



POSITION SUMMARY

THE BODY OF EVIDENCE

POLICY-MAKING AND RESEARCH

April 2014

KEY MESSAGES

- Good evidence-based policy making depends - at least in part - on good evidence.
- spiritsEUROPE has concerns about the way research on alcohol-related harm is funded, conducted and presented, believing much of the 'evidence' generated provides misleading signals to policy-makers.
- We believe many of our concerns about research/evidence are shared by a number of other stakeholders.
- We call for an open, constructive debate involving all interested stakeholders on the issues we raise in this paper - discussing how can we ensure that research used by policy-makers is
 - relevant
 - neutral and objective
 - fair and transparent
 - robust, and
 - based on appropriate engagement with all relevant stakeholders?



Introduction

This paper sets out a number of questions spiritsEUROPE has regarding research into alcohol-related harm. We would welcome an opportunity to discuss these views and suggestions with others:

- in general, those interested in how the 'evidence' is provided for evidence-based policy making in the EU, and
- in particular, those other members of the Alcohol and Health Forum (EAHF) who share our interest in reducing alcohol-related harm.

The paper includes the following:

1. The clear need for good research
2. What constitutes 'good' research
3. The vital role of the Commission in helping to direct and fund relevant research
4. The role of Science Group within the EAHF
5. (Annexed) Some suggestions for research areas we think have been neglected

1. The need for good research

Harm caused by alcohol abuse is found in every Member State. Underage drinking, binge drinking, drink-driving, illness and disorder: all are reported regularly in the media, in health reports, in statistics and in reality. These are serious issues that deserve serious responses.

At the same time, consumption of moderate amounts of alcohol also brings health benefits, some advantages in employment, enjoyment of life, cuisine, culture, etc... And taxes raised from the consumption of alcoholic beverages contribute towards the funding of many public services – including health.

As such, the issue of how to address alcohol-related harm is not straightforward, and 'science' is used on all sides of the argument to support particular points of view. Some of the research appears contradictory, some of it is unconvincing, and some appears to be shaped from the outset with a particular policy objective in mind.

The spirits sector agrees with all those who call for policy making to be based on robust science and research. Where we may differ from some is how that robustness might be measured.

2. What constitutes good research?

From a NGO perspective, any research linked to, or funded by, industry is automatically discounted. From an industry point of view, we witness well-known anti-alcohol activists being awarded public funding to produce often weak, unfounded or unbalanced policy-oriented advocacy reports dressed up as 'research'. To control the science agenda is to (partly) influence the policy agenda, so a number of NGOs make great efforts seeking to exclude business from funding research, from fora where research is being discussed or presented, and even from policy discussions based on (often spurious) research findings.



Consequently, there is a high level of distrust on both sides which is unhelpful when seeking common agreement on the optimum way to proceed towards reducing alcohol-related harms.

Our view is that ‘good’ research is ‘good’ no matter who funds it, provided it is grounded in certain principles, generating reputable, credible and reproducible findings that derive from sound scientific methods, and using reasonable and fair assumptions and verifiable, correct data inputs.

We would welcome a debate on what constitutes ‘good’ research. We suggest the following as a start:

1. Relevance

- There will never be enough funding – nor enough researchers – available to undertake all possible research. Therefore, it is important to ensure that whatever resources are available are optimized: focusing the correct resources on the most relevant and pressing needs.
- The ultimate decision as to what should be funded will always rest with the funders – e.g. the European Commission and others – but we suggest an open discussion about research needs would be useful in garnering all views (in the alcohol context specifically: perhaps at a joint EAHF/CNAPA [The Committee of Member States] meeting).

2. Neutrality and objectivity

- As noted above, we question the objectivity of a number of activist researchers as it appears that some research projects are used merely as a means to support pre-decided policy approaches. At the same time, NGOs clearly question and challenge industry involvement in research.
- We believe good research is conducted by experts in the particular field of research, rather than by advocates with a pre-existing policy viewpoint.
- Industry contributions should be evaluated according to the same criteria as NGO contributions.

3. Fairness and transparency

- In the allocation of funding: Informal feedback we receive suggests that many researchers do not actually know how to access information about EU funding or how to apply for it. The process seems convoluted and complicated enough to become almost a full-time job, which may also explain why the same researchers seem to get funded time and again.
- In the methodology used in the research: Before the research starts, we suggest some consultation with those stakeholders likely to be affected by the research would be useful, allowing researchers to avoid potential problems with their proposed methodology. Such early consultation may also encourage those other stakeholders to share relevant data and resources during the course of the research itself.
- In the manner in which the research is presented: Frequently, research funded by the Commission has been presented at the EAHF, but without any details being shared in advance. Usually, those research findings have also been accompanied by recommendations for public policy changes. Industry has then appeared churlish (i) for questioning the research and (ii) for refusing to be drawn into policy discussions without first having had the opportunity of assessing the quality of the research conclusions. Reports giving all relevant data and assumptions behind the findings should be shared in advance of presentations at the EAHF - especially when that research has received EU funding. We also believe that



researchers/authors should be required to disclose their associations not only with business, but also with any policy advocacy groups (for example, temperance groups, health lobbies, etc).

- In allowing the right to reply: We believe other stakeholders should always be provided with a right of reply – during the EAHF meeting at which the research is presented, but also subsequently, allowing the (industry or other) response to be published next to the original research on the Commission website.

4. Robustness

- Those involved must respect the principles of good research and work in accordance with the accepted standards of the discipline (e.g. ESOMAR for market research).
- Data sources should be transparent and accessible.
- There should be unbiased geographical coverage/ broad baseline if results are extrapolated to inform EU policy. The research must also ensure the whole spectrum of credible research is reviewed and taken into account.
- Within a context of scientific importance, a deliberate or grossly negligent falsification or fabrication, infringement of intellectual property rights or impairment of another person's research work in any way constitute scientific misconduct.
- Published research is generally of higher standard than that which remains unpublished. However, if peer review is the best system that we have, it is not the panacea if the 'peers' share the bias as the author.

5. Engagement

- Consultation with, and participation of, all interested parties during the process.

Beyond the framework of the Forum, at international level, the International Center for Alcohol Policy Studies (ICAP) developed the "[Dublin Principles of Cooperation among the Beverage Alcohol Industry, Governments, Scientific Researchers, and the Public Health Community](#)". They are designed to provide guidance for mutually acceptable means of cooperation, based on ethical principles, among all those concerned with alcohol consumption and its effects. Scientists adhering to particular rules of conduct should be reassured that such rules of conduct are officially endorsed by the public authorities.

3. The positive potential role of the European Union

The need for sound, robust research is well recognised within the European Commission. Prof. Anne Glover was appointed as the first ever Chief Scientific Advisor in early 2012, and the Science and Technology Advisory Council was created in early 2013. These are positive developments, and must be maintained well beyond the end of the mandate of President Barroso.

Apart from the funds available through the Horizon 2020 research programme, many individual DGs also disburse monies for research projects related to their specific areas. DG SANCO is one such Directorate General, and has funded a number of studies and projects related to alcohol.

Of course, alcohol harm is not a straightforward issue. If it were, the problems would have been solved long ago by diligent policy-makers, concerned health practitioners, and the drinks sector itself.



Some NGO / health activists push one-size-fits-all solutions, but take no account of different drinking patterns across different countries and cultures. Some push for policies to cut the overall per capita consumption of alcohol, but ignore the fact that in several countries where such policies have been tried, there remain significant harms and problems.

There is much talk about the need for evidence-based policy making, but too often, one particular scientific/research point of view is promoted and accepted to the exclusion of other (equally legitimate, but not necessarily complementary) points of view.

In this regard, the [EU alcohol strategy to support member states in reducing alcohol-related harm](#) plays an important role in targeting alcohol harm – and the science used to frame those discussions.

However, as mentioned above, in a number of projects funded by the European Commission, the quality of the research has been poor, and the research appears to have been skewed from the outset in order to achieve a pre-ordained conclusion (usually leading to the same policy recommendations). The reports produced then went on to be presented as scientific facts accomplished to the EAHF. Unfortunately, we are now witnessing these reports being used and quoted as ‘irrefutable evidence’ within the public health community, as their weaknesses were never addressed officially by the European Commission and continue to be available on DG SANCO’s website (without mention of the rebuttals that were shared with the services)¹.

We firmly believe that the allocation of public health programme funding to EAHF members - partially or in totality to fund their commitments and/or designed to inform the policy debate - should be based on a **sound methodology in line with international or European professional diligence standards** applicable, for example, to market research.

We also suggest that the Commission then has a responsibility to ensure that the research that is conducted and finally published (with acknowledgements to the EU funding) is of sufficiently high quality.

Research presented to inform the debate in the EAHF should respect principles of good research. Research which deviates from those principles should be clearly identified – not least by the organisation that commissioned the research in the first place. Conversely, if research follows the required standards, it should be welcomed by all stakeholders, regardless of its origin/funding.

¹ Note: we sought at the time to 1) either have the reports removed or amended, or 2) have our rebuttal posted in a comparable manner next to the report itself. We have communicated with the Commission on these issues, notably after the publication of several research projects which we believe did not meet the required standards for sound research or appeared biased from the onset:

- AMMIE
- AMPHORA
- ELSA
- RAND study on exposure to alcohol advertising
- SCIENCE GROUP REPORT on advertising
- We also have concerns about the impartiality of the project managers in the ALICE-RAP project



4. The Science Group

The Science Group was set up by the EAHF in 2008 to provide scientific guidance to the work of the Forum. Members were selected following an open call for expressions of interest from scientists. The main tasks of the Group were to stimulate cross-EU networking of scientific activities around the issues before the Forum and, on request, to:

1. provide scientific guidance to the members of the European Alcohol and Health Forum;
2. offer guidance on monitoring/evaluation and, on the basis of output from monitoring, as to areas where action by Forum members would have potential for reducing alcohol-related harm, and the forms of action; and to
3. provide in-depth analyses of key issues identified by the European Alcohol and Health Forum.

To date, only the third task has been pursued: the release of scientific opinions on *“Impact of marketing on young people – a review of longitudinal studies”* and on *“Alcohol, work and productivity”*.

We believe that the Science Group should continue to serve the EAHF. In order to do so, and accepting the limitations in resources and engagement, we believe the Science Group should concentrate on the second task above.

However, should the Commission hold the view that the Science Group should continue to also undertake the first and third tasks above on behalf of the Forum, we would recommend the following:

- 1) The EAHF would be better served by a reinvigorated Science Group, comprising more representatives of social and economic sciences (psychologists, psychiatrists, behavioural economists or statisticians...) and from a wider number of Member States. Without a representative membership, the Science Group’s objectivity and utility will be questioned.
- 2) In order to achieve balance within the group and to attract qualified, diverse, and representative scientists, the time of those involved should be compensated. In the past, the same individuals have been involved in every effort of the group, as they were the only ones who had the time and interest to undertake the work. This will also help prevent the recycling of existing pieces of work by members of the group in support of particular political positions.
- 3) The Science Group should be restricted to providing advice and perhaps overseeing work being done by others on behalf of the Forum, rather than itself issuing opinion pieces, especially where these include policy statements that do not necessarily reflect the conclusions of the work itself, as has been the case in the past.

The membership of the Science Group was supposed to reflect a broad base of expertise and a wide number of EU countries. It was the case when created (June 2008 meeting: 18 participants out of 20 nominated). Yet, the attendance declined constantly since, with the last 3 meetings (Oct 2010 – March 2011 – Sept 2011) not reaching a quorum with only 6 and 5 participants (including the Chair).



We would appreciate to know why five experts resigned in Oct 2010 and three others stepped down since.

On the Science Group's accountability

Beside the questions on the selection of the assessment baseline, we regret that the communication of the results of the Science Group opinion did not reflect the real content of their reports. The Science Group was established in order to give scientific input on issues requested by the members of the EAHF. It was not intended for the scientists already active in alcohol advocacy to try to get the EAHF's endorsement of policy oriented studies, instigated either by the remaining members of the Science Group itself or the Commission.

The Science Group report on the "Impact of marketing on young people – a review of longitudinal studies", found that *'Although the findings confirm an impact of some forms of alcohol marketing on drinking onset, frequency and quantity of alcohol consumed, and on alcohol problems, the size of the impact [...] is, on average, not large'*.

However, this finding was broadly ignored in the communication of the Science Group's opinion which is often quoted as establishing that *'commercial communications increase the likelihood that adolescents will start to use alcohol and to drink more if they are already using alcohol'* (foreword by the Chair)².

² In a comprehensive review of all available longitudinal studies on this topic in 2010, Nelson finds that there is evidence of a *'selection bias in the interpretation and use of results by researchers and health policy interest groups. [...]'*. Most research claiming to evidence a causal link indeed rely on a *"cherry picking"* selection of literature – often excluding "neutral" or negative studies – the ones which do not find evidence. A main conclusion of Nelson's meta-analysis is that *'the effect of alcohol marketing on adolescent drinking is modest, but the evidence indicates that it may not exist at all for mass media and other exposures'*.

Nelson also identified cases of selective reporting, overemphasizing minor findings, mis-stating authors' conclusions, and overreaching by the public health literature and governmental reports.

Nelson, J.P.2010. Alcohol Marketing, Adolescent Drinking and Publication Bias in Longitudinal Studies: A Critical Survey using Meta-Analysis. Journal of Economic Surveys, published online on 23 August 2010.



ANNEX: Proposals for new research into alcohol-related harms

spiritsEUROPE proposes five possible areas for further research. We believe each would help EAHF members to develop activities of value – including in connection with youth and binge drinking, the twin focus of the likely new Action Plan.

SUBJECT 1: ATTITUDES TOWARDS ALCOHOL - TRENDS AND DRINKING PATTERNS

Drinking patterns are of crucial importance when talking about adverse health effects and health benefits of alcohol consumption. Heavy episodic drinking increases the risk of acute alcohol related harms, such as falls, violence or drink-driving. Longer-term heavy drinking increases the risk of chronic alcohol related diseases, such as alcoholic liver disease. Therefore, it is important to assess the frequency of heavy episodic drinking and the prevalence of chronic excessive drinking habits of citizens through epidemiologic research.

This information could be retrieved from the last two special EUROBAROMETER surveys entitled 'Attitudes towards alcohol' that were carried out in 2006 and 2009. In order to analyse risky drinking trends and its relationship to alcohol related harms, it would be necessary to carry out a new special EUROBAROMETER survey in 2014/15. The survey results could be used to assess whether or not there is a convergence of drinking patterns in Europe.

Moreover, it would be tremendously useful to incorporate questions on drinking motivations: how much of risky drinking patterns and alcohol related harm are explained by social and economic circumstances/changes, such as unemployment, social peer pressure and related 'trends', loss of trust in social, economic and political institutions, uncertain future perspectives, etc.?

Proposed research project: A new special EUROBAROMETER survey

SUBJECT 2: BEHAVIOURAL SCIENCE AND THE SOCIAL NORMING APPROACH TO REDUCE RISKY DRINKING PATTERNS AND ALCOHOL RELATED HARM IN EUROPE

Individuals are typically not rational actors but their decisions, including drinking decisions, are strongly influenced by their social environment/peers. Risky drinking patterns, in particular in young people, are closely linked with culture, acceptability, peer pressure and normative drinking.

In the US, numerous peer-reviewed articles from Prof. Perkins and his research team (a group that is specialised in the social norms approach) show that perceived drinking norms do not match real norms (about 70% of the drinking study population overestimates their peers' risky drinking levels). **The correction of the perceived norm with the real norm was hugely effective in reducing risky drinking patterns, drink-driving, etc.**(in particular among young people), according to US based



studies.³ The social norms marketing approach has also been applied in adults and implemented with success mostly in the US but also in a few UK cases.⁴

Proposed research project:

1. Replicate the US based studies on social norming approach in Europe by taking into account the differing European cultural contexts, which will also influence the choice of key behavioural variables that could be modified and corrected to the norm.
2. The findings of such studies might be translated into effective multi-stakeholder actions to reduce alcohol related harm.
3. The project could assess and explain the behavioural shift in alcohol consumption as resulting from peers' positive influence on youth consumption behaviours.

SUBJECT 3: NON-COMMERCIAL ALCOHOL (NCA) AND HEALTH

Illicit alcohol production and counterfeit alcoholic drinks pose a serious health threat providing consumers with inferior or even toxic products. Recently over 50 people died and dozens more suffered serious illness in the Czech Republic, the Slovak Republic and Poland after drinking vodka or rum tainted with methanol. In addition to methanol, other undesirable contaminants, such as heavy metals and compounds migrating from food contact materials, have been noted in illicit alcohol above recommended dietary intake levels, signalling inferior production methods.

The incidence of counterfeit alcohol is a major problem across the EU, and seems to be on the rise. Very worthy one-off studies have recently been conducted in a number of Member States. Nevertheless, there remains a dearth of hard information about the overall scale of the problem – we lack a systematic, comparable analysis carried out across a wide range of different Member States.

- *In the UK* the level of counterfeit alcohol is reported to have increased by almost 400% from 2009 to 2012⁵.

³ For illustration, see the following paper by Perkins and Craig (2006) entitled 'A successful social norms campaign to reduce alcohol misuse among college student-athletes' in the *Journal of Studies on Alcohol*, 67(6): '**Objective:** This study examines the impact of a social norms intervention to reduce alcohol misuse among student-athletes. The intervention was designed to reduce harmful misperceptions of peer norms and, in turn, reduce personal risk. **Method:** A comprehensive set of interventions communicating accurate local norms regarding alcohol use targeted student-athletes at an undergraduate college. An anonymous survey of all student-athletes was conducted annually for 3 years (2001: n = 414, 86% response; 2002: n = 373, 85% response; and 2003: n = 353, 79% response). A pre/post comparison of student-athletes was conducted separately for new and ongoing athletes at each time point to isolate any general time period effects from intervention effects. A cross-sectional analysis of student-athletes with varying degrees of program exposure was also performed. **Results:** The intervention substantially reduced misperceptions of frequent alcohol consumption and high-quantity social drinking as the norm among student-athlete peers. During this same time period, frequent personal consumption, high-quantity consumption, high estimated peak blood alcohol concentrations during social drinking, and negative consequences all declined by 30% or more among ongoing student-athletes after program exposure. In contrast, no significant differences across time were seen for new student-athletes each year with low program exposure. Among student-athletes with the highest level of program exposure, indications of personal misuse were at least 50% less likely on each measure when compared with student-athletes with the lowest level of program exposure. **Conclusions:** This social norms intervention was highly effective in reducing alcohol misuse in this high-risk collegiate subpopulation by intensively delivering data-based messages about actual peer norms through multiple communication venues' (p. 880).

⁴ For a comprehensive review of this topic, you may look at the dedicated [ICAP Issues Briefing](#).



- *In Bulgaria*, illicit spirits are believed to constitute more than 50% of domestic spirit consumption.
- *In Latvia*, recent research suggests that 32% by volume of the total alcohol market in Latvia is illicit non-commercial alcohol.
- *In Poland*, although illicit alcohol trade in the country is lower than it was 10 years ago (at 15%), there is an observable upward trend in recent years

Proposed research project:

1. Measure the nature and extent of NCA production and consumption in relevant countries enabling cross-country comparison and study of the interaction between public policies and NCA prevalence
 - a. An estimate of how much unrecorded alcohol is produced/sold/consumed.
 - b. A better understanding of the patterns of production/sale/consumption (e.g. who are the producers/sellers/consumers)? Motives for buying NCA (cost, culture, tradition...)?
 - c. Better understanding of the public policies in place which impact the level of NCA, and the effects of enforcement of those policies.
 - d. More knowledge about the composition and safety of such products.
2. Analyse the association between non-commercial alcohol consumption and alcohol related acute as well as chronic health indicators.
3. Economic and social drivers of consumption (affordability, etc...)

We believe such research would be of great value to a variety of stakeholders from public administrations, customs services, police, and health ministries. Effective policies to reduce alcohol related harm cannot continue to ignore this important variable.

SUBJECT 4: VARIABLES AND CIRCUMSTANCES OF MODERATE CONSUMPTION

The vast majority of those who choose to drink alcoholic beverages do so in moderation (over 80% in the EU-27, over 90% in Italy, Hungary, Bulgaria, Portugal or Greece, according to the latest EUROBAROMETER survey).⁶ It would be interesting to launch a survey in selected EU Member States in order to assess how and why people enjoy and consume alcoholic beverages in moderation, and manage their intake.

Proposed research project:

1. Assess why and how the vast majority of alcohol drinkers (over 80% in the EU-27) are able to control their alcohol intake and consume alcoholic beverages in moderation?

⁵ HM Revenue & Customs (2013). Measuring tax gaps

⁶ There is no universal definition of 'moderation' available, as many countries apply different drinking guidelines, which is most likely related to different cultural backgrounds, climate, etc.. The above EUROBAROMETER statistics takes moderate drinkers as men not exceeding 210g of ethanol per week and women not exceeding 140g of ethanol per week.



2. Relate moderate drinking patterns to alcohol policy interventions, in order to assess which types of policy measure/absence of policy measure are most strongly associated with the prevalence of moderate drinkers.
3. The findings of this survey could be used/applied in EU regions where the moderate drinking pattern is less dominant.
4. Investigate why the 'social norms' approach does not appear to have worked in the EU versus its reported success in the US in order to avoid simplistic replication of US based studies in a European cultural context.
5. Identify the multiple factors behind the significantly decreased of alcohol consumption and harm in the UK/Europe over the last 7-10 years.

SUBJECT 5: IMPACT OF MODERATE ALCOHOL CONSUMPTION ON HEALTH

The effect of moderate alcohol consumption on health has been the subject of much of debate and is still controversial. To some, moderate alcohol consumption is seen as a part of a healthy Mediterranean diet and has been shown to have a positive effect on longevity while others consider that alcohol causes harm no matter how much one consumes. As the findings may influence the way Member States will adapt their health policies and tip the balance one way or the other, it would be interesting to renew interest again in such a sensitive public health issue.

Proposed research project:

1. Assess if there is beneficial health aspects of moderate alcohol consumption on major diseases (cardiovascular disease, chronic diseases...).
2. A comparative assessment of the impact alcohol consumption on overall life expectancy for heavy drinkers, moderate drinkers and abstainers.