

alcohol
health alliance uk

Measuring Up: The State of the Nation





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Foreword

The consumption of alcohol is an established part of life in the UK today. It is increasingly accepted and enjoyed in the routines of daily life and to mark celebrations - and commiserations - of all kinds. Yet alcohol is no ordinary commodity and carries a tremendous cost, damaging not only people's health, but families, the economy and wider society.

Alcohol has grown to become one of the three biggest lifestyle risk factors for disease and death in the UK and its burden continues to escalate. Alcohol is the leading cause of death among 15 to 49 year olds and its impact on the poorest in society is disproportionately severe, contributing to the widening of socioeconomic health inequalities in the UK. It is important to acknowledge the extraordinary scale of the harm caused by alcohol - which goes far beyond the individual drinker, too often impacting innocent bystanders.

As the Alcohol Health Alliance celebrates its ten year anniversary, this 'Measuring Up' report summarises 'The State of the Nation' in relation to current levels of alcohol harm and prevention policies. It looks back on the past decade of trends, policy change and evidence developments. The report reviews successes and setbacks and compares alcohol policy across the four nations. It examines the strengthened knowledge base and explores barriers to change. It also looks to the future and advocates for the implementation of proportionate, evidence-based policies to reduce and prevent alcohol harm over the next ten years.

Public support for government action is clear, with more than half of the public believing the government is not doing enough to tackle alcohol harm. The ambition that has sustained the public health community, and on which the Alcohol Health Alliance was founded, has not diminished - to reduce the terrible toll of alcohol-related death and illness on people across the UK and to reduce pressure on already overstretched medical, social care and emergency service workers. The time has come for politicians to listen and take robust action that will help to change people's lives and society's relationship with alcohol for the better.

Professor Sir Ian Gilmore
Chair, Alcohol Health Alliance UK

Executive Summary

Alcohol harms the drinker through a range of acute and chronic conditions, including alcoholic liver disease, heart disease and cancer. It also affects innocent bystanders, contributing to rates of child abuse and neglect, domestic violence, family breakdown and crime and disorder. Alcohol harm is preventable yet it cuts short lives, tears apart families and damages entire communities – its impact is felt by all due to its drain on public services and the economy. The Alcohol Health Alliance UK believes action on alcohol harm is urgently needed, wanted and workable.

1

Action on Alcohol Harm is Needed

Alcohol places a significant burden on UK society, and each year is associated with:

- > 23,500 deaths
- > 1.2 million hospital admissions
- > 12,800 cases of cancer
- > 1 million crimes
- > between 25%-33% of child abuse cases
- > wider costs to society of between £21-£52 billion

These harms cannot be ignored.

2

Action on Alcohol Harm is Wanted

Public opinion polls show that the public support government actions to reduce alcohol harm:

- > **77%** of people believe that the UK has an 'unhealthy relationship with alcohol'
- > **52%** think that the government is not doing enough to tackle the problems with alcohol in society
- > **61%** believe that 'alcohol producers and suppliers should pay for reducing alcohol harm'
- > **54%** of people believe that 'alcohol producers and suppliers have too much influence with governments'

The voice of the public must be listened to.

3

Action on Alcohol Harm is Workable

There is strong international evidence that the following policy measures will save lives, make our streets and homes safer and ease the burden on our NHS and public services. We are therefore calling on the government to:

- > Reduce the affordability of alcohol through taxation measures.
- > Prevent the sale of strong cheap alcohol through the implementation of minimum unit pricing.
- > Give more power to local licensing authorities to tackle alcohol-related harm.
- > Reduce the drink-drive blood alcohol limit to 50 mg/100ml
- > Introduce mandatory health labelling of alcoholic products to provide consumers with information to make an informed choice.
- > Implement a comprehensive ban of all alcohol advertising and sponsorship.
- > Restrict the sale of alcohol in shops to specific times of day and designated areas
- > Train and support health and social care professionals to provide early identification and brief advice to clients.
- > Provide adequate resources for specialist alcohol treatment services

Effective, evidence-based policies are ready and waiting

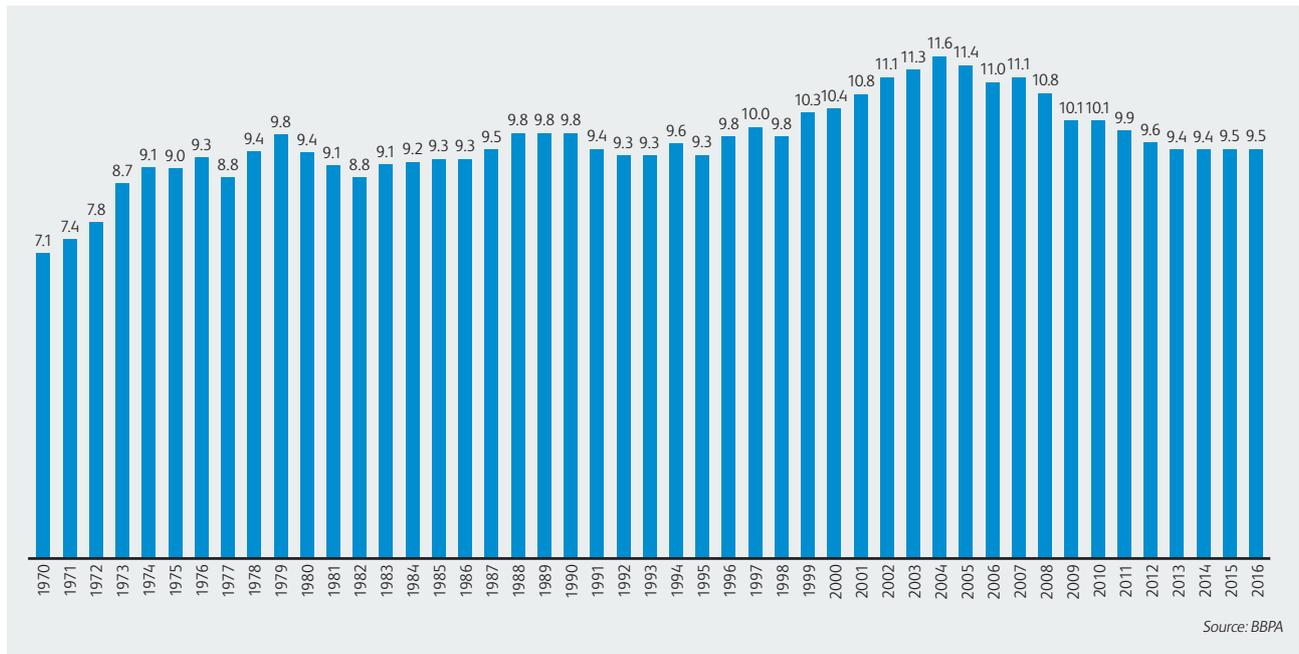
Alcohol Harm in the UK: How did we get here?

Alcohol is a major public health problem in the UK and one of the major causes of illness, injury and premature death. Analysis of UK drinking trends and harms illustrates how the current drinking patterns come at a social cost that has been estimated between **£21 billion and £52 billion in England and Wales and £3.6 billion in Scotland**^{1,2}

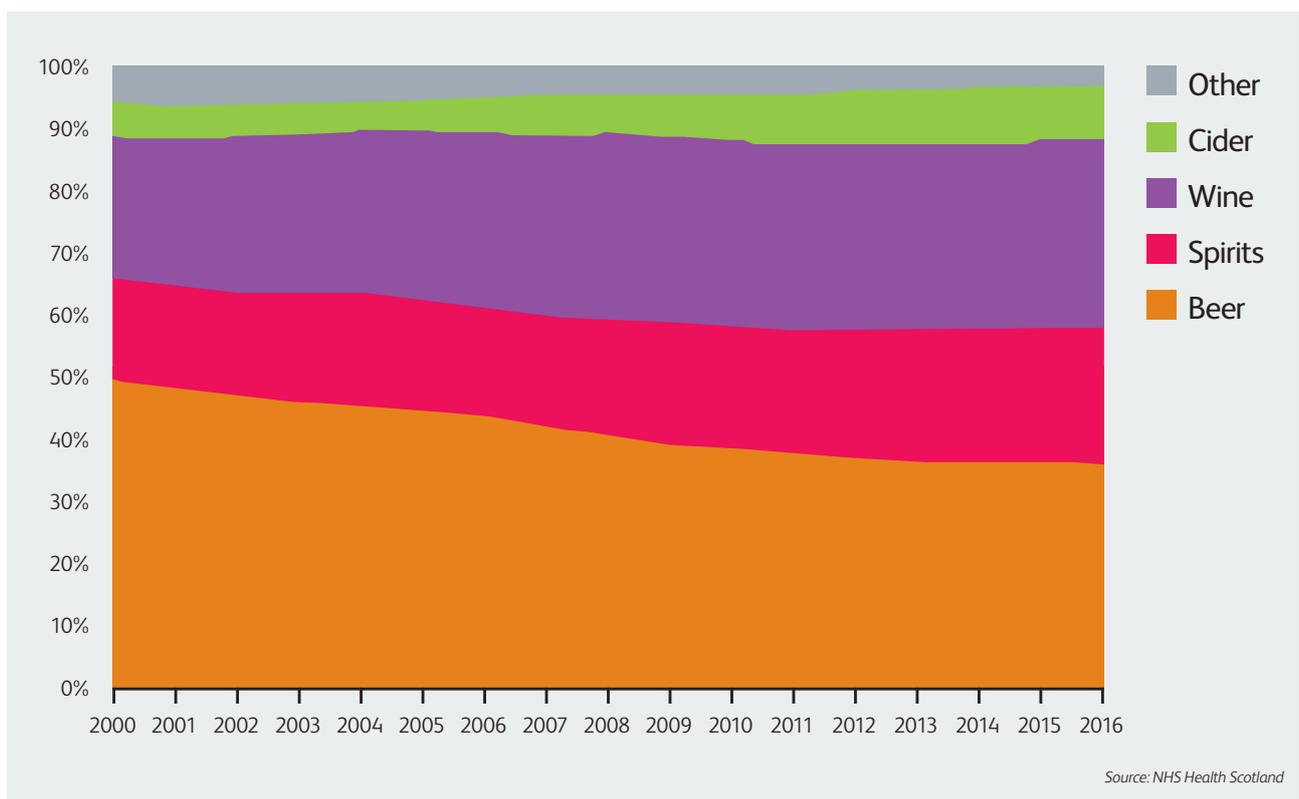
Drinking behaviours

Alcohol consumption per head in Great Britain has risen during the post-war years, more than doubling between the mid-1950s and late 1990s. It has fallen slightly from a peak of 11.6 litres per head in 2004 to 9.5 litres in 2015, driven largely by a sharp decline in the drinking of young people. However, enough alcohol is sold for every adult in the UK to exceed the low risk drinking guidelines on every week of the year. As graph 2 shows, the type of alcohol people are consuming is changing, with more consumption of stronger alcohol products such as wine and spirits but less beer.

GRAPH 1- Mean alcohol consumption (litres of ethanol per year per head)



GRAPH 2- Volume share of Alcohol Consumption by beverage type, England and Wales.



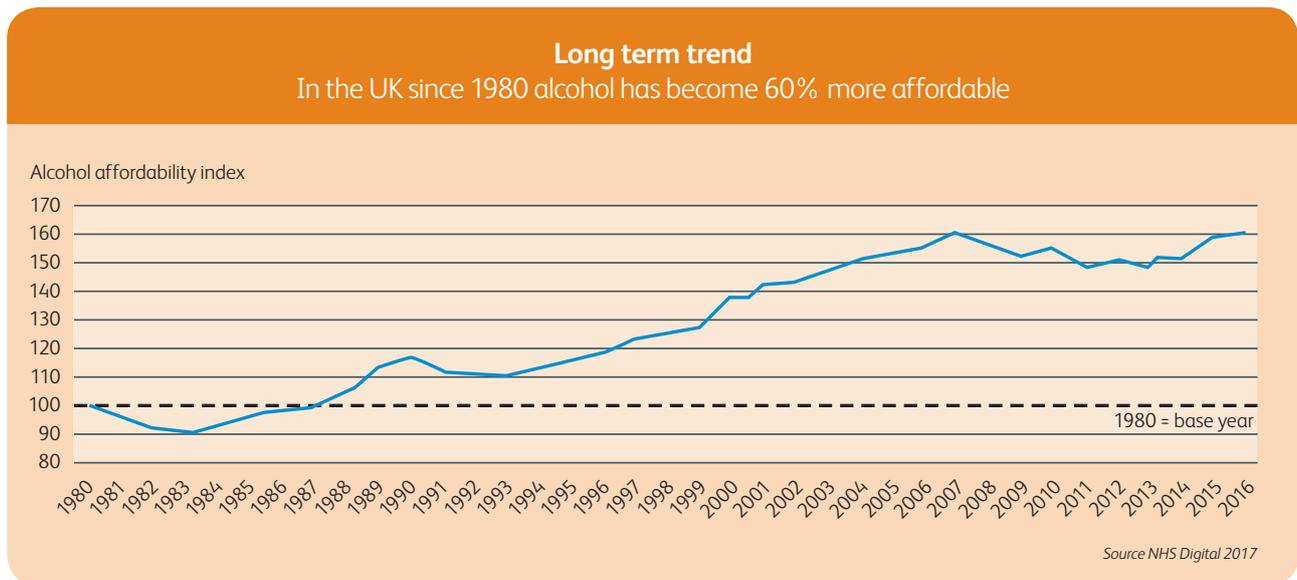
In 2016, 44% of pupils aged 11 to 15 years said they had ever drunk alcohol. Over the past ten years there has been a steady decrease in drinking among younger people³. This is a welcome reduction but children in the UK still drink more than their European counterparts, with around 306,000, 11 to 15 year olds, estimated to drink every week.⁴

Affordability

Affordability is one of the key drivers of consumption and harm: cheaper alcohol invariably leads to higher rates of death and disease.⁶ This harm does not affect a small minority; over 10 million adults are drinking more than the recommended 14 units per week.⁷ It is unsurprising, therefore, that **1 in 5 people are concerned about their current levels of consumption.**⁸

In 2013/14, more than 10,000 children in the UK sought treatment for alcohol.⁵

GRAPH 3: Long term trend- alcohol affordability



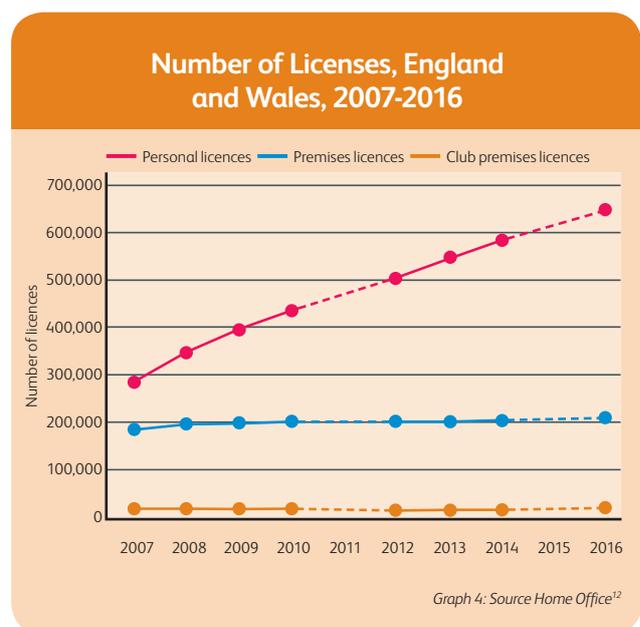
This growing affordability has been driven by ever-cheaper supermarket alcohol, with high-strength, ‘white’ cider being the cheapest product on offer, costing as little as just £3.59 for a three-litre bottle. At this price, it is possible to **consume more than the recommended weekly limit of alcohol for the cost of a small latte in Starbucks.**⁹

The price of beer in supermarkets has been falling steadily in real terms since the early 1990s and in turn has been accompanied by long-term increase in the proportion of alcohol purchased from off-licensed outlets and consumed at home rather than in pubs and bars. The British Beer & Pub Association (BBPA) estimates that twice as much alcohol is now bought from off-licensed premises as from pubs and other on-licensed premises.¹⁰

Availability

There is no shortage of opportunities to buy alcohol in the UK today from corner shops to pubs to petrol stations, and now coffee shops. The increased availability of alcohol is due to the growing number of licensed premises as graph 4 demonstrates. And while we have seen falls in consumption in recent years – 14% in terms of sales per head between 2005 and 2013 – **the latest figures indicate that sales are starting to increase again.**¹¹

GRAPH 4: Number of Licenses



Health Burden and Costs

Alcohol is causally linked to over 200 medical conditions and injuries, including heart disease, liver disease and seven types of cancer¹³ In 2015, alcohol is estimated to have caused **23,530 deaths in England alone**,¹⁴ and it is associated with around **12,800 cases of cancer annually in the UK**.¹⁵ The persistent availability of cheap alcohol perpetuates deprivation and health inequalities. **Men from lower socio-economic groups are 3.5 times and women 5.7 times more likely to die of an alcohol-related ailment**.¹⁶

Many of these deaths are due to liver disease, which is the only major cause of death and illness which is increasing in England whilst decreasing among our European neighbours. Worryingly, **deaths from liver disease in the UK have increased by 450% over the last 30 years**¹⁷ and will soon overtake cardiovascular diseases as the single biggest cause of death.

Beyond these mortality statistics, the burden of alcohol on the health service shows no sign of going down. Alcohol-related hospital admissions in England and Wales have increased by 64% over the last decade¹⁸ with over a million admissions each year, and up to 70% of A&E attendances at weekends are related to alcohol.¹⁹ In Scotland, admission rates for alcoholic cirrhosis, which are internationally accepted to be a robust indicator of alcohol-related harm, have risen in the past three years.²⁰

The financial cost to the NHS in England is estimated to be £3.5 billion per year - **the equivalent to £120 for each taxpayer**.²¹ In Scotland, the figure is as high as £392.8m a year²²; in Wales, as high as £73.3m²³; and in Northern Ireland, as high as £158m²⁴.

Unless trends are reversed, it is projected over the next five years that £17 billion in costs to the NHS will be incurred.

Harm to others

The harms of alcohol extend beyond the individual drinker to families and communities. It is a drain on hard-pressed public services and a brake on economic growth.

Children

Many children suffer the adverse consequences of parental drinking, with one in five children living **with a parent who drinks too much**.²⁵ It can negatively affect a child's development in a range of ways, from foetal alcohol spectrum disorders to the stress and anxiety of growing up with domestic conflict. These can have life-long consequences for those affected. Exposure to alcohol before birth is the most important preventable cause of brain damage in children today²⁶ and is a growing problem.

Four times more children in the UK suffer alcohol-related birth defects than the global average.²⁷

The Centre for Public Health has estimated that as much as **34% of child social care costs are alcohol-related**, because of the strong association between drinking and child abuse or neglect.²⁸

Workforce

Unlike other products, the sale of alcohol carries a number of costs to the economy. **Alcohol caused more years of life lost to the workforce** than from the 10 most common cancers combined. In 2015, **167,000 working years of life were lost to alcohol**.²⁹ This has grown considerably since 2010 when NICE estimated the figure stood at 46,000.³⁰ In addition, alcohol misuse represents a significant cost for UK businesses by reducing the productivity of the workforce with **17 million days lost due to absence**, at a cost of **£1.7 billion per year**.³¹ These costs are mirrored nationwide; up to £1 billion lost in Scotland and £258.2 million in Northern Ireland.³³

Crime and disorder

In the UK, alcohol-related crime and social disorder costs up to **£13 billion each year**. In just over half of all violent crime, the victim believed their attacker to be under the influence of alcohol. Week in, week out in town centres across the country, the police have to deal with the consequences of drinking. This is **equivalent to 786 additional arrests per day nationally**.³⁴

Emergency services staff are subject to alcohol related abuse and assault. The Scottish Ambulance Service has calculated it is called out to deal with an intoxicated patient once every **21 minutes**³⁵ and a survey of ambulance staff in England found that half of respondents reported being injured during call-outs to intoxicated members of the public.³⁶

Two thirds of people in the UK say drinkers' behaviour puts them off going to their local town or city centre³⁷.

Drink driving

Drink driving is a significant cause of death and serious injury from road traffic crashes in the UK. Since 2010 progress on drink driving has ground to a halt with **240 deaths** and more than **8,000 casualties** caused by drink driving each year. Drink driving costs £800 million each year and **60% of those killed or injured in drink driving incidents are people other than the driver**.³⁸

Policy Progress: How Far Have We Come?

Securing policy change is never easy or straightforward, and even when alcohol has been on the political agenda, evidence-based policy measures have had to compete with fierce opposition from a very well-resourced alcohol industry.

National Alcohol Strategies

England

The Government's Alcohol Strategy, published 2012. No current strategy.

Scotland

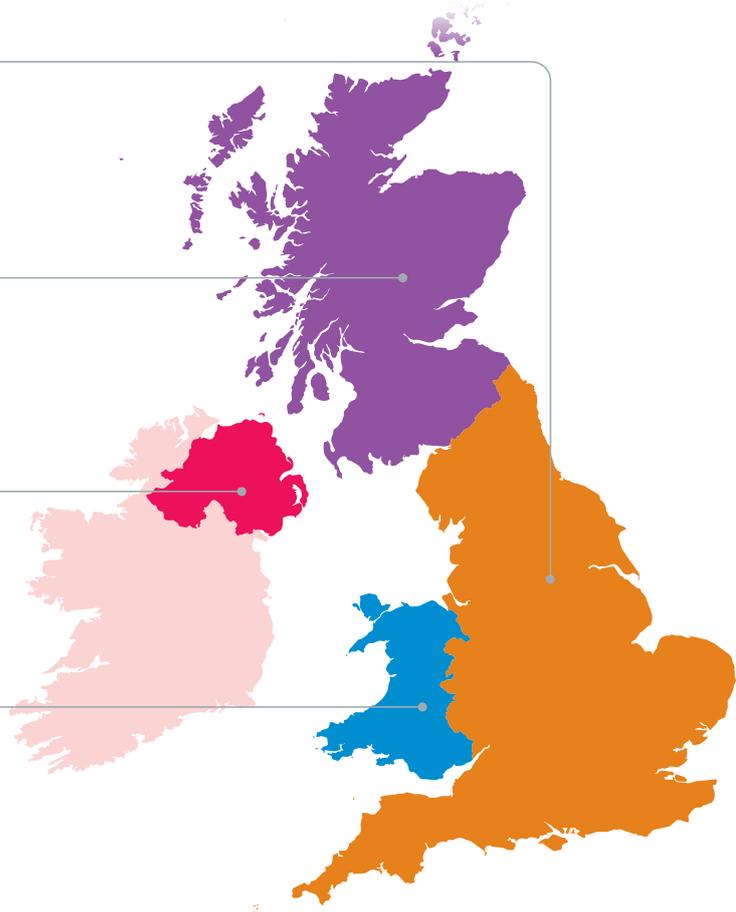
Changing Scotland's Relationship with Alcohol: A Framework for Action, 2009.

Northern Ireland

New Strategic Direction for Alcohol and Drugs Phase 2, 2011–2016.

Wales

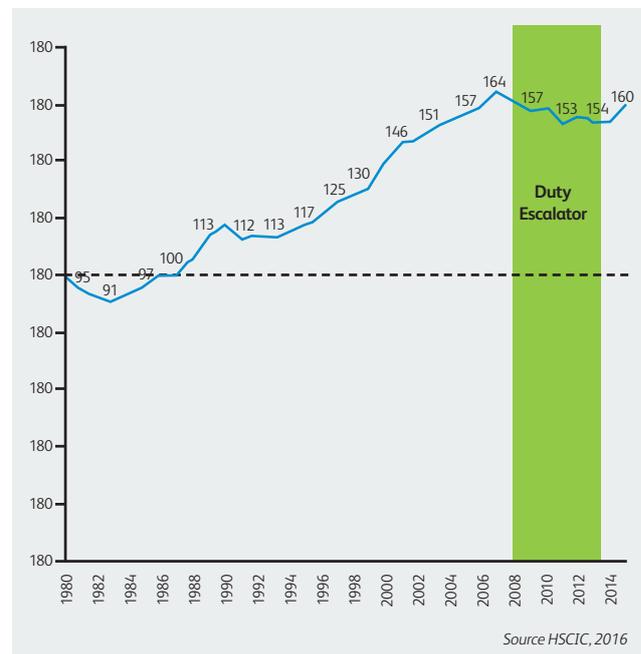
Working Together to Reduce Harm National Substance Misuse Strategy 2008–2018.



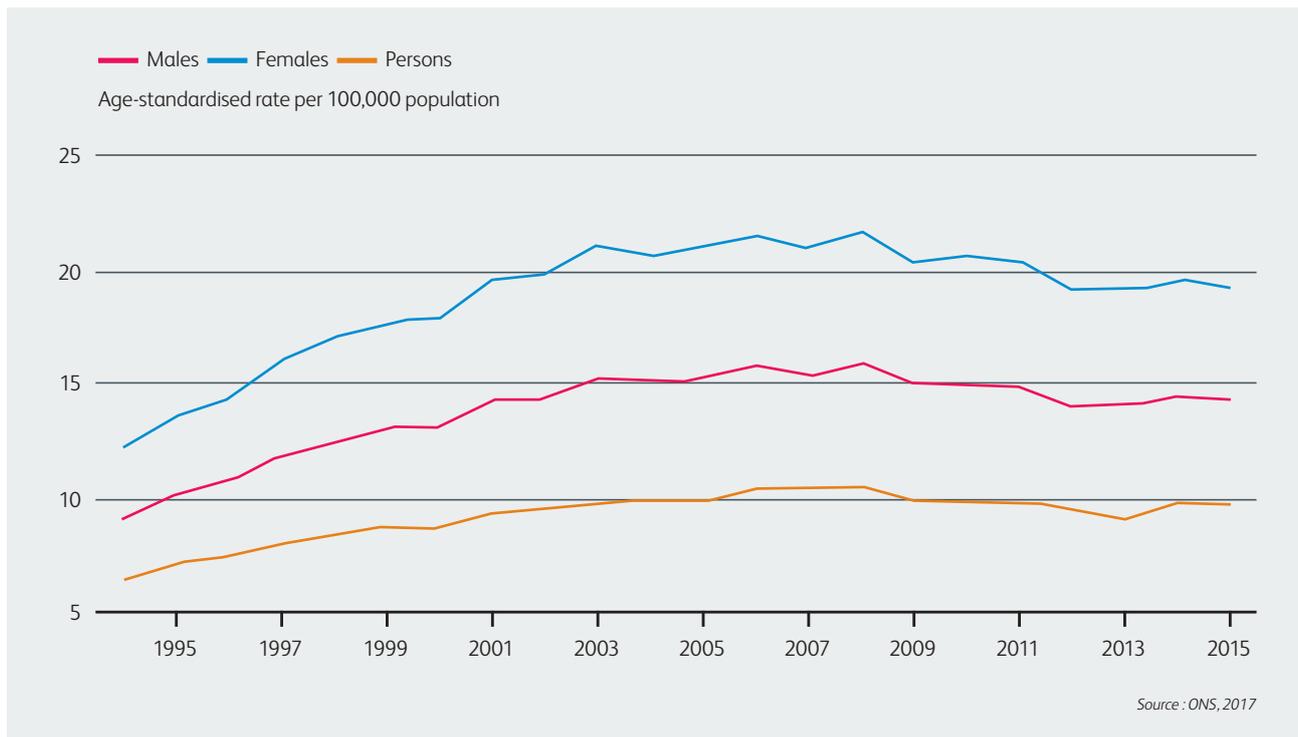
Ten years ago was a time of widespread concern across the health and alcohol sectors due to the lack of evidence based policy measures being proposed by government. The 2004 alcohol strategy for England made no mention of the measures known to be effective at reducing alcohol harm: price, availability and marketing. However in his 2008 budget, the then Chancellor, Alistair Darling introduced the Alcohol Duty Escalator (ADE) as a proportionate response **to the problem of cheap alcohol**. The need for duty to compensate for the burden of alcohol related harm to societies has been endorsed by the World Health Organization and the Organisation for Economic Co-operation and Development (OECD).³⁹

The ADE helped reverse the trends of rising death and illness. After its introduction in 2008, duty on alcohol rose by 2% above inflation each year. As Graph 5 shows, **affordability began to fall for the first time in years, and was 5% lower in 2013 than 2008**. As Graph 6 shows, **alcohol-related deaths peaked in 2008 and began to fall thereafter**.

GRAPH 5: Alcohol Affordability Index, 1980-2015 (Indexed, 1980=100)⁴⁰



GRAPH 6: Age-standardised alcohol-related deaths



In the 2012 UK Government Alcohol Strategy, the Coalition Government accepted the harm alcohol can cause and recognised that the price of alcohol has a significant impact on how and how much people drink. The Prime Minister pledged to take evidence-based action when **he committed to the introduction of a minimum unit price (MUP) for alcohol**. At Prime Minister's Questions in 2013 he went on to say that sales of cans of lager for 20p were unacceptable and that things had to change.⁴² Change has come, but not the change that was promised.

The ADE for beer was scrapped in the 2013 budget, and for other products in 2014. This was bad not only for health, undermining the progress that had been made, but also for public finances. Since 2012 beer duty has fallen 14%; cider and spirits duty is 6% lower; and wine duty is unchanged.⁴⁴

'There is strong and consistent evidence that an increase in the price of alcohol reduces the demand for alcohol which in turn can lead to a reduction in harm, including for those who regularly drink heavily and young drinkers under 18. We can no longer afford to ignore this.'
The Government's Alcohol Strategy, 2012.

Under pressure from global alcohol producers, plans to implement MUP were put on hold and instead the sale of alcohol below cost price was banned (where 'cost' was defined as duty+VAT). The ban on below cost selling was estimated to **be 40 to 50 times less effective than an MUP set at between 40p and 50p** and affected less than 0.7% of alcohol products.⁴³

The Treasury's own estimates show that the past four years of consecutive cuts and freezes to duty will cost the Government £790 million in 2017/18, and has a cumulative cost of £2.9 billion over five years.⁴⁵

In 2011, The Responsibility Deal for alcohol was launched as a voluntary partnership between the government, commercial organisations and public bodies to promote public health goals. It pursued initiatives known to have limited efficacy in reducing alcohol-related harm and was rejected by most public health organisations. The alcohol industry provided misleading accounts of progress; a robust evaluation found no progress had been made despite industry efforts to promote an alternative narrative.⁴⁷ The Responsibility Deal had no impact whatsoever on reducing alcohol-related health harms and confirmed that effective alcohol control policies need to be based on statutory change, not voluntary partnerships with industry.

Learning from the Devolved Administrations

It is eight years since the Scottish Government published its ground-breaking alcohol strategy, *Changing Scotland's Relationship with Alcohol: A framework for Action*. For the first time, this strategy recognised the need for population-based measures, such as minimum unit pricing, as well as targeted measures, in order to reduce consumption and harm.

Some elements have now been successfully implemented and are likely to have contributed to declining rates of alcohol-related hospitalisations and deaths since 2009. For example, the drink drive limit was reduced from 80mg to 50mg per 100ml of blood in 2014, and *The Alcohol etc (Scotland) Act 2010* included a multi-buy discount ban, which led to a decline in total per adult off trade alcohol sales.⁴⁹

In addition, **minimum unit pricing (MUP) has now been given the go-ahead in Scotland**, after a legal challenge led by the Scotch Whisky Association (SWA) was unsuccessful. Despite being passed by the Scottish Parliament in 2012, the SWA managed to hold up implementation of MUP for five years by challenging the measure in Scottish and European courts, and finally in the UK Supreme Court. Following two decisions from the Scottish courts that MUP was legal, the Supreme Court made a final judgment on the legality of the measure in November 2017, unanimously dismissing the SWA's appeal. This judgment paves the way for the introduction of MUP in Scotland, which is estimated to save around 60 lives in the first year following implementation.⁵⁰

The Supreme Court ruling also clears the way for other governments to push ahead with MUP. The Welsh government introduced legislation for MUP in October 2017, where it is estimated its implementation would prevent health and social costs of £882 million to the economy. In addition, the Republic of Ireland and the devolved administration in Northern Ireland are both seeking to introduce the measure.

With Scotland, Wales, Northern Ireland and the Republic of Ireland moving to implement MUP, it is imperative that England does not get left behind in terms of health outcomes, and the Westminster government should legislate for MUP urgently in order to save lives.

Barriers to policy change

It is imperative that evidence based public health measures are not delayed or obstructed by corporate interests. The Government raises £11 billion in tax revenue from alcohol excise duty in England⁵¹ but this is a fraction of the estimated £21-52 billion wider societal costs associated with alcohol.

The Scottish and Welsh Governments have been persuaded by the weight of evidence in support of minimum unit price and have been willing to pursue this robust and effective measure despite considerable pressure from global spirits producers to adopt softer self-regulation. The Westminster Government must prioritise tackling deprivation and health inequalities and make a concerted effort to get to grips with the root cause of the problem- by coming down hard on cheap alcohol.



'The responsibility of being in government isn't always about doing the popular thing. It's about doing the right thing. Binge drinking is a serious problem. And I make no excuses for clamping down on it.'
David Cameron, 2012 Alcohol strategy.

Licensing

The 2003 Licensing Act has been in force in England and Wales for 11 years and recent scrutiny of the Act by House of Lords Committee concluded it is 'fundamentally flawed and needs a radical overhaul.' This was not surprising given the complexity of enforcing the Act and the narrow scope of the licensing objectives. Many cash-strapped councils feel increasingly powerless to challenge industry and take control of availability in their communities because of fear of costly legal action.

The Act is poorly equipped to deal with the supermarkets and off licences, and is based upon an incorrect assumption that most alcohol is consumed in pubs and clubs. The later opening hours introduced by the Act has extended crime and alcohol-related disorder into the early hours, causing significant problems for the police. **In a survey, 68% of police officers have attributed the introduction of 24-hour licensing with the high levels of alcohol-related crime in the night-time economy.** The powers offered to local authorities to deal with the associated problems of the night time economy, such as Early Morning Restriction Orders and Late Night Levies, have had limited impact, not least because of the vigorous opposition of sections of the alcohol industry. The current Act also excludes wider consideration of the health harms caused by alcohol.

Scotland introduced a public health objective into its licensing legislation with effect from 2009. Whilst the implementation of this is still a work in progress it does enable licensing boards to take account of the health impacts of alcohol, including when developing their licensing policies and over-provision assessments.

How the alcohol industry operates

We are now much better informed about how industry operates. We know, for example, that the alcohol industry is estimated to spend up to £800 million per year on promoting alcohol in the UK. In addition, analysis of industry activity has demonstrated that the industry is not interested in debating the evidence in good faith – rather, their aim is to create doubt within the minds of policymakers about the effectiveness of policies proposed by the public health community.⁵³

We also know the industry attempts to prevent the public being aware of the full range of health harms linked with alcohol. The industry funded Portman Group has been undermining the Chief Medical Officers new low risk drinking guidelines through its failure to include them in its minimum standard for alcohol labels. The industry seeks in various ways to mislead the public about alcohol's link with cancer. A 2017 analysis concluded that the industry creates doubt about the alcohol-cancer link by *denying the evidence, distorting the evidence, and distracting from the evidence.*⁵⁴

Of alcohol industry organisations examined, 78% gave no information or frankly misleading information on breast cancer, such as concentrating on many alternative risk factors.⁵⁵

In addition, by challenging the implementation of MUP in Scotland through the courts, sections of the alcohol industry have sought to override the democratic wishes of the Scottish Parliament, putting their profits before the health of the Scottish people.

Finally, independent evaluations carried out of local partnerships involving industry aimed at tackling crime in local areas have found there is little evidence that these partnerships have been effective.

Given all we know, it should now be beyond doubt to policymakers that the industry does not have an interest in reducing alcohol-related harm if it involves putting their commercial interests at risk. The World Health Organization has recognised this conflict of interest and circumscribes the potential contribution of alcohol producers ("economic operators") in policy contexts.⁵⁷ While global alcohol producers and linked organisations have consistently sought to depict scope for partnership or engagement in the policy process, this has been unambiguously rejected:

'In WHO's view, the alcohol industry has no role in formulating policies, which must be protected from distortion by commercial or vested interests.'
(Dr Margaret Chan, Director-General of the World Health Organization, 2013)

In order to protect the public interest, including our health, policymakers need to prioritise well-evidenced statutory measures over ineffective partnerships with industry.

Developments in the Knowledge Base on Alcohol Harm

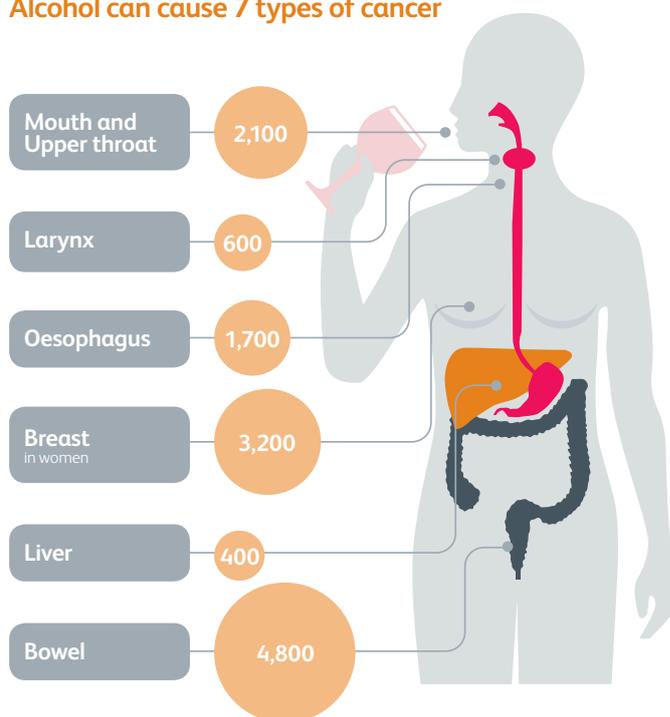
Over the past 10 years our knowledge of alcohol-related harm, and what works to reduce it, has grown substantially. We are now better placed than ever to recommend effective policies, and to predict their impact.

Knowledge of the health risks

Alcohol and cancer

Over the past decade, our knowledge of the link between alcohol and cancer has grown significantly. More research has been published confirming the strength of this link, particularly from the International Agency for Research on Cancer and the World Cancer Research Fund. It is now clear that alcohol is linked with at least seven types of cancer, and that the risk of certain cancers increases with any amount drunk.

Alcohol can cause 7 types of cancer



Circles show cancer cases attributable to alcohol by cancer type in the UK in 2011.

Redrawn with permission from Cancer Research UK:
www.cancerresearchuk.org/about-cancer/causes-of-cancer/alcohol-and-cancer/how-alcohol-causes-cancer

Unfortunately, public awareness of the link remains extremely low, with 1 in 10 people linking cancer as a potential health condition from drinking alcohol.

Only 1 in 10 people are aware of the link between alcohol and cancer.⁵⁸

This is extremely concerning given there were **28% more hospital admissions for alcohol-related cancers in 2014/15 than in 2004/05.**⁵⁹

Alcohol and heart disease

Our knowledge has also increased in relation to the apparent benefits of drinking for heart health. We now know that any benefits to heart health are smaller than previously thought, and apply to a small group of the population: women aged 55 and over, who drink no more than around 5 units a week.

Updated drinking guidelines

These developments in our understanding of the health harms associated with alcohol are among the reasons that the UK's Chief Medical Officers updated the drinking guidelines in January 2016.

In the new guidelines, the CMOs explain that any amount of alcohol you drink increases your risk of certain cancers. Men and women are recommended to not consume more than 14 units a week to keep risks from drinking low. Previously the guideline for men had been 21 units a week. The guidelines also make clear that the safest approach whilst pregnant or when you could become pregnant is not to drink.

Only 20 per cent of people can correctly identify the new low- risk weekly drinking guideline.

AHA Opinion Polling 2017.

The new evidence on health harms, along with the new drinking guidelines, has added weight to our call that the public have the right to know about the health impacts of alcohol. It has strengthened our calls for mandatory labelling of all alcohol products and national, government-backed social marketing campaigns warning of the health risks linked to alcohol.

'White' cider and harm to children, dependent drinkers and the homeless

In recent years the problem of cheap, high-strength ciders has become apparent. Surveys carried out by members of the Alcohol Health Alliance in shops and supermarkets across the UK have found **3 litre bottles of white cider, containing the equivalent amount of alcohol of 22 shots of vodka (22 units), on sale for just £3.59⁶⁰**, equivalent to just 16p per unit.

In addition, analysis done in 2016 revealed that nearly all sales of white cider in Scotland are accounted for by dependent drinkers.⁶¹

All of this research has bolstered AHA's calls for the price of these drinks to be increased. In 2017 the AHA worked with Thames Reach, the homelessness organisation, to call for the price of these drinks to be increased significantly through a duty increase.

Two-thirds of the public are in favour of raising taxes on white cider. In addition minimum unit pricing, if implemented, would automatically triple the price of the cheapest high-strength ciders, putting these drinks out of financial reach of many dependent drinkers and children.

For the cost of a standard off-peak cinema ticket it is possible to buy almost seven and a half litres of high strength white cider, containing as much alcohol as 53 shots of vodka.⁶²

Modelling alcohol-related harm and policies

Since around 2008, alcohol researchers from the University of Sheffield have worked on modelling the impact of different alcohol policies.

The Sheffield team's work on MUP has been particularly significant, and their modelling has demonstrated it would save lives, reduce alcohol-related illness and hospital admissions, save the NHS money and cut crime. Key data from Sheffield include:

- > **A 50p MUP in England would save 525 lives a year, reduce hospital admissions by 22,000 and cut the cost of alcohol to society by £3.7 billion over 20 years⁶³**
- > **Raising alcohol duty above inflation for five successive years would reduce alcohol deaths by 5% and avert over 600 fatalities a year⁶⁴**

At the same time, moderate drinkers – including those from the poorest households - would be no worse off financially, and would experience *little* change in their drinking habits, consuming seven fewer units (the equivalent of three pints of beer) a year.

Public Health England evidence review

Developments in the evidence underpinning alcohol policies have informed the latest reviews of the effectiveness of different policies. The most significant of these reviews is Public Health England's (PHE) December 2016 extensive review of the effectiveness and cost-effectiveness of different policies, published in *The Lancet*. Drawing on the latest evidence, the review concluded that price-based measures, such as MUP and tax increases, are most effective and cost-effective at reducing alcohol harm. PHE's 2016 review provides the basis for a wide-ranging strategy for any government for what to do to tackle alcohol harm in the UK.

Alcohol caused more years of life lost to the workforce than from the 10 most common cancers combined - in 2015 there were 167,000 years of working life lost.

Public Support for Action on Alcohol

As we have seen, the evidence is clear about the scale of alcohol-related harm in the UK and which measures would be effective in reducing harm and saving lives.

In addition to this evidence, it is clear that the UK public believes that more should be done to tackle alcohol harm. Public opinion polling carried out over successive years by the Alcohol Health Alliance has found consistently high levels of concern about alcohol harm. This chapter reviews some of the key findings from the most recent polling we carried out in September 2017, and outlines what needs to happen next in alcohol policy.

The UK's relationship with alcohol

Our 2017 polling found that over three-quarters of the UK public think that the UK has an unhealthy relationship with alcohol.

Undoubtedly, this overall view will be based on different factors for different people. It is likely, however, that this view is significantly based on the societal costs of alcohol. When we asked people to what extent they associate different social problems with alcohol, *anti-social behaviour, domestic abuse and violent crime* were perceived to be most associated with alcohol, with each receiving a score of around 7-8 out of 10 for the extent to which people think they are linked to alcohol.

Public views on social problems associated with alcohol:

- > Road traffic accidents:
- > Violent crime
- > Sexual assault
- > Child neglect and abuse
- > Domestic abuse
- > Ill health
- > Anti-social behaviour

Government and the alcohol industry

Over half of the public believe the UK government is not doing enough to tackle the problems with alcohol in society.

They also do not believe the government is doing enough to help people who have problems with alcohol. This belief is perhaps unsurprising, given the recent cuts to public health budgets, and the decline in the number of addiction services across the country. Alcohol services face the biggest cuts of all, with 72% of local authorities in England planning cuts to alcohol treatment services in 2016-2017.⁶⁵

Whilst our polling did not look specifically at why people think government isn't doing enough to tackle alcohol harm, one reason may be the influence sections of the alcohol industry are perceived to have over government. Our polling found that over half of the public think that 'alcohol producers and suppliers have too much influence with governments'. Industry needs and commercial advantages have too frequently been prioritised over community concern.

It is not only government that the public believe should be responsible for addressing alcohol harm, however. Nearly **two-thirds of the public believe that 'alcohol producers and suppliers should pay for reducing alcohol harm'**. There is appetite for the alcohol industry to be held more accountable.

Alcohol services face the biggest cuts of all, with 72% of local authorities in England planning cuts to alcohol treatment services in 2016-2017.⁶⁵

Public views on alcohol in the UK, the government and the alcohol industry:

- > **77%** of people believe that the UK has an 'unhealthy relationship with alcohol'
- > **52%** think that the government is not doing enough to tackle the problems with alcohol in society
- > **52%** of people think the government is not doing enough to help people who have problems with alcohol and/or alcohol dependency in the UK
- > **61%** believe that 'alcohol producers and suppliers should pay for reducing alcohol harm'
- > **54%** of people believe that 'alcohol producers and suppliers have too much influence with governments'

Building on Progress; Roadmap for the Next 10 Years.

With the public wanting government action, it is time for policymakers to introduce a new evidence-based alcohol strategy.

Action is needed on the price of alcohol. Price-based alcohol policies are known to be the most powerful tool at government's disposal, and with the **60% increase in affordability of alcohol over the last thirty years**, it is time to tackle the problems caused by alcohol sold at pocket money prices. Raising the price of the cheapest alcohol will benefit poorest communities the most, with 80% of lives saved from minimum unit pricing coming from the lowest income groups.⁶⁷

Now that the Supreme Court has ruled MUP to be legal, the UK government should not delay in introducing MUP alongside a mechanism to regularly review the price to ensure it keeps pace with rising prices. This is a highly effective, targeted measure to address the cheapest, strongest alcohol favoured by young people and dependent drinkers while, importantly, having *minimum* effect on the majority of drinkers. With Scotland and Wales set to introduce MUP, there is a danger that England will get left behind the rest of the UK in terms of lives saved and illness prevented.

Today, £10 will not buy you a large Domino's pizza, but you would have a penny left over from a 700 ml bottle of 40% Putinoff vodka, containing 28 units, at £9.99.⁶⁶

The problem of cheap alcohol can be addressed through the tax system. As Britain leaves the European Union, the government will no longer be bound by the European directives that have previously constrained its ability to protect public health. It will become possible to tax wine or cider products in proportion to their alcohol content. Scaled volumetric taxation can be used to ensure stronger drinks are always more expensive and the Government should defend its freedom to do so in future trade agreements. The Government has previously expressed a desire for reform: Lord Prior, when he was Parliamentary Under-Secretary of State for Health, stated that the *“The UK Government believes alcohol duties should be directly proportional to alcohol, as is the case with beer.”*⁶⁸ (June 2016)

MUP and taxes are not mutually exclusive. Evidence collected by Public Health England suggests that MUP and higher alcohol taxes work best together. **They found that over 20 years, a 60p MUP would save 1,166 lives a year, but a 60p MUP alongside a duty escalator for five years would save 1,722 lives.**⁶⁹

Beyond price measures, we need policymakers to limit the amount of alcohol marketing children are exposed to. Research shows that 10-15 year-olds see more alcohol advertising on television than adults aged 25 and over.⁷⁰ Alcohol marketing encourages children's drinking; exposure to alcohol marketing reduces the age at which young people start to drink, increases the likelihood that they will drink and increases the amount of alcohol they will consume once they have started to drink.^{71, 72, 73} **The Government needs to listen and act in the interests of the 65% of people who believe that children should be protected from exposure to alcohol advertising.**⁷⁴ This needs to happen through the introduction of TV watersheds, and advertising bans on social media, which are popular among children but currently poorly regulated.

We also need governments to rethink the pervasiveness of alcohol advertising in our society, and move to a situation where alcohol advertising is ultimately banned, with advertising in the short term being limited to adult audiences. **Removing exposure to TV advertising for 11-18 year olds would lead to a fall of 9% in alcohol consumption.**⁷⁵

When it comes to the availability of alcohol, it should be made easier for local authorities to control when and where alcohol can be sold. It is widely acknowledged that the licensing system in England and Wales needs reform, and that local authorities need to be granted the power to take public health impacts into account when taking decisions, particularly in determining whether an area is already over-provided for. The licensing system in Scotland is already set up in this way, and the rest of the UK should follow.

In addition, Brexit provides an opportunity to introduce mandatory labelling to communicate the content and harms of alcohol products to consumers. The complete lack of health information on alcohol product labels is indefensible. This is an issue of consumer rights: every drinker has a right to know about the health risks associated with alcohol in order to make informed choices about their drinking. Information getting to consumers is being obstructed by the industry; The Portman Group who advise producers on labelling has stopped recommending they carry the guidelines on labels. **The public are clearly tired of being kept in the dark.**

77% of people support the inclusion of “Alcohol can increase your risk of cancer” on labels.⁷⁶

‘At present, consumers get more information on a pint of milk than they do on a bottle of wine’

Policymakers in England and Wales need to follow Scotland and the rest of Europe by reducing the drink drive limit.

Finally, policymakers need to make sure that anyone needing access to specialist treatment for a problem with alcohol receives appropriate and timely care.

These preventative actions cost little to implement but have the potential to save thousands of lives and improve the quality of life for tens of thousands more, as well as saving many millions of pounds of taxpayers' money spent dealing with alcohol related problems.

Key alcohol policies needed

- > A 50p minimum unit price for alcohol should be introduced.
- > Alcohol taxes should be set in direct proportion to product strength.
- > Product labels should carry mandatory health information.
- > Licensing authorities should be able to take health impacts into account in informing their licensing policies and in determining over-provision.
- > Alcohol advertising and sponsorship should be severe restricted, and ultimately prohibited.
- > The drink drive limit should be reduced from 80 to 50mg/100ml in England and Wales.
- > All health and social care professionals should be trained to screen for alcohol misuse and advise their patients on alcohol.
- > People who have problems with alcohol should receive appropriate and timely specialist assessment and treatment.

In the UK, every hour a person dies from alcohol⁷⁷ and every day 35 people are diagnosed with alcohol-related cancer⁷⁸ - the costs of delaying action are too high.

The evidence is clear about what needs to be done to reduce the burden of alcohol in our society; the public are concerned about alcohol-related harm and want action to be taken. Support for effective alcohol policies spans the political spectrum, and we now just need policymakers with a willingness to act.

For the UK as a whole we propose continuing to work towards achieving the following targets originally outlined in Health First in 2013. Health First is a blueprint for evidence based policy measures and these targets are needed to drive and monitor progress in order to reduce levels of alcohol harm and change the UK for the better:

- > To reduce alcohol sales in the UK from 10.2 to 8 litres of pure alcohol per adult per year by 2020.
- > To reduce the rates of liver deaths from 11.4 to 4 per 100,000 population by 2020.

To date, some progress has been made against alcohol sales, with current levels at 9.5 litres per person per year. Much more will need to be done to bring down rates of liver deaths, as they are continuing on an upwards trend. A concerted policy response is required if we are to turn the tide of alcohol harm and ensure a healthier, more prosperous country.

About the Alcohol Health Alliance UK (AHA)

The AHA was established in 2007 and brings together 50 organisations whose mission is to reduce the damage caused to health by alcohol. Members include medical royal colleges, charities and key alcohol organisations. The AHA is chaired by Professor Sir Ian Gilmore. AHA members work together to:

- > highlight the rising levels of alcohol-related health harm
- > propose evidence-based solutions to reduce this harm
- > influence decision makers to take positive action to address the damage caused by alcohol

References

- Burton, R. et al (2016). A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. *The Lancet doi: [http://dx.doi.org/10.1016/S0140-6736\(16\)32420-5](http://dx.doi.org/10.1016/S0140-6736(16)32420-5)*
- The Societal Cost of Alcohol Misuse in Scotland for 2007. York Health Economics Consortium, University of York, 2010
- Hawkins, V. (2012). Smoking, drinking and drug use among young people in England in 2011. E. Fuller (Ed.). London: Health and Social Care Information Centre.
- Public Health England. Data intelligence summary. Alcohol consumption and harm among under 18-year-olds p 14.PHE, London 2016.
- Alcohol Concern. Alcohol brands consumed by young people in treatment 2015. London: Alcohol Concern, 2015.
- Wall, M. & Casswell, S. (2013) Affordability of alcohol as a key driver of alcohol demand in New Zealand: a co-integration analysis. *Addiction* 108:1, pp72-9.
- Local Alcohol Profiles for England (March 2017); https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596268/LAPE_March_2017_statistical_commentary.pdf.
- AHA Public opinion polling 2017
- Alcohol Health Alliance (2017) Cheap alcohol: the price we pay.
- British Beer & Pub Association (BBPA). Statistical Handbook
- Monitoring and Evaluating Scotland's Alcohol Strategy. MESAS alcohol sales and price update. Edinburgh: MESAS, May 2016. www.healthscotland.com/documents/27345.aspx [Accessed November 2017].
- Alcohol and late night refreshment licensing England and: <https://www.gov.uk/government/publications/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2016/alcohol-and-late-night-refreshment-licensing-england-and-wales-31-march-2016>
- World Health Organization. *Global status report on alcohol and health*. Geneva: WHO, 2011.
- Institute of Alcohol Studies (2016). The health impacts of alcohol. Available from: <<http://www.ias.org.uk/Alcohol-Knowledge-Centre/Health-impacts.aspx>>.
- Angus C, Holmes J, Pryce R, Meier P & Brennan A (2016) Alcohol and cancer trends: Intervention Studies University of Sheffield and Cancer Research UK
- Siegler, V. et al (2011) Social inequalities in alcohol-related mortality by National Statistics Socio Economic Classification, England and Wales, 2001-2003. *ONS Health Statistics Quarterly*, 50.
- Calling time: The nation's drinking as a major health issue. Academy of Medical Sciences, 2004 (The human cost of alcohol misuse BMA 2009)
- Health and Social Care Information Centre (2017)
- Parkinson K, Newbury-Birch D, Phillips A, et al Prevalence of alcohol related attendance at an inner city emergency department and its impact: a dual prospective and retrospective cohort study *Emerg Med J* Published Online First: 23 December 2015. doi: 10.1136/emmed-2014-204581
- Alcohol-Related Hospital Statistics Scotland 2015/16. ISD Scotland, 2016
- The cost of Alcohol to the NHS in England 2009/2010.
- Scottish Government (2010). The societal cost of alcohol misuse in Scotland for 2007
- Welsh Assembly Government (2011). Assessing the costs to the NHS associated with alcohol and obesity in Wales
- Department of Health, Social Services and Public Safety (2010). Social costs of alcohol misuse in Northern Ireland for 2008/09
- APPG on children of alcoholics (2017) A manifesto for change
- British Medical Association (2016) Alcohol and pregnancy Preventing and managing fetal alcohol spectrum disorders
- Popova S, Lange S, Probst C, Gmel G, Rehm J. Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. *Lancet Glob Health* 2017; published online Jan 12 2017. [http://dx.doi.org/10.1016/S2214-109X\(17\)30021-9](http://dx.doi.org/10.1016/S2214-109X(17)30021-9)
- Jones et al (2010) The economic and social costs of alcohol-related harm in Leeds 2008-2009. *Liverpool: Centre for Public Health*.
- Public Health England (2016). The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review. p40.
- NICE (2010) Alcohol-use disorders- prevention
- National Institute for Health and Clinical Excellence (2010). Business case: Alcohol-use disorders: preventing harmful drinking
- Scottish Government (2010). The societal cost of alcohol misuse in Scotland for 2007
- Department of Health, Social Services and Public Safety (2010). Social costs of alcohol misuse in Northern Ireland for 2008/09
- Institute of Alcohol Studies (2015) Alcohol's impact on the emergency services
- 8 Beatson, J. (2015). Drunk Scots call for ambulance every 21 minutes. *The Scotsman*, 10 April. [Available: <http://www.scotsman.com/news/health/drunks-calls-for-ambulance-every-21-minutes-1-3742546#axzz3cLAAf7sQ>]
- Institute of Alcohol Studies (2015) Alcohol's impact on the emergency services
- AHA Public opinion polling 2014
- Hansard (5th September 2016) Driving under Influence: Written question - HL1487
- Sassi, F. et al (2013) The Role of Fiscal Policies in Health Promotion, *OECD Health Working Papers*, No 66. OECD Publishing.
- HSCIC (2016). *Statistics on Alcohol England, 2016 Appendices*, p11.
- ONS (2017), op. cit.
- Prime Minister's Questions, March 2013. BBC News Report, 13 March 2013. www.bbc.com/news/uk-politics-21767853 [Accessed November 2017].
- Potential benefits of minimum unit pricing for alcohol versus a ban on below cost selling in England 2014: modelling study
- Institute of Alcohol Studies. Budget 2016 analysis. <<http://www.ias.org.uk/uploads/pdf/IAS%20reports/sb10042016.pdf>>. [Accessed 11 November 2017].
- ibid
- Monitoring and Evaluating Scotland's Alcohol Strategy. MESAS alcohol sales and price update. Edinburgh: MESAS, May 2016. www.healthscotland.com/documents/27345.aspx [Accessed November 2017].
- Knoi C, Petticrew M, Durand MA, Scott C, James L, Mehrotra A, Eastmure E, Mays N. The Public Health Responsibility Deal: has a public-private partnership brought about action on alcohol reduction? *Addiction*. 2015 Mar 26. doi:10.1111/add.12892
- The Scottish government (2009). *Changing Scotland's Relationship with Alcohol: A Framework for Action*. Available at <http://www.gov.scot/Resource/Doc/262905/00078610.pdf>
- Alcohol Focus Scotland (2017). *Changing Scotland's relationship with alcohol: Recommendations for Further Action*. Available at <http://www.alcohol-focus-scotland.org.uk/media/222528/Alcohol-strategy-recommendations-Report.pdf>
- University of Sheffield (2012). *Model based appraisal of Alcohol Minimum Pricing and Off Licensed Trade Discount Bans in Scotland using the Sheffield Alcohol Policy Model v2 - Second Update*
- Institute of Alcohol Studies (2017). Splitting the bill: alcohol's impact on the economy
- House of Commons Health Committee (2009). Alcohol: First Report of Session 2009-10. The Stationery Office Limited. Available at <https://publications.parliament.uk/pa/cm/200910/cmselect/cmhealth/151/151.pdf>
- Gornall, J (2014) 'Under the influence' Vested interests in Addiction Series.
- Petticrew et al (2017) 'Alcohol industry misleading the public about alcohol and cancer'
- Mark Petticrew, Nason Maani Hessari, Cécile knoi and Elisabete Weiderpass. How alcohol industry organisations mislead the public about alcohol and cancer. *Drug and Alcohol Review*. DOI: 10.1111/dar.12596
- Petticrew, M. et al. (2017). Community Alcohol Partnerships with the alcohol industry: what is their purpose and are they effective in reducing alcohol harms? *Journal of Public Health*, 9 January 2017. Available at <https://doi.org/10.1093/pubmed/idx139>
- WHO Global Strategy to Reduce the Harmful Use of Alcohol. WHO 2010
- Buykx P et al. An investigation of public knowledge of the link between alcohol and cancer. University of Sheffield and Cancer Research UK, 2015.
- Public Health England. Local Area Profiles for England (LAPE) data update May 2016. http://fingertips.phe.org.uk/documents/LAPE_Statistical_tables_for_England_270416.xlsx.
- Alcohol Health Alliance (2017). Pocket money prices for alcohol continue 1 year on. Available from: <<http://aha.org.uk/pocket-money-prices-alcohol-continue-1-year/>>. [Accessed 19 October 2017].
- Jonathan Chick Strong cider sold in Scotland appears to be almost exclusively for dependent drinkers: Jonathan Chick
- Meier, P. et al (2016). Estimated Effects of Different Alcohol Taxation and Price Policies on Health Inequalities: A Mathematical Modelling Study. *PLoS Medicine*. doi:<http://dx.doi.org/10.1371/journal.pmed.1001963>
- Angus, C. et al (2016). *Alcohol and cancer trends: Intervention Scenarios*. University of Sheffield and Cancer Research UK
- ibid
- Association for Directors of Public Health 2015-2016
- AHA (2016) The Price We Pay
- Meier, P. et al (2016). Estimated Effects of Different Alcohol Taxation and Price Policies on Health Inequalities: A Mathematical Modelling Study. *PLoS Medicine*. doi:<http://dx.doi.org/10.1371/journal.pmed.1001963>
- Lord Prior of Brampton (2016) Letter to Lord Brooke of Atherthorpe. 6 June: Available from
- Angus, C & Alby, A (2015) Modelling the potential impact of duty policies using the Sheffield Alcohol Policy Model version 3. Available from (insert link from BS)
- Patil S, Wimpenny E, Elliott M et al. Youth Exposure to alcohol advertising on television in the UK, the Netherlands and Germany. *The European Journal of Public Health* 2014;24(4) 561-565.
- Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. *Alcohol & Alcoholism* Vol. 44, No. 3, pp. 229-243, 2009.
- Smith L and Foxcroft D (2009) The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health* 2009, 9:51 doi:10.1186/1471-2458-9-51
- Jernigan, D., Noel J, Landon J, Thornton N, and Lobstein T. (2016) Alcohol marketing and youth consumption: a systematic review of longitudinal studies published since 2008. *Addiction* doi:10.1111/add.13591.
- Alcohol Health Alliance Polling, 2017
- Alcohol Education and Research Council. *now Alcohol Research UK (2007)*. The effect of alcohol advertising and marketing on drinking behaviour in young people: systematic review of published longitudinal studies
- AHA Public opinion polling 2014
- Office for National Statistics. *Alcohol-related deaths in the United Kingdom: registered in 2012*. London: ONS, 2015. www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsinthetwentyfourmonth/2014-02-19 [Accessed Nov 2017].
- Parkin DM et al. Cancer attributable to the consumption of alcohol in the UK in 2010. *Br J Cancer* 2011;106(S2):S14-S18.