

5 September 2008

Consultation on Alcohol Misuse (CRE 1021),
CSU, Spur U5b Saughton House,
Broomhouse Drive,
Edinburgh
EH11 3XD

Dear Sir or Madam,

Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach

I am pleased to attach a response from the Nuffield Council on Bioethics to the above consultation.

In November 2007 the Council published a report, *Public health: the ethical issues*, a copy of which has been included in this response. The report included a case study on alcohol consumption. This response is drawn from the conclusions and recommendations made in that report, insofar as they relate to the questions posed in the consultation.

Consequently, only some questions have been addressed, relating to: promotions; below-cost selling; minimum retail pricing and minimum legal purchase age. Paragraph numbers have been provided, in order to indicate from where in the report the recommendations are derived.

I hope that this contribution is useful, and thank you for providing us with the opportunity to comment on this subject. Please do not hesitate to contact us if you require further information or clarification.

Yours faithfully,

Hugh Whittall
Director

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Professor Albert Weale FBA

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Professor Peter Smith CBE FMedSci

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Harald Schmidt
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Introduction

1 In its report *Public health: the ethical issues*, the Council considers the responsibilities of governments, individuals and others in promoting the health of the population. It concluded that the state has a duty to help everyone lead a healthy life and reduce inequalities in health. Our 'stewardship model' sets out guiding principles for making decisions about public health policies:

Concerning goals, public health programmes should:

- aim to reduce the risks of ill health that people might impose on each other;
- aim to reduce causes of ill health by regulations that ensure environmental conditions that sustain good health, such as the provision of clean air and water, safe food and decent housing;
- pay special attention to the health of children and other vulnerable people;
- promote health not only by providing information and advice, but also with programmes to help people to overcome addictions and other unhealthy behaviours;
- aim to ensure that it is easy for people to lead a healthy life, for example by providing convenient and safe opportunities for exercise;
- ensure that people have appropriate access to medical services; and
- aim to reduce unfair health inequalities.

In terms of constraints, such programmes should:

- not attempt to coerce adults to lead healthy lives;
- minimise interventions that are introduced without the individual consent of those affected, or without procedural justice arrangements (such as democratic decision-making procedures) which provide adequate mandate; and seek to minimise interventions that are perceived as unduly intrusive and in conflict with important personal values [para 2.44]

2 Complementary to the "stewardship model", the Council has proposed an 'intervention ladder' as a method of thinking about the acceptability and justification of different public health policies. In general, the higher the rung on the ladder at which the policy maker intervenes, the stronger the

justification has to be. A more intrusive policy initiative is likely to be publicly acceptable only if there is a clear indication that it will produce the desired effect, and that this can be weighed favourably against any loss of liberty that may result [para 3.37].

The intervention ladder

Eliminate choice. Regulate in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.

Restrict choice. Regulate in such a way as to restrict the options available to people with the aim of protecting them, for example removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.

Guide choice through disincentives. Fiscal and other disincentives can be put in place to influence people not to pursue certain activities, for example through taxes on cigarettes, or by discouraging the use of cars in inner cities through charging schemes or limitations of parking spaces.

Guide choices through incentives. Regulations can be offered that guide choices by fiscal and other incentives, for example offering tax-breaks for the purchase of bicycles that are used as a means of travelling to work.

Guide choices through changing the default policy. For example, in a restaurant, instead of providing chips as a standard side dish (with healthier options available), menus could be changed to provide a more healthy option as standard (with chips as an option available).

Enable choice. Enable individuals to change their behaviours, for example by offering participation in a NHS 'stop smoking' programme, building cycle lanes, or providing free fruit in schools.

Provide information. Inform and educate the public, for example as part of campaigns to encourage people to walk more or eat five portions of fruit and vegetables per day.

Do nothing or simply monitor the current situation.

Promotions; below-cost selling; minimum retail pricing and minimum legal purchase age

- 3 In respect to the above consultation issues, we recommend that evidence-based measures judged effective in the WHO-sponsored analysis *Alcohol: No ordinary commodity*¹ should be implemented within the UK [para 6.31].
- 4 These measures include coercive strategies to manage alcohol consumption, specifically in the areas of price, marketing and availability.
- 5 The report gives emphasis to the effectiveness of increasing taxes, restricting hours and days of sale and the density of outlets that sell alcohol, as well as the possibility of banning advertising. We also recommend that the effect of extended opening hours of licensed premises on levels of consumption, as well as on antisocial behaviour, is subject to extensive analysis, and as a result of such an analysis, appropriate responses are made under the guidance of the stewardship model and the "intervention ladder" [para 6.29].

¹ Babor T, Caetano R, Casswell S *et al.* (2003) *Alcohol: No ordinary commodity – Research and public policy* (Oxford: Oxford University Press)