



Health and Social Care Committee

Oral evidence: Prevention in Health and Social Care, HC 141

Monday 20 May 2024

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Watch the meeting

Members present: Steve Brine (Chair); Paul Blomfield; Paul Bristow; Mrs Paulette Hamilton; Rachael Maskell; James Morris.

Questions 413 – 450

Witnesses

I: Sir Ian Gilmore, Chair, Alcohol Health Alliance; Alice Wiseman, Vice-President, Association of Directors of Public Health, and Director of Public Health for Gateshead and Newcastle; Ailsa Rutter OBE, Director, Fresh and Balance.

II: Adrian Chiles, TV presenter and author of *The Good Drinker*.

Written evidence from witnesses:

– [Add names of witnesses and hyperlink to submissions]



Examination of witnesses

Witnesses: Sir Ian Gilmore, Alice Wiseman and Ailsa Rutter.

Q413 **Chair:** Good afternoon. This is the Health and Social Care Committee. There is a slight change to timing, because there is a lot going on in the House of Commons today, with a big statement from the Prime Minister downstairs. Thank you to our witnesses for being flexible and to those viewing slightly earlier than planned online.

Today is Monday 20 May we are in Committee Room 8 in the House of Commons. This is our third evidence session in our prevention inquiry workstream looking at preventing harm caused by alcohol, drugs, gambling and smoking. We have talked a fair bit about smoking in this Committee. Last week, members of this Committee were in Sweden talking about their smoking policies, and we were also talking about alcohol policy in Stockholm. Our guests are nodding, so I am guessing that they know a little bit about that world.

This session is going to focus on alcohol: its current use in England; its effects on health; and strategies and initiatives aimed at preventing harm caused by drinking alcohol. The broader inquiry is looking at harm caused by smoking, drugs and gambling, as I said. This is the third evidence session of this particular workstream. As I said when we did the last one, this was not the end. That was merely the start; this is the continuation. And now here we are with another group of witnesses. Who knew?

Let us introduce those witnesses. We have Sir Ian Gilmore, chair of the Alcohol Health Alliance. It is nice to see you again. Alice Wiseman is vice-president of the Association of Directors of Public Health and the director of public health for Gateshead and Newcastle. Ailsa Rutter OBE is director of Fresh and Balance. Ailsa, do you want to just tell those watching what Fresh and Balance does? It is not as obvious as the last two I introduced.

Ailsa Rutter: Thank you for the honour of our coming to the Committee today. We really appreciate it. Fresh and Balance is a regional tobacco and alcohol programme based in the north-east of England. The Fresh bit concentrates on tobacco—that launched in 2005—and Balance for alcohol launched in 2009. It recognises the scale of harm of both tobacco and alcohol. More latterly, it is really positioning alcohol much more closely to tobacco, knowing that it is a class 1 carcinogen. We are funded by our local authorities in the north-east and are working at population level.

Q414 **Chair:** So you are partly funded by the lady sitting to your right.

Ailsa Rutter: Yes, indeed.

Q415 **Chair:** That is the accurate way of looking at it. This is the first session of today. In our second session, we will be talking to the broadcaster Adrian Chiles. Many people will be listening and I hope that you get a chance to listen to a little bit of that.

Let us start with you, Sir Ian, if I may. We had a little bit to do with each



other back in the day when I was doing the public health job in government. I just wanted to touch on, first of all, the 2020 Commission on Alcohol Harm. Was that somewhat overshadowed by the pandemic? How do you reflect on that commission now? How well has it aged?

Sir Ian Gilmore: Factually, it is still an incredibly useful source. As you say, it was eclipsed at the time, but we learned a lot of lessons from it. We learned, for example, the importance of narrative in that report. Some really harrowing experiences were reported. Statistics should not be the only way of getting our messages over to the general public. We learned a lot about the impact of alcohol in areas that you would not necessarily think of at first, such as domestic violence, foetal alcohol syndrome, or homelessness.

It has not really been superseded in any meaningful way. We now have the Scottish Government's review of minimum unit price, which adds another dimension to it, but it is still a valuable source. Interestingly enough, the many parliamentarians who were involved became so committed to it that the commission continues. We are just thinking of the next little job for them to do.

Q416 **Chair:** If we look at ONS data published this month, May 2024, the highest number of deaths from alcohol-specific causes in the UK were in 2022. Those figures do not lie. Does this call for a renewed alcohol strategy?

Sir Ian Gilmore: It absolutely does. The last strategy that we had was in 2012. It was, sadly, watered down considerably, including with minimum unit price being dropped out of it at the 11th hour. We desperately need a much clearer vision of where we want to go as a nation. It is a difficult time politically with an election coming up, and we would see value in having an independent review. If one were set up now, prior to the election, there might well be a really substantial piece of work with appropriate advice waiting for the next Government.

Q417 **Chair:** Why do you think MUP was dropped at the last minute in England? By the time I was in the Department, from 2017 to 2019, it was not popular, but this argument goes way back.

Sir Ian Gilmore: I cannot give you an evidence-based reason, but there is no doubt at all that the alcohol producers and retailers were not keen on it. I am sure that there was a lot of lobbying going on. David Cameron made a U-turn on it when he stood up and said, "Sometimes in life, it is important to do the right thing rather than the popular thing" specifically about MUP. I was just reflecting that the Secretary of State for Health at that time was not at all keen on MUP, and the responsibility for alcohol was moved at the 11th hour from the Department of Health to the Home Office. It still sits with the Home Office, and that is something that could be looked at by any review.

Q418 **Chair:** Do you think that it should go back?



Sir Ian Gilmore: On balance, yes, but it is a cross-Government issue. It affects the Treasury. It affects transport, crime and disorder, as well as health. There are so many Departments, but, if it were to have one home, we would see benefits in it moving back to health and social care.

Q419 **Chair:** That is interesting. Thank you for that. Alice Wiseman, the Government's statistics say that alcohol harm is especially prevalent in the most deprived local authority areas. You have deprived wards within your borough. What are your thoughts on how preventative measures, which is what this inquiry is about, can be targeted in Gateshead and Newcastle to tackle the issue?

Alice Wiseman: We know that numbers of deaths from alcohol are four times greater in more disadvantaged communities. What is even more compelling in terms of needing to tackle this is that there is an alcohol paradox that those in the most disadvantaged areas do not necessarily consume above the levels of those in the most affluent communities, yet they experience greater levels of harm.

You are right. If you look at the data that was released earlier in the month, the rate across the UK is around 16.5 per 100,000. In the north-east, it is nearly 22 per 100,000, so significantly higher than in other parts of the country. I have no doubt that that is linked to increased levels of deprivation.

There is the opportunity, as Sir Ian has mentioned, to make a comprehensive strategy. There is so much work that we can do at a local authority level. The work that has been done with the Joint Combating Drugs Unit that has invested in treatment services has enabled us to provide treatment to those people who require it, but what we really need is population-level action, and this requires action at a national level.

Q420 **Chair:** We will come on to that in a minute when James Morris talks about population-level action. Let me just bring in Ailsa, so that she gets to kick off as well. You are the only regional alcohol harms programme, and you are up in the north-east, so does that not contradict Sir Ian's point about the need for a national alcohol strategy? Areas are different, and that was the whole point, of course, of health devolution and directors of public health. Discuss.

Ailsa Rutter: I absolutely and firmly believe in the role of regional programmes. It adds great value to the work that the local authority teams do, as well as the really important work that our NHS trusts do. The missing link at the moment in comparison with tobacco is national action and national regulation. That would greatly enhance the work that we do as a region.

Balance follows a very clear evidence base and looks very closely at what the WHO recommends, but one of the key things that we pride ourselves on is the decades' worth of experience around the right to know, along



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with the fact that we are the only people who are delivering any media campaigns, a recent example being Alcohol is Toxic. We are able to do that through the leadership of our funders, but it is, understandably, a drop in the ocean when we think about the David and Goliath that we are up against of the alcohol industry's multi-billion pound advertising and this sense of promotion, with alcohol being so endemic in society.

The impact that we can have would be much more greatly enhanced if we had the level of regulation and the cross-party support that we have built up. The collective leadership around tobacco in the last 20 to 25 years is really why I am here today. If we are going to end smoking, which I believe everybody in the room wants to, we must have much more focus on alcohol. The industries behave so similarly.

Chair: So you would concur with us putting them together in this piece of work, and it is no coincidence. Let us bring in James Morris to talk population.

Q421 **James Morris:** Sir Ian, to my knowledge—you probably know more than I do—over the last 25 years, there have been two main reviews of alcohol strategy in the UK. One was done at the beginning of the 2000s. Both of them focused on a harm reduction strategy, broadly. Has that had any traction in terms of improving the harms associated with alcohol?

Sir Ian Gilmore: I was involved with both of them. I have to say that they both studiously avoided the big evidence-based policies around price and marketing. You could argue that they went for some low-hanging fruit, such as abolishing closing time so that Londoners could have a glass of wine after the opera. The unforeseen consequences of that sort of policy were frightening. We have to go back to availability, price and marketing, and neither of them really tackled those at all.

Q422 **James Morris:** On that basis, what is the evidence base on population-level intervention from around the world or from other areas? If we focus on the unit price, which we are going to come on to, and on availability, what is the evidence base in terms of reducing all the on-effects around health, crime and so on?

Sir Ian Gilmore: The evidence is overwhelming internationally. You do not have to look any further than Mediterranean countries such as Italy, France and Spain, which used to be way above us in per capita consumption. They have come right down over the last 20 to 30 years, and we are overtaking them in terms of harm. In every country that you look at, these are the key drivers.

There are other things that can be done. The drinks industry will always say that it is nothing to do with price or availability, and that we need to change the culture, but national policies can change culture. Because alcohol has progressively become so much cheaper in off licence outlets, we have been turned into a nation that drinks mainly at home. That culture has been driven by the cheap availability of supermarket drink.



Q423 **James Morris:** So you think that, in terms of targeted population intervention, it is in that area that we need to do things.

Sir Ian Gilmore: I do. There are still the WHO best buys to reduce alcohol harm and prevention. We are 100% behind those three. There are other things that you can do. There are simple things such as putting alcohol in a particular area of a supermarket, so that you have to make a conscious effort to go and get it, rather than having a special offer at the end of every aisle, as we have in England. Scotland and Ireland have done that, for example.

There are other things that can be done, and it all helps. We say repeatedly that minimum unit price is not a magic bullet on its own. It is one way of tackling price, and its benefit is that it preferentially targets heavier drinkers but works in a complementary way with duty, for example.

Q424 **James Morris:** Ailsa, do you see this move towards home consumption and the impact on that? What is your view about what needs to be done?

Ailsa Rutter: Yes, we do indeed. The fact of the matter is that it is just so cheap for the younger generation to be able to, for example, preload before they go on a night out. What just really strikes me now, with a young daughter, when going into a supermarket, is the fact that, on so many aisles, alcohol is in your face. There are simple things. For mother's day—and father's day is also coming up—it is really difficult trying to find a gift or a card that does not have alcohol on the front of it. These are all triggers.

In the north-east, we have around half of our adult population drinking at levels of increasingly high risk. If you are trying to cut down, we are hearing from a lot of people in the north-east that it is really hard to cut down if you are in recovery. There are so many triggers, every which way you look, that are almost screaming out to you, "Have another drink".

These measures are incredibly important. Things that we have done on tobacco, such as putting cigarette packs and point of sale displays, et cetera, out of sight, are all important steps along the way in terms of reducing the social norm aspect. I would very much welcome what Sir Ian said.

Q425 **James Morris:** Alice, over the last period of time, Governments have separated alcohol from drugs strategy. Is there an argument for the two being seen in the same strategic light?

Alice Wiseman: From an addiction perspective, addiction cuts across both of those substances but, for alcohol, you do need to have that broader approach that looks at population-level prevention measures, and that makes a difference. Sometimes when we link it too closely to drugs we lose the focus that we could have on alcohol. There are opportunities. We certainly would not have people who were selling drugs



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sat around the table in developing our policies. There is something about thinking about alcohol and alcohol producers in the same way.

Q426 **Rachael Maskell:** Thank you ever so much for joining us today. I want to start by just taking a broader look, particularly at policy, because what we want to do is make some recommendations to Government, as well as to get the incoming Government thinking.

In particular, a common theme has been advertising. We have seen the stringent measures that Government have brought in around tobacco, and we have been looking at vaping as well, such as plain packaging, health warnings, and getting rid of colours and descriptors.

When we look at alcohol, it is increasingly following a pattern of targeting its marketing particularly at younger people as well. How far should we go in looking at the whole advertising industry in terms of regulating and, indeed, restraining what it does?

Sir Ian Gilmore: It just typifies how alcohol is around us every day. Indeed, it is a social inequalities issue. Those children brought up in poorer areas are exposed much more to billboards, advertising and outlets for alcohol than children from better backgrounds. We have to look at alcohol. It is part of driving the culture. The advertising really does make a difference. As you say, they focus it now on young people. They focus it on women. Rather like smoking, women have been gradually catching up with men, although the harm is still probably about twice as great in men than in women.

Like MUP, tackling advertising is not a magic bullet. At sports events, individuals are just bombarded by it. In France, there is a complete ban on broadcast advertising of alcohol. There is a complete ban on sports sponsorship. We really need to look very hard at those international comparators.

Q427 **Rachael Maskell:** Alice, could you particularly address the issue around the target audiences and how far we should be going with advertising restraints?

Alice Wiseman: I completely agree with Ian. Marketing normalises consumption and fosters positive attitudes towards alcohol. Just on our way here from King's Cross, we walked through one of the tunnels on the tube, which is branded with Heineken, linked to the women's football. What it was telling women all the way through was that, if you want to be part of this, you need to be drinking alcohol, particularly Heineken in this context. I would suggest that you go and have a look at that tunnel, because it was really quite mind-blowing as we got off the train.

Alcohol appears in half of all TV broadcasts. We know that 98% of UK popular reality TV includes alcohol consumption. We know that exposure to marketing leads children to drink earlier. More than 80% of 11 to 19-year-olds can recall exposure in the past month. These are really stark figures.



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We also know that there is more marketing in more disadvantaged areas, and so, picking up your earlier point around inequalities, we know that this is normalised. We know that there is lots of public support for restrictions on marketing. If we look at the work that has been done on tobacco over the last two decades, you can correlate action in the adult world to young people and children smoking, and to the prevalence of smoking early. Action in the adult world protects children and young people from harm.

We were looking at data that we have recently from the north-east, and a significant proportion of people who were interviewed through Balance supported pre-watershed bans. Some 70% of Brits support that; 77% support measures to protect kids. There is public support for this. If people have the opportunity to really make genuine choices without being influenced by marketing, that really could be quite significant for us.

Q428 Rachael Maskell: I want to move on to the issue of availability as well. Having just returned from Sweden, we know that alcohol products cannot just be bought anywhere. They can be bought in a specific place at a specific time, so it does really restrict people's choices. People also make a positive act to then go and purchase what they choose. It is not restrained in the quantum that people can purchase. Would such a policy have an impact here?

Secondly, from visiting corner shops in my constituency, I know that many are now putting alcohol behind the shelf, because they do not want people to steal it, basically. It is for a different reason. Should we follow what we have done with tobacco products and put them out of sight and out of mind?

Ailsa Rutter: Yes. There is certainly much more that we could do, and there is a really strong correlation between alcohol availability, consumption and harm. The fact of the matter is that, as you were saying, you can get it everywhere, even in petrol stations, for example. It does seem really quite bizarre how freely available we have made alcohol. We also know that the availability of it directly correlates with levels of crime. In Scotland, neighbourhoods with the most alcohol outlets had crime rates over four times higher than neighbourhoods with the least.

The hours of sale also have an effect. We have seen positive measures taken in Queensland, Australia, for example. Bringing forward some of the alcohol licensing earlier has seen a significant drop in crime from nightclubs opening later on, etc. It just seems at the moment that there is a presumption to grant alcohol licences. I will defer to Alice in a second, but it is really hard to be able to say, "Hang on. We have enough alcohol licensing in our area," because of some of the weaknesses in the Licensing Act. As Balance, we just believe that it is disproportionately available in too many places.



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Alice Wiseman: The Licensing Act is permissive. When we are looking at granting a licence at a local authority level, we are looking at proving that there is going to be some level of harm, which is very difficult to do prospectively, especially as health is not one of the criteria that we have.

The Licensing Act was designed to tackle and address the pub culture, but we have seen that the harm is more about people who are drinking excessively, drinking at home and buying from supermarkets. It does not allow us to tackle that, because it is very difficult to tie an off-trade premises to a problem that has happened in somebody's home several hours later.

There is something about having a look at the Licensing Act and potentially thinking about off and on-trade differently. There are lots of people talking about the importance of hospitality for various reasons, but it does not have to be mutually exclusive in terms of availability of hospitality and tackling alcohol harm.

If we look at off-trade sales, we know that areas where there are higher levels of density have higher correlations in terms of hospital admissions and death. We know that children in the most deprived communities are five times more likely to have off-trade within their areas. There is something about whether the Licensing Act could be amended at a future point so that it looks at off and on-trade separately.

Q429 **Rachael Maskell:** Should DPHs have a role as a formal consultee within the licensing process?

Alice Wiseman: We already do. I am a responsible authority. We have a way of looking at where they are asking for it and at the harm, but we currently have to tie it to the licensing objectives, which do not include harm. While I present my licensing committee with health data, the members cannot take that into account when they make the final decision.

I can tie it to things such as protecting children from harm. The example that Ailsa gave before about extending hours of sale is one of the reasons why my local licensing committee in Gateshead has refused to give a licence that sold alcohol from 8 am, because we knew that the harm would be when children were coming home from school.

Q430 **Rachael Maskell:** So strengthening that role could be quite important. Sir Ian, do you have anything to say about availability?

Sir Ian Gilmore: As you may know, my background was as a liver specialist. When my patients at the Royal Liverpool Hospital with severe alcohol-related harm were well enough again to get their dressing gowns on, they would walk over the road to a corner shop and buy alcohol. I would just love to see public health and alcohol being allowed as a licensing objective.

Q431 **Paul Blomfield:** I want to come to the issue of minimum unit pricing,



but I wondered if I could just ask a couple of questions on advertising. Alice, you said that we should be concerned about home drinking rather than the hospitality sector. I take your point and argument there, but are there areas of the hospitality sector that we should be particularly concerned about, such as those that are encouraging high levels of consumption over short periods?

Alice Wiseman: Yes. There is something about thinking about those promotions that are encouraging harm. Certainly bottomless brunches and that type of activity could be looked at. With hospitality, there are some safeguards in place because, in theory, you can revoke somebody's licence if they serve somebody who is intoxicated.

As a local authority, with the right resources to be able to go in and manage those situations, you can take action against those individual premises that are acting irresponsibly. The issue that you have is that you cannot take that same action in terms of the off-trade because, like I say, you could go into a shop and buy 10 bottles of wine, and nobody would question what you were doing.

Q432 **Paul Blomfield:** Ailsa, I wonder if I could ask a question about advertising and young people, which you touched on. Intuitively, the case for the correlation between advertising and young people's behaviour seems unarguable, but there is some evidence that young people are drinking less. How do you square that?

Ailsa Rutter: The jury is still out. Certain cohorts of young people are quite possibly drinking less, and their generation is probably more health-oriented, but that does not mean that there are not still significant numbers of young people who are drinking quite excessively, particularly when they are going off to university, etc. I know just how inappropriate the marketing is that is happening to 18 to 19-year-olds with this norm straightaway around alcohol.

Thinking about the impact on the older generation, from Balance's perceptions and alcohol studies that we are doing in the north-east, it is our generation—45 to 54-year-olds—who are drinking really at quite significant and increasing levels of harm, which has an impact on their family.

It is fair to point out the level of alcohol advertising and the lack of any awareness raising. As I mentioned earlier, Balance is the only place that is able to do the media campaigns. There is a low level of awareness in the public that alcohol causes seven types of cancers.

Just recently, in our Alcohol is Toxic campaign, we had fantastic support from a breast cancer specialist nurse, Caroline Tweedie, who spoke about the devastation of having to break the news to a woman that she has breast cancer and about the minimal awareness that one in 10 breast cancers, sadly, are caused by alcohol, and about the right-to-know aspects.



When we think about advertising, I would also like to say that there are some minimal things that we should be doing, such as mandatory labelling on the bottle. There is no information on those bottles, unlike the very clear information that we now have on cigarettes. The public want to know. The reception that we have had in the north-east from our Alcohol is Toxic campaign has been phenomenally high. They want the truth, and the role that we have is to tell people the truth.

Sir Ian Gilmore: If I may add to that point, I was reminded of the recent WHO report in which British children were top of the league of 44 nations for drinking—a third of 13-year-olds and half of 15-year-olds.

Paul Blomfield: That is shocking.

Sir Ian Gilmore: I am sorry to interrupt.

Q433 **Paul Blomfield:** No, not at all. I was about to ask you a question. Going to minimum unit pricing, the evidence seems to be fairly overwhelming. Public Health Scotland has said that it has had a positive impact on health outcomes. There seemed to be a direct correlation in Wales when minimum unit pricing was introduced, with sales falling. Yet the Permanent Secretary of the Department told the Public Accounts Committee last year that the results “are currently unclear”. How would you respond to that, Sir Ian?

Sir Ian Gilmore: I think they were unclear to him. Alice, you were there then, and you were clearer. The assessment of the policy changes in Scotland has been gold-standard research, carefully peer-reviewed, and has given a very clear answer. It was interesting that, when they were debating the elevation of the price, there was cross-party support. All the parties—SNP, Conservative and Labour—supported that, so we have a very good example on our doorstep.

Q434 **Paul Blomfield:** What would you say to those who say that one of the problems with minimum unit pricing is that it might target heavy drinkers, but, when we are talking about equality issues, it also impacts hardest on those who have lowest incomes?

Sir Ian Gilmore: That was a source of concern in the Scottish data, and one that the drinks industry jumped on with great alacrity. These were people at the severest end of alcohol dependence who were seeking access to treatment services. What they need are proper treatment services, because those are woefully inadequate, but I know that that is not part of your brief here today. To me, that means that certain groups need particular treatments, but it does not take away from the fact that alcohol targets the heavier end of the spectrum where the most benefit can be obtained. About 40% of alcohol is being drunk by people who are drinking well above recommended limits.

Q435 **Paul Blomfield:** So you are absolutely clear that minimum unit pricing is an important part.



Sir Ian Gilmore: It is an important part. It is not the only part. It really complements duty very well. I was looking at the data recently, and I remain impressed by the data. When the Labour Government brought in a 2% increase in duty in about 2008, ahead of inflation, we saw deaths plateau for the very first time.

Q436 **Paul Blomfield:** Alice, it looks as if you are bursting to come in on the issue.

Alice Wiseman: We need to learn from the story of tobacco. Minimum unit price is really important, but it is important as part of a coherent strategy. This is why we need action at a national level. It also focuses on reducing the availability of really cheap, high-strength alcohol and targets those off-trade premises that are selling it.

The other point that I wanted to make was that, for those who are moderately drinking, it does not make a great deal of difference in terms of their financial impact. It is a targeted measure for those who are in the most disadvantaged groups. More lives were saved in the bottom 40% for deprivation, and it was that shifting of population-level consumption, with a 3.5% reduction in sales at a population level in Scotland during the time of their evaluation.

Adding all of these things together, in the same way that we have with our journey on tobacco, will make a difference in terms of overall prevalence of harm at a population level. It is a whole range of measures that are needed and, as Sir Ian said, from an addiction perspective and for those who are dependent drinkers, the work that we have been doing as part of the Joint Combating Drugs Unit to make sure that we have robust treatment services for those who require addiction support means that we are able to support those at the end. If we could stop people from getting there in the first place, that would be even more important. Minimum unit price has to be one of those tools, if you like, in our toolbox.

Paul Blomfield: Thanks very much. Ailsa, I would love to bring you in, but I think we are probably running out of time.

Q437 **Chair:** You think correctly.

Ian, we talk many times about these issues. We were talking about the holiday bore who goes on about where they were last week. It was not a holiday, FYI; it was jolly hard work and we found what is happening in Sweden fascinating. They have a complete state monopoly of off-sales and restrict behaviour by restricting availability. They admit that they could never start from here. They have had it since the 1950s. Would we have a prayer of starting such a thing here?

Sir Ian Gilmore: I would have to ask a politician that.

Chair: What a politician's answer, if I may say, but a good one.

Sir Ian Gilmore: It is fascinating that you found the visit so remarkable.



Q438 **Chair:** I am all for channelling my inner nanny state and just trying to take on big health. How interventionist could we be? In order to really move the dial on smoking, we had to be very interventionist to finish the job, in the words of the Khan report. How interventionist should we be?

Sir Ian Gilmore: There is no doubt that, if one went straight to the Swedish citizen, there would be all sorts of nanny state arguments and individual choices being interfered with, but no one volunteers or chooses to become alcohol dependent. It is such an awful disease. We are not talking about something that just affects a few people in society. There is hardly a family that has not been touched by alcohol harm in some way. That is probably why we have been so surprised that the polls that we have done have been so positively behind action. It may not be replicating Sweden on day one, but it might be easier than we imagine.

Chair: There is a positive note to end on. Thank you very much for your time, Sir Ian Gilmore, Alice Wiseman and Ailsa Rutter. We will switch over to our second panel and I will introduce as we do that. Thank you very much for your time. If you could exit stage right, you are very welcome to take a seat behind you and listen to the second half. We will produce our report in due course and I am sure that you will be following that with great interest.

Examination of witness

Witness: Adrian Chiles.

Chair: For the second half of this session, we have about half an hour or so to talk to Adrian Chiles, who will be well known to Members and to people watching this web stream. He has been presenter of “The One Show” and “Daybreak”, and chief presenter for football coverage on ITV Sport. He has presented “Working Lunch”, “The Money Programme” and “Match of the Day 2”, and currently works for BBC Radio 5 Live. Adrian, it is lovely to see you. Thank you so much for coming in.

Adrian Chiles: Not at all.

Q439 **Chair:** We first met shortly after I had left office as Public Health Minister and I helped you with the documentary, “Drinkers Like Me”, which aired on the BBC in February 2021. You subsequently wrote your book, *The Good Drinker: How I Learned to Love Drinking Less*, which came out in October 2022. You very kindly gave me a copy, which I read with great interest. That is why I was so interested to hear you come before the Committee.

On the back of your book is a great quote—that is why it is on the back of the book, I guess—which says, “If I lined up all the drinks I’d drunk in a 40-year drinking career, stretching back to my mid-teens, that line would be around three miles long. More shocking than that, though, was the



figure I got to when I considered how many of those drinks I could have done without. Or, put another way, how many of those had I really enjoyed, wanted or needed? I reckoned it was no more than a third of them. What a waste”.

What led you to speak so publicly about your drinking journey, Adrian?

Adrian Chiles: In short, it was initially in desperation to get somebody to let me make a documentary about something. I very quickly realised that I was on to something. I just asked myself some searching questions, thinking, “I drink a lot, but I am not like this image that we all have of the alcoholic.” I was high functioning. I was not waking up in a skip or a shop doorway, or fighting or doing anything bad.

On the other hand, how could I say that I was not, in some way, dependent? I could not remember the last time that I had not had a drink during a day. I did not have a massive amount to drink. I never got drunk. I never got ill. I never misbehaved. I would just drink something every day.

I just realised—there is absolutely a place for this—that most coverage and TV documentaries concern themselves with the money shots and the blue lights. There is absolutely a place for that, and it is the kind of thing that Ian deals with—alcoholic liver disease and so on. Most problem drinkers do not fall into that category, but that does not mean that they do not have a problem.

The single biggest reason why I became passionate about it, or started to learn more about it, was the first or second day’s filming. That was on a Sunday. On the Saturday, I had been to see my football team, West Brom. I had had a few pints in the pub beforehand. I did not drink anything that afternoon. I got the train back to London and went to a 40th birthday party. I had maybe a couple of pints and some wine or prosecco there, and then another couple of drinks later on when I really should have gone home to bed, but it was fine. It did not feel like a heavy drinking day to me. With the camera pointed at me for the first time in my life, I counted my units. I had drunk 38 units in one day, and it did not even feel like a big drinking day to me. I just thought, “Hang on. This is serious. I really am drinking a lot here”.

As part of the programme, I went for a liver scan. There was some suggestion of fatty tissues around it, and my numbers did not look good. The hepatologist said to me, “Something has to change here”, so that focused my mind somewhat.

Q440 **Chair:** Your work has helped a lot of people focus their minds. You talk about the font size on products. The smallest font size is 8 as opposed to the 10 or 11 that is considered optimal for being legible. You talk about that in the Commission on Alcohol Harms that we were just talking to Sir Ian about. You talk about how you did not realise that you needed reading glasses until you were trying to read silver on white on the back



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of a lager can. They put this on there because they have to, but who on earth could see it? I wondered if you could expand on that.

I also love the way that you speak about how nobody goes into a pub and says, "I need to go to drinkaware.co.uk; I will just check that before I carry on with the session". Therefore, how effective is all of that good work?

Adrian Chiles: Even libertarians like Chris Snowdon will agree with me on this. He does not think that we should legislate or stop people drinking, but they should have complete information. There is no complete information on there. If it is so small that you can barely see it, it is not complete. If you have it on a can or a bottle, you should say how many units are in there, in big letters that you can see. It should be on the pumps in a pub where the lager or the bitter is dispensed. It should say on there, not the alcohol content—4.6% or whatever—but, "In half a pint, there are this many units. In a pint, there is twice that." It should also mention the calories on there.

There are all sorts of anomalies. This might have changed, but I do not think it has. If you buy a bag of crisps to go with your pint of lager, it has to say how many calories are in the bag of crisps, but you do not have to put the number of calories contained in a can of beer. Interestingly, if it is non-alcoholic beer, you do.

Chair: So we are saying that you have to put some things on there, but they are so small that they are illegible. There are then things that are not on there that you are saying should be. That is really interesting, and thank you for speaking up in the way that you have. I am just going to bring in some other Members and give them a chance to speak to you.

Q441 **Paul Blomfield:** I am really interested to follow this through. When I go into a shop to buy a sandwich, I always look at the traffic lights. Frankly, if there is a red traffic light, I do not buy the sandwich. Clearly, I am not going through that same process when I go into a pub. To some degree, providing that sort of information that you describe might lead people to choose one product more than another, because less strong alcohol is not going to get flagged to the same degree, but is that the reason that you are making the case, or is it because it is part of a widening awareness of the levels of units consumed?

Adrian Chiles: It is a widening awareness. If you saw the units expressed more widely, more people would be clear of what a unit is. I know that Steve is one of the people who would say, "Nobody talks in terms of units", and I get that, but I know a lot of highly intelligent people who say, "Units—what are they? It is so complicated." It is not that complicated. I know people who can split the atom but who would still say, "I do not really understand units." The more they are out there, the more people will be familiar with them.

In a way, it is not really my area. The longer I went on with it, the more I realised that it was about just changing the way that you think about it. I



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get to speak to a lot of people. People will stop me in the street all the time and want to talk about drinking. Steve very kindly mentioned the line from the book. I lined up all the drinks that I had drunk in my life, and they were three or four miles long. That is too much alcohol to put through your system, undoubtedly. The tragedy for me is that, if I ask myself how many of those drinks I really wanted, needed or enjoyed, it is only about a third.

I sometimes say this to people, and it is probably the wrong thing to say. I said it to a guy at a West Brom match just after the programme came out. He said to me, "I drink 50 pints of lager a week. Do you think that that is too much?" Absurdly, I started adopting the tone of the urbane modern doctor, going, "Well, you might consider cutting down." What I said to him was, "Look, if you are loving the bones of every one of those 50 pints, who am I to tell you not to drink them? But are you? Really, are you?" The answer that you normally get is no. If you are like me, you are just drinking for the sake of drinking.

The other revelation, more through writing the book, was that I realised that the change of state is achieved by only the first drink. It is only the first drink that matters, and that gives you a change of state. For whatever reason, whatever is going on, whether or not you are slaking your addiction more than your thirst, the first drink gives you a change of state—you may feel better about things—but the second drink less so and the third drink hardly at all.

If you drink and drink, every drink that you have is just a vain, hopeful, hopeless and doomed attempt to recreate the feeling that that first drink gave you. First, I believe that that is true and, secondly, it has really helped me to think, "Do I want another one now? How much better is that third drink going to make me feel than the second?" I just think that that is an important thought to hold on to.

A therapist I spoke to for the book, who talked me through this, rather undermined her own argument and asked, "Yes, but what about if you drink for oblivion? What then?" I said, "If you are drinking for oblivion, that is something different, and I do not really know what you do about that." I came to love drinking less. Moderation will give you a lot of things, but it will not give you oblivion, unless something goes very wrong. That is probably something a bit different.

The other big thought that I try to put into people's minds is that I found myself asking myself more and more, "Why do big drinkers think that they can drink with impunity? Why do they not think that the rules or the guidance applies to them?" It just became clear to me that big drinkers, which is what I was, should be asked the simple question, "What percentage of all drinkers do you think are drinking 14 units or less a week?" The answer that you will get usually is, "None. Maybe 5%."

The answer, which is contested, because it is notoriously difficult to get the data, is 70%. Even if you look at the margin of error, we can agree



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pretty safely that more than half of all drinkers are drinking moderately. That is a big thing to bear in mind, because most drinkers will sit there in a bar and say, "Everybody drinks all the time. Everybody drinks like me." It is that power of social norming. It is very powerful, compounded by the fact that most drinkers like me would surround themselves with other drinkers.

When I went to university, I came to London from the midlands. In the four years that I was at university in London, I made roughly 30 friends and acquaintances. By an absolutely astounding coincidence, every single one of them was a drinker. I sought those people out. They sought me out. To this day, I will meet them. We meet for a drink. That is what we do. We think that everybody is like that. That is the way to convince yourself that you are fine just to carry on drinking.

Q442 **Paul Blomfield:** That was an interesting point about positive social norming. That is particularly true, or has traditionally been, at the point that people go to universities, as you describe. This is what you do. There were some American universities that did some work on positive social norming around the fact that most people do not drink. It had a surprisingly good effect.

Adrian Chiles: That is really interesting.

Q443 **Paul Blomfield:** Can I push you on another issue? You have been in a unique position to come to terms with your drinking. One of your answers in terms of what we need to do is better understanding of units and, with that, the consequences. What else should be done to change behaviour? What sorts of interventions can Government make in particular? You have a big background in sport. There is an association between sport and alcohol, particularly with young people. Do you have any thoughts in that area?

Adrian Chiles: It is not my field really, in terms of messaging. It is not nudge economics, but just nudging people into something. A better message, instead of, "You must drink no more than 14 units a week"—and I know that that is not exactly what the wording is—would be more along the lines of, "Be like the vast majority of drinkers. Drink moderately, 14 units or less a week." That would be a useful tool.

I noticed that Sky Bet—I am no fan of the betting industry—does something similar on the hoardings around football grounds. I think that I am right in saying that I have seen an advert saying, "Be like most of our gamblers and bet responsibly".

Q444 **Paul Blomfield:** That is an important point, because it is a subliminal way of encouraging betting. What about taking the association with sport and drinking away altogether in terms of advertising and sponsorship?

Adrian Chiles: I probably would do that, but where do you stop? If you take gambling away, most of the money going into football disappears, as far as I can see. In the end, I just do not think that the toothpaste is



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going to go back in the tube on that one. We are stuck with it. Maybe there is a way of tackling it, but it is more about changing the mindset.

I think a lot about the term "alcoholism", and I have almost given up railing against it. Looking at people who want to tackle their drinking and know that they drink too much, there is this idea of extremely heavy addiction that we know as alcoholism, because we call it an "ism". You are not a "heroinaholic" if you are a heroin addict. You are not a "smokeaholic" if you are a heavy smoker, but we call alcoholism an "ism". There is some evidence that it is a disease. I will not necessarily get into that. I doubt it, but there you go.

It is just much more helpful to look at it this way. If you drink alcohol at all, you are taking an addictive drug. If you drink 14 to 20 units a week, you are a little bit addicted. If you drink 50 to 100 units, like I did some weeks, you are very addicted. If you drink north of 100 units a week, you are dangerously addicted. You are on that spectrum.

One of the issues with having it as an "ism" is that an awful lot of time is wasted. I have been asked this a million times. "What do you think? Am I an alcoholic? Do I have this 'ism'? Do I have this disease?" That came from a good place, taking the blame and the shame away from people saying that it is a disease. I get that, but so much time is wasted on trying to work out whether you have that "ism" or not. That holds people back, because connected with the idea that it is an "ism" is this idea that the only way that you can tackle it is to just stop completely, because there is no other way of dealing with this excessive consumption or the "ism".

That really does put people off and frightens them off from dealing with it. Do not get me wrong: for some drinkers, it is an absolutely appropriate way to give up completely for several months or a year, or forever. I get that, but there is another way.

Also, people get hung up on the 14 units. If you are drinking 50 or 60 units a week, the truth is that you are going to struggle any time soon to get down to 14 units a week, but that is not to say that you should not try. As I understand it, in the way that the harm curve works, if you get down from 50 to 30 units a week, you are doing yourself more good relatively than going from 30 to 10, because the harm curve steepens.

Chair: It is a big day here, Adrian. With your broadcasting head on, you will recognise that time is not on our side. We have to try to finish at about 5.10 pm today in order to get down to the Prime Minister for what I am sure you will be talking about on your programme, as everyone is who is broadcasting today.

Q445 **Rachael Maskell:** What you had to say there is really interesting. There are two models. There is abstinence and harm reduction, and you are very much in that harm reduction space. The big question that we are looking at is how you get people to stop and think, "What am I buying



for?" It could be just buying a bottle of wine on your way home every night, and then you get home and drink that bottle.

How do you change those behaviours? From your own experiences, what are those big interventions? Are they messages? Is it about public health, as we have heard? Is it about the amount of money that you are spending? What are the interventions that could make you say, "Before I buy that bottle of wine again or have a couple of pints, this is going through my mind"?

Adrian Chiles: In terms of the information on there, there is the price of it, and perhaps the calories therein. Doing a job on yourself the following morning is really important, and thinking, "Hang on. How much of that whole bottle of wine did I really enjoy?" It is nudging people towards that sense.

Also, it really did take me a long time to realise that less is more. The less you drink, the more you enjoy it. It might sound obvious, but drumming that in is important, and telling people, "You can drink less and, if you do not get down to 14 units, getting from 50 to 25 or 30 would be great". Marginal gains are available here.

There is one thing that is really important. I have never got to grips with what the truth is on this, but a number of people say to me, "I have an issue." I say, "Go and see your doctor," and they say, "I don't want to." I ask why not and they say, "Because I do not want it on my medical records." I say, "That is confidential," but, in a way, is it?

Mothers, if they have a big problem, might say that they would be worried about getting their children taken off them or something unnecessarily. As I understand it, life insurance can go to your GP and ask for your medical records, and I am asking you the question now, but I think that they then have to divulge what is in your medical records.

Rachael Maskell: It is a big debate here.

Adrian Chiles: Okay, so I am sure that you have thought about this, but that is a real tragedy if that is in people's minds. I have told enough people, "Oh, don't be silly. Just go and see your doctor," and I thought, "Hang on, how silly were they being?"

Chair: That is a very good point.

Q446 **James Morris:** We obviously have a culture of drinking in this country, 20-odd years ago the licensing laws got deregulated. The people who advocated for it painted this vision that the culture of our drinking would change to a more Mediterranean way, and we would all be sitting outside drinking wine and eating rather than going to the pub, drinking and fighting. That was the broad caricature. Do you think we are anywhere near that?

Adrian Chiles: No, I do not, but then, post-lockdown, very often you will find that pubs are closing before 11 pm. It used to be all the talk that we



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are living a 24/7 lifestyle, but you cannot get breakfast in some places before 8 am and you cannot get a drink after 10 pm. I am not sure that is happening.

You began your question by saying that we have this big drinking culture in this country. I am always careful about saying that. Yes, it is true. On the other hand, you can get into a social norm type thing where you say, "Well, everybody drinks. It is part of life." As I have said, 70% or more than half of all drinkers do drink moderately. Also, pubs and bars are a big part of our culture, but only half the population—I know that is a lot—ever see the inside of a pub or a bar at the same time. I am not saying that there is not an issue, as clearly there is, but I am just wary about this. It is a bit like the fella standing at the bar who says, "14 units is nonsense. Everybody drinks more than that".

Q447 James Morris: If you go into the centre of Birmingham, Manchester or whatever on a Friday or Saturday night, the consequences of vertical drinking are apparent.

Adrian Chiles: Yes.

Q448 James Morris: Do we have any chance of changing that culture over time, do you think, or what would we need to do?

Adrian Chiles: As I understand it, the data tells us that millennials or generation Z, or whatever we call them now, in their early 20s, are drinking less, which makes me hopeful that things are slightly changing. Just on changing perception as well, it struck me that there are two types of adverts you might see about alcohol. You might see everybody having an absolutely fantastic time, dancing around with Campari or whatever alcohol, the key to a good time. Then you might see the health danger adverts, which might be some sort of terrible accident with blood pouring out of their head, a hospital bed and God knows what else, which goes to the extreme.

If I won the lottery, I would get an ad campaign going out and it would be, "Drinking is boring." Mainly, it is boring. It makes you boring and it becomes boring if you do too much of it. I have thought about doing a picture book, a book of photos or a newspaper article about shots of people drinking boringly. Unsurprisingly, I could not find any takers for this idea, but it is a way of communicating just how dreary it is.

Q449 Paul Bristow: I hear what you are saying about social norms and I completely understand what you have said, but I would just be interested to know your views on to what extent you think problem drinking is associated with pubs or drinking at home. At least with pubs and social drinking, there is a moderating factor perhaps in your friends, your family and those you drink with, and obviously a landlord who would, in theory, not want to serve someone who is drinking too much. The other factor, of course, is expense. It is much more expensive in pubs and bars than at home. Especially since lockdown, is that not where we should focus,



perhaps?

Adrian Chiles: It is, but it depends what kind of drinker you are in the first place. The picture seemed to be mixed during lockdown. Some people were drinking a lot more because they were drinking at home. Others—I was one of them—drank even less then. I realised there is a social component to it. I am not beyond polishing off a bottle of wine—do not get me wrong—but generally, while I was at home, it was not what it was about for me. But, yes, both modes of drinking have to be tackled. You are quite right.

Q450 **Paul Bristow:** Just to the point you have made already, I think the battle is being won here among generation Z. It is not just about money; I also think there is a focus on their own fitness—wanting to be fit and wanting to do other things. You said drinking is boring. I completely understand that. Is the real boring element people drinking at home because they are lonely, they are sad and they do not have strong relationships?

As MPs, we see people probably at the bottom of their experiences, and the one thing that unites those people I see who are having a difficult time, a lot of the time, is a lack of strong personal relationships and a lack of sense of purpose. That is what leads people into problem drinking.

Adrian Chiles: For people in that situation, there are a whole manner of mental health issues, and I think excessive alcohol consumption would be a cause and effect there, so, yes, you are quite right.

Chair: Adrian, thank you so much. You have been spot on and the brevity is much appreciated. You have got across some really good messages. There are some great quotes in there, which I think may end up in our report as well, especially “drinking is boring”. I like that. Good luck with your new campaign, if you are successful in the lottery. We will produce our report around this and produce recommendations to Minister as part of this prevention inquiry, and I hope you will take an interest in that when that happens. I really appreciate your time today.