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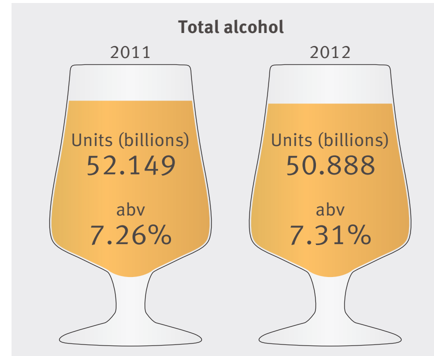
Is the billion unit pledge just window dressing?

Last month the government announced that the alcohol industry was a quarter of the way to meeting its pledge to reduce alcohol consumption by a billion units, but what do the figures tell us about industry intentions? **Jonathan Gornall** investigates



Changes in number of units sold and average strength of alcoholic drinks in the UK, 2011-12[6]

In March 2012, 33 of Britain's biggest drinks producers and retailers pledged to remove a billion units of alcohol from the UK market by December 2015 as part of the government's "responsibility deal" aimed at improving public health. They would do so, they said, "principally through improving consumer choice of lower alcohol products."[1]

The health secretary at the time, Andrew Lansley, whose industry dominated Public Health Commission had laid the groundwork for the responsibility deal while he was in opposition, said the pledge showed "what can be achieved for individuals and families when we work together with industry."[2]

In fact, the billion unit pledge has shown only what can be achieved by an industry sufficiently powerful to allow it to browbeat a government into letting it take control of public health policy.

The pledge was launched on the same day as the government's alcohol strategy, which contained a pledge of its own—the introduction of a minimum unit price for alcohol, a commitment underwritten by the prime minister. Evidence based and welcomed by public health experts, the policy was fiercely opposed by the alcohol industry and within a year it was dead.

Scepticism about lower alcohol drinks

From the outset, public health members of the Responsibility Deal Alcohol Network (RDAN) were sceptical about the billion unit pledge. The industry wasn't agreeing to sell a smaller volume of alcoholic drinks but to reduce the overall number of units in the UK market by introducing products with a lower alcohol content. But not only was there no evidence that introducing products with lower alcohol by volume (abv) would have any effect on harmful drinking, it was possible that it would actually make matters worse.

The danger, as a literature review published that same month by the North West Public Health Observatory at Liverpool John Moores University made clear, was that instead of reducing the total number of units consumed nationally, the introduction of more low alcohol products might prove "primarily additive and increase the number of situations in which alcohol is consumed."[4]

Nevertheless, the health members of the alcohol network gave their conditional support to the pledge. "The condition on which we agreed to sit on the RDAN in the first place was that we were given very firm assurances from the Department of Health that the process would run in parallel with an effective evidence based alcohol strategy," said Nick Sheron, head of clinical hepatology at the University of Southampton.

Those assurances would prove to be false. Both Sheron and Mark Bellis of the Faculty of Public Health, Sheron's predecessor as health co-chair of the alcohol network, resigned in protest in July 2013 when the government revealed it was shelving its plan to introduce minimum pricing.

It was Bellis who had sounded the only public note of caution at the launch of the pledge in March 2012. The past 30 years, he said, had seen a steady increase in the strength of beers and wines. Reversing that trend by switching sales to lower strength drinks "could help reduce the alcohol problems we've seen grow over recent decades," but "for real public health benefits, industry must also reduce sales of higher strength products."[5]

It remains uncertain whether this has happened, despite the publication last month of the Department of Health's first interim report on the progress of the billion unit pledge, which claims that "the number of units of alcohol sold has been reduced by a quarter of a billion" as a result of changes in alcohol content of products.[6]

Numerous reasons for drop in consumption

Proving that this reduction is down to industry's efforts, rather than to a weakening market or other trends, is complex, and there is little chance that independent researchers will be able to check the veracity of the findings—the raw data supplied by industry partners are considered commercially sensitive and have not been released. *The BMJ* asked 18 of the major signatories to the pledge—a mix of manufacturers and supermarkets—to disclose the total number of units of alcohol they had made or sold in each of the four years to April 2014, and all 12 who responded refused to do so.

The Institute of Alcohol Studies tried a different tack, asking the Department of Health. "We have tried repeatedly, and failed, to obtain details of how the data were used in the evaluation of the unit pledge under the Freedom of Information Act," said Katherine Brown of the Institute of Alcohol Studies. "Until there is greater transparency in this reporting process, it is difficult to rely on the results."

The report states that between 2011 and 2012 there was a 3% drop in the overall volume of products sold, with sales of beer and cider falling by 3.7% and 5.9% respectively, and that this—a mere accident of the market—accounted for a reduction of 1.3 billion units. The report claims that of this 1.3 billion reduction, 253 million units can be credited to a change in alcohol content within product categories, and that "this represents a quarter of the billion unit reduction that signatories have committed to achieving over the four years to end 2015."

However, beneath that apparently encouraging figure lies the disturbing fact that the average volume of alcohol in products across the market actually increased by 0.05 percentage points, from 7.26% to 7.31%, as the result of "a shift away from beer and cider towards [stronger] wine and spirits." Indeed, while the average alcohol content of beer, cider, and alcopop-style drinks decreased (by 0.06, 0.05, and 0.05 percentage points respectively) that of spirits and wine rose (by 0.14 and 0.01 percentage points). "These industries," says Nick Sheron, "clearly reneged completely on their RDAN commitment."

Furthermore, he believes that the drop in sales that had accounted for most of the reduction in consumption was caused by the 2% above inflation duty escalator put in place by the Labour government in 2008. This was repealed by the coalition government in March, and he predicts "that as relative prices come down, so alcohol sales and liver deaths will resume their inexorable rise." Government tax policy, in other words, is in effect sabotaging the intention of the billion unit pledge.

Lack of transparency

Whatever the correct interpretation of the report, its credibility has been seriously undermined by an accusation that its independence has been compromised by the Portman Group, the alcohol industry representative body that funded the research and passed the raw data from its member companies to the Department of Health.

The accusation surfaced in the resignation letter Bellis sent to the government when he quit as chair of the RDAN monitoring and evaluation group last July. In the letter, obtained under the Freedom of Information Act, he wrote that in his two years as a member of the network he had "seen the deal turned by industry into a tool to avoid actions that would improve people's health."

He and colleagues had tried "to bring an evaluative framework to at least some aspects of the Responsibility Deal," but "transparency and trust in the process" had been eroded by the actions of the Portman Group, whose chief executive, Henry Ashworth, sits as co-chair of the alcohol network.

Bellis charged that industry data collected from companies by market research company Nielsen had been "delivered inappropriately to the industry's Portman Group," which had "not only failed to inform me that they had the data but also unilaterally asked for it to be revisited at least twice."

In a statement to *The BMJ*, Ashworth said the original dataset from Nielsen "was incomplete when it was sent to the Portman Group as contracted commissioning clients." This had been "pointed out to the supplier," but, Ashworth conceded, "Professor Bellis was not copied in on this email exchange."

However, he insisted, Bellis had been "furnished with all versions of the data set and all supporting correspondence. Professor Bellis subsequently met with CGA Nielsen to satisfy himself that the data sets met his expectations (which he confirmed), and he reported this to the RDAN in July 2013."

But this is not exactly what the minutes of the 10 July meeting of the alcohol network show. Bellis noted that he had received "headline data," but told the meeting, "Further work is needed to understand this and to produce a report . . . in due course." Seven days later, the government reneged on its promise to introduce minimum pricing and Bellis and other public health colleagues resigned.

The drinks industry "have acted purely in their own self-interest, as they always do"

"I've looked again at the minutes of the RDAN, and I can't see anything anywhere that even remotely suggests that I was satisfied," Bellis says. "My views on the process have never changed. The data should have been delivered to me, or at least to all parties at the same time, to provide transparency in the process. This is what you would expect if you are evaluating something where there are commercial interests and the commercial parties are involved in the evaluation process.

"My job was to bring transparency and scrutiny to the process. If that process meant there was a to-ing and fro-ing and debate about data which didn't involve me, that was neither transparent nor was it adequate for the purposes of scrutiny."

It is clear that since Bellis and others resigned last year, the transparently impartial system of evaluation that had been put in place for assessing the effect of the pledge has broken down. Although the Department of Health declined to name the current members of the monitoring and evaluation group, which last met in December 2013, *The BMJ* has learnt that it now includes only one non-industry member, Alan Hopley of the alcohol charity Addaction. One of the three remaining non-industry members of the alcohol network, Hopley told *The BMJ* he had been co-opted on to the evaluation group in the wake of the public health resignations, though he freely conceded he lacked the necessary expertise.

"Obviously we want to make sure there is robustness in evaluating the reduction and making sure there is the correct reporting," he said. "I'm not a researcher and [we need] to make sure there is somebody equivalent to Mark Bellis on the sub-group to make sure it has credibility from a research perspective."

But that ship has sailed. Earlier alcohol network minutes show that it had been agreed that industry data gathered about the progress of the billion unit pledge by market research company Nielsen would go first to the monitoring group and then to the low alcohol subgroup. Accordingly, says Hopley, he had been expecting the data to be presented to the monitoring group at a meeting scheduled for this month, but he had had no sight of them before they were analysed and published by the Department of Health.

Broken pledge: the losers in this game are the patients

Questionable motives

By chance, the interim report on the billion unit pledge was published the same day as *Living Well for Longer*, a Department of Health policy paper that shows the extent to which government alcohol policy has become dependent on the alcohol industry and its billion unit pledge.[18]

It is clear, says Brown of the Institute of Alcohol Studies, that "the alcohol strategy no longer forms a part of plans to tackle premature death and disease." The paper contains no reference to the strategy or the evidence based interventions outlined in it, such as minimum unit pricing. Instead, it presents the billion unit pledge as the key initiative for driving down harmful drinking and says that Public Health England has been commissioned to write a report on the public health effects of alcohol and possible evidence based solutions by March 2015. This, says Brown, represents "a major step backwards for tackling alcohol harm, as neither of these interventions are likely to have an impact on rates of death and disease."

Throughout its engagement with the responsibility deal the drinks industry "have acted purely in their own self-interest, as they always do," says Sheron. "It is the job of the industry to make profits, at least 75% of which come from sales of alcohol to hazardous and harmful drinkers, and they have a vested interest in preventing regulation. This was the reason they signed up to the RDAN, and very successful it has been for them.

"The losers in this game are the patients who will die unnecessarily of liver disease. Until we have a government that is more concerned with the health of citizens than the health of the drinks industry, nothing will change."

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