



# Minutes

**Title of meeting:** Alcohol Leadership Board meeting

**Date:** Tuesday 13 October 2015

**Time:** 2pm - 4pm

**Venue:** XXXX

**Attendees (see appendix A)**

## 1. Apologies and introduction

XXXX welcomed everyone and gave apologies for:

- XXXX (Co-chair)
- XXXX
- XXXX
- XXXX
- XXXX
- XXXX
- XXXX
- XXXX

## 2. Minutes from the last meeting

XXXX requested that XXXX job title is changed in the list of attendees in the minutes from the last meeting. **ACTION: XXXX to amend**

## 3. Matters arising

None.

## 4. Presentation on the 'Harms to Others' report by the Institute of Alcohol Studies

XXXX presented the Institute of Alcohol Studies (IAS)'s report showing the impact of alcohol on other people other than the drinker. **Action: XXXX to send the presentation and the video clip to all members of this group.**

Key findings showed that, in the North West, 79% rates of harm have been experienced by other people's drinking.

XXXX informed the group that PHE along with public health teams in Wales, Scotland, Northern Ireland and the Republic of Ireland are in the process of doing a 'harms to others' report for the UK and the Republic of Ireland.

XXXX raised the issue about considering the harms to others caused by people drinking on public transport. XXXX said XXXX was aware of this harm but it was not covered in the report.

## **5. Presentation on the PHE Evidence Review**

XXXX told the group that the Evidence Review, which is currently being undertaken by PHE on the harmful impact of alcohol and possible policy solutions, is due to be published next year. XXXX asked the group for their comments/views on the findings and how these can be best expressed in the report for government.

**Communication: health information labels:** XXXX asked if we had looked into the evidence on labels? PHE confirmed that this area has been looked at.

XXXX and XXXX both said that PHE has to be careful with the messaging and wording around the evidence for campaigns and labelling.

XXXX told the group that where the evidence is weaker, we will be caveating advice which, in these cases, will be based on principles, such as people having a right to information about the effects of products on health.

XXXX asked if PHE had looked at tobacco when looking at marketing and labelling. PHE confirmed that this has been looked at.

XXXX said that mass media and social inequalities should be looked at – can be inequality increasing.

XXXX pointed out that a number of products won't have a label e.g. wine bought in pubs etc.

**IBA:** XXXX pointed out difference in IBA effectiveness across gender and BME but the work was done through a rapid evidence review, so we cannot include everything in detail.

**Pricing:** It was noted that one of the slides in the presentation: 'taxation does not impact harmful drinkers who incur disproportionate harm' was incorrect and needs to be re-worded as the sentence is not right.

**Advertising:** XXXX said that BCAP set the codes and the ASA sets the regulations. Adverts for alcohol implying that alcohol will make you more confident etc need to be mentioned in the report.

XXXX drew the group's attention to the Cochrane review on marketing and asked how PHE would deal with the mixed evidence.

Sports sponsorship was discussed and XXXX said that it definitely leads to underage drinking.

XXXX said that XXXX would like to know the reasons behind the grading in 'regulating marketing.'

**Slide on high level findings:** XXXX asked who was affected by them? Some communities are affected more than others.

XXXX said that we need to look at cost effectiveness. Things that cost less may have a bigger impact. XXXX said that cost-effectiveness, where evidence was available, has been included.

XXXX said that we should look at policies which are going to be easily implemented.

XXXX said that social inequalities need to be in the foreground of what we are doing. Social inequalities need to be embedded.

XXXX said that although inequalities is an important aspect, the economic cost would serve as a better primary focus.

XXXX told the group that we will include health inequalities but it is about finding the right way of framing this report.

XXXX asked if school-based education, graduated driving licensing and increasing the drinking age have been included. XXXX confirmed that these things have been looked at.

XXXX asked if the minimum drinking age had been looked at. XXXX confirmed that this was looked at.

**Next steps:** XXXX confirmed that the report to government will go to Ministers next year and the evidence review is also expected to be published next year.

## **5. AOB (including membership)**

Date of the next meeting to be confirmed.

XXXX requested a copy of the Terms of Reference. **ACTION: XXXX to circulate them out to the group**

## Appendix A

### Attendees of the Alcohol Leadership Board

XXXX (Co-chair)

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