The boy ‘who joined for jelly’
A 66 year journey
Preface

What follows is a story of one man’s life but also a story of social and political change. When Derek Rutherford and I first met as young men in the 1960s the level of alcohol consumption per head in the United Kingdom was considerably lower than it is today. One reason was that disposable incomes were only just about to increase following the post-war austerity. The other was the powerful legacy of the Temperance movement in the early twentieth century. This is not to say that under-age drinking was unknown amongst our contemporaries at school or that student bars did not exist. However, about half the adult population drank either nothing alcoholic at all or so little as to count as tee-totallers in effect. There were drink-related problems, including crime, and problem drinkers, but drink was not de rigueur in the home or at social functions in the way it is today. The other powerful legacy of the Temperance movement was that it had already become a byword for narrow-mindedness and the repression of enjoyment. This was not helped by the fact that its official organisations clung to their earlier names. The Band of Hope, the Rechabites, or the Good Templars carried their old names into a new era in which the titles were anachronistic even if the object remained desirable. Medieval romance may have appealed to Victorian youth but had little resonance in the space age.

One bright spot in the Temperance firmament was the annual National Temperance Summer School run in Derbyshire at Eastwood Grange, Ashover, by Herbert Jones. This was sponsored by the British National Temperance League from its Sheffield offices, but Herbert Jones was too shrewd to attempt to market his outreach to young people under that head. Eastwood Grange was synonymous with a sophisticated approach to Temperance education. Herbert Jones and his colleagues provided a country house holiday for young people from urban terraces, in which they were expected to take responsibility for running much of the programme themselves. Derek and I met as leaders of one of these enterprises, having reached our early twenties. Herbert Jones gave bursaries to young people he wished to cultivate and exercised ruthless quality control. Leaders of the Temperance movement were not invited to return another year if they failed to win the approval of the young people attending. The residential experience was as much about winning commitment to a cause as sharing information, though information was available, from authoritative and attractive sources.

Eastwood Grange did not make Derek Rutherford a Temperance advocate – he was already committed through his association with the International Organisation of Good Templars. It did confirm him in his views and strengthen his contacts with the then national leaders in the field and future allies. Although trained as a teacher, Derek had political ambitions and was on short lists for the Labour candidacy in at least two constituencies. Parliament’s loss was public health’s gain, indeed, Derek’s professional life has been spent in a period when those who chose to work in non-governmental agencies have often achieved more in shaping national life than a backbencher can ever do. The young teacher was not called to the House of Commons but to set up a new organisation, TACADE, the Teachers’ Advisory Council on Alcohol and Drug Education in 1969. This provided an outlet for Derek’s various interests. The extension of the school leaving age, first to fifteen and then sixteen had created an opportunity for religious education syllabuses to move beyond the scriptural curriculum of earlier years to engage with issues affecting young people, often characterised as “sex, drugs and rock’n’roll.” There were also new opportunities in health education and the extension of the science curriculum. The provision of material and training for teachers in
these new areas was a new opportunity for a campaigner like Derek. TACADE, with backing from the United Kingdom Temperance Alliance, an educational charity, was launched and grew.

In 1973, having demonstrated his commitment and competence, Derek was recruited as the Director of the National Council on Alcoholism. He travelled widely, establishing a network of alcohol information centres at a local level in England and Wales, commissioned by the Department of Health. The Rutherford style was being formed. Challenge people with new information, infect them with your enthusiasm and trust them to carry forward the project. By the time he left the National Council, in 1982, there were 40 such centres to testify to its effectiveness. He became a confidant of the Chairman of the Council, the late Sir Bernard Braine, and briefed him extensively when relevant legislation was before Parliament, both during this time and subsequently. In his time at the National Council the training of voluntary alcohol counsellors had been established, together with alcohol and workplace programmes for trade unions, industry and commerce. He was also a member of the Government’s Advisory Committee on Alcoholism from 1975-1979.

This solid professional development prepared Derek for the remainder of his life’s work. The United Kingdom Alliance was the old political vehicle for the Temperance movement, dedicated to the suppression of the liquor trade. Experience in the United States had cast a shadow over the programme of advocating Prohibition. In the period after the Second World War the Alliance took the tactical decision to vest much of its property in a new educational charity, the United Kingdom Temperance Alliance, with an advocacy programme, rather than a political agenda. The UKTA therefore became the owners of the freehold offices in Caxton Street, Westminster, under the direction and leadership of Robert Wilson Black, a temperance reformer. By 1982 it was evident to some members of the board of the UKTA that all was not well in the organisation. They then invited Derek Rutherford to take on the role of Chief Executive. He now found himself in charge of an organisation which represented a cause which was dear to him but was in need of restructuring and redirecting. His position was strengthened by his recruiting a colleague from the National Council, Andrew McNeill, to be his deputy, and rallying old friends from Eastwood Grange to take up vacant positions on the board.

Part of the work was administrative; the office building, which was the major capital asset, needed programmes of modernisation and more efficient management, in order to generate income. This was fundamental to the real work of the charity and Derek put part of his energy into ensuring all this came to pass. However, his real genius came in the reinvention of the UKTA to meet the changes in the public views on alcohol. Consumption rose steadily through this period, as alcohol became both more affordable and more available. Broadening off-licence provision to supermarkets was to have a long-term effect on drinking patterns in the home and amongst the young. Drinking became prevalent in a wider range of social contexts and wine, a luxury item in the past, was consumed far more

Students at the summer school, Eastwood Grange 1964
generally. Derek took no delight in his Cassandra-like role, pointing out that increased consumption would lead inevitably to greater harm to public health and public order. He was particularly grieved that many churches dropped their historic advocacy of teetotalism, and believed that going along with the idea of moderate drinking was bringing them closer to the public. The churches wished to avoid being regarded as censorious and seemed to forget why they had taken up abstinence in the first place. Derek was confirmed in the view that those who forget their history are doomed to repeat it. He was determined to avoid this negative scenario for the future and to take an evidence-based approach, with a view to changing public perceptions. He and Andrew developed the Institute of Alcohol Studies to collate and disseminate information about the harmful effects of alcohol in individuals and society. Within that broad remit the limited resources of the Institute were devoted to particular issues as opportunity arose.

The one new restriction on drinking in an era when regulations were eased was the introduction of the breathalyser for drivers. It took a brave politician, Barbara Castle, to introduce it amid a chorus of disapproval from libertarians and vested interests. The new Institute sought to work with the Campaign Against Drinking and Driving to support the new law and to push for tougher penalties for those who broke it. Along with the drink-drive legislation came the “responsible drinking” message from government. Derek was instinctively against this because it assumed drinking to be a normative activity and ignored an abstaining life-style by implication. For a while the new Institute ran a campaign for young people, in conjunction with the National Union of Students called “Stay Dry”. The Achilles heel of this initiative was that however much student welfare officers wished to limit the potentially harmful drinking of students a large proportion of student union funds were and still are derived from bar takings. The artwork for this campaign also served to illustrate Derek’s book, A Lot of Bottle, a popular exposition of the questions alcohol raises for society. After a few years it became evident that there was no groundswell for a popular movement against alcohol consumption that might compare with those of the early twentieth century and the UKTA and the Institute began to consider new tactics under Derek’s leadership.

What presented itself as a problem, the proposed harmonisation of duty on alcohol across the European Community, leading to further comparative reductions in the price of wines and spirits, was turned into an opportunity. The founding of Eurocare is described in detail in what follows. Having once conceived this rather bold idea of taking the fight to Europe rather than accepting any adverse effects of European legislation, Derek brought to the task the same gifts which had characterised his development of the National Council on Alcoholism. This time he travelled Europe looking for possible allies and openings. The result was the first consultation at Parceval Hall, in the Yorkshire Dales, which planned the structure and programme for Eurocare. The growth of Eurocare was not without its problems and not everyone agreed with all that Derek proposed but by sheer dogged determination and hard work he carried it forward. Quite early in the growth of Eurocare Derek identified the need for a presence in Brussels to facilitate contact with the Commission and persuaded the UKTA to buy premises there. At a time when the British government seemed to listen more to the industry than to the health professionals the contact with the wider European scene, including the European Region of the World Health Organization, was crucial in keeping IAS in tune with developing trends in alcohol policy.

Europe was not enough for Derek. Alcohol production and sale is dominated by international conglomerates, with powerful lobbies well beyond their notional host countries. What was true in Europe was true for the world as a whole and Derek began to wonder if national non-governmental organisations around the world might be brought together to share information and promote healthier policies. Once more, having made initial enquiries and contacts,
Derek masterminded a conference at Syracuse, in New York State, to consider the formation of a Global Alcohol Policy Alliance. Historically this was an apt place to begin, for this part of New York State had seen Quakers and Methodists launch emancipation movements for women and slaves, linked with the advocacy of temperance. The meeting was timely in another sense, as it began to dawn on development agencies that changing indigenous cultures to accommodate the worst of Western drinking habits would undermine progress. Part of this book explores some of the social and financial issues involved in the promotion of alcohol on a world-wide basis. GAPA became a retirement project for Derek, which he now hopes to hand on in a developed state comparable to that of Eurocare.

Meanwhile, back at base, the UKTA decided to give a measure of autonomy to the Institute of Alcohol Studies to enable it to develop as a primary source of information on alcohol issues. The skilful use of project staff in meeting particular requirements of clients was part of this. The Institute played a key role in bringing together a disparate group of opponents or critics of the legislation to change the licensing system. In the end the libertarian, drink industry and tourist lobbies prevailed in persuading legislators to loosen up the licensing system and to all but abolish opening hours. The promised end of closing-time brawls has never materialised – we have mayhem going on into the night in some city centres. The promised leisure drink for the middle-class country walker has also gone by default, when landlords have chosen not to open when there is little trade about, not to mention the social and economic forces which are driving the cosy country pub of popular myth into extinction. The IAS did its best to prophecy the possible negative consequences of the legislation and remains in touch with its former partners against the day the legislation is revised.

The IAS has also recruited some of the country’s top specialists in various aspects of the alcohol problem to act as consultants to its board. This has sharpened the focus of its activities and allowed it to follow the growing concern amongst the medical establishment about the rising price of alcohol-related illness to the National Health Service. Derek, as a long-time participant in the public debate around alcohol issues, has made his experience and insight available after his retirement from his executive role. He is also taking on experimental work in seeing if a new generation of abstainers can be formed.

Derek would probably regard as failure his period as International Secretary of the International Organization of Good Templars. This is not because of any shortcomings in his administrative skills. However, over his time in office he developed a vision for the future of the organisation, which he wished to see relaunched under a new name. The critical international meeting to bring about these changes failed to reach a sufficient majority in favour. Disappointed at the time he has since done his best to maintain contacts with his former colleagues and to draw them into the other developments in which he is now involved.

All this might suggest Derek is wholly driven by his work. This would be to underestimate his pride in his family and love for his grandchildren. It would also ignore the many years he has served as a magistrate and in his local church. However, Derek would be the first to admit that his life had been driven by his concern to open the eyes of the world to the dangers inherent in our consumption of alcohol. Some people work for the material rewards they accumulate. Derek has always counted himself fortunate to be in the paid employment which coincides with his vocation. No one, even those who disagree with him, can doubt the genuineness of his commitment. This autobiography explains how it came about and how he sees it now. It is a valuable addition to the social history of the twentieth century and beyond.
ONE

Formative years

On my travels around the world I am often asked where I grew up. In order that those who asked this question might be able to appreciate the environment that fashioned my way of life I would ask if they had seen the film ‘Billy Elliot’. The film is a good depiction of my environment and home conditions. I am proud to be the product of a coal mining family and colliery village.

Events experienced in my childhood have had a profound influence on my beliefs and the pattern of my youth and adult life.

Born in August 1939, my early childhood was lived under the shadow of the Second World War. My father worked the nightshift (10pm to 6am) all through the war years so that my mother had to care for my sister and myself alone during the German air raids at night. My earliest recollection is that during one air raid my mother couldn’t reach the air raid shelter in time so she set my sister and I under the dining table away from the window. I vividly remember asking her if this was big boys cowboys and Indians! The experience has given me some understanding of the terror children face today in the war torn zones of the world. Faced from dawn to dusk and through the night by the sound of aircraft above and shaken by the thuds of bombs children are robbed of their childhood. Throughout my childhood my mother constantly reminded me that on my first birthday, 15 August 1940, the house opposite us was bombed.

In 1946 a year after the war ended, the Durham Miners Gala, which had been held annually until the outbreak of the Second World War, took place once again. My father told me that we were going to see “our Prime Minister” and I was carried on my father’s shoulders, through the streets of Durham, to see and listen to Clement Attlee.
So proud were the miners of the election of a Labour Government. At six years old I was introduced to the world of politics. Some years later I stood as the Labour Candidate for Altrincham and Sale, fighting Tony Barber the then Conservative Chancellor of the Exchequer. I am writing this at the time the country is commemorating the funeral of Winston Churchill fifty years ago. In 1945 I recall that when Churchill appeared on Pathe News the local cinema resounded with the noise of boos. When I asked my father “why?” There came the quick retort that “he sent the troops in”, in the 1920s against the miners! When it came to Margaret Thatcher a new generation of Easington miners had not changed their political stance.

On 29th May 1951 the people of Easington Colliery awoke to the real cost of coal. In a mining seam about 300 meters below ground, whilst one shift of men was leaving the seam and another shift entering, 81 miners perished in an explosion with two rescue men dying later. News of the disaster soon spread throughout the colliery. I well remember one of my aunts urgently knocking on the door of our house at 5.30 in the morning enquiring about my Dad’s welfare. For five years he had worked on one of the shifts that was affected. Fortunately for him two weeks before he had been allotted to a day shift. My aunt, although saddened for the men who were lost, was greatly relieved for her brother Sid who was safely asleep in bed. Since many of the men killed were my Dad’s mates, he volunteered to join the rescue teams. The mangled bodies were confined below ground and then brought up to the pit head before taken on their journey to the mass grave prepared in the cemetery. Crowds gathered each day to silently pay their respect as cortege after cortege for almost a week wended its way to the burial ground. It is no wonder that my father promised my mother on my birth that he would make me frightened about working in a coal mine. When later in life I returned from university with a friend who wished to visit the mine, my father made the necessary arrangements. My father wanted me to join my friend but I refused. So successful had he been in instilling in me a phobia about entering, never mind working, in a coal mine!

In the early 1950s church, chapel and Sunday school were important institutions in the village. Although my parents were nominal Church of England, I was encouraged to attend a Baptist Sunday school because there was a busy road to cross to the church. It was there that I did my first public speaking in reciting religious poems at the annual children’s anniversary. Girls were attired in new dresses and boys in new suits. In those days clothes had to be bought with the monthly coupons from the ration book allowance.

I have no memory of it but my mother recalls that when I said my first Sunday School anniversary piece at the age of five no one could understand me. Apparently my speech development had been affected by the bombing on my first birthday. My mother always quipped that later in my youth I had more than made up for it!

Through the influence of Pastor Colin Roberts I became a committed Christian. In 1955 I came across Studdard Kennedy’s ‘Unutterable Beauty’. It comprises a collection of poems written during the First World War when he was an army padre. Several of his poems have had a great bearing on my theological outlook and given sustenance when facing problematical periods of my life. Sonja, my sister, suffered from Crohn’s disease from which she died at the age of 29. Within twelve months of her death my father died aged 59 from lung cancer and pneumoconiosis. He was a stoneman in the mine and the stone dust had affected his lungs. My mother was distressed by the loss of her daughter and husband. Since I lived two hundred miles away, she came to live with myself and family. I am extremely grateful to Marion, my wife, for the care she showed my mother during her long illness. My mother told a close friend that she had a good son but a wonderful daughter-in-law.
The biggest influence on my life came from my encounter with the temperance movement by joining a branch of the International Organization of Good Templars (IOGT). This came about by enrolling for clog dancing lessons when I was nine years old. In the church hall where the lessons were held was a banner. I asked the girl whom I was partnering at the time what the banner was about. “It belongs to the children’s meeting of the local IOGT lodge and we get free ice cream and jelly.” Food rationing still applied in the UK and jelly was rationed, and I liked jelly! I promptly said, “I’m joining”. So began my lifelong commitment to the cause of temperance.

I do not come from a temperance family but I immediately saw the relevance to my life of what was taught at the meeting. I could feel ‘at home’. As a child growing up in a household adversely affected by alcohol, it gave me an understanding of the dynamics of alcohol problems. Later in life I read Margaret Cork’s “Forgotten Children”. Margaret Cork, a Toronto sociologist, had in 1969 published a study of children of alcoholics describing the social and psychological impact on their lives. I realized that this also applied to children who came from homes where they experienced the results of acute intoxication and not chronic alcoholism. Only in recent years have I been able to speak of the alcohol related violence that I witnessed as a child and into my youth. No one wishes to speak ill of a father who was extremely caring, generous and kind. He did however have a bad temper and, when in drink, it could turn to violence. I have frequently walked the streets with my mother in the early hours; gone to school and hoped she would be safe. Clean cold sober my dad was the nicest man you could meet. He encouraged and supported me in my adherence to temperance. He would often give me his last shilling to go to a temperance meeting rather than he spend it on his pint.

It was a very proud moment for my wife, children and myself when, twenty years after my father’s death, the Durham Miners Association asked if I would permit them to name the first sheltered miners accommodation in Easington after my father. How delighted we all were to attend the opening of Rutherford House. The impact my father made on his community was clearly evidenced in the remarks of two women my mother-in-law overheard when standing outside the church at his funeral: "Who is going to fight for us now?" So, at the age of nine I took my pledge not to drink, smoke or gamble. Whilst taking a pledge is considered old fashioned and even some modern temperance advocates consider it inappropriate, it was a lifesaver for me. Without it I could have fallen into the environmental pattern of heavy drinking.
Bearing in mind my early political awareness, the international vision of IOGT had great appeal. From its inception, in the mid 1850s, it had stood for equal rights regardless of race, nationality, or creed. It sought social justice for all. The split in the organization that occurred in 1876 best illustrates its universal fraternalism. In that year, at the international gathering in Kentucky the delegates representing southern states of the USA demanded that there should be segregated black and white branches. This was anathema to Joseph Malins the leader of the British delegation. When he lost the vote he left the meeting with the British delegation declaring: “We honour the flag of our country, but we love the flag of IOGT more because it covers all nations and all peoples.”

However, what made me determined to keep my allegiance to IOGT was the knowledge that early leaders of the Labour Party had been members. Keir Hardie, the founder of the Labour Party, joined IOGT in Lanarkshire, Scotland, and became an active member of his lodge. He was to claim that: “If it had not been for Good Templary I would have remained a hewer of coal and drawer of water”. The ethical basis of his abstinence is seen in his advice to fellow socialists: “Each socialist is by his creed under moral obligation to find his greatest pleasure in seeking the happiness and good of others. The man who can take a glass of beer or let it alone is under moral obligation for the sake of the weaker brother who cannot do so, to let it alone. To me, this matter is one of serious moment.” His commitment to the value of abstinence was seen in 1906 when under his leadership of the Labour Parliamentary Party, Labour members were pledged to abstain from alcohol when Parliament was in session. Caroline Benn in her biography of Keir Hardie states that abstinence was his first political cause and recounts Emmanuel Shinwell’s view of him that he was “essentially not a socialist but a temperance reformer.” I wish I had known this when I sat at the feet of Manny Shinwell at constituency party meetings. Shinwell was the Member of Parliament for Easington. I had hoped to succeed him when he retired but was defeated by Jack Dormand in the final ballot.

Arthur Henderson, the first Labour Foreign Secretary and winner of the Nobel Peace Prize, joined an IOGT children’s meeting in Newcastle and acknowledged the early training he received there: “I am fully entitled to speak of what the organization has done for my own life, both as a juvenile and Good Templar. In the assistance that both the juvenile and adult lodges gave me as a young man, laying the foundation of my life, seeking in a very small way to be useful to my fellows. I owe an everlasting debt of gratitude to that great movement.”

Thomas Burt, the Northumberland Miner’s leader, was one of the first IOGT Members of Parliament. He became Father of the House of Commons. When the Eurocare and IOGT International office was opened at Elmgren House, St Ives, Cambridgeshire, by Sir Bernard Braine, the then Father of the House of Commons, I had Sir Bernard photographed standing by Thomas Burt’s portrait.

I have always found strength in the temperance movement’s past and in particular with IOGT’s influence on the early leaders of the Labour Party and sections of the Trade Union Movement. For some of its leaders IOGT was their schoolroom. It was mine too. That influence is no longer there for the training of modern youth in social democracy. However it is good to know that such training opportunities are available through the growth of regional and national youth parliaments.
My childhood and adolescent experience of the harm done by alcohol motivated my desire to reduce alcohol related harm for individuals and society; membership of IOGT provided the training school to develop my speaking and organizational abilities and membership of a political party gave me the awareness of the need to create a political will for action. Any advocacy for change had to be grounded in science, culturally sensitive and politically viable.

Schooling

It was in September 1945 that I started my schooling at Easington Boys Primary School. I always had to sit at the front of the class due to the fact that my right eye never developed and was removed when I was four months old and my left eye also had poor sight. I had to take regular trips to Sunderland eye infirmary. In those days artificial eyes were made of glass. My mother would supervise its removal for cleaning and invariably dropped it on the stone floor. This cost her 12 shillings and sixpence out of a then miner's wage of thirty shillings to two pounds a week. The inauguration of the National Health Service in 1948 was a godsend. My generation is a great believer in it and I cannot understand why the religious right in the USA are so opposed.

For my father it was important that I should get to grammar school; for him it was the way out of the pits. At 11 years of age schoolchildren sat an academic examination to determine whether they were to study at a grammar or secondary modern school. I duly sat the eleven plus examination and although I was top of my class I failed to get entry to the grammar school. To this day I have the memory of standing outside of the door of my home waiting for the postman to deliver the letter that would inform me I had passed. To my horror when he passed by there was no letter!

For two years I attended Easington Secondary Modern School as an 11 plus failure. However, at thirteen I was able to sit again for entry to Ryhope Grammar School. On the day I was to get the good news my dad had accompanied me to Hexham, in Northumberland, for the annual clog dancing championships. I won the junior championship and, with great delight, we both hurried back to inform my mother. She had news which made the day even more memorable. A letter had come to say I had been given a place at the grammar school.

I spent five happy years at the school: participating in school plays; organizing the Student Christian Movement; and gaining my O and A levels. My Advanced level subjects were History, Economics and Divinity. I recall my classics master, when invigilating one of my term examinations, commenting: “I see Rutherford you are preparing yourself for both worlds.” In the Upper Sixth I was appointed a school prefect.

I spent three years (1958 - 61) at Leeds University reading Theology and one year (1961 - 62) at the Institute of Education, University of London for the Post Graduate Certificate in Education.

Teaching

On leaving university education I spent six years as a teacher. I decided to seek a teaching post in my home area and at first taught at Easington Colliery Secondary Modern School where I had spent time as a pupil; this was followed by a spell at Houghton Grammar School. I was only there for one year when my headmaster at Ryhope
Grammar School asked me to apply for the Head of Religious Education. I was to spend four productive years there. The subject had a high profile with around 40 pupils studying ‘O’ level GCE and twenty ‘A’ level.

In those days religious education was a statutory subject and all pupils had to receive a general lesson from an agreed local educational authority syllabus. In the sixth form (16-18 year old students) I decided to introduce a course on a study of world faiths. The headmaster queried why I was doing this. My reply was that our pupils would be growing up in a world where they would need to appreciate the cultures of other groups and an understanding of their religious thoughts and practices would be helpful. Little did I realize then how my studies would be useful in the global work I was later to undertake.

In extra curricular activity I produced two school plays. The second one was Joan Littletwood’s “Oh What a lovely War”. In the school’s annual Ryhope Review for 1969 Stuart Everett, Head of English, commented: “Seeing the film of “Oh what a lovely War” recently brought back memories of our school production which quite honestly I enjoyed as much. I still think it was a very courageous choice on the part of Mr. Rutherford but that he was completely vindicated in his choice. I have yet to hear a better sermon on the futility of war.”

In my IOGT youth days I had very much enjoyed their annual youth summer schools. Holidays with a purpose where one not only enjoyed fellowship and play with other young people but also at the same time deepened one’s knowledge about aspects of temperance and speaker training. Marion too had had similar experiences with the National Temperance Summer School held at Eastwood Grange, Ashover, Derbyshire. Eastwood Grange had been bought by the British National Temperance League to be a centre for hosting youth conferences. It was there in 1962 that I met Marion and we were married in 1964. In 1968 we took the opportunity to arrange a summer holiday for fourth to sixth formers from the grammar schools in which we taught. Teacher colleagues Linda and Peter Davison and Carol and Llewellyn Williams supported us. Peter and I had passed for the grammar school on the same day - a lifelong friendship was formed. Carol Williams later became a member of the UKTA Trust Board. In addition to the holiday we organized a series of lectures on alcohol and other drugs. The United Kingdom Temperance Alliance (UKTA) gave a grant to cover the expenses of speakers.

It was while at the School in August 1968 that I was taken aside by Mark Hayler, who was a historian of the temperance movement, with a message from Cecil Heath the President of the United Kingdom Alliance and Managing Director of the UKTA. I was asked if I would be willing to become the Director of Health Education for the UKTA. On reporting the conversation to Marion there was no hesitation in accepting the invitation. We both saw it as a golden opportunity to give all our time to a cause we both cared deeply about.

**Government Ministerial Deputations**

I was soon included in deputations to government Ministers. In the 1960s the temperance movement had the support of a number of MPs both Labour and Liberal.

One of the first deputations was to Edward Short, the Minister of Education, over concern regarding the 1968 Handbook of Health Education. Edward Short considered that the topic was adequately covered in the new handbook. From the early decades of the century the handbook had contained a great deal of information on alcohol but this was drastically cut in the new version. The idea that the battle with insobriety that bedeviled the nation in the nineteenth and early twentieth century had been won and was no longer a concern was
clearly seen in the thinking of those in charge of the health of the nation in the early fifties. Max Glatt, a distinguished psychiatrist, in 1951 applied for a grant from the Ministry of Health to attend a WHO alcoholism conference. It was refused because the Ministry claimed that there was no alcoholism in England and Wales. At the end of the third reading of the 1961 Licensing Bill Sir Jocelyn Simons, quoting Horace, exclaimed: “Now is the time to drink. Now is the time to stamp the floor with the feet of freedom.”

I had obviously taken employment with the temperance movement at a time when its message was not congenial to governments. It had become a victim of its past success. The next deputation was to Lord Stonham at the Home office to discuss alcohol advertising. However there was to be no assistance for any private members Bill to restrict alcohol advertising.

In 1972 I was included in the eight-person deputation, representing the temperance movement, to the Erroll Committee. The Committee had been set up to review the liquor licensing laws of England and Wales under the chairmanship of Lord Erroll. The Clayson Committee had been set up to do a similar review in Scotland.

Colonel Perfect who was the then Director of the National Council on Alcoholism did not consider it appropriate for the NCA to give evidence “since alcohol came in persons not in bottles.”

As the deputation left the interview, Lord Erroll shook each of our hands and while shaking mine he proffered the view, “Mr. Rutherford don’t you think that in future dealing with this problem will be about price not licensing law?”
In the 1960s pubs and drinking were becoming part of the youth scene. Trends in recorded drunkenness over the period 1965/69 for underage drinkers showed a 35% increase and for under 21s almost 20%.

Glatt and Hills in 1968 warned that such a deterioration would produce alcohol health damage and dependence in the young. “In a community of widespread acceptance of heavy drinking even psychologically not very vulnerable individuals may run the risk of becoming alcoholics.”

This cautionary warning was stated in the same year that the Education Minister, no doubt on the advice of his civil servants, agreed with the approach on alcohol in the new health handbook.

Cecil Heath gave me a free hand in the educational task that lay ahead. It was important I set up a separate distinct body to undertake alcohol education work. So TACADE (Teachers Advisory Council on Alcohol and Drug Education) was born. Council Patrons were Lord Soper; Lord Wade; George Thomas; Professor Pawson; Dr Ashley Smith; A.J. Wilson and H. Cecil Heath. Medical advisers: Dr J. Stuart Horner; Dr W.W. Kay; and Professor Brian Prichard. Teacher representatives were recruited to the Board along with Mary Bevin who was the Deputy Head of a Comprehensive School in Corby and Gina Hubbert, the Head of Wellingborough Girls’ High School.

A growing drug problem in the country was receiving much public attention, even though the statistics showed that among teenagers the alcohol problem was the bigger issue, and growing.

It was decided that TACADE would have to be concerned with both alcohol and drug education. The Council was launched by Lord Soper at a press conference in London in September 1969.

Contact was made with schools and courses for teachers were arranged and well attended. I well remember the one arranged by Durham County Head Teachers and presided over by my former History and Economics master. Mr Bagguley thanked me for my presentation. In my reply I reminded the Heads present that when Mr Bagguley last marked an essay of mine on ‘Ten years of Coal Nationalisation’, he awarded me seven out of ten with the comment “Do not let your pride in Labour mar your economic judgment!”

After five years with TACADE the post of Director of the National Council on Alcoholism was advertised and I considered it was the appropriate time to leave TACADE and seek a new challenge.
THREE

National Council on Alcoholism

I look on my period at the National Council as my ‘finishing school’. After Manny Shinwell I had the privilege of meeting my other political mentor, Sir Bernard Braine. I benefited greatly from his political acumen and insight. In fact a few months into my appointment he wisely ventured that I would go through life making many enemies but my friends would always be my friends.

It was a momentous time for the NCA and other alcoholism agencies. In 1972 Sir Keith Joseph, Secretary of State for Health, indicated that he was prepared to grant the NCA financial support. His uncle was Harry Vincent, the Chairman of the NCA. Sir Keith was also about to offer support for the development of alcoholism services in England and Wales. The Department of Health and Social Security published Circular 21/73. A specialist alcohol team was put together at the Department of Health. Sir Keith asked Sir Bernard to succeed his uncle and promised him he would get further support if the NCA succeeded in providing a national focus on the alcohol issue, and to oversee and extend a national network of local councils on alcohol across England and Wales. At that time six such councils had already been set up. The idea of the councils was that they would be a source of alcohol information for the general public and in directing problem drinkers and families to community-based helping services.

Within weeks of taking up my appointment I was called to meet the alcohol team at the Department of Health to tell them of my plans for the work. I remember recalling to Mary Bruce, the senior social work adviser, many years later the trepidation within myself in having to face them before I got my feet under the table, Mary replied, “Never mind Derek we were new as well!”

In 1976 I was in the thick of parliamentary action since Kenneth Clarke had introduced a private members bill to liberalise the Licensing laws. Sir Bernard threw himself into the fight and it was my responsibility to brief him to prevent the enactment of the Bill. The Bill would have allowed children under 14 years of age to be in public houses unaccompanied until 8pm. Sir Bernard’s riposte that a new cry would be heard in public houses “Time Children please!” made newspaper headlines. Sir Bernard had a great ally in Ron Lewis, the Labour member for Carlisle, who was being briefed by Arthur Davies, secretary of the Temperance Council of the Christian Churches. The tenacity of the fight they both put up at Committee Stage obviously irritated Kenneth Clarke. At that time private members Bills had a weekly, one day morning sitting in Committee. Desperate to get his Bill to third reading, Kenneth Clarke managed to have all day sittings and that really put the pressure on. Finally Clarke succeeded in reaching the end of the Committee stage in the very early hours
of a Friday morning and rushed down to the House of Commons to have the Third Reading that day. Sir Bernard told me that Clarke had promised the Chair of the Committee that he would not do that if the Committee’s session continued until all the amendments had been debated. I well recall Michael Stewart the Member for Fulham and a former Labour Education Minister informing the House in another debate that he had only turned up because of the action of Kenneth Clarke and he would be voting against its third reading if it wasn’t talked out. Kenneth Clarke did not get his Bill.

Two further attempts were made by private members to liberalise the law. In 1979 Sir Nicholas Bonsor’s Bill would have allowed children in pubs until 11.30 pm if accompanied by a person aged over 18 years. In 1987 Alan Stewart’s Bill provided for longer hours but also flexibility within those hours. It would have extended drinking time from nine and a half hours to thirteen hours. This proved to be a testing of the waters for a Government Bill introduced by Douglas Hurd, the Home Secretary, later that year. No doubt cognisance had been taken of the debates during the Stewart Bill. Closing time would be changed from 10.30 pm to 11 pm but the statutory afternoon break would be abolished. It was certainly a more modest measure than the previous three private member bills and obviously concerns that had been expressed by the NCA and others were taken into account. Tristan Garel Jones, Conservative MP for Watford, worked behind the scenes to get a Bill which he could support and hoped Sir Bernard would as well. In a letter to Douglas Hurd (16 September 1987) he states: “I hope you do not find it unhelpful to receive comments from the more temperate wing of the temperance movement! Certainly I am encouraging those who share my views to place great faith, as I do, in the work currently being done by Douglas Hogg on tackling abuse.”

One of the major concerns about the Bill was that it did not tackle the matter of underage drinking. During the passage of the Bill through the Commons and Lords my path crossed that of Douglas Hogg, a Home office minister, one evening on Kings Cross station. He came up to me and said he had thought he had found the answer to the breaking of the underage drinking law. Very few offences by licensees were prosecuted because the prosecution had to prove to the court that a licensee “knowingly” sold alcohol to an underage customer. Douglas Hogg considered that this should become an absolute offence so that a licensee had to prove they didn’t commit an offence.

The law was changed and in the following year prosecutions were successfully brought. Douglas Hurd also tried to allay the fears of those concerned about the growing alcohol problems in society by announcing the setting up of an Interdepartmental Ministerial Group under the chairmanship of Lord Wakeham to tackle the problem of alcohol abuse. In the third reading debate Sir Bernard felt he still could not go into the lobby to support the Bill due to the fact that there was nothing in the Bill to safeguard children and young people. For MPs to defy their Government’s whip on a Government’s Bill can be a serious matter.

I told Sir Bernard that he had done all that was possible and that I would understand if he voted in the Government’s lobby. That he could not do. One has to go back to the days of Sir Wilfrid Lawson to find a member of the House so utterly committed to the need for effective alcohol legislation. Sir Wilfrid was a Liberal Member of Parliament between periods of 1859 and 1906 and in 1879 became President of the United Kingdom Alliance. In 1909 a memorial statue was unveiled in the Victoria Embankment Gardens and Prime Minister Asquith was present at the unveiling.

Another political area was the problem of drink driving. The Blennerhassett Committee had been set up to review the first 10 years of the drink driving law following the introduction of the 80 mg% alcohol limit in 1967. There was concern that the rise in alcohol
consumption was undermining the effectiveness of the Act. Dr Alan Sippert, the Health Department’s medical officer on alcohol issues, was a member of the Committee. He was pressing the Committee to recommend a drink drive rehabilitation scheme. Out of the blue he asked me to produce, within 24 hours, a statement to Blennerhassett in support of such a scheme. I produced a recommendation that anybody over 150 mg% should have their driving licence removed until they could prove they no longer had a drinking problem. Whilst this was a valid road safety measure, I preferred not to describe it as punitive but as a rehabilitative measure for an individual with positive consequences for the family. When the Blennerhassett Committee produced its report the principle was accepted. However, due to the numbers that would be involved, the starting point would be 200 mg%. It took a long time after Blennerhassett made its recommendation for the scheme to be enacted. It is known as the High Risk Offender Scheme.

Having worked in the early period of my life in a totally voluntary organisation, one of the things that surprised me coming to the NCA was the fact, that apart from members of the local committee supporting the work, those who dealt with clients were recovered alcoholics who were paid to do the work of counselling and giving information to the public. It was important to justify the NCA’s and its affiliates financial support from central government and local authorities that volunteers should be recruited and trained to assist full time Directors of local alcoholism councils in the counselling and support services. I was able to obtain a grant from the Baring Foundation charitable trust and, with support from the Department of Health, the NCA together with the Alcohol Education Centre set up the first training courses and over 70 people took part in the initial one year course. The scheme proved to be very successful.

In January 1976 a working party on Alcohol and Work was set up under the chairmanship of Sir Bernard Braine. The report concluded that the vast majority of people with a drinking problem are males in full time employment. The nature of the problem did not conveniently subside on a Monday morning and relapse on a Friday evening. People with drinking problems bring their problem to work daily. Whereas the average time lost to sickness by all workers was 16.5 days per annum, in the case of excessive drinkers it was over five times that figure. A study of clients of NCA information centres by Edwards and others showed that 88% of clients were periodically drinking before coming to work; 62% sometimes brought a bottle to work; 12% brought a bottle to work everyday and 91% sometimes drank throughout the day. The report stated that most of the problem drinkers in our land are at work most of the time.
The report saw the need to broaden the national perspective on alcohol from thinking that it was about dependence only but also included acute intoxication and inappropriate consumption patterns. It also aimed to increase public awareness that most harm from alcohol occurred in the population at large, including the working population, and was not restricted to marginal groups. The government’s Health and Safety Executive took the report on board and started encouraging the adoption of alcohol and work policies in employing organisations.

An outcome of the report for the NCA was the need to recruit an officer to be responsible for implementing the report and to encourage employers and employee associations to set up work place policies and programmes for problem drinkers. But where would the money be found to employ an industrial officer?

The government had insisted that Sir Bernard should obtain money from the drinks industry for the NCA. The Brewers’ Society produced £8000, and whilst Sir Bernard was happy to receive it I was not since I believed it would be a handicap. I knew that taking money from the industry was a bad idea. The ‘Alcohol and Work’ report had published figures showing that publicans had a high mortality from cirrhosis. The brewers were unhappy and objected to the publishing of the SMR statistics. They wrote to me telling me that I should remember who was helping to fund the organization. I simply wrote back and said that these were the official, standard mortality figures that could be seen by anyone. It showed me clearly that you must never be in the pocket of the industry. The old adage was true: “He who pays the piper calls the tune.” I was able to persuade the United Kingdom Temperance Alliance to balance the financial donation from the brewers. So I was able to get the money to appoint the officer. Andrew McNeill who was Director of the Birmingham Council on Alcoholism was headhunted and appointed.

In the 1970s among professionals in the alcoholism field there was a growing argument that you could teach alcoholics controlled drinking. The issue was divisive. It could have split the NCA. This was avoided by the NCA setting up a committee to review the question. Dr Raj Rathod, a consultant psychiatrist, was appointed to chair the review panel that was to issue advice to the local alcohol councils about which clients could be offered controlled drinking and which could not. The panel concluded that controlled drinking should not be offered to dependent drinkers meeting a number of criteria, including experiencing physical withdrawal symptoms. However, for people in the early stages of problem drinking and part of the idea of the Councils was to help facilitate early identification of drinking problems, controlled drinking might be offered. It was a fair, scientifically based, compromise and it did prevent a split in the NCA.

The Secretary of State for Social Services set up an Advisory Committee on Alcoholism in 1975 with the following terms of reference: to advise the Secretaries of State on services relating to alcoholism, and, where appropriate, to promote their development. I was appointed to the Committee and its report on the “Pattern and Range of Services for Problem Drinkers” was published in the autumn of 1978. It had this to say about the National Council and its Councils that they ‘are likely to play an important part in the development of services for clients at secondary level, particularly in the training of voluntary counsellors.’

Although the Advisory Committee had been set up to review services, Griffith Edwards insisted that there should also be a prevention report and eventually he won his way. The Committee considered that there should be five main ingredients in a strategy aimed to prevent harm from alcohol:

- Health education to alert people to the dangers of alcohol and to discourage excessive drinking should be encouraged and expanded.
• The presentation to society, particularly in advertisements and the media, should be modified to produce a less one sided picture of its effects.
• Fiscal powers should be utilised to ensure that alcohol does not become cheaper in real terms.
• Legal restrictions on availability of alcohol should be enforced rigorously and should not be relaxed until there is sufficient evidence that to do so would not cause increased harm.
• People who may be developing a drinking problem should be encouraged to recognise these problems and to seek help.

Shortly after the publication of the report I was to attend the International Conference on Alcoholism and Drug dependence organised by the Merseyside Council on Alcoholism. Conscious of the prevention report and remembering Lord Erroll's comment to me regarding price, I decided that I would take as my theme the need to raise the price of alcohol to help in combating Britain's rise in alcohol abuse. In my paper I stated that beers, wines and spirits were all cheaper in real terms than they were in 1970. Between 1970 and 1976 the price of beer fell by 4%, wine by 14% and spirits by 21%. I also showed that the cost of a pint of beer or a bottle of whisky compared with average wages had also fallen. I concluded, “the evidence is clear that the cheaper the relative price of alcohol, the greater the consumption and the greater the health harm. Fiscal policy has an important role in contributing to an immediate and overall reduction in consumption and alcohol related harm. It would be the quickest way of reversing the escalating problems of alcohol abuse.”

I had no sooner finished my paper than there was an immediate reaction of disapproval from a psychiatrist. On returning to London Alan Sippert rang me up to say that we cannot leave prevention to psychiatrists. However this could certainly not be applied to Griffith Edwards.

There was more to the reaction than that. I had to cut money to the Merseyside Council on Alcoholism from the grant the Department of Health gave the NCA for support to local councils. Councils received grants to cover their core costing and had to grow at local expense. They also had to work towards being free of the need of central government money. Had I not devolved a tapering of grants I would have lost all departmental money with adverse consequences for Councils that required core costing until they proved the value of their services to health and local authorities.

I was fortunate to have as my Assistant Director Elizabeth Keys during my period at the NCA. Elizabeth had been involved with the Council’s concept in 1961 and its establishment in 1962. In 1983 I received a call from Dr Stuart Horner who had become the chairman of the United Kingdom Temperance Alliance. He wondered if I would be willing to come back to the Alliance as Chief Executive and revitalise it. I seized the opportunity since to me it was a homecoming. Little did I realise that the first thing I would find was that funds had been embezzled to the tune of £150,000. The irony was, for a temperance charity, it had mostly been spent on the roulette table.

However one of the good things was that Andrew McNeill was willing to join me. The Alliance was paying his salary as the Industrial officer and when we could see that reorganisation of the national alcohol bodies in receipt of Department of Health funding were to be reorganised it was logical that the work place project should be relocated with its funder. However it was felt that it would be more appropriate if the project came under an Institute of Alcohol Studies – hence the IAS was born.

So Andrew McNeill developed the IAS whilst I launched an alcohol prevention campaign amongst young people and students.
Drink Driving

In the 1930s the United Kingdom Alliance had the slogan "If you drink don’t drive. If you drive don’t drink". Scandinavian countries had introduced the blood test for drivers and the Alliance campaigned for its introduction into the UK. It was not until 1967 that the breathalyzer law was enacted by the courage and determination of Barbara Castle when she was Minister of Transport. It proved to be one of the greatest life-saving acts in the UK. Fifty years after the passing of the Act, the IAS honoured Barbara Castle with a celebratory lunch. Present at the lunch was Betty Boothroyd, Speaker of the House of Commons.

In 1985 the Institute of Alcohol Studies published 'A Quiet Massacre', a paper by Dr James Dunbar which was highly critical of government drink driving policy. At the same time the Campaign Against Drink Driving (CADD) was launched by Graham Buxton and John Knight both of whom had children killed by drinking drivers. CADD was inspired by the work of MADD (Mothers Against Drunk Driving) founded by Candy Lightner in the USA. The need to coordinate the growing concern for community and legislative action was seen by IAS. Action on Drink Driving, a coalition of: CADD; the Parliamentary Council on Transport Safety; Police; Probation Service; Association of Road Safety Officers; Friends of the Earth together with IAS came into being. Nick Ross gave his support and ‘None for the Road’ was published.

The Campaign aims were to secure: random breath testing; lowering of the legal limit; more appropriate offences and penalties for drink driving; improvements to the High Risk Offender Scheme; an education course for first time offenders; publicity to concentrate on the impact on third parties and immediate suspension of the driving licence after a positive test. The campaign succeeded in strengthening penalties and the creation of a new
offence of “causing death whilst under the influence of alcohol or drugs.” The High Risk Offender scheme was improved and an education course for first time offenders was introduced. Random breath testing, lowering of the legal limit (in England) and immediate suspension of the driving licence were not achieved.

The number of breath tests prior to the campaign was a yearly total of 163,000; after the campaign it increased to 680,000. The message: ‘Drink Driving Costs Lives,’ together with Barbara Castle’s life saving act created a social revolution in attitudes and behaviour to drinking and driving.

Alcohol advocates are often told to learn from the successful tactics of the anti tobacco campaigners. Their message is “No Smoking”, It is not the acceptable message for the majority of advocates in the alcohol health field. The sensible drinking or limits message is ambiguous and consequently more difficult to achieve success – despite such campaigns for the past forty years. Success in the Drink drive campaign is, like the message on tobacco, simple and unambiguous. Innocent third party victims are maimed or killed. The message that alcohol-related deaths are preventable can be clearly seen.

CADD has had a leading role – the emotive resonance of their human stories appeals to the public and the media. In addition politicians have no way of hiding from their inaction faced with the embarrassment of a confrontation with an innocent drink drive victim.
Stay Dry Campaign

The Norwegian Statens Edruskapsdirektorat had run a successful “Alkokur” campaign and they offered their campaign material to organize a similar campaign in the UK. The theme in Norway was to cut down or cut out one’s drinking. It was necessary to find a name that would infer the same in the UK. Coming home one day, after a planning meeting at Eastwood Grange, the car wipers were moving back and forth at top speed (a typical English day). Marion said, “I’ve got the slogan ‘Stay Dry!’”

It fitted in with the brochure material and posters: ‘Umbrellas and Alcohol.’ A designer friend, Stewart Denham, got to work and produced the logo. Maureen Longley, who had been recruited to run the Campaign, tested the logo out on Newcastle University students who were favourably disposed since it conveyed to them the message drink less or be alcohol free.

The opening gambit of the brochure was “Everyone who drinks needs to be alcohol free at certain times, for example when driving, during pregnancy or when doing any job which requires skill and precision. Some will wish to remain free all of the time.

YOU DECIDE FOR YOUSELF WHEN TO OPEN YOUR UMBRELLA AND STAY DRY.

By emphasizing situations when being alcohol free was the appropriate choice would provide a rationale for those who wished to be alcohol free all of the time.

Martin Shaw, the actor, was willing to launch the campaign.

The material proved popular; the NUS gave support to the effort; a number of university and college groups were established. An up
and coming group, James, played at a concert at a Youth weekend at Eastwood Grange.

In support of the campaign I published A Lot of Bottle in 1988 and a second and revised edition in 1997. The success of the book was well due to the excellent design and illustrations by Ian Kellas. A copy was sent to every school in the country.
Working in Europe

An attempt was made in the mid 1970s to bring together representatives from national alcohol prevention organizations of the then European Economic Community to form a focus group to present their views about aspects of Community policy affecting alcohol consumption and alcoholism. Archer Tongue, Director of ICAA, on the suggestion of Dr Goddard, Senior Medical Adviser ANPA (France), and myself, then Director of the National Council on Alcoholism (England and Wales), gathered a group of ICAA affiliates from Belgium, Denmark, Federal Republic of Germany, Ireland, the Netherlands and the UK in Brussels in 1977. At this early stage there was recognition that the EC would have implications for Member States’ alcohol policies.

However, it was not until the late eighties that the possible implications of the European Single Act on alcohol policy were given more urgent consideration. A concerted effort was required to establish a more active focal point for NGOs to raise awareness and influence alcohol policy among EU institutions and Member States.

In August 1989 the United Kingdom Temperance Alliance hosted a meeting at Parceval Hall near Skipton, Yorkshire to explore the possibilities of establishing a European Alliance. Dr Stephen Orchard and Mrs Sybil F Ferne jointly chaired a meeting of fifteen representatives from five E.C. countries: Denmark, Portugal, Spain, Germany and the UK and two EFTA counties, Norway and Sweden. Representatives from Italy (AICAT) were unable to attend the meeting; so later in the year I visited the AICAT office in Padova and met up with Dr Franco Marcomini who readily agreed to support the effort. In April 1990 a deputation of Roy Grantham, Chairman of UKTA, together with Tony McGuinness, IAS Economic Advisor, and myself visited the EC Customs and Excise Directorate and the Road Transport Directorate to discuss the harmonisation of excise duty and road safety policy. The officials were informed about the possible formation of Eurocare and, seeing the need for such a group, welcomed it.

At the same time as this initiative from the UK, the Association Nationale de Prévention de L’Alcoolisme in France (ANPA) was also in the process of establishing a wider European body.

It was important that a joint initiative should be explored. I gave Marion the telephone number for the ANPA office in Paris and asked her to speak to the Director, Patrick Elineau, or to his secretary. I wanted her to explain my ideas and ask if I could come over to Paris the following week and discuss my plans with him, hoping that he would agree to support a joint venture. This she duly did. A long conversation ensued and an appointment was made for an afternoon the following week. It was only when Marion asked for the nearest metro station to the office that the mistake was discovered. Unbeknown to me an extra digit had recently been added to the code for Paris. She had in fact been speaking to the Director of the Psychiatric Hospital in Aix-en-Provence! Everything she had asked had made sense and their medical director had shown interest in the new venture. The correct Paris number was then phoned and an appointment was duly made with M. Elineau and the following week my wife came with me to act as interpreter. We met around a large round table: I spoke no French and the men present spoke no English!
However the meeting was a success and it was agreed that a joint initiative should be undertaken.

The French organisation had achieved a success in getting the Loi Evin onto the French Statute Book. Their concern was that with the Single Act opening up frontiers and the creation of a single market, their gain in prohibiting alcohol advertising on TV, in sports arena and youth magazines together with the statutory regulation of advertising could be lost. ANPA planned to hold in June 1990, in Strasbourg, a Summer University on the theme 'Alcohol in Europe'.

Recognising this important development, the UKTA Board delegated me to attend the French venture. Due to the fact that I had very poor schoolboy French the Board decided that Marion should accompany me again as my official translator! After the Strasbourg meeting ANPA agreed that both initiatives should combine.

In August 1990 representatives from Denmark, Italy, Germany, Portugal, Norway and the United Kingdom gathered at Parceval Hall, Skipton and agreed to the formation of Eurocare. France and Spain were unable to attend but sent their support. Dr Michel Craplet was unable to attend the meeting but, with his agreement, he was elected Chairman and myself as Secretary.

Eurocare’s Charter for Europe was adopted. The Charter was based on that devised by ANPA’s Summer University in 1990 and adapted for Eurocare by Dr Michel Craplet.

**The Eurocare Charter**

**EUROCARE believes that:**
The European Union can no longer remain solely an economic union. It must become a social community where the collective health interest takes precedence over individual economic interests.

Alcohol is not just a marketable commodity like others. It is a toxic, psychotropic and dependence inducing drug. Its use must be publicly controlled.

The means of production, distribution, consumption and control of alcohol must be tackled at a European level. Such action must be supportive of national control policies.

Members of **EUROCARE** further recognise:

- the existence of a link between the availability of alcohol and the levels of harm in society;
- the need for legislative and regulatory measures to provide a foundation for prevention policy;
- the necessity for a coherent balance between information, education and alcohol control policies.

**EUROCARE** is aware that the national situations in Europe are very different. Europe is divided into two: the Northern countries, which have made definite progress in their alcohol policy, and the Mediterranean countries, whose awareness of the alcohol risk is more recent.

Adjusting to a common policy involves risk and great care must be taken.

How the name of the alliance came to be Eurocare is interesting. In a private document circulating among the drinks industry in 1984 there was a suggestion to establish an industry friendly organisation called WECARE. By using the words Euro and care we had the acronym for European Council on Alcohol, Research, Rehabilitation and Education. As Eurocare has developed the name has undergone a

In August 1991 Eurocare met for a second time at Parceval Hall under the Chairmanship of Dr Craplet. Sociodrogalcohol was admitted to membership. Together with the founding members of AICAT Italy, SAAP Portugal, Society of Recovering Alcoholics Spain, Eurocare could now clearly claim to be representative of Mediterranean Member States with ANPA France being the ‘bridge’ between northern and southern Europe.

A real impetus to Eurocare was the production of Counterbalancing the Drinks Industry: a Report to the European Union written by Andrew McNeill. It was an answer to the Amsterdam Group’s Report that had been financially assisted by a grant from DGV. Our riposte to the Industry’s views was well received, clearly marking us out as an NGO that embraced the public health model, an advocate of evidence-based policies to reduce alcohol-related harm, and a monitoring body of the marketing strategies and activities of the alcohol industry.

As a result of the publication of Counterbalancing the Drinks Industry, Griffith Edwards, the leader of the research team that produced the WHO sponsored book ‘Alcohol Policy and the Public Good’ commissioned us to produce a shorter version of the report which had the added title ‘A Guide for Action’.

The funding of Eurocare had so far been met by the UKTA. There was a need to seek funding and project money from a wider field. Andrew McNeill and myself, who were constituents of John Major, then British Prime Minister and the Member of Parliament for Huntingdon, sought an interview with him in his constituency office. Our concerns over the impact of EC excise duty negotiations were raised but in addition we asked for his help in our contacts with the DGV and the European Parliament.

The following year, 1992, a grant application for an Alcohol and Workplace programme in Portugal and Italy under the direction of IAS, UKTA and ANPA France was made to DGV. In 1993 a one-year grant was awarded by DGV for the workplace programme in Portugal and Italy. Further grants were awarded: ‘Alcohol Problems in the Family Report’ 1997 and a three year Bridging the Gap Project for 2004-2006.

‘Alcohol Problems in the Family: A report to the European Union’ was one of our most influential reports and was a joint undertaking with COFACE a confederation of family organisations in the EU. The report was launched by Commissioner Flynn at a press conference in 1998. The findings were reported at a meeting in the European Parliament in Brussels to which a good number of MEPs attended. The report proved to be a key event helping to place alcohol firmly on the EU agenda. In a preface to the report William Lay, General Secretary of Coface and myself wrote:
“Many reports have been written about the victims of alcohol abuse, primarily concentrating on the individual problem drinker. Less has been written on the ‘forgotten victims’ - members of the problem drinker's family, both spouses and children. Families of problem drinkers are families in distress. They are, as the report describes, ‘fragile families’ who need help. Whilst millions of families within the EU are affected by the problem it is difficult to give an accurate assessment of its size. Perceptions of alcohol problems vary from culture to culture and, among those affected, it can often take the character of a shameful secret. Partly due to this perception, programmes and provision of services have on the whole been neglected. … Although politicians and the general public are rightly concerned about the harmful impact of illicit drug taking on society and the family, they need to recognise that they neglect alcohol problems at their peril. More families suffer from the consequences of alcohol abuse than from all other drugs combined.”

The report estimated that somewhere between 4.5 and 7.7 million children aged under 15 were adversely affected by parental drinking. The lower estimate was based on a Danish study showing that seven per cent of 13-19 year olds having at least one parent who had been admitted to hospital with an alcohol related diagnosis and the higher estimate on Finnish research suggesting that one child in eight experiences harm from excessive parental alcohol use. It was important to the members of the group that any estimate of numbers should err on the conservative. The numbers projected were not queried. The report, together with the EU Parliaments concern over alcohol pops, helped to smooth the path for the EU alcohol strategy.

In 1996 Eryl McNally MEP approached Eurocare to prepare a written declaration on alcopops for her fellow MEPs to add their signatures. The Declaration stated:

**Declaration of Alcopops and Designer Drinks**

A. having regard to the widespread appeal of ‘alcopops’ and ‘designer drinks’ to children and young people which has been confirmed by recent independent research such as published in the British Medical Journal,

B. recognising the adverse effects of these drinks in relation to anti-social behaviour and ill health,

C. concerned at their rapid spread into new markets within the Union,

D. aware of the widespread concern and criticism by the medical, social and educational professions as well as the media,

E. aware of the unsatisfactory results of self-regulation by the alcohol and advertising industries,

1. Calls on the Commission to introduce European-wide guidelines for the promotion, marketing and retailing of alcopops and designer drinks;

2. Calls on the producers to enforce regulatory control of the promotion, marketing and retailing of these products. Where those measures fail, calls on Member States to enact statutory regulations in line with EU guidelines;

3. Calls upon the Commission and Council to examine ways of taxing such drinks at the spirits rate;

4. Urges the Community institutions to take greater cognisance of the need for appropriate health promotion policies for children and young people;
5. Instructs its President to forward this declaration to the Council and the Commission.

201 members signed the declaration and it was forwarded to the Commission.

Alcohol Policy was beginning to appear on the Commission’s agenda. DG SANCO, was stimulated to convene a meeting to establish an ‘Alcohol and Health’ Working Group in Luxembourg. Almost 20 years elapsing after such a meeting had been held in 1977 – a meeting at which I was present and was asked by the Department of Health to present a paper outlining the alcohol situation in England and Wales.

In 1999 DG SANCO commenced working on a draft for a Council of Ministers recommendations on the drinking of alcohol by children and adolescents. The recommendations were endorsed by the Council in 2001. In the explanatory memorandum to the recommendations the Commission acknowledged the European Parliament’s Declaration ‘urging community institutions to take greater cognisance of the need for appropriate health promotion policies for children and young people’.

The Council of Ministers statement in 2001 marked a watershed in the development of alcohol policy in the European Union.

Prior to the report a liaison office was rented and opened in Brussels in 1995 with the support of the Norwegian Temperance Alliance (now ACTIS). The Norwegian Alliance appointed Vera Selnes as Liaison Officer. Due to her efforts successful public relations work was carried out among the institutions of the European Union. Florence Berteletti-Kemp became the Liaison Officer in 2002 and did much to enhance Eurocare’s reputation. In 1997 the owners of Rue des Confédérés wished to sell and the UKTA bought the freehold.

Almost from Eurocare’s inception it worked closely with WHO Europe in promoting the European Alcohol Action Plan. We were invited as an observer to the first meeting of Counterparts from Member States and have since attended all its meetings.

In 1994 Eurocare gathered NGOs from Europe to prepare a statement for the first WHO Ministerial Conference on Alcohol and Society that was held in Paris in 1995.

At the Second WHO Ministerial Conference on ‘Alcohol and Young People’ in Stockholm in 2001, DG SANCO considered that the report ‘Alcohol Problems in the Family’ should be one of the workshops. In addition a brochure ‘Marketing Alcohol to Young People’ was published. This provided documentary evidence of the abuses of the self-regulatory codes of advertising practice. It attracted particular attention when the then Director General of WHO, Dr Gro Harlem Brundtland, was photographed holding the brochure. Dr Brundtland spoke strongly of the need to tackle the problems of youth alcohol consumption and to improve control of the marketing activities of the international alcohol industry.
The Stockholm Conference re-affirmed the five ethical principles agreed at the Paris conference. Often conferences on alcohol policy end with the adoption of lengthy statements and recommendations for policy action. I have always considered that the WHO five ethical principles are a succinct and memorable summary for action in reducing alcohol related harm at societal and individual level if fully embraced:

• All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.

• All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.

• All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.

• All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.

• All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.

In addition policy makers should heed the advice adopted by the 2001 conference that, “Policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests”.

A formal agreement was signed in June 2004 between DG SANCO and Alliance House Foundation for a Euro 1.3 million project over three years, which, among other objectives, was to create a European Alcohol Policy Network: to prepare and organise an Alcohol Advocacy Manual and Training Course: and to involve young people in alcohol policy making.

One of the achievements of the project was to host the largest alcohol policy conference in Europe organised by an NGO for over a generation with 375 participants in Warsaw in 2004. At the three Advocacy Training Courses there have been 66 participants and ‘A Policy on Alcohol for Europe and its Countries’ was finally agreed at the meeting of the Network in Bled in 2005. At the meeting in Bled we were privileged to have the Director General of DG SANCO, Mr Robert Madelin present.

There are many who have supported my efforts for Eurocare during the 17 years as its secretary. It is invidious to name individuals but
in particular I need to mention the Chairmen of Alliance House Foundation, Mr Roy Grantham and Professor Stephen Orchard; Andrew McNeill, the Director of IAS has given unstinting support. It would be remiss of me not to offer my appreciation to Vera Selnes, Florence Berteletti-Kemp, Cees Goos and Dr Peter Anderson who were both at WHO Europe in the early years of Eurocare and Professor Christine Godfrey of York University who gave advice on economic and fiscal policy.

My final tribute for this period of my life is to Dr Michel Craplet with whom I had an excellent partnership and his counsel and support was invaluable.

Global Alcohol Policy Alliance

In 1990 I accepted the position of International Secretary of IOGT International. It was an honorary post and I had an administrative officer to carry out the day-to-day work of the organisation paid for by IOGT. Since the Alliance had always, throughout its history, worked internationally it was seen by the then Board as a natural addition to its work. It provided for me the opportunity to extend my alcohol policy advocacy to a world perspective. The global alcohol drinks industry knows no boundaries. During the 1980s, with Western alcoholic drink markets reaching saturation, these conglomerates were starting to focus their marketing strategies on the developing world and, in particular, the BRIC countries. They had also set about the establishment of their Social Aspect Organizations in an attempt to give the impression to Western governments that they were socially responsible companies. Having successfully created Eurocare it was fitting that the concept should be advanced.

In April 1993, in order to build a coalition of alcohol policy advocates at international level I travelled to the USA to enlist support for the venture. Thus began a period of extensive international travel to encourage support for a global alliance that was eventually established at an international conference at Syracuse, USA in 2000. As a result of the travels two key figures joined the venture, Dr David Jernigan (USA) and Professor Sally Casswell (New Zealand), both of whom wholeheartedly supported and gave their time to the project.

Professor Casswell was one of the small group of researchers who, in the early 1980s, had undertaken a study of alcohol industry activity in less developed countries, under the auspices of the WHO. This project was brought to an abrupt end before its completion and from that
point onwards, the level of attention appropriate to this crucial issue was lacking.

David Jernigan of the Marin Institute was already planning to undertake an in-depth study of the social and health problems related to alcohol in developing countries and the activities of the Drinks Industry. The research proposal was presented to Helge Kolstad, President of IOGT International, who, in September 1993, accompanied me to Washington to discuss with Dr James Mosher and David Jernigan the proposed international project. Helge Kolstad agreed to fund the project from IOGT International resources. When the study was completed David Jernigan published 'Thirsting for Markets' in 1997.

Several meetings took place in Washington USA and they eventually joined colleagues at the London meeting that was preparing the statement for the Paris conference.

The outcome of these discussions was the adoption of the following agreement to establish a Global Alliance for the prevention of alcohol-related harm with the following aims:

- To monitor the activities of the multi-national drinks industry
- To provide a forum for alcohol policy advocates through meetings, information sharing and publications.
- To disseminate information on international alcohol policies
- To promote international research on the social and health impact of the multi-national drinks industry.
- To monitor and promote research on the impact of international trade agreements on alcohol-related harm.
- To bring to the attention of international governmental and non-governmental agencies the social, economic and health consequences of alcohol consumption and related harm.
- To encourage and support international and national governmental and non-governmental efforts to ameliorate alcohol related-harm internationally.

Two years later in 1999 a group met in Chicago and took the decision to arrange an inaugural conference in Syracuse. The Marin Institute had secured promises of funding from the Robert Wood Johnson Foundation. Alliance House Foundation also agreed to contribute. IOGT International was going to hold its congress in Syracuse and delegates interested in GAPA were expected to stay on to take part. The World Health Organization agreed to co-sponsor the meeting and offered a small grant to bring some representatives from developing countries. Dr Shekar Saxena and Dr Maristela Monteiro represented WHO at the conference. From the outset, when approached for the support of WHO, they had seen the value of the purpose and hopeful outcome of the conference.

The Global Alcohol Policy Alliance was inaugurated in Syracuse, New York, in the summer of 2000. All the hard work, energy spent and financial outlay in order to gather 219 participants from 29 countries proved to be worthwhile. The USA authorities refused to grant 33 visas. Had they done so there would have been thirty more countries represented at the conference. Experts and advocates from all over the world came together to share their views and to find a way to co-ordinate their efforts. It became quite clear that there was a community of interest and an urgent need to match the measures being taken by the global alcohol industry to increase sales and circumvent health promotion policies. Although it would, of course, be impossible to match the financial resources of the international drink companies and the 'social aspect' groups which speak for them,
there was no doubt that, if properly organised, the dedication and scientific knowledge displayed at Syracuse would be a formidable tool in helping governments around the globe to counter the health problems created by alcohol consumption.

The theme of the conference was “Towards a Global Alcohol Strategy.” The GAPA mission is to reduce alcohol-related harm worldwide by promoting science-based policies independent of commercial interests.

Roy Grantham, Chairman of the Alliance House Foundation, in his Chairman’s Annual Report in December 2000 observed: “Only with the passage of time will we be able to assess the success of this venture, but I am delighted to say that so far it looks extremely promising.” Promising? Who could have believed that by the end of the decade there would be a WHO Global Strategy!

There was a three-year struggle to achieve the adoption of a WHO Global Alcohol Strategy. During that period GAPA kept a watchful eye. It was alarmed at one stage when to ‘collaborate’ with the ‘economic’ producers was agreed by an Executive Board meeting to be put into the text. Whilst there were those who would have let it remain in order to get the resolution finally through the hurdles it had faced in the past, there were others who recognized that if it remained in the strategy we might as well have no strategy than one which would prove problematic. After delegations from all 193 Member States had reached consensus on the resolution Dr Margaret Chan, Director of the World Health Organization claimed that, “The global strategy for reducing the harmful use of alcohol is a true breakthrough. The strategy sends a powerful message: countries are willing to work together to take a tough stand against the harmful use of alcohol”. GAPA commented: “We welcome the historic decision by the Assembly, since concerted action to reduce global alcohol problems is long overdue. In the many member-state interventions, from both developed and developing countries, delegates requested that alcohol problems receive a higher priority at WHO and that more resources be allocated to address those problems.”

The important concerns identified in the debate included the increasing culture of binge drinking and the expanding influence of the marketing and advertising for alcoholic beverages. Having witnessed the force of the lobbying tactics of the drinks industry among Member States, the concerns of the International Medical Students expressed during the debate over the manipulative marketing of the alcohol industry were justified. As was the opinion of the World Health Professional Association that the role of economic operators be clearly limited so that policies and programmes at all levels are developed on the basis of public health interests, independent of commercial influence.

With very little financial resources GAPA has expanded its activities in all continents, having organized major, well attended international conferences in Bangkok and Seoul; seminars in Geneva, East and West Africa, India, New Zealand, Brazil and USA. It was represented at the UN High level meeting on NCDs.

The Globe, the official journal of GAPA has been regularly published under the editorship of Andrew McNeill and myself as Editor in chief. All issues of The Globe are on the GAPA website.

At a ceremony launching the New York Alcohol Policy Alliance in Syracuse 2010 Joanne M. Mahoney, County Executive of the County of Onondaga and Stephanie A. Miner, Mayor of the City of Syracuse, honoured GAPA by issuing a Proclamation that the fourth day of August, two thousand and ten be Global Alcohol Policy Alliance Community Recognition Day in the City of Syracuse and Onondaga...
Closing ceremony of the Bangkok Conference and handing over the flag to the organizers of the Seoul Conference

Press Conference with the Organizing Committee to launch the Seoul Conference

Sally Casswell, Chair of the Professional Committee, with the representatives of GAPA and CSPI at the United Nations NCD Summit

County. The Proclamation pays tribute to the work and development of GAPA during its first decade. The celebration coincided with the launch of the New York Alcohol Policy Alliance initiated by Robert S. Pezzolesi of the New York Center of Alcohol Policy Solutions.

I had the great honour of being the recipient of an award from the Prime Minister of the Kingdom of Thailand, Mr Somchai Wongsawat and the Chair of Thai Health Promotion Foundation, Professor Dr Udomsil Srisangnan which was presented at the Fourth National Conference on Alcohol Control on 28th November 2008. The citation reads: ‘In honour of his dedication to the development and advocacy of alcohol control policies and as a role model for all societies.’
It is probably a fact that if I had not joined a children’s meeting when I was 9 years old and embraced its teachings, my journey in life would have been somewhat different. I may have succeeded in a political career, or continued in the teaching profession. In fact politics and education are essential ingredients in empowering youth. They are at its core if the EU Council of Ministers’ ‘Recommendation on drinking alcohol by children and adolescents’ of 2001 is to be fulfilled. The recommendations included the following: increase young peoples involvement in youth health related policies and actions; raise awareness of the effects of alcohol drinking and prevent the negative consequences of its consumption.

As we have already mentioned in 1995 one of the ethical principles enunciated at the WHO Europe’s Ministerial Conference was that:

"All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages."

The opportunity to implement the Council’s recommendations was provided by the European Commission when it funded the Bridging the Gap project with one of its objectives being ‘to involve young people in alcohol policy making.’

The European Youth Forum (YFJ) was invited to have a place on the group overseeing the project and Joao Salviano, an officer of the Youth Bureau, was appointed to represent them. Whilst the YFJ played an active role in social policy, its involvement in the Bridging the Gap Project led to an awareness of alcohol-related harm as an important
social and health issue for young people. A working partnership developed between Joao Salviano and myself and we both saw the need for a closer involvement of the Forum and its national affiliates.

A Working Group from the Forum was set up and held three meetings in Athens, Berlin and Cambridge. To help the Group ascertain the views of its members regarding alcohol, a questionnaire was designed by Dr Ann Hope of Ireland and distributed to all affiliated National Youth Councils and youth organisations. The Working Group’s report was presented to the Annual General Meeting of the Youth Forum in Vilnius in November 2006. The 300 delegates, from almost all European countries, debated the report and referred it back to the Youth Bureau for further consideration. The Youth Bureau revised the position paper and presented it to an Extraordinary General Assembly in Baku in April 2007. It recognised that youth organisations have an important role to play in influencing public policy to prevent and reduce alcohol-related harm among young people.

In the light of this report, Joao Salviano was contracted by Alliance House Foundation to examine the feasibility of setting up an Alcohol Policy Youth Network. An Advocacy Training course for young people was organized in Helsinki. Representatives of National Youth Councils, European organisations and the European section of the International Federation of Medical Students signed up for the three-day course. As a result a small steering group was set up to oversee the development of an alcohol network. In March 2008, at the European Youth Centre in Budapest, the Alcohol Policy Youth Network was launched.

David Jernigan and myself attended the annual CRISA Conference in Abuja, Nigeria in 2008 and there we met with a small group of young people and urged them to form themselves into a Nigerian Youth Network along the lines of the European Alcohol Policy Youth Network. This they did. They elected Onyeanula Wilson Ifeanyi as Coordinator and Dr Franklin Chukwuma Umenze as Chairman.

The primary objective of NAPYI is to empower young people to become advocates in reducing harm due to alcohol, through dialogue across the culturally diverse Nigerian population.

One event that will live in my memory was witnessing over 2,000 students of DAV Public School, New Delhi taking a pledge. It was the end of Diwali, the Festival of Lights, when they took an oath and lit candles in allegiance to a campaign against Alcohol and Substance Abuse among adolescents organised by the Indian Alcohol Policy Alliance. Dr V Singh, Principal of DAV School remarked, “This was indeed a one-of-its kind event for us – relevant, succinct and pragmatic. As a person committed to imparting the best of our knowledge and values to the next generation, I strongly believe that we need to build in our children the sensibility and judgment to differentiate right from wrong. They, after all, are our investment for the future.”

*Jyothirgamaya: Spreading the light of awareness. 2000 students of DAV Public School, New Delhi, celebrating Diwali, took an oath in allegiance to a campaign against Alcohol & Substance Abuse among Adolescents, organised by Indian Alcohol Policy Alliance*
Reflections

As far back as 1956 Dr Jellinek in his WHO film ‘To Your Health’ made these concluding remarks: “Either we will control alcohol or alcohol will control us.” Unfortunately, the advice was not heeded and the prevention of alcohol problems was to languish ‘in the doldrums.’ It was to take almost a generation to awaken public health from its slumber.

Alcohol Policy has again returned to the political agenda at international, regional and national level. This position it had once held with the former League of Nations in the 1920s and 30s due to the lobbying of the international temperance movement.

The WHO Commission on Social Determinants Report in 2008 considered that the Framework Convention on Tobacco control provided ‘an excellent example of coherent global action to restrain market availability of a lethal product.’ No doubt recognising the political impossibility of achieving a similar framework for alcohol, it urged WHO to initiate a discussion with Member States on regulatory action for alcohol control.

This renaissance in awareness of the alcohol problem was further influenced by the publication of the Global Status Reports on Alcohol and Health that WHO began to publish from 1999. These reports provided the evidence needed to stimulate policy action.

The adoption by the World Health Assembly, in 2010, of its Global Strategy to Reduce the Harmful Use of Alcohol and, in 2011, the United Nations Political Declaration on Non-communicable Diseases, were international milestones in the field of alcohol policy. The UN Declaration identifies alcohol as one of the main health determinants of NCDs, alongside tobacco, unhealthy diet and physical inactivity. At its General Assembly in September 2015, the
UN endorsed 17 Sustainable Development Goals. The third one of these is to ensure healthy lives and promote well-being for all at all ages.

The following goals have been set: by 2030 reduce by one-third pre-mature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being; strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol and by 2020 halve global deaths and injuries from road traffic accidents.

Prevention of alcohol problems has certainly come out of the doldrums. It remains for present and future policy advocates to create the political will to achieve the goals laid out by the UN and WHO. The greatest obstacle to achieving them will be the alcohol industry and its social aspect groups.

Dr. Anarfi Asamoah-Baah, Deputy Director – General of WHO, in his opening address to GAPAs conference in Bangkok reminded delegates: “We must not underestimate the alcohol industry. They will hit back, attack our evidence, attack our science and attack our policies. Resistance will come from well financed lobby groups.”

The United Kingdom Temperance Alliance Ltd, the charity I have served intermittently for thirty-five years, was given permission by the Charity Commission to change its name to Alliance House Foundation in 1985. Protecting the aim of the original trustees in establishing the charity, the Commission insisted that its prime objective was “To Spread the Principles of Total Abstinence from Alcoholic Drinks.”

Due to the decision of the Charity Commission and the fact that the Drinks Industry was attempting to impugn the scientific credentials of the IAS, the AHF took the decision to seek separate charitable status whilst remaining its sole owner. It was also hoped it would enable it to attract funds from other sources. In 2005 IAS was granted charitable status with the objective: “To promote the scientific understanding of beverage alcohol and the individual, societal and health consequences of its consumption.”

The WHO Global Status Report on Alcohol and Health 2014 states: “It is important to note that when discussing alcohol-related harm at the population level, abstention from drinking alcoholic beverages in the population is an important mediating factor determining the level of alcohol-attributable harm in a population. Because abstention is highly prevalent throughout the world, any diminution in abstention levels could have a significant impact on the global burden of disease caused by the harmful use of alcohol.”

I have always held the view that an alcohol free lifestyle does have a protective social effect on the well being of individuals and their families.

There is an important role for the Alliance House Foundation to promote the statement of the WHO Ministerial conferences in Paris and Stockholm that:

“All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behavior.”

Whilst in Europe around 30 per cent of the population are abstainers; in the South East Asia region it is over 90 per cent and in Africa over 70 per cent. Policy strategies have to be nuanced to the social and economic conditions of the society being addressed. An international advocate has to be sensitive to the traditions and cultures of other peoples.
Those of us from the West, in particular, should bear this in mind. When news was brought to John Ruskin that telegraphic communications had been established with India, he was wise in his riposte: “But what have you to say to India?”

Any advocacy approach should be based on three important principles: that it is grounded in the science, culturally sensitive and politically pragmatic.

Finally, as I look back over almost half a century of working in this field and as I review the changes which have taken place in that time it gives me some satisfaction to note the current trends in alcohol policy with the emphasis on the positive sides of abstinence once more coming to the fore.

I would like to place on record my grateful thanks to all who have supported me in my work. Cecil Heath who persuaded me to leave teaching gave me complete freedom to organise the education policy of the Alliance. He himself, as Managing Director of the UKTA, had had long experience in leading the organisation through the war years and into the post war era.

My nine years as Director of the National Council on Alcoholism gave me invaluable political experience. Throughout these years I had the constant support of Sir Bernard Braine MP.

Since my return to the Alliance I have served under three chairmen. Dr Stuart Horner, who was also the chair of the BMA Committee on Community Medicine and later chair of its Ethics Committee, encouraged the setting up of the Institute of Alcohol Studies. Professor Brian Prichard, Professor of Clinical Pharmacology at University College Hospital, became the founder Chairman and remained in that position until his death five years ago. He had been a constant supporter since my TACADE days.

My next Chairman, Roy Grantham, Trades Union leader, gave encouragement and support in the formation of EUROCARE. The Global Alcohol Policy Alliance (GAPA) began under his leadership and support for these ventures has been continued under the current Chairman Professor Dr Stephen Orchard.

I thank them all for the confidence they have placed in me and for their friendship.
Postscript

GAPC15, the fourth international Global Alcohol Policy Conference, was held in Edinburgh and opened by Nicola Sturgeon, the First Minister of Scotland.

Over 400 delegates attended from 60 countries. Evelyn Gillan, a member of the GAPA Board and Chief Executive of Alcohol Focus Scotland, had invited the conference to be held at the Edinburgh International Conference Centre. Sadly Evelyn died before the conference was held and so it was appropriate to dedicate the conference to her memory. Like myself she was the product of a mining village which endowed her with her community spirit. At the start of the conference, in the presence of her family, Evelyn was posthumously awarded the Honorary Fellowship of the Royal College of Physicians Scotland - the first non-medic to be given the award. The Scottish Government gave generous funding to support the conference and Maureen Watt, Public Health Minister, hosted a reception in Edinburgh Castle.

It was a particular pleasure for me that my last world conference, as the Chair of GAPA, should be held in Edinburgh, the city where Marion and I had spent our honeymoon 51 years before. It was a fitting place to end my 66-year journey.
Professor Sally Casswell presenting Derek with Commemorative Plaque 'Founder of GAPA'

ADIC India Silver Jubilee Award Sally Casswell, Derek, Johnson Edayaratnamula and Marion. Derek has worked closely with ADIC India since 1990

Back to the beginning: in the mid-1990s, in Washington DC, Derek discusses with David Jernigan the need at international level for a focal point for alcohol policy advocates.
Time out

Relaxing on the Durham coast

With grandchildren Max and Lauren at home in Hemingford Grey