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VIEWS AND REVIEWS

PRIMARY COLOUR

Helen Salisbury: Alcohol excess—time for new measures?

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In a recent issue of *The BMJ* I was struck by two articles on the same theme[1 2]: when industries make money from selling products that cause harm, can we expect them to contribute meaningfully to improving public health? One covered the World Health Organization's recent instruction to its staff not to engage with the alcohol industry when developing public health policy and to warn governments against such collaboration.

Alcohol is the UK's leading cause of death among people age 15-49 and is a factor in more than 200 illnesses.[3] In my surgery I regularly see lives and careers ruined by alcohol, families torn apart, and health destroyed.

Many other patients function well enough in the world but still experience adverse effects in the form of high blood pressure and weight gain. Most are quite surprised to realise how few glasses of wine or pints of beer will take them to their recommended weekly limit of 14 units—and by how much they're exceeding it.

I'm gradually becoming more aware of, and more uncomfortable with, the ubiquity of alcohol in our social culture. I enjoy a good glass of wine and have no wish to be a killjoy, restricting something that brings pleasure to millions, including me. But making alcohol so readily available and such a routine part of social events normalises unhealthy drinking. The constant presence of alcohol implies that we can't enjoy ourselves or talk to each other without its lubricating effects: surely too pessimistic a view of human nature. And we risk excluding or marginalising people who don't drink because of religion, health, or just common sense.

Aside from culture and availability, the other main factor that determines how much people drink is price.[4] The Scottish government has tackled this by introducing minimum unit pricing, and we await the evaluation of its results with interest. Some argue that this is regressive, affecting the poorest people most. By the same mechanism it can be predicted to reduce health inequalities, precisely by reducing alcohol consumption the most in poor populations.

What's stopping the UK government from making the same changes in England, Wales, and Northern Ireland, as promised in 2012? It may be unpopular with some voters—but so were restrictions on smoking in public places in 2007, which are unanimously hailed as a public health success. Admonishments to "drink responsibly" on advertisements for alcohol, which is all that's visible from the current collaboration, are unlikely to have much effect.

From my desk in the surgery, it looks as though the government is prioritising the interests of the drinks industry over my patients' health.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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1 Amies-Cull B, Briggs ADM, Scarborough P. Estimating the potential impact of the UK government's sugar reduction programme on child and adult health: modelling study. *BMJ* 2019;365:l1417. 10.1136/bmj.l1417 30996021
2 Torjesen I. Exclusive: Partnering with alcohol industry on public health is not okay, WHO says. *BMJ* 2019;365:l1666. 10.1136/bmj.l1666 30967412
3 Public Health England. PHE publishes alcohol evidence review. 2 Dec 2016. https://www.gov.uk/government/news/phe-publishes-alcohol-evidence-review.
4 Burton R, Henn C, Lavoie D, etal . A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. *Lancet* 2017;389:1558-80. 10.1016/S0140-6736(16)32420-5 27919442

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