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**The Problem with ‘Drinking Responsibly’**

*“For too long, the onus has been on individuals, with drinkers urged to “drink responsibly”. We need to finally acknowledge the true scale of the harm caused by alcohol, which goes far beyond individuals who drink, and put the responsibility squarely with the harmful product itself. By doing so we will help to do away with the stigma and shame that surrounds those who are harmed by alcohol and often stops them from accessing the help that they need.”*

**Baroness Finlay, Chair, Commission on Alcohol Harm**

**Introduction**

All of us will be familiar with the call to ‘drink responsibly’. It is in everyday use and can be found on virtually every alcohol product label. We may even use the phrase ourselves.

But there is a problem with this language. We would never tell people to “smoke responsibly” and it may be many of us think the products are very different. However, the evidence is now very clear that when it comes to alcohol the “cancer risk starts at small amounts” ([World Cancer Research Fund](file:///C%3A%5CUsers%5Calloyd3%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C0R494BKN%5CWorld%20Cancer%20Research%20Fund%5CAmerican%20Institute%20for%20Cancer%20Research.%20Continuous%20Update%20Project%20Expert%20Report%202018.%20Alcoholic%20drinks%20and%20the%20risk%20of%20cancer)). As health and public health professionals we should absolutely be encouraging people to cut down - however we also need to be incredibly wary of any language which could suggest there is a “safe” level of drinking when the science now shows there is no such thing.

Furthermore, “drinking responsibly” is a term used by the alcohol industry as part of their Corporate Social Responsibility programmes to frame alcohol in a way which is helpful to their commercial aspirations. It has been described by academics as ‘strategically ambiguous’. The alcohol industry rarely, if ever, defines what it means by drinking responsibly and it is not seen used in conjunction with the low risk drinking guidelines of fourteen or less units per week. The interpretation is left to the individual. The problem is that many drinkers believe as long as you don’t lose control or hurt others, you are ‘drinking responsibly’. Unfortunately, the evidence tells us that harm can be caused to the individual and others from relatively low levels of consumption.

**Framing the Problem of Alcohol Harm**

The alcohol industry aims to characterise the harm caused by alcohol as being result of a small minority of individual drinkers who can’t control their intake. There are two main reasons for them doing so.

Firstly, if the problem is a minority of drinkers consuming to excess, the blame for the misery and harm caused by a product they develop, produce and spend billions marketing does not rest at their door.

The second reason is that framing the issue in this way allows the industry to argue for less effective policy solutions which focus on education and ‘responsible drinking’ campaigns rather than measures which reduce alcohol consumption by regulating the drinking environment. The independent evidence is clear that the most effective ways to reduce alcohol harm are to reduce the affordability and availability of alcohol and restrict the marketing of alcohol products.

The phrase ‘drink responsibly’ allows the industry to position itself in the eyes of politicians and public as part of the solution and not a key driver of the problem. In this way it has successfully argued against the need for Government regulation and become integral to policy making.

Public education campaigns certainly have a role to play, not least because people have a right to know what they are consuming and the consequences of exceeding low risk guidelines. Unfortunately, alcohol industry campaigns rarely focus directly on the long-term and serious health consequences of drinking above the low risk drinking guidelines and there is evidence to suggest that industry-funded campaigns rarely work, except in the sense that they enhance the corporate reputation of alcohol producers.

The industry also seems very reluctant to place those guidelines on their product labels. In a recent survey, only around 2% of labels on alcohol products made and marketed by the funders of the industry ‘social responsibility’ organisation The Portman Group contained the Chief Medical Officers’ low risk drinking guidelines. In fact, in over 20 years of voluntary agreements between the Government and the alcohol industry we are still in a position where less than one-third of alcohol labels feature the low risk drinking guidelines.

They have even been known to underplay the seriousness of increases in consumption. An example is below – despite analysis of PHE data by the Royal College of Psychiatrists showing 8.4 million people were drinking at higher risk levels in the middle of the pandemic in 2020, up from just 4.8 million in the February, The Portman Group’s narrative wasone of denial.



**Responsible Drinking and the Problem of Shame**

As highlighted by Baroness Finlay in her introduction to the Alcohol Harms Commission report, *‘It’s Everywhere: Alcohol’s Public Face and Private Harm’,* the industry’s approach in blaming problem drinking on the individual also contributes to feelings of stigma and shame. Constant calls to ‘drink responsibly’ implies that individuals in difficulty are by definition irresponsible and this in turn leads to a culture of secrecy. It makes it harder for people to seek help, either for themselves or for family members. One expert by experience told the Alcohol Harms Commission how it felt: “..the stigma we carry. I’m worthless. I’m not worthy of treatment. I’m not worthy of support.” People feel they have failed before they start and this has serious repercussions when you consider only around one in five dependent drinkers are in treatment, a figure which has reduced significantly over recent years.

**Conflict of Interest**

Many independent experts would argue that the alcohol industry’s involvement in policies and practices designed to reduce alcohol harm represents a fundamental conflict of interest. After all, to reduce harm at the population level requires a reduction in the volume of alcohol sold, something which conflicts with the industry’s commercial goals. This is particularly relevant when you consider how important heavy drinkers are to industry revenues and profit.

A review of industry revenues for 2013/14 found that if everyone consumed within the low risk guidelines alcohol sales revenue in England could decline by 38% (£13bn). The review also revealed:

* The heaviest 4% of drinkers consume 30% of all alcohol sold, accounting for 23% of industry revenue
* People consuming above the low risk guidelines account for 68% of total alcohol sales revenue:-
	+ 77% for beer
	+ 70% for cider
	+ 68% for wine
	+ 50% for spirits

The report concluded that: *“In England, the alcohol industry appears to be highly financially dependent upon heavy drinking, and might face significant financial losses were consumers to drink within guideline levels.”*

It seems highly unlikely that the industry can afford to put forward effective interventions which are likely to threaten their commercial future. Indeed, the independent evidence is clear – the ‘solutions’ they put forward are largely ineffective and are designed to distract from evidence-based policies which would significantly reduce alcohol sales and therefore harm.

**So what is the solution?**

Getting alcohol messaging right is notoriously difficult. Listed below are a few suggestions which will hopefully be helpful:

* Do not blame the individual drinker. We need to focus on the fact that problems are caused by a product which is toxic and addictive and is linked to 200 different types of diseases and injury – including heart disease, stroke and seven different types of cancer. We must also remember alcohol is a depressant which can make people feel more relaxed and less inhibited which is relevant to social distancing
* Never say or imply that there is a ‘safe’ level of drinking. For some conditions, including mouth, throat and breast cancers, the risk increases with every drink
* Do not use vague terms such as ‘responsible’ and ‘moderate’ without qualifying what you mean. In Balance’s 2019 public opinion survey 81% of people drinking above the low risk guidelines considered themselves to be ‘light’ or ‘moderate’ drinkers
* Refer to official guidelines. The UK CMOs have decided that to be a low risk drinker means drinking no more than 14 units a week whether you are a man or a woman
* Wherever possible include the consequences of drinking above 14 units a week, e.g. an increased risk of cancer
* Use messages that are relevant to the target audience and situation, e.g. women and the increased risk of breast cancer; men and increased risk of heart disease / hypertension
* Direct the public to a useful and independent source of help, e.g. [www.reducemyrisk.tv](http://www.reducemyrisk.tv) which has now had nearly half a million visits since being set up by Balance; or [www.alcoholchange.org.uk](http://www.alcoholchange.org.uk); or <https://www.nhs.uk/live-well/alcohol-support/>
* We would strongly advise against referring people to the Drinkaware site. Despite describing themselves as an independent charity, Drinkaware is almost totally funded by the alcohol industry and their website has been criticised by independent experts for trying to cause confusion and not clearly highlighting the serious medical conditions associated with alcohol consumption