Alcohol in Society
Annual Alcohol Responsibility Report 2011
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The Portman Group is the responsibility body for alcoholic drinks producers in the UK.

Our role is:

- To regulate the promotion and packaging of alcoholic drinks sold or marketed in the UK.
- To challenge and encourage the industry to market its products responsibly.
- To show leadership on best practice in alcohol social responsibility through the actions of member companies.

The Portman Group was established in 1989 and introduced the Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks in 1996. All alcohol products sold or marketed in the UK are subject to the rules of the Code which prevent alcohol being marketed to children or in a way that would encourage excessive or irresponsible consumption.

The Portman Group is a not for profit organisation funded by nine member companies who represent every sector of drinks production and collectively account for more than half the UK alcohol market.

They recognise that they have both a responsibility and a business interest in reducing the harmful use of alcohol and have pioneered a number of ground-breaking initiatives to educate the public about responsible drinking. These include unit labelling, the widespread promotion of responsible drinking messages and the creation of Drinkaware, the independent Trust, which is now the main source of consumer information on sensible drinking. Portman Group members continue to provide significant funding for Drinkaware’s education and campaigning work.

Portman Group member companies are:

- AB InBev
- Bacardi Brown-Forman Brands
- Beverage Brands (UK)
- C&C Group plc
- Carlsberg UK
- Diageo Great Britain
- Heineken UK
- Molson Coors Brewing Company (UK)
- Pernod Ricard UK
Issues around alcohol are seldom far from the headlines. The impact of excessive drinking on health, city centres and law and order are rightly the stuff of public concern. Opinions vary greatly: from prohibitionists to binge drinkers; from ‘alcohol is a poison’ to those who believe that alcohol fulfils an important and generally benign effect on social life; from those who wish governments to intervene actively to those who regard ‘the nanny state’ as an unnecessary threat to individual choice.

The purpose of this report is to provide a clear and balanced picture of alcohol in the UK. The aim is to present statistics about alcohol consumption, its impact on public health and society, using the latest available data in an unbiased way. A number of trends in the UK appear to be moving in the right direction, but significant problems remain and complacency is not an option.

The report also contains information on what alcohol producers are doing to counter misuse of their products. The nine members of the Portman Group are personally and corporately committed to a range of socially responsible activities, some of which are detailed here. By joining the Portman Group, producers demonstrate that they are serious about creating a responsible drinking culture. Their companies established and continue to fund Drinkaware, the education Trust; they sponsor the Portman Group Code, which has raised standards in the marketing of alcoholic products; and they have taken initiatives that go far beyond tokenism or window dressing.

Portman Group members believe that education about alcohol, particularly among young people, and enforcement of appropriate laws are the key ways to change the UK drinking culture. Much can be achieved through a partnership approach involving health professionals, politicians, local and national government, and police. This report aims to identify what alcohol producers can bring to the table to help create a responsible drinking culture in the UK.

Seymour Fortescue
Chairman, Portman Group
In this section, we provide a comprehensive illustration of trends in alcohol consumption and alcohol-related harm in the UK based on the most reliable and up-to-date statistical sources.

Trends in alcohol consumption

Per capita consumption

Per capita consumption data provides top-level information on the nation’s overall alcohol consumption. Records show that alcohol consumption in the UK has fluctuated considerably over the past 100 years or so. In 1900, it stood at approximately 11 litres of pure alcohol annually per head of population. In the 1950s, it dropped below 4 litres. By 2000, it had risen to over 9 litres and it currently stands at 8.4 litres\(^1\).

Per capita consumption, however, is affected by changes in the proportion of children in the population and it is therefore perhaps more useful and relevant to measure consumption per adult head of population. This currently stands at 10.2 litres, which is 11% lower than the 2004 peak of 11.5 litres\(^2\).

Fig. 1 – Alcohol clearances per adult (aged 15+)

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\(^1\) First Report from the Health Select Committee: Alcohol; Session 2009-10: HC 151-1
Beer is still the most popular form of alcohol in the UK, though its share of the total market has fallen from 57% to 37% in the past 20 years. Wine and cider have grown in popularity, while spirits have broadly maintained their share.

The UK’s per capita consumption is mid-table in comparison with other EU countries3.

Whilst per capita consumption data is interesting it can, however, hide information on drinking patterns and trends among population sub-groups. For example, what proportion of the population is drinking excessively? Is women’s drinking going up or down? Such information relies on survey data and is explored in further detail overleaf.

Fig. 2 – Per capita consumption in European countries among population aged 15 years and older

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10.2 LITRES

Consumption per adult head of population which is 11% lower than the 2004 peak of 11.5 litres.

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3 OECD Health Data 2010
Trends in alcohol consumption and alcohol-related harm

Data on drinking patterns

The most reliable data on drinking patterns in the UK is provided by the Office for National Statistics (ONS) through the General Lifestyle Survey (GLS), formerly known as the General Household Survey. This survey uses various measurements of alcohol consumption and provides data on average weekly consumption figures and the maximum amount drunk on any one day in the previous seven days. The ONS has been collecting continuous data on adults’ drinking since 1978.

In 2006, in response to changes that had taken place over a number of years in the typical strength and size of serving of alcoholic drinks, the ONS updated its method of estimating alcohol consumption. The effect of this methodological change was to show an apparent sharp increase in drinking levels. For this reason, the ONS avoids direct comparisons between data obtained via the old and new methods.

Average weekly consumption

According to the latest GLS data\(^4\), 68% of men and 54% of women say they have had a drink in the last seven days.

Average weekly consumption rose steadily in the 1990s and achieved a peak of around 17 units for men and 7.5 units for women in the period 2000 to 2002, before falling to 14.8 units for men and 6.2 units for women in 2006. The revised methodology shows that the average number of units consumed is continuing to fall from 18.7 for men and 9.0 for women in 2006 to 16.3 and 8.0 respectively in 2009.

Some health professionals describe drinking levels of above 21 units a week by men and 14 units a week by women as ‘hazardous’; they further describe drinking levels of above 50 units a week by men and 35 units a week by women as ‘harmful’.

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According to the ONS data, the proportion of men and women drinking hazardously peaked in 2000 and has been declining since 2002. The proportion of men drinking more than 21 units a week on average fell from 29% in 2000 to 23% in 2006. This trend seems to be continuing under the revised methodology with a fall from 31% in 2006 to 26% in 2009. The proportion of women drinking more than 14 units a week fell from 17% in 2000 to 12% in 2006. Under the revised methodology there has been a further fall from 20% in 2006 to 18% in 2009. This fall in consumption occurred among men and women in all age groups, but was most evident among those aged 16 to 24.

A similar picture has been seen in respect of harmful drinking. Since 2002, the proportion of harmful drinkers among both men and women has fallen. This improvement has again been most evident among the 16 to 24 age group.

**SINCE 2002, THE PROPORTION OF HARMFUL DRINKERS AMONG BOTH MEN AND WOMEN HAS FALLEN**

Fig. 4 – Proportion of men exceeding 21 or 50 units/week and women exceeding 14 or 35 units/week '98 – '09

16.3 UNITS
Average weekly consumption by men in 2009

16.3 UNITS

- Men drinking >21 units/week
- Men drinking >50 units/week
- Women drinking >14 units/week
- Women drinking >35 units/week
Trends in alcohol consumption and alcohol-related harm

Daily drinking

The UK Government advises that adult men should not regularly drink more than three to four units of alcohol per day and women not more than two to three units per day\(^5\).

The proportions of men drinking more than four units and women more than three units at least once in the previous seven days were fairly stable between 1998 and 2004 but then dropped between 2004 and 2006. This downward trend has continued under the revised methodology. The proportions drinking more than these amounts in 2009 were 37% of men and 29% of women.

The proportion of men who drink more than twice the recommended daily maximum (i.e. more than eight units) on at least one day in the past week has followed a similar pattern and currently stands at 20%. There appears to be a similar downward trend in the proportion of women who drink more than twice the recommended daily maximum (i.e. more than six units) on at least one day.

\(^5\) For full information on responsible drinking, visit drinkware.co.uk

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Fig. 5 - Proportion of men drinking more than four units on any day and women drinking more than three units on any day in the past week

Fig. 6 - Proportion of men drinking more than eight units on any day and women drinking more than six units on at least one day in the past week.
**Alcohol and young people**

In 2010, less than half (45%) of pupils aged 11-15 years old said they had ever had an alcoholic drink. This continues the downward trend since 2003 when 61% of pupils had drunk alcohol and is markedly lower than the 2009 figure of 51%.

The proportion of pupils who had drunk alcohol in the past week is 13% (for both boys and girls); this represents the lowest consumption figure since records started in 1998 and may be indicative of a changing trend in young people’s drinking.

The available data show that, allowing for the effect of the ONS’ methodological change, levels of excessive daily drinking and excessive weekly drinking among men and women have been falling since 2002. There is also more widespread abstinence among those aged 11-15 years old. These trends have resulted in a significant fall in per capita consumption over the same period.

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6 The data presented here on 11-15 year olds’ drinking behaviour is taken from a series commissioned by the Department of Health on ‘Smoking, drinking and drug use among young people in England’ (most recently published on 28 July 2011 by the NHS Information Centre for Health and Social Care).
Trends in alcohol-related harm

Alcohol-related violence

Based on the 2009/10 British Crime Survey, there were 986,000 violent incidents where the victim believed the offender(s) to be under the influence of alcohol. This represents approximately 50% of all violent incidents. This is an increase from 47% in 2008/09, although the apparent difference is not statistically significant.

Since 1995, there has been a significant decrease in the number of violent incidents in which victims believed the offender(s) were under the influence of alcohol; this is in the context of an overall fall in the number of violent crimes.

Fig. 9 – Violent incidents where victim believed offender(s) to be under the influence of alcohol

THE NUMBER OF DRINK-DRIVE FATALITIES HAS DECLINED TO 250 IN 2010

Alcohol related deaths fell by 367 in 2009

Alcohol-related deaths

The number of alcohol-related deaths has doubled since the early 1990s, rising from 4,023 (6.7 per 100,000 population) in 1992 to 9,031 (13.6 per 100,000) in 2008.

However, in 2009, the number of alcohol-related deaths fell by 367, to a level of 12.8 per 100,000. Future surveys will establish whether this is the start of a longer term trend.

In 2009, males accounted for approximately two thirds of all alcohol-related deaths.

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*Source: Office for National Statistics (ONS), General Register Office for Scotland, Northern Ireland Statistical and Research Agency.*


*The ONS definition of alcohol-related deaths includes only those causes regarded as being most directly due to alcohol consumption. This includes all deaths from chronic liver disease and cirrhosis (excluding biliary cirrhosis) even when alcohol is not specifically mentioned on the death certificate. It does not include diseases where alcohol has been shown to have some causal relationship, such as cancers of the mouth, oesophagus and liver. Apart from deaths due to poisoning with alcohol (accidental, intentional or other) this definition does not include deaths as a result of road accidents, falls, fires, suicide or violence involving people who had been drinking.*
Trends in alcohol consumption and alcohol-related harm

Drink-driving

The number of drink-drive fatalities has declined from an all-time high of 1,640 in 1979, when records began, to an all-time low of 250 in 2010. Seriously injured drink-drive casualties also declined from 8,300 in 1979 to 1,230 in 2010. Total drink-drive casualties fell from 31,430 to 9,700. In relation to the number of vehicles on the road, the decrease is much more significant.

Alcohol-related hospital admissions

Estimates of alcohol-related hospital admissions are published by the NHS Information Centre.

Some diseases and injuries are, by definition, wholly attributable to alcohol (i.e. they would have never occurred had it not been for alcohol). Others are partly attributable (i.e. alcohol may have contributed to the particular condition). In the latter case, the extent to which a

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10 Department for Transport ‘Reported Road Casualties in Great Britain: 2010 provisional estimates for accidents involving illegal alcohol levels’, published 4 August 2011. All 2010 data is provisional.
The proportion of hospital admissions where the main reason for admission is related to alcohol has remained virtually unchanged for the past five years.

Particular disease or injury is deemed attributable to alcohol is based on methodology developed by the North West Public Health Observatory.

The data on alcohol-related hospital admissions published by the NHS Information Centre is broken down into primary diagnosis (i.e. the main reason for admission) and secondary diagnosis (i.e. any other disease or injury that is identified at the time of admission). Hospitals have significantly increased their recording of secondary diagnoses in recent years. Unfortunately, this variation in practice means that the data are not wholly reliable for the purposes of measuring trends. We consider that more analysis needs to be done to understand fully the true picture in respect of trends in secondary diagnoses. The data relating to primary diagnoses, however, do not suffer from the same problem. We believe that the primary diagnoses data are therefore more robust for trend-measuring purposes and it is these that we refer to below.

The number of primary diagnoses wholly or partly attributable to alcohol has risen from 160,200 in 2004/5 to 194,800 in 2009/10\(^{11}\), an increase of 21.6%.

Hospital admissions as a whole, however, have also risen significantly over this period from 12,102,006 to 14,537,712\(^{12}\), an increase of 20.1%. Therefore, the proportion of hospital admissions where the main reason for admission is related to alcohol (i.e. where the primary diagnosis is wholly or partly attributable to alcohol) has remained virtually unchanged for the past five years, being 1.32% in 2004 and 1.34% in 2009.

Fig. 12 – Percentage change in overall and alcohol-related hospital admissions since 2004/5

Fig. 13 – Breakdown of hospital admissions by primary diagnosis in 2009/10

\(^{11}\)NHS Information Centre, Statistics on Alcohol: England, 2011
\(^{12}\)NHS Information Centre, Hospital Episode Statistics 2009/10
Alcohol is a product which can be enjoyed responsibly but which, when misused, can cause harm to individuals and society. For this reason, there are particular restrictions on the way alcohol is marketed in the UK. It is also widely recognised that alcohol producers have a responsibility to help tackle alcohol misuse. This section explores the regulation of alcohol marketing and the responsibility initiatives of alcohol producers.

**Alcohol Regulation in the UK**

There are two principle organisations involved in regulating drinks marketing: the Advertising Standards Authority (ASA) and the Portman Group. In addition, Ofcom regulates television programme sponsorship. The different regulatory systems, however, while they operate independently of one another, adopt similar standards and complement one another to ensure strict supervision of all drinks producer marketing activity. Fig. 13 shows the responsibility areas for each organisation.

**Advertising Standards Authority**

The ASA is the UK body with responsibility for ensuring that all advertising is legal, decent, honest and truthful. It does this by administering a set of advertising codes, which are written and maintained by two industry bodies: the Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP). CAP is responsible for the non-broadcast code and BCAP is responsible for the TV and radio codes.

The system is based on a concordat between advertisers, agencies and the media that each will act in support of the highest standards in advertising. It is both self-regulatory (for non-broadcast advertising) and co-regulatory (there is a co-regulatory partnership with Ofcom for TV and radio advertising). Compliance with the advertising codes is not voluntary and all upheld adjudications are strictly enforced.

Complaints under the BCAP and CAP Codes are adjudicated on by the independent ASA Council chaired by the former cabinet minister Lord Smith of Finsbury. Its decisions are published on the ASA’s website and in a weekly report. Advertisers that breach the advertising codes face financial loss from having an advertising campaign pulled and damage to reputation through the publication of upheld adjudications, which attract media attention.

The vast majority of broadcast advertisements are pre-cleared beforehand by Clearcast (TV) and the Radio Advertising Clearance Centre (radio). Cinema advertisements are all pre-cleared by the Cinema Advertising Association. Pre-publication advice on non-broadcast advertising is available from the CAP Copy Advice team.

The ASA carries out regular monitoring to ensure high levels of compliance with its codes. In a monitoring survey of alcohol advertisements in December 2009, it found one breach out of 307 advertisements, which equates to a compliance level of 99.7%.

**The Portman Group**

The Portman Group regulates all drinks marketing in the UK, with the exception of advertising, through its Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks. This covers, among other things, packaging, sponsorship (excluding programme sponsorship), branded merchandise and press releases. The Code is written by the drinks industry following open consultation.

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**Fig. 13 – Who regulates what?**

**Broadcast**
- TV programme sponsorship
- Broadcast editorial standards

**Marketing**
- Naming
- Packaging
- Sponsorship (not TV)
- Press releases
- Sampling
- Producer-generated point of sale materials

**Advertising**
- TV, press and radio
- Cinema
- Outdoor
- Direct Mail
- Mobile phones
- Online/Viral
Complaints under the Portman Group Code are adjudicated on by an Independent Complaints Panel chaired by Sir Richard Tilt (formerly Director-General of the Prison Service). Its decisions are published on the Portman Group’s website and in an annual report.

If a company is found in breach of the Code, it invariably will voluntarily take appropriate remedial action. In the case of product packaging breaches, however, the Portman Group ensures compliance by issuing a Retailer Alert Bulletin. This requests retailers not to stock the product unless and until it has been re-designed appropriately. Since the Code was introduced in 1996, over 80 products have been removed from sale in this way.

The Portman Group also operates an Advisory Service to help companies comply with the Code. Fig. 15 shows the number of requests for advice received each year. By comparing this with the number of complaints per year in Fig. 14, we can see very clearly that as advice requests have increased, the number of complaints received has steadily fallen. This is how the system is meant to operate in that problems are being resolved before products and promotions come to market.

In 2008, the Portman Group commissioned an independent company, PIPC, to conduct an audit of Code compliance in respect of drinks packaging. PIPC assessed 485 products and considered 93% to be definitely compliant with the Code. Producers of 18 products considered potentially non-compliant volunteered to take remedial action. Ten other potentially non-compliant products were referred to the Independent Complaints Panel, only two of which were eventually judged to be in breach of the Code (i.e. a failure rate of 0.4%).

The Portman Group is constantly striving to improve responsibility standards and produces guidance on best practice in particular areas of marketing. In 2009, it issued comprehensive guidance on the use of digital media which advised companies on such matters as how to use social networking sites responsibly; how to protect against downloadable materials being forwarded to minors; and how to decide whether a third-party’s website was an appropriate vehicle for alcohol advertising.

The Portman Group’s Code is highly regarded with its effectiveness recognised by several authoritative and independent bodies. For example, the Better Regulation Taskforce\(^\text{14}\) has described our Code as a good example of a Code that works well, demonstrating how effective self-regulation can be. The International Harm Reduction Association includes the Code within its leading 50 global alcohol harm reduction initiatives\(^\text{15}\). In its 2008 review\(^\text{16}\) of the industry’s social responsibility standards for the Home Office, KPMG reported that the work of the Portman Group was ‘highly respected’ and had led to a ‘considerable improvement’ in alcohol marketing.

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\(^{13}\) www.portmangroup.org.uk/?pid=18&level=2  
\(^{14}\) Thinking for Better Regulation, Better Regulation Taskforce 2003  
\(^{15}\) www.ihra.net/contents/795  
\(^{16}\) Review of the social responsibility standards for the production and sale of alcoholic drinks, KPMG LLP, 11 April 2008
Along with the codes of practice, leading drinks producers aim to operate their businesses at the highest levels of social responsibility. Producers’ reputations are damaged if their products are abused. It is in nobody’s interest to market alcohol irresponsibly or to have brands associated with misuse or under-age consumption.

### Responsibility begins at home

Portman Group member companies have introduced strict alcohol policies preventing alcohol misuse within their own organisations. As well as these rules, staff are provided with education programmes to help them understand and adopt sensible drinking practices.

Portman Group member companies also run local and regional initiatives to help promote the responsible use of alcohol. In the past year, these have ranged from regional safe-driving partnerships to supporting local health projects in the community. Further examples of alcohol responsibility initiatives can be found in the report, Taking Alcohol Responsibility Seriously.17 Portman Group, 2011.

### Industry-wide activity

As well as introducing local and company-wide initiatives, alcohol producers in the UK look more widely to see how they can work together to encourage a more responsible approach to alcohol. Examples of such joint activity include:

- **Drinkaware**
  Portman Group members set up Drinkaware, which was established as an independent Trust in 2007. Drinkaware’s objective is to change the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm. The charity is a unique partnership run by an independent board of Trustees, which includes equal numbers of health professionals and industry members.

  All Portman Group members are major contributors to the ‘Why let good times go bad?’ campaign run by Drinkaware which aims to challenge the social acceptability of drunkenness among young adults in the UK. The initiative is being delivered through a five year, £100m marketing campaign which runs to 2013. Targeted at 18 to 24 year olds, the campaign aims to tackle alcohol misuse and its harmful consequences by offering sensible drinking tips.

- **Communicating alcohol responsibility messages**
  Given the UK’s mature and competitive marketplace, alcohol marketing is used primarily to build strong brands and to gain market share. There are strict rules in place to ensure that alcohol marketing is appropriate and is not done in a way that could appeal to children.

  As well as promoting their products responsibly, alcohol companies can use their expertise in consumer marketing to tackle alcohol misuse. They do this in a wide variety of ways from featuring ‘drink responsibly’ messages on billboards and at major cultural and sporting events to providing information on drinks labels.

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17 www.portmangroup.org.uk/assets/documents/Taking%20Alcohol%20Responsibility%20Seriously%202011.pdf
Public Health Responsibility Deal

This year, the UK Government offered the industry a unique opportunity to demonstrate its commitment to help tackle alcohol misuse. The Public Health Responsibility Deal\(^2\) is an innovative partnership which has enabled the industry to identify practical measures it can take to support the government’s wider strategy on alcohol.

The main industry-wide pledges include:

- ensuring that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant
- maintaining the levels of financial support and in-kind funding for Drinkaware and the ‘Why let good times go bad?’ campaign
- committing to further action on advertising and marketing, namely providing simple and consistent information in the on-trade (e.g. pubs and clubs) to raise awareness of the unit content of alcoholic drinks
- ensuring effective action is taken in all premises to reduce and prevent under-age sales of alcohol
- taking further action on advertising including considering a sponsorship code and not putting alcohol adverts on outdoor poster sites within 100m of schools.

Individual member companies have also made their own pledges\(^3\) such as providing branded glassware for the on-trade showing the number of units in a drink, reducing the alcohol content of a leading brand, funding the training of midwives on foetal alcohol guidance and supporting Best Bar None schemes in local communities.

\(^2\) http://www.dh.gov.uk/en/Publichealth/Publichealthresponsibilitydeal/index.htm
Our 2010 Annual Code Report showed that complaint levels remained low. There were only five complaints during the year – the fewest in any year since the Code was introduced in 1996.

This, however, does not tell the whole story. As explained in the previous section, the Portman Group operates an advisory service as a pre-emptive measure to stop unsuitable products being put on the market. This free, confidential service is now widely used by alcohol producers and demonstrates their strong commitment to the spirit of the Portman Group Code. In 2010, there were over 500 requests for advice – up nearly 50% on 2009.

Keeping unsuitable products off the shelves rather than withdrawing them after going through the complaints process is clearly in the interests of the public and the industry.

We recognise the need to raise public awareness of the Code and how to complain. We rely on their vigilance. A national press advertising campaign last year was designed to raise the profile of the Code. We plan to do more in 2011, working closely with the Advertising Standards Authority.

Our Code of Practice has now been in operation for 15 years but we need to ensure the Code and its operation remain fit for purpose. This year we advertised vacancies on the Independent Complaints Panel for the first time in line with the principles of openness and transparency to which we aspire in our administration of the Code. We are also in the process of undertaking a thorough Code review. Regular review is a feature of good self-regulation. The last review was carried out in 2006 so it is timely that we go through this exercise again.

In preparing for the review, we held meetings with MPs and with health stakeholders to identify the issues which caused these groups the greatest concern. We also undertook consumer research to gain an insight into how consumers view alcohol marketing and its regulation.

The Code consultation document was issued in October 2011 and the consultation period runs until early 2012.

One of the most significant issues that we, and other regulators, have had to face in recent years is the rise of digital media. This presents a number of challenges to us, in terms of both determining appropriate standards and enforcement, and some of these challenges are highlighted in the current consultation. In the meantime, we are revising our Digital Marketing Guidelines, first issued in 2009.

Representatives of the Portman Group were invited by the European Forum for Responsible Drinking (EFRD) to share our expertise in regulating online alcohol marketing at a series of roadshows with European colleagues.

The Portman Group has also made its own pledges under the Public Health Responsibility Deal (described in the earlier section).

One of these relates to the review of our Code of Practice.

The other pledge relates to labelling. The Portman Group has pledged to play a key role in the industry’s implementation of the Department of Health’s labelling scheme. We have drawn up detailed guidelines on the correct presentation of the health-related information to ensure consistency across the industry. We have also offered to monitor the industry’s compliance with its pledge to implement the scheme on 80% of drinks containers by the end of 2013. We shall monitor this commitment and will commission an independent survey to evaluate compliance at the end of 2013.

One of the Portman Group’s roles is to improve understanding of alcohol-related social issues. To this end, we commission and publish research to inform policy-making. This year, we published research into how effectively alcohol-related laws are enforced. The research, carried out on our behalf by Dr Fiona Measham and Dr Phil Hadfield, comprised interviews with key stakeholders such as police officers, magistrates, local authority licensing officers and licensees. It revealed some interesting insights and the authors made a number of recommendations to improve law enforcement. We sent a summary of the report to relevant MPs and officials. The full report is available on our website.

Fig. 17 – Best practice example of acceptable label
Portman Group staff

Seymour Fortescue
Chairman

David Poley
Chief Executive (end October 2011)

Henry Ashworth
Chief Executive (from November 2011)

Sarah Hanratty
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