

## Improving health and wellbeing: our 2019 manifesto Alcohol Health Alliance UK

Alcohol harms have terrible consequences for individuals, public services, communities, workplaces and the wider economy. Alcohol harms are rising,<sup>1</sup> and their burden falls most heavily on poorer communities.<sup>2</sup> There is no magic, single solution, but considerable progress can be made using a joined-up approach. We invite the next Government to develop an ambitious alcohol strategy, including the measures listed in this document with strong evidence behind them. The result would be to strengthen the health of the nation, supporting healthier, happier lives, reducing health inequalities and boosting the economy.

### It's time to act

- Alcohol has become the leading risk factor for death among 15-to-49-year-olds.<sup>3</sup>
- There are more than 1.1 million alcohol-related hospital admissions every year.<sup>4</sup>
- The social and economic costs of alcohol have been estimated at between £27-£52 billion in England alone.<sup>5</sup>
- Liver disease is the only major cause of death which is increasing: in England, liver disease deaths have increased 400% since 1970,<sup>6</sup> and liver disease now kills more people than diabetes and road deaths combined.<sup>7</sup> Alcohol is a major cause of liver disease.
- More than two in five violent crimes are committed under the influence of alcohol, as are 37% of domestic violence incidents.<sup>8</sup>

Alcohol harms can be prevented using policies affecting the price, availability, promotion and consumption of alcohol, coupled with strengthened support for at-risk drinkers.

### Improving health and wellbeing by tackling the price of alcohol

Alcohol is artificially cheap: the cost to society far outweighs the sums raised by alcohol duty. Yet alcohol has become increasingly affordable in real terms in recent years, especially in the off-trade, where beer is 191% more affordable in real terms than it was in 1987.<sup>9</sup>

One of the most effective ways to tackle the over-affordability of alcohol is by introducing **minimum unit pricing** (MUP). MUP sets a floor price based on the amount of alcohol a product contains, thus reducing the affordability of the cheapest, high-strength products that are linked to the worst harms. MUP is highly targeted to have the greatest impact on drinkers who drink at a harmful level, whilst having only a minimal impact on moderate drinkers and on the on-trade. Harmful drinkers on low incomes are estimated to purchase, on average, more than 60 units per week below 50p per unit, compared to moderate drinkers of all incomes, who purchase fewer than two units per week below this level.<sup>10</sup>

MUP was introduced smoothly in Scotland in May 2018 and will be implemented in Wales in early 2020. The initial figures from the Scottish official evaluation on the amount of alcohol sold per adult show that consumption fell in Scotland at the same time as it rose in England.

<sup>1</sup> NHS Digital (2019) '[Statistics on Alcohol, England, 2019](#)', cited Cabinet Office and Department of Health and Social Care (2019) Advancing our health: prevention in the 2020s

<sup>2</sup> Public Health England (PHE) (2016a) [Health matters: harmful drinking and alcohol dependence](#)

<sup>3</sup> PHE (2016b) [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies](#)

<sup>4</sup> PHE (2017) [Health matters: tobacco and alcohol](#)

<sup>5</sup> PHE (2016b) op cit

<sup>6</sup> Department of Health, PHE (2017) [Adult substance misuse statistics from the National Drug Treatment Monitoring System](#)

<sup>7</sup> British Liver Trust, [Facts about liver disease](#)

<sup>8</sup> University of Stirling (2013) Health first: an evidence-based alcohol strategy for the UK

<sup>9</sup> Alcohol Health Alliance analysis of ONS RPI data 1987-2018

<sup>10</sup> Sheffield Alcohol Research Group, [Frequently Asked Questions](#)

These results are encouraging and suggest the policy is having a real impact by targeting harmful drinking.<sup>11</sup>

MUP should be accompanied by above-inflation **increases in alcohol duty**, to counter cuts since 2012. Research by the University of Sheffield found that these cuts have led to 2,223 additional deaths and almost 66,000 additional hospital admissions in England and Scotland between 2012 and 2019. This has resulted in £341 million additional costs to the NHS.<sup>12</sup> The same report also shows that above inflation increases in alcohol duty could have dramatic benefits: for example, increasing alcohol duty by 2% above inflation every year between 2020 and 2032 would result in 5,120 fewer alcohol-attributable deaths in total.<sup>13</sup>

**We are calling on the next Government to:**

- **Ensure a UK-wide minimum unit price for alcohol**
- **Increase alcohol excise duty by 2% above inflation every year**

### **Improving health and wellbeing by addressing the availability and consumption of alcohol**

Neighbourhoods with a high density of alcohol outlets<sup>14</sup> and extended hours of sale suffer from higher levels of alcohol harm, but local decision makers in some UK nations do not have sufficient flexibility to control alcohol availability. Empowering local authorities to **control alcohol availability**, both through restriction of the number of outlets in their area and their hours of sale, can help to reduce harm. Making it an explicit licensing objective to address the health harms of alcohol (as is the case in Scotland) will enable health bodies to make more effective representations in licensing decisions based on the health needs of their local communities.

Drink driving remains a major cause of injury and death in the UK, yet the legal blood alcohol concentration for drink driving outside Scotland remains among the highest in Europe.

**We are calling on the next Government to:**

- **Include public health as an additional licensing objective**
- **Introduce greater powers for local authorities to control when and where alcohol can be sold (for example, by reversing the presumption to approve a new licence)**
- **Standardise the legal drink-drive limit at the lower rate already introduced in Scotland of 50mg/100ml**

### **Improving health and wellbeing by increasing information and reducing alcohol promotion**

People have a **right to know** what they are choosing to consume, but there are minimal statutory labelling requirements for alcoholic drinks: containers do not need to show any nutritional information or warnings about health risks such as cancer. Consumers should not have to seek out this information using websites or apps.

The Chief Medical Officers' (CMOs') low risk drinking guidelines are not widely known and it is clear that industry self-regulation on labelling and also wider marketing has failed. An **independent regulator**, with powers to tackle non-compliance, and with oversight of online marketing included in its remit, is now required.

There is extensive evidence that exposure of children and young people to alcohol marketing leads them to drink at an earlier age and to drink more than they otherwise

<sup>11</sup> MESAS (2019) [MESAS monitoring report 2019](#)

<sup>12</sup> Angus, C & Henney, M (2019) Modelling the impact of alcohol duty policies since 2012 in England & Scotland

<sup>13</sup> Angus, C & Henney, M (2019) Modelling the impact of alcohol duty policies since 2012 in England & Scotland

<sup>14</sup> CRESH (2014) Alcohol outlets and health in Scotland

would.<sup>15</sup> According to the World Health Organization, the best and most cost-effective way to protect children and young people from marketing is to ban alcohol advertising across multiple media, as several countries have already done.<sup>16</sup> However, in the first instance, we are calling for **safeguards to reduce the exposure of young people to alcohol marketing**. This should include a 9pm watershed for TV advertising and restricting alcohol advertising in cinemas to films with an 18 certificate.

**We are calling on the next Government to:**

- **Introduce mandatory health labelling on alcoholic products including the CMOs' low risk drinking guidelines**
- **Review and reform the current regulatory system for alcohol marketing and establish an independent regulator**
- **Restrict marketing practices to reduce children's exposure**
- **Adopt the CMOs Expert Advisory Group's recommendations that the low-risk drinking guidelines be communicated through the inclusion of health warnings on all alcohol advertising, products and sponsorship as well as through government-backed media campaigns**

### **Improving health and wellbeing through better support for at-risk drinkers**

Successive government alcohol strategies have recognised the value of **effective alcohol treatment** in reducing harm. According to PHE, every additional £1 invested in effective alcohol treatment brings an annual return of £3, which rises to £26 over 10 years.<sup>17</sup>

However, effective alcohol treatment for dependent drinkers has become increasingly difficult to access: PHE estimates that four in five of the 595,000 alcohol dependent people in England are not receiving treatment.<sup>18</sup> Responding to this currently unmet need will require a significant increase in treatment capacity: as a first step, the government should aim to have the same proportion of access to treatment as in Scotland.

We welcome the announcement made as part of the NHS Long Term Plan to invest in **Alcohol Care Teams (ACTs)** in the 50 most-affected hospitals. ACTs have been shown to be effective in improving health outcomes, reducing hospital admissions and saving money.<sup>19</sup> Once ACTs have been established in the most-affected hospitals, the rollout should continue to all district hospitals to ensure people everywhere have the same access to services.

The importance of a **qualified workforce** is often highlighted by service users as an essential aspect of recovery.<sup>20</sup> But in recent years there has been an erosion of clinical expertise, and too few trainees coming through. We recommend that Health Education England, Public Health England and the Department for Health and Social Care develop an Alcohol Workforce Strategy. The Royal College of Psychiatrists has called for at least 60 addiction psychiatry training posts in England.<sup>21</sup> Similar targets need to be defined for other professions, including nursing and clinical psychology.

<sup>15</sup> PHE (2016) [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies](#)

<sup>16</sup> WHO (2017) ['Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases'](#)

<sup>17</sup> Public Health England (2018) [Public health matters blog: What we've learned from the latest alcohol and drug treatment statistics](#)

<sup>18</sup> PHE (2017) [Estimates of alcohol dependent adults and alcohol dependent adults living with children](#); Department of Health, PHE (2017) [Adult substance misuse statistics from the National Drug Treatment Monitoring System](#)

<sup>19</sup> NICE (2016) [Quality and Productivity Case Study: Alcohol Care Teams: reducing acute hospital admissions and improving quality of care](#) British Society of Gastroenterology, Bolton NHS Foundation Trust; Moriarty, K J (2019) Alcohol care teams: where are we now? *Frontline Gastroenterology* Published Online First: 14 August 2019. doi:10.1136/flgastro-2019-101241

<sup>20</sup> PHE (2018) [Public Health England inquiry into the fall in numbers of people in alcohol treatment: findings](#)

<sup>21</sup> Drummond, C (2017) [Cuts to addiction services are a false economy](#). *British Medical Journal*, 357:j2704

There are strong links between harmful alcohol consumption and **poor mental health**.<sup>22</sup> Alcohol is a depressant and can lead to long-term mental health issues, and mental health issues can also lead to heavy drinking to cope with symptoms. The links between alcohol and mental health can have repercussion outside treatment – for example, for other emergency services.

**Dual diagnosis** can leave harmful drinkers caught in the system without any support at all. Over four-fifths of people think alcohol problems are a barrier to mental health treatment.<sup>23</sup> Tackling alcohol harms and mental health problems in a way that recognises their mutually reinforcing relationship can help address health inequalities. The Government, with its funding agencies, should review the resources provided to addiction services and support provision to people with co-occurring mental health conditions.

**We are calling on the next Government to:**

- **Improve access to treatment**
- **Establish consultant-led seven-day Alcohol Care Teams in each district hospital, with an Assertive Outreach Treatment team targeting high need, high cost alcohol-related frequent attenders**
- **Develop an Alcohol Workforce Strategy, including at least 60 addiction psychiatry training posts**
- **Increase support available to people with co-occurring mental health conditions**

#### **About the Alcohol Health Alliance UK**

The AHA is an alliance of 50 non-governmental organisations working together to promote evidence-based policies to reduce the harm caused by alcohol. Members of the AHA include medical royal colleges, charities, patient representatives and alcohol health campaigners.

The AHA works to:

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

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<sup>22</sup> Institute of Alcohol Studies/Centre for Mental Health (2018) Alcohol and Mental Health

<sup>23</sup> Ibid