

# Public Health Responsibility Deal unlikely to be an effective response to alcohol harms

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Harmful alcohol consumption in England is unlikely to be reduced by the Public Health Responsibility Deal because the majority of its interventions are ineffective, poorly reported or were already happening anyway, according to two new studies published in *Addiction*.

The findings are part of a comprehensive independent evaluation of the Public Health Responsibility Deal conducted by researchers at the London School of Hygiene & Tropical Medicine.

Launched in March 2011, the Responsibility Deal is a public-private partnership between industry, government, public bodies and voluntary organisations in England. Organisations involved make voluntary 'pledges' on various areas, including alcohol, which are designed to improve public health.

Researchers analysed all publicly available data about organisations' plans and progress towards achieving key alcohol pledges of the Responsibility Deal. They also conducted a systematic review of international evidence about the different types of interventions proposed by the organisations, in order to assess how effective the pledges would be in reducing harm from alcohol.

75% of the pledges aimed to provide consumer information and choice - interventions that are known to have limited effectiveness. The other 25% included measures such as reducing [alcohol content](#) in products.

However, the researchers also noted that where some producers and retailers reported taking measures to reduce alcohol units, these appear to mainly involve launching and promoting new low-unit products rather than removing units from existing high-unit products. This could potentially increase the total number of alcohol products on the market.

Annual progress reports from organisations on their pledges were most often found to be poor quality, incomplete or unavailable. Only 11% of alcohol pledge-related activities were found to be a direct result of the Responsibility Deal, with 65% actions the organisations were already undertaking.

The researchers say that while alcohol pledges may contribute to improving consumers' knowledge and awareness, they are unlikely to be effective in reducing alcohol consumption.

Lead author Dr Cecile Knai, from the Policy Innovation Research Unit at the London School of Hygiene & Tropical Medicine, said: "We know that effective voluntary agreements are based on clearly-defined, evidence-based and quantifiable targets, which require partners to go beyond 'business as usual', and penalties for not delivering the pledges. However the alcohol [pledges](#) of the Public Health Responsibility haven't met these criteria.

"Excessive [alcohol consumption](#) continues to be a major [public health](#) problem in England and needs to be addressed by effective interventions, notably those which change the market environment to make [alcohol](#) less available and more expensive. We hope our evaluation will contribute to decision-making about how to effectively tackle this problem."

**More information:** Paper one: Cecile Knai, Mark Petticrew, Mary Alison Durand, Elizabeth Eastmure & Nicholas Mays. Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis. *Addiction*. DOI: [10.1111/add.12855](https://doi.org/10.1111/add.12855)

Paper two: Cecile Knai, Mark Petticrew, Mary Alison Durand, Courtney Scott, Lesley James, Anushka Mehrotra, Elizabeth Eastmure, Nicholas Mays. The Public Health Responsibility Deal: Will a public-private partnership with the alcohol industry motivate action on alcohol reduction? *Addiction*.

[DOI: 10.1111/add.12892](https://doi.org/10.1111/add.12892)

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