most deprived and least deprived socioeconomic groups.\(^4\)

Taxpayers are already paying for the harm that alcohol causes. According to the Organisation for Economic Cooperation and Development alcohol misuse currently costs the UK 2-3% of gross domestic product; this equates to around £12 a week for each of the 60 million or so UK inhabitants, of which £3 comes back from the drinks industry in taxes.\(^5\) Moderate drinkers and non-drinkers in the UK are effectively subsidising heavy drinkers to the tune of around £9 a week.

The fiscal alternative to minimum pricing is a general increase in alcohol duty, and it is precisely because minimum unit pricing is so highly targeted that it is so effective. In Canada, where they have had minimum unit pricing for years, a 10% increase in the minimum price resulted in a 32% decrease in directly attributable alcohol related mortality.\(^6\) In the Canadian province of Saskatchewan a 10% increase in minimum unit prices reduced consumption of beer by 10.1%, spirits by 5.9%, and wine by 4.6%.\(^7\)

Taking the cheapest booze out of the system is just about the perfect alcohol policy, and when it finally gets through the legal challenges set by Diageo and colleagues in Scotland, death rates there are likely to drop within six months, as they do whenever effective evidence based alcohol policies are introduced.\(^8\)\(^9\)

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Technical report from Sheffield, contradicting his claim of a lack of “concrete evidence” for minimum pricing and damning the alternative as worthless, were already in the government’s possession. “Who stopped [the papers] being published,” said Sarah Wollaston, MP, “and why was it that people like me couldn’t get an advance copy in time to make the case in Parliament?”

A draft of a report from Sheffield was delivered to the Home Office, Department of Health, and the Treasury in February 2013, and concluded that “Moderate drinkers would only experience small impacts from MUP policies.” An additional analysis by Sheffield comparing the impact of the alternative below cost policy were emailed to the Home Office on 16 June. It concluded that, compared to an introduction of a 45p minimum price, by year 10 a ban on below-cost selling would save a mere 14 lives a year, as opposed to 624, and reduce hospital admissions by 500, as opposed to 23 700.

On the same day that Browne announced minimum pricing was dead and buried, the remaining public health representatives on the government’s Responsibility Deal Alcohol Network pulled out. With them went Nick Sheron, co-chair of the network, and Mark Bellis, both of whom had tried for so long to make it work, despite their misgivings.

It was, they said in a statement, “perfectly clear that MUP has fallen victim to a concerted and shameful campaign of lobbying by sections of the drinks industry who are putting profits before health and public safety.”\(^10\)

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The members of the Sheffield University alcohol research team, who had worked so hard on generating the concrete evidence the government was now saying it didn’t have, were “not particularly surprised” by the heavily trailed U-turn, said John Holmes, public health research fellow at Sheffield, but were dismayed by Browne’s statement about the evidence. “Our results showed moderate drinkers, including those on low incomes, would only experience small impacts from the policy, while substantial impacts would be experienced by harmful drinkers. Similar findings, excluding the point about income, have featured in our reports from 2009 onwards.”

Not only had the government turned its back on all the evidence, it had also once again put its trust in the industry to save the day.

Instead of minimum pricing, the government proposed to ban the sale of alcohol at below cost price—the measure that industry had sought.

The BMJ has learnt that when Browne made his Commons statement, two government commissioned papers from Sheffield, contradicting his claim of a lack of “concrete evidence” for minimum pricing and damning the alternative as worthless, were already in the government’s possession. “Who stopped [the papers] being published,” said Sarah Wollaston, MP, “and why was it that people like me couldn’t get an advance copy in time to make the case in Parliament?”

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