

Cheshire East Council

Cabinet

Date of Meeting:	10 th October 2017
Report of:	Mark Palethorpe, Acting Executive Director - People
Subject/Title:	Notice of Motion – Alcohol Advertising
Portfolio Holder:	Councillor L Wardlaw, Health

1. Report Summary

1.1. The purpose of this report is to consider and respond to the following motion which was proposed Councillor S Corcoran and seconded by Cllr D Flude at the Council meeting on 27th July 2017 and referred to Cabinet for consideration:

1.2. *"This Council notes that:*

- alcohol can be enjoyed in a responsible way by adults;*
- alcohol can cause serious and fatal diseases, including several types of cancers;*
- the UK Chief Medical Officers' Alcohol Guidelines advise both men and women that it is safest not to drink regularly more than 14 units per week;*
- alcohol can only be legally purchased by adults over 18 years old;*
- advertising of alcohol is designed to make products more appealing and in turn can appeal to children and young people;*
- there is strong evidence of public support for a 9pm watershed for alcohol advertising on TV (the recent Healthier Futures/Alcohol Health Alliance public opinion survey found 73% support in Greater Manchester for a 9pm watershed for alcohol adverts on TV and the recent public engagement campaign 'See What Sam Sees' by Healthier Futures, talked with over 200 people across Greater Manchester and received overwhelming support for a 9pm watershed from the Greater Manchester public);*
- in January 2012 the Health & Wellbeing Scrutiny Committee considered a report on alcohol and noted that Cheshire East Council had recently signed up to the NHS North West "Pledge to young people" to reduce the harm caused to children and young people by alcohol.*

This Council acknowledges its share of responsibility to try to ensure good public health in the population and resolves to

Request the Leader of the Council to write the Secretary of State for Digital, Culture, Media and Sport expressing these views and asking her to

bring forward legislation to introduce a 9pm watershed for the advertising of alcohol products on TV to protect children and young people from the influence of alcohol advertising.”

2. Recommendation

- 2.1. Cabinet is recommended to support the motion stated in 1.2 above, but in addition notes and supports:
- 2.1.1 That the Alcohol Harm Reduction Plan recently adopted by the Health and Wellbeing Board (of which the Council is a key partner) includes a focus on children and young people and reducing their levels of alcohol consumption. Exposure to marketing and accessibility of alcohol are two key factors that influence the drinking behaviours of young people.
- 2.1.2 That the Council remains committed to supporting calls for a minimum unit price for alcohol to be introduced and will work with other Councils in Cheshire and Merseyside to lobby Government in relation to this.
- 2.1.3 That the Council endorses the work-stream to reduce alcohol consumption through a range of early intervention and prevention activity across the health and care system, that forms part of the Cheshire and Merseyside Sustainability and Transformation Partnership’s priorities.

3. Reasons for Recommendation

- 3.1. In January 2017 leading public health experts warned that young people around the world are exposed to extensive alcohol marketing, and that current controls on that marketing appear ineffective in blocking the association between youth exposure and subsequent drinking. Alcohol is the leading cause of death and disability for young males aged 15-24 in nearly every region of the world, and young females of the same age in the wealthy countries and the Americas. Their call coincided with the publication of a series of reports in a supplement to the scientific journal ‘Addiction’¹ that presented the latest evidence on alcohol marketing and its impact on children. Key findings from the collection of peer-reviewed manuscripts include:
- Exposure to alcohol marketing is associated with youth alcohol consumption
 - Analysis of alcohol promotion during the 2014 FIFA World Cup indicates alcohol marketing practices frequently appeared to breach industry voluntary codes of practice’

¹ **Supplement: The Regulation of Alcohol Marketing: From Research to Public Health Policy**
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- Alcohol industry self-regulatory codes do not sufficiently protect children and adolescents from exposure to alcohol promotions, especially through social media

3.2. Responding to the new research, Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance UK (AHA), expressed support...

“It is clear that self-regulation is not working and we welcome calls for greater action from governments to protect children from exposure to alcohol marketing. We know that alcohol marketing contains content and messages that appeal to children, and that due to exposure to this advertising, children drink more, and start drinking at an earlier age.

“In addition, as outlined in Public Health England’s recent review of the effectiveness of alcohol policies, a study has shown that in the UK, 10-15 year olds are more likely to see certain TV alcohol adverts than adults. Public Health England’s review, which was published in the Lancet in December 2016, concluded that complete advertising bans are a highly effective and cost-effective approach to health improvement.

“In the long run, all advertising and sponsorship should be prohibited. In the short term, alcohol advertising should only be permitted in newspapers and other adult press, and the content of these adverts should be limited to factual information about brand, provenance and product strength.”

3.3. Paul Lincoln, Chief Executive of UK Health Forum, which is a member of the AHA, said

“The articles published in the Addiction supplement show clearly and positively that alcohol marketing regulations are not protecting young people, those in recovery from alcohol dependence, and other vulnerable groups from the influence of alcohol marketing, and that alcohol marketing has a negative impact on the age of drinking initiation and subsequent drinking behaviours. Tighter alcohol marketing regulation in the UK, without industry involvement, is desirable, achievable and effective.”

3.4. Locally we continue to have concerns about the levels of alcohol consumed by the young people of Cheshire East. The Joint Strategic Needs Assessment (JSNA) shows that although the numbers of young people who are drinking is declining it is still above the North West average.

3.5. Other key findings include:

- That since 2013 there has been a 6% increase in the number of 14-17 year olds in Cheshire East regularly binge drinking.
- A third of young people in Cheshire East (33%) are not really worried about the long term health effects of drinking alcohol (down from 43% in 2013).
- 47% of young people aged 14-17 in Cheshire East claim never to have drunk alcohol, which is similar to the North West rate of 46%.

This has increased from 19% in the 2013 survey, possibly due to the larger proportion of 14 year old respondents; over half of Cheshire East respondents were 14 years old in 2015. (key issue highlighted within the 2014 Young Peoples Substance Misuse JSNA).

- Perhaps also reflecting the younger sample profile, there is a decrease in the percentage claiming to drink in pubs/clubs (from 26% down to 14%), but a slight increase in the percentage drinking outside.
- The proportion of young people in Cheshire East drinking alone has increased from previous years to 11%.
- The proportion of 14-17 year olds in Cheshire East claiming to be aware of drinking dens or party houses in their local area, has increased.
- 17% of young people claimed to have been violent or had a fight when drunk.
- Young people who drink alcohol in Cheshire East mostly get it from their parents/guardians (56%) and friends/family over 18 (40%)
- 62% of young people thought that getting drunk is fun. 47% thought it is normal to get drunk

We are awaiting the results of the 2017 Young Persons Alcohol, Tobacco and e-Cigarette Survey that will provide more up to date information, but it is anticipated that there will still be concerns regarding our young people's relationship with alcohol.

- 3.6. Whilst the Motion to Council is to be supported it covers only one aspect of the ongoing challenge of reducing levels of alcohol consumption. Consequently there is the opportunity to re-emphasise the Council's support for the Cheshire and Merseyside Local Authorities' lobbying for the introduction of Minimum Unit Pricing (MUP) and the reducing alcohol harm element of the early Intervention and Prevention work-stream of the Cheshire and Merseyside Sustainability and Transformation partnership.

Other Options Considered

- 3.7. Not supporting the motion could be considered, but given the focus in the Alcohol Harm Reduction Plan on children and young people, this was not deemed to be appropriate.

4. Background

- 4.1. A review of the effectiveness and cost effectiveness of alcohol control policies published in the Lancet in December 2016 looked in particular at the regulation of alcohol marketing.
- 4.2. Reviewing the evidence base it was reported that studies consistently indicate that exposure to alcohol advertising is associated with an increased likelihood that children will start to drink or will drink greater quantities if they already do. People who start drinking at an early age are

more likely to become binge and problem drinkers and underage drinking is associated with educational problems and violent behaviour.

- 4.3. The advertising industry in the UK is governed by codes of practice that are set out by two industry Committees – the Committee of Advertising Practice and the Broadcast Committee of Advertising Practice. The codes are enforced by the Advertising Standards Authority and, in the case of broadcasting, also by the independent statutory regulator Ofcom.
- 4.4. Adverts should not include a range of content, for example they should not encourage irresponsible or unhealthy consumption of alcohol or link alcohol consumption to social or sexual success. They should not be shown during programmes of “particular appeal” to children, deemed to be one that attracts an audience where 10–15 year-olds are over-represented by 20% in relation to their share of the total TV audience. A study has shown that UK adverts often contain content that could appeal to children, and 10–15 year-olds were 11% more likely to see TV alcohol adverts than adults, increasing to 51% for adverts for alcopops.
- 4.5. Complete marketing bans are rarely implemented. A pragmatic alternative to a complete marketing ban is to implement legislation that dictates what advertisers are permitted to do.
- 4.6. Given that more than half of all TV alcohol adverts seen by children in the UK are aired before 9pm, watershed bans have been identified as an appropriate policy. When the Netherlands introduced a watershed ban, commercial operators responded by increasing alcohol advertising shown after 9pm from over 7500 adverts to over 23000. Exposure of all ages increased as a result, but whereas exposure of adults increased by 52%, exposure of children aged 12–17 years increased by 62% and exposure of children aged 6–11 years increased by only 5%.
- 4.7. The Lancet report concluded that robust marketing regulations are strongly supported by the evidence base, particularly those that reduce the levels of exposure in children. Marketing regulations return large health benefits and have the potential to change drinking behaviour at an early age, thus preventing later problems.
- 4.8. With regard to Minimum Unit Pricing of Alcohol, the Council has been supportive of this being introduced nationally for a number of years. Cheshire East has worked with other local authorities in Cheshire and Merseyside to develop the evidence base that demonstrates its potential to reduce levels of consumption amongst those most vulnerable dependent drinkers. This work continues with a University of Sheffield led research project under way to develop the projected local impacts if MUP was introduced.
- 4.9. The Cheshire and Merseyside Sustainability and Transformation Partnership (NHS Cheshire and Merseyside), has identified reducing alcohol harm as one of its priority work-streams under the early intervention and prevention programme of activity. This will involve NHS commissioners,

providers, local authority Public Health and other departments working together to identify opportunities to influence the drinking habits of individuals and reduce consumption to minimise adverse health impacts to that individual and any associated negative social impacts of their excessive drinking. This in turn will help to reduce the costs to the system in dealing with people who have injured themselves or others as a result of being drunk or caused significant long term health harms as a result of sustained drinking over a period of time. The Council is committed to supporting this work-stream.

5. Wards Affected and Local Ward Members

5.1. All

6. Implications of Recommendation

6.1. Policy Implications

6.1.1. The Council is a key partner in the Health and Wellbeing Board which recently (March 2017) agreed the Alcohol Harm Position Statement and Forward Plan. This sets out the multiagency response to the challenge of excessive alcohol consumption. One of these is in relation to young people and their relationship with alcohol. Advocating for a watershed for alcohol advertising would be supportive of the principles within the Plan.

6.2. Legal Implications

6.2.1. Proposing the government bring forward legislation to prohibit the advertising of alcohol to children is consistent with both the Public health duty and the statutory duty to protect children. There are therefore no problematic legal implications arising from this report.

6.2.2. The relevant statutory obligations are primarily set out in the Health and Wellbeing Act 2012 and the Children Act 1989. As a result from 1st April 2013, each Local Authority has had a general duty to improve the health of its population and to take such steps as they consider appropriate for improving the health of people in their areas (Section 12, Health and Wellbeing Act 2012). Section 12 specifies the ways in which this aim can be achieved: -

- a) Carrying out research and providing information and advice into health improvement.
- b) Providing facilities for the prevention and treatment of illness.
- c) Providing incentives to promote individuals living healthier lifestyles.
- d) Providing assistance to help individuals minimise the risks to health arising from their accommodation or environment.

6.2.3. Furthermore, the Local Authority has a duty to safeguard and protect the welfare of children in need in their area (Section 17(1)(a) Children Act 1989). The safeguarding duty is to protect children from suffering or the likelihood of suffering significant harm attributable to parental care or because the child is beyond parental control (Section 31(2)(a)-(b) Children Act 1989). The definition of harm includes impairment of health or development (Section 32(9) Children Act 1989). This harm to health may be sustained as a result of ingesting alcohol and the consequential impact of being exposed to the risk of physical violence or sexual harm.

6.3. Financial Implications

6.3.1. There are no direct financial implications in relation to this report.

6.4. Equality Implications

6.4.1. There are no direct implications in relation to equalities and diversity in relation to this report.

6.5. Rural Community Implications

6.5.1. There are no direct implication for rural communities in relation to this report.

6.6. Human Resources Implications

6.6.1. There are no direct Human Resource implications in relation to this report.

6.7. Health and Wellbeing Implications

6.7.1. There are significant negative health and wellbeing implications for children and young people who drink alcohol. The JSNA sets out our current understanding of the levels of consumption of alcohol and the harms that can be caused.

6.8. Implications for Children and Young People

6.8.1. These are set out elsewhere in the report.

6.9. Overview and Scrutiny Committee Implications

6.9.1. There are no direct Overview and Scrutiny implications in relation to this report.

6.10. Other Implications (Please Specify)

6.10.1. There are no other implications.

7. Risk Management

- 7.1. Not supporting the motion would contradict the Council's sign up (through the Health and Wellbeing Board) to addressing the harms caused by excessive alcohol consumption.

8. Access to Information

- 8.1. Cheshire East Joint Strategic Needs Assessment Drugs and Alcohol chapter included at:

http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/living_well_working_well.aspx#OverarchingOutcomes

- 8.2. Supplement: The Regulation of Alcohol Marketing: From Research to Public Health Policy, January 2017, Volume 112, Issue Supplement S1 Pages 1–127. Issue edited by: Thomas F. Babor, David Jernigan, Chris Brookes

<http://onlinelibrary.wiley.com/doi/10.1111/add.v112.S1/issuetoc>

- 8.3. A Rapid Review of the Effectiveness and cost-effectiveness of alcohol control policies: an English perspective, The Lancet , December 2016

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)32420-5.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)32420-5.pdf)

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