Written Evidence from Professor Mark Petticrew

Mark Petticrew is Professor of Public Health Evaluation at the London School of Hygiene and Tropical Medicine. He led the evaluation of the Public Health Responsibility Deal, as part of the work of the Policy Innovation Research Unit (PIRU). PIRU is an independent research unit based at the London School of Hygiene and Tropical Medicine, funded by the Department of Health Policy Research Programme. The reason for this submission is that the Responsibility Deal (which involved voluntary agreements with alcohol industry bodies) is often used by alcohol organisations as evidence that industry’s voluntary activities are already adequate, and effective. The evidence from the evaluation does not support this. This submission briefly outlines this evidence.

Executive summary

- The Public Health Responsibility Deal (RD), a policy launched in 2011 under the Conservative and Liberal Democrat coalition government, is often presented by the alcohol industry as an example of the effectiveness of voluntary industry activities.

- The RD was independently evaluated by a team of public health researchers based at the London School of Hygiene and Tropical Medicine. All the evaluation findings have been peer-reviewed and published in public health journals. See: [http://www.piru.ac.uk/projects/current-projects/public-health-responsibility-deal-evaluation.html#t3](http://www.piru.ac.uk/projects/current-projects/public-health-responsibility-deal-evaluation.html#t3)

- The evaluation examined the evidence base underlying the activities undertaken by the alcohol industry as part of the RD. The evaluation also involved in-depth analyses of specific initiatives (such as Community Alcohol Partnerships, and alcohol labelling).

- Overall, the independent evaluation of the Responsibility Deal found little evidence that the RD had any significant impact. The scientific evidence therefore does not suggest that the voluntary activities which were undertaken by the alcohol industry as part of the RD are an effective alternative to Minimum Unit Pricing.

Submission:

1. The Public Health Responsibility Deal (RD) was launched in 2011 as a public-private partnership involving voluntary agreements by businesses and public bodies to make health-promoting changes in the areas of food, alcohol, physical activity, health at work and behaviour change. It was launched under the Conservative and Liberal Democrat coalition government (See: [http://webarchive.nationalarchives.gov.uk/20180201175643/https://responsibilitydeal.dh.gov.uk/](http://webarchive.nationalarchives.gov.uk/20180201175643/https://responsibilitydeal.dh.gov.uk/)).
2. These voluntary agreements included pledges made by the alcohol industry, relating to activities such as improving alcohol labelling, tackling under-age alcohol sales, and advertising and marketing alcohol (among others).

3. The RD is often stated by alcohol industry bodies to have been effective. This can be seen for example in the transcript of the oral evidence on Minimum Unit Pricing, given to the Committee on Monday 22 January 2018, where Mr. Miles Beale (representing the Wine and Spirits Trade Association) stated that “a number of things we have been involved in, until recently with heavy Government support, such as the Responsibility Deal, are initiatives that definitely work” (Q139).


4. The RD was thoroughly and robustly evaluated by our team of public health researchers at the London School of Hygiene and Tropical Medicine, and the findings were peer-reviewed and published in a series of papers in public health journals (the references and relevant URLs appear at the bottom of this submission). The evaluation was undertaken as part of the work of the Policy Innovation Research Unit (PIRU). PIRU is an independent research unit based at LSHTM, funded by the Department of Health Policy Research Programme. The evaluation was commissioned by the Department of Health.

5. The evidence from the evaluation does not suggest that the Public Health Responsibility Deal had any significant impact, as summarised below.

Summary of the evidence from the Responsibility Deal evaluation relating to the alcohol pledges

6. The evaluation included an examination of the extent which the voluntary pledges made by alcohol industry bodies were evidence-based.[1] This was done by conducting a systematic review covering the interventions which these industry bodies pledged to implement (for example, in the areas of labelling, providing information, and so on). The evaluation concluded that these interventions “are unlikely to have any significant positive impact on population health in England. The evidence is clear that in order for alcohol-related public health to meaningfully improve, an alcohol control strategy should support effective interventions, notably those which change the market environment to make alcohol less available and more expensive”. [1]

7. We also examined the RD pledges to determine what type of voluntary initiative the industry bodies had taken. The conclusion of this part of the evaluation was that the RD was likely to have added little to efforts to reduce alcohol consumption.[2] Most of the pledges which had been chosen by industry fell into the category of ‘probably ineffective’ or ‘no/poor/inconclusive evidence’.

8. As part of the evaluation we also reviewed all the available evidence on the effectiveness of Community Alcohol Partnerships (CAP).[3] The WSTA representative, Mr. Beale, stated in his
evidence that these alcohol industry-supported initiatives “… have had a definite impact” (Q139 in the transcript, URL as above). The evaluation however found no convincing evidence for the effectiveness of these initiatives. After the evaluation was published, the CAP organisation suggested to us that we had missed out important evidence about CAPs, which the CAP organisation had in their files. However, despite repeated requests from us, they were unable to share this evidence. We took the view that evidence that cannot be publically shared and scrutinised is not actually “evidence”, and we concluded that it had no implications for our negative findings regarding the impact of the CAPs.

9. The RD evaluation also examined a range of other initiatives, including the industry pledge to improve alcohol labelling.[4] The evaluation found that the labelling pledge was not met in full, with labelling information very frequently falling short of best practice (including the industry’s own guidelines).

10. In summary, the independent evaluation of the Responsibility Deal found little evidence that it had any significant impact. The evidence therefore does not show that these voluntary industry activities can be seen as an effective alternative to Minimum Unit Pricing. The full list of published papers from the evaluation can be accessed here: http://www.piru.ac.uk/projects/current-projects/public-health-responsibility-deal-evaluation.html#t3

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References and associated URLs


2. Knai, C; Petticrew, M; Durand, MA; Scott, C; James, L; Mehrotra, A; Eastmure, E; Mays, N. The Public Health Responsibility deal: has a public-private partnership brought about action on alcohol reduction? *Addiction* 2015 110 (8) pp. 1217-25. Available at: http://researchonline.lshtm.ac.uk/2137905/
