

## Alcohol – whose responsibility?

### Introduction

This activity encourages students to decide on what measures they believe are appropriate for the regulation of alcohol consumption and to present these views as an argument. It uses ideas from the Nuffield Council on Bioethics report: Public health - ethical issues. Students are reminded of the structure of an argument in presenting their conclusions.

### The activity

#### Part 1 The intervention ladder

Examples of possible responses

1. **Eliminate choice** - *total prohibition on sale or even use of alcohol*
2. **Restrict choice** - *licensing laws that only allow alcohol to be sold at certain times or in certain types of shop or restaurant. Restrictions on advertising might also come here.*
3. **Guide choice through disincentives** - *increase taxes on alcoholic drinks, restrict the cheap offers that encourage excessive drinking*
4. **Guide choices through incentives** - *make low alcohol/ non-alcoholic drinks cheaper*
5. **Guide choices through changing the default policy** - *restaurants and bars always provide free water*
6. **Enable choice** - *provide support for those who want to reduce their drinking, perhaps in the form of group counselling. Ensure that desirable non-alcoholic drinks are always available such as pubs serving coffee.*
7. **Provide information** - *media campaigns such as 'know your units', labelling on drinks*
8. **Do nothing or simply monitor**

#### Part 2 – what should be done?

You may wish to provide the argument model and the writing frame, appendix 1 and appendix 2. Allow students to work in small groups to decide their position and to plan the structure of their argument. They would be expected to use at least three pieces of evidence to support their claim, and to acknowledge at least one other point of view, explaining why they have rejected it.

October 2008

#### How Science Works

**Ge** Several factors can influence a person's willingness to accept a specific risk. Most people are more willing to accept a process or situation that has some risk if they get direct benefit from it and if they choose it voluntarily rather than having it imposed.

**Hf** Decision makers are influenced by the mass media, by special interest groups and by public opinion as well as by expert evidence. Decisions about science and technology may be influenced by decision makers' prior beliefs or vested interests, which can affect their interpretation and evaluation of the evidence.

**Hj** Some decisions involve balancing the rights of certain individuals and groups against those of others.

**Hk** A utilitarian approach is to argue that the right decision or choice is the one that leads to the greatest good for the largest number. It can also be argued, however, that some actions are wrong, even if they lead to good outcomes.

## Alcohol – whose responsibility?

### Introduction

Most public health experts agree that people in Britain drink too much alcohol. However there is no agreement on how to reduce alcohol consumption.

There are two main points of view.

- A voluntary approach, supported by the government, which includes health education and a voluntary code of practice for the drinks industry and licensed premises.
- A more restrictive approach, supported by many doctors involved in the issue, which would involve restricting the availability of alcohol by raising the price, reducing the number of outlets and hours they are open and raising the age-limits.

The Nuffield Council on Bioethics suggests that public health measures can be considered as falling on a ladder of intervention rather than only the two extremes of voluntary and restrictive.

1. **Eliminate choice.** Introduce laws that entirely eliminate choice, for example compulsory isolation of people with infectious diseases.
2. **Restrict choice.** Introduce laws that restrict the options available to people, for example, removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.
3. **Guide choice through disincentives.** Introduce financial or other disincentives to influence people's behaviour, for example, increasing taxes on cigarettes, or bringing in charging schemes to discourage car use in inner cities.
4. **Guide choices through incentives.** Introduce financial or other incentives to influence people's behaviours, for example, offering tax-breaks on buying bicycles for travelling to work.
5. **Guide choices through changing the default policy.** For example, changing the standard restaurant side dish from chips to a healthier alternative, with chips remaining as an option available.
6. **Enable choice.** Help individuals to change their behaviours, for example, providing free 'stop smoking' programmes, building cycle lanes or providing free fruit in schools.
7. **Provide information.** Inform and educate the public, for example, campaigns to encourage people to walk more or eat five portions of fruit and vegetables a day.
8. **Do nothing or simply monitor the current situation.**

### Part 1 - the Intervention Ladder

For each of the 8 interventions on the 'Intervention Ladder' above provide an example relevant to reducing alcohol consumption.

### Part 2 – what should be done?

You now have to decide, in small groups, which level of intervention you think should be used by the Government and local authorities. You should produce a short written argument using evidence to support your claim. The main issues relate to the ideas about how science works in Risk and in Decision Making.

You will need to consider the relative importance of individual autonomy and protection of others; areas that are particularly disputed include voluntary codes of practice from the drinks industry and the value of education and information in changing behaviour.

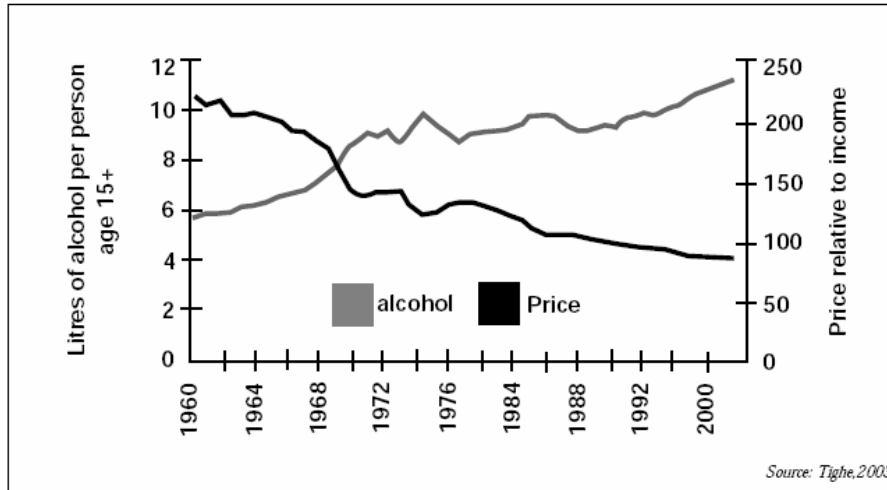
Some evidence is provided below for you to select from – you can use some or all of it as you think appropriate. You may also wish to use evidence from your own knowledge or experience. The evidence is all taken from the report: Public Health: ethical issues by the [Nuffield Council on Bioethics](#) unless otherwise stated.

Before you start, remind yourself of the structure of an argument. Your teacher may provide you with a summary and a writing frame.

### Evidence

- A Younger people were more likely than older people both to exceed the daily benchmarks and to drink heavily. Thirty-one per cent of men and 22% of women aged 16 to 24 years had drunk heavily on at least one day during the week prior to the national survey in 2005.
- B The consumption of alcohol has an impact not only on the individual consumer but also on other people. Alcohol use generally increases risk-taking and violent behaviour. The UK Government estimated in 2004 that alcohol misuse was involved in the following harms that affect other people:
- 1.2 million violent incidents (approximately half of all violent crimes);
  - 360,000 incidents of domestic violence (around a third);
  - 530 deaths from drink-driving; and
  - at peak times, up to 70% of all admissions to accident and emergency departments.
- C Alcohol related harm is estimated to cost the NHS between £1.4billion and £1.7 billion each year.
- D The health effects of alcohol misuse include high blood pressure, cirrhosis of the liver, pancreatitis, cancer and mental health problems. Increases in consumption correlate with rises in the alcohol-related death rate throughout the 1990s. National Statistics has calculated that the annual number of alcohol-related deaths in the UK has more than doubled from 4,144 in 1991 to 8,386 in 2005.
- E Wider availability and lower cost have been associated with an increase in consumption and, as a result, harm caused.
- F To be effective and enforceable, public health policies aimed at reducing the consumption of substances that people enjoy usually require a certain threshold of public support. As expressed by one respondent to our consultation: “If most people smoke, then restricting their activities is not going to win an election; public opinion had to be changed first”
- G Because of the level of harm to others caused by people who have consumed large amounts of alcohol... governments should act to reduce this harm. In some areas, this principle is clearly recognised. For example, coercive measures, such as prohibiting driving or operating machinery with a blood alcohol level over prescribed limits, are publicly accepted.
- H Alcohol is supported by a major industry which has a role to play in reducing the harms caused by its products. Children are less able to judge risk to health and may become addicted to alcohol at a young age. Promoters of alcohol and tobacco have a role to play in reducing the exposure of young people to harmful products.
- I If there is lack of corporate responsibility, or a ‘market failure’, it is acceptable for the state to intervene, where the health of the population is significantly at risk.
- J Personal autonomy is an important value in our society. It means that individuals should have the freedom to determine the course of their own lives without unnecessary restrictions.

K

**Consumption of alcohol in the UK (per person aged 15+) relative to its price**

[Academy of Medical Sciences](#) Calling Time 2004

L The alcohol drinks market generates over £30bn annually, provides around one million jobs and plays an important role in maintaining a dynamic leisure and hospitality sector. The alcohol industry contributes £7bn a year to the national exchequer in the form of excise duty.

[Academy of Medical Sciences](#) Calling Time 2004

M Current voluntary retail code

- Restrict the way alcohol is sold such as offering drinks in small as well as large glasses or measures - too often only one size is offered or a large is automatically given
- Restrict happy hours or irresponsible price based promotions - women 'drink for free' promotions are still all too common
- Display alcohol in off-licence premises in separate areas - no more displays by the checkout
- Give point of sale information eg. on units, allowing customers to make an informed choice
- Train staff in shops and venues to recognise and refuse alcohol to underage or drunk customers

([Talking drinks](#), a web magazine for the drinks industry)

N The World Health Organisation is calling for higher taxes on alcohol and more regulations on its sale. Health campaigners in the UK are supporting this plea to punish all drinkers for the problems created by the minority who misuse alcohol. Alcohol misuse does cause problems. That's why we should all focus our efforts on educating and treating those who misuse alcohol. We should not punish millions of ordinary hard working families by increasing the financial burden they already face. ([Wine and Spirits Trade Association](#) )

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## Appendix 1 Model of argument

A variety of different models are available. We are suggesting the following.

- At the very minimum an argument must consist of a **conclusion** and at least one **reason** for accepting the conclusion. The nature of the reason will depend on the type of conclusion. It may be data used as evidence for a factual conclusion or it may be an ethical principle to justify a decision. A good argument will usually include several reasons. [In this case health issues, economics and ethical principles might all provide grounds].
- The link between reason and conclusion will often involve underlying **assumptions**, not made explicit but essential to the reasoning. [What assumptions are being made about human nature or about the drinks industry in the evidence provided?]
- In many cases a **counter-argument** reaching a different conclusion is possible. This might use the same data but come to a different conclusion, it may use different data, or it may involve different values.
- Counter argument is an important part of a debate between two or more people. The existence of counter-argument should also be acknowledged in any fully developed written argument, where it is then criticised.
- A detailed argument on a complex issue may involve several simple arguments where the intermediate conclusions build up to an overall conclusion. The strength of the overall argument will depend on the strength of the component parts.
- Any of the component parts of an argument can be criticised, including evidence, assumption, or the link between reason and conclusion. [K shows a correlation, does this confirm a causal relationship?]

**Appendix 2 Writing frame for argument**

<b>Intermediate conclusion 1</b> I think that ....	<b>The reasons</b>
<b>Intermediate conclusion 2</b> I think that ....	<b>The reasons</b>
<b>Intermediate conclusion 3</b> I think that ....	<b>The reasons</b>
<b>Counter-argument</b> Some people think that ....	<b>Reason for rejecting counter-argument</b> This might be a criticism of the evidence or the assumptions.
<b>Overall conclusion using intermediate conclusions as reasons</b>	