## Autumn Budget stakeholder representation 2026

## Alcohol Health Alliance UK

The Alcohol Health Alliance UK (AHA) is an alliance of 65 non-governmental organisations dedicated to promoting evidence-based policies to reduce the harm caused by alcohol. Members include medical royal colleges, alcohol treatment providers, and charities such as Cancer Research UK. A full list is available online.

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## Summary of representation


- Alcohol harm is a serious concern, with costs to healthcare, crime and disorder, social services, and productivity last estimated in 2024 at upwards of £27.4 billion every year in England alone.[1]
- Cumulatively, freezes and cuts from 2013/14 onwards will have cost the Treasury £31.2 billion from 2013-2031, compared with if duty had been raised in line with inflation.[2]
- Cuts and freezes also drove rates of harm through changes to affordability, disproportionately benefitting alcohol sold in the off-trade.
- Policies to protect people from alcohol harm are well-evidenced and cost-effective, saving significant long-term revenue for the government and far outweighing the costs of inaction.


[1] Institute of Alcohol Studies (2024). Economy
[2] Institute of Alcohol Studies (2025). Autumn budget analysis 2025.

- The government should urgently prioritise funding measures to address harm caused by alcohol.

**We recommend the following fiscal measures to raise revenue for the Treasury and improve public health:**

- Reintroduce the alcohol duty escalator with an automatic uprating system of 2% above RPI for non-draught alcohol, to ensure taxation keeps pace with inflation and supports economic growth and an improved healthy life expectancy.
- This would raise £3.4 billion over five years, which the Alcohol Health Alliance has calculated would be enough to fund and sustain the salaries of over 35,000 nurses.
- Utilise existing measures e.g., Draught Relief to ensure alcohol duty is more targeted at products sold in shops and supermarkets, which continue to undercut pubs and restaurants in the on-trade.
- End cider exceptionalism by increasing cider duty rates so they align with that of beer of the same strength (ABV).
- Provide increased and sustained investment in alcohol harm prevention and treatment services**,** including support services for families and children**.**

## Policy rationale

### Alcohol harm: costs and inequalities

Alcohol-related harms place a significant strain on our public services and finances. There are now upwards of 1 million hospitalisations for alcohol-related conditions every year in England,[3] and it is estimated that 1 in 25 of all new cancers in the UK are linked to alcohol consumption.[4] There are also wide-reaching social costs, with a complex relationship between alcohol use, domestic abuse, and violence against women and girls, and strong links between alcohol, public disorder, and other violent crimes. The latest estimates indicated that there were 478,000 children living with a parent with problem alcohol or drug use in 2019 to 2020 – a rate of 4% of all children in England.[5]

In 2024, the Institute of Alcohol Studies calculated that alcohol harm was estimated to cost England at least £27.4 billion each year.[6] Over £5 billion of this is due to lost productivity, including unemployment, people being off work ill, or reduced productivity at work due to illness from alcohol. This figure is likely to be higher as it omits costs associated with premature death: there were 147,000 working years of life lost in 2024.[7] Direct costs to the

[3] Department of Health & Social Care (2025) Alcohol profile: Admission episodes for alcohol-related conditions (Broad)
[4] Rumgay, H. et al (2021). Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study. The Lancet Oncology. Davis, N. (2021) Alcohol caused 740,000 cancer cases globally last year – study. *The Guardian.*
[5] Public Health England (2021) Parents with alcohol and drug problems: adult treatment and children and family services.
[6] Institute of Alcohol Studies (2024), Cost of alcohol harm in England, Economy Factsheet.
[7] Department of Health & Social Care (2024), Alcohol profile: Potential working years of life lost (PWYLL) due to alcohol-related conditions

NHS stood at £4.9 billion and costs linked to alcohol-related crime and disorder are £14.6 billion. Costs to social services are estimated to be around £2.89 billion.[8]

The number of people drinking at risky levels (an AUDIT-C score of 5 or higher) spiked during the COVID-19 pandemic and remains stubbornly high five years on. Pre-pandemic, 25% of adults were estimated to drink at risky levels. This figure now sits around 30%.[9] Modelling previously estimated that if alcohol use did not return to pre-pandemic levels, additional cases of alcohol-related conditions and deaths would cost the NHS an extra £1.2 billion by 2035.[10] We have already seen higher mortality figures than predicted in the worst-case scenario modelled.

Alcohol harm is a significant health and social inequalities issue. In England, the mortality rate is twice as high in the most economically deprived areas compared to the least,[11] even though higher-income groups are actually more likely to drink over the low-risk drinking guidelines.[12] There are significant regional differences, with the rate of deaths from conditions directly caused by alcohol over 50% higher in the North East compared to the English average.[13] In a survey with North East Ambulance Service staff, 93% said dealing with intoxicated patients wastes valuable capacity and places avoidable demand on time and resources. 68% said over half of call-outs for domestic violence were related to alcohol, and almost half (47%) of staff reported that over three-quarters of call-outs for assaults were alcohol-related.[14] Research found that lower socioeconomic groups experience higher prevalence rates of alcohol-related violence overall, and particularly so for alcohol-related domestic and acquaintance violence.[15]

While the financial, health and social impacts from alcohol affect everyone, these are particularly concentrated in the most economically disadvantaged communities. Policies to tackle alcohol harm such as pricing mechanisms could therefore disproportionately benefit lower socioeconomic groups, and contribute towards closing the vast socioeconomic gap in healthy life expectancy.

### The role of alcohol duty: reducing harm and raising revenue

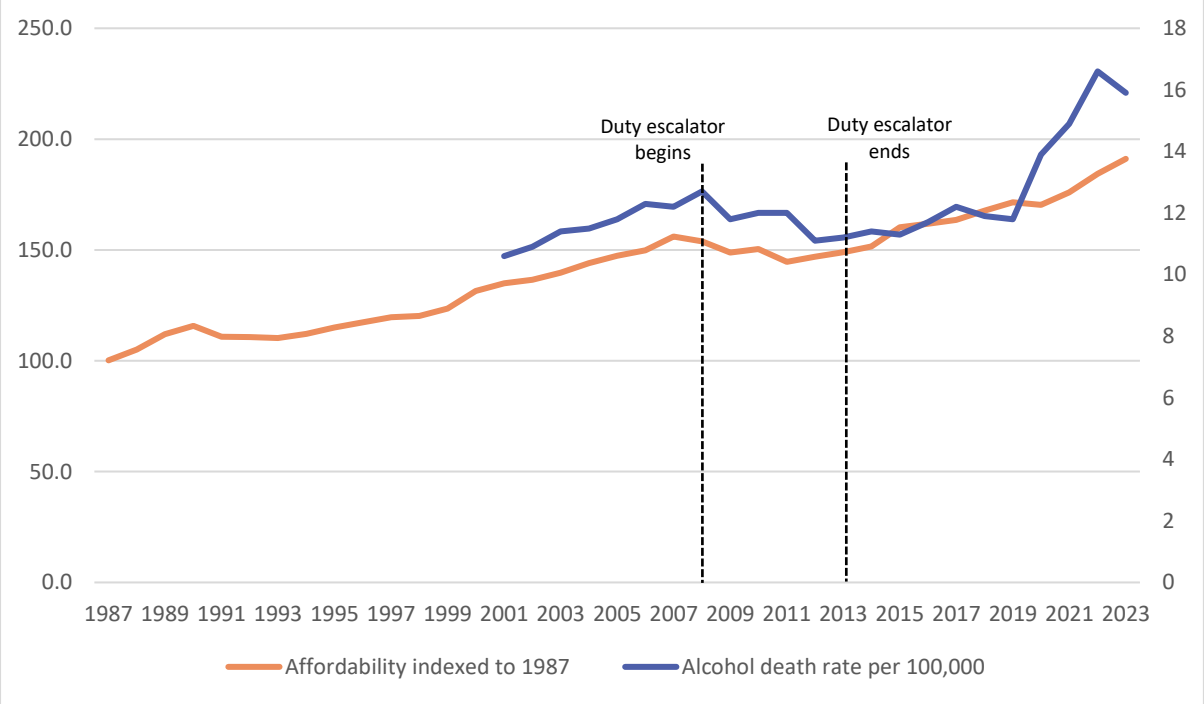
Alcohol taxation is recommended by the World Health Organization (WHO) as one of the most cost-effective alcohol control measures.[16] Rates of alcohol harm are directly related to alcohol's affordability, noted by Lord Darzi in his 2024 Independent Investigation of the NHS in

[8] Institute of Alcohol Studies (2024), Cost of alcohol harm in England, Economy Factsheet.
[9] Buss, V. et al. (2026) Latest trends on alcohol consumption in England from the Alcohol Toolkit Study.
[10] IAS and Health Lumen (2022). The COVID hangover: Addressing long-term health impacts of changes in alcohol consumption during the pandemic.
[11] Department of Health & Social Care (2021) Alcohol-specific mortality: inequalities
[12] NHS Digital (2024) Health Survey for England, 2022 Part 1
[13] Department of Health & Social Care (2024) Alcohol-specific mortality : overview
[14] North East Ambulance Service (2022) North East Ambulance Service alcohol-related call outs survey
[15] Bryant, L. and Lightowlers, C. (2022) Enhancing understanding of the socioeconomic distribution of alcohol-related violence and anti-social behaviour in England and Wales.
[16] World Health Organization (Accessed August 2024) SAFER: Raise prices on alcohol through excise taxes and pricing policies

England.[17] In the last four decades, alcohol has become 91% more affordable in the UK, and between 2013 and 2023 alone, 28% more affordable.[18] This change has largely been driven by trends in the off-trade, where almost three-quarters of all alcohol is now consumed.[19]

**Figure 1** demonstrates how alcohol-specific deaths correspond with the increasing affordability of alcohol, but also how taking action (e.g., in the form of an alcohol duty escalator, detailed below) can provide a protective effect.

**Figure 1. Alcohol-specific death rate compared to alcohol affordability**




A series of cuts and freezes implemented by previous governments have meant that real-term duty rates have not kept pace with inflation. The Autumn Budget 2025 announced that all alcohol duties were to rise in line with RPI inflation in February 2026. Even after this welcome increase, alcohol duty still remains much lower than it was in 2012/13. In real-terms: [20]

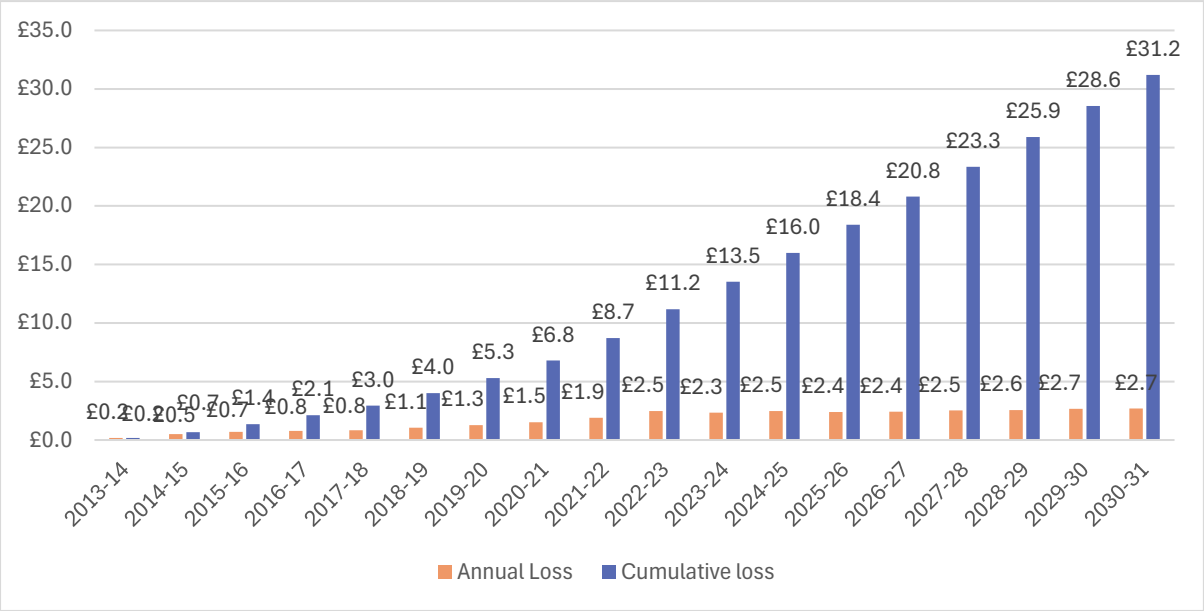
- Beer duty is 32% lower
- Draught beer duty is 42% lower
- Cider and spirits duty is 26% lower
- Draught cider duty is 36% lower
- Wine duty is 19% lower

Lower real-term duty rates have had a two-fold effect of 1) reducing Treasury revenue and 2) increasing alcohol consumption and associated harms.

[17] Lord Darzi of Denham (2024) Independent Investigation of the National Health Service in England.
[18] NHS Digital (2024). Statistics on Public Health, England 2023
[19] Institute of Alcohol Studies (accessed August 2026) Consumption
[20] Institute of Alcohol Studies (2025). Autumn budget analysis 2025.

Cumulatively, freezes and cuts from 2013/14 onwards will have cost the Treasury £31.2 billion from 2013-2031, compared with if duty had been raised in line with inflation (see Figure 2).[21]

**Figure 2. Cumulative and annual impact of alcohol duty cuts since 2012 on government finances (£billions)**




Secondly, lower alcohol taxes and prices have direct consequences for public health. Researchers have estimated that the changes to alcohol duty policy between 2012 and 2019 led to:[22]

- 2,223 additional alcohol-related deaths in England and Scotland
- 65,942 additional alcohol-related hospital admissions in England and Scotland
- £341 million in additional costs to the NHS
- Over 100,000 additional alcohol-attributable crimes
- Over 500,000 additional lost days of work, at a cost to the economy of £62 million.

Therefore, an effective alcohol duty system could raise revenue for the Treasury to balance out health and social care costs (approx. £3.4 billion over the next 5 years, detailed below). International research has consistently found that tax increases raised revenue, while tax cuts reduced it.[23] The provisional total for alcohol duty receipts for 2025/26 is £12.4 billion, meaning the annual costs of harm in England alone (£27.4 billion) is currently well over twice

[21] Institute of Alcohol Studies (2025). Autumn budget analysis 2025.
[22] Angus, C. and Henney, M. (2019) Modelling the impact of alcohol duty policies since 2012 in England and Scotland. The University of Sheffield and Institute of Alcohol Studies
[23] Manthey, J. et al. (2024). The impact of raising alcohol taxes on government tax revenue: insights from five European countries. *Applied health economics and health policy*, *22*(3), 363-374.

as much as the public revenue raised.[24] Increased alcohol duty would also simultaneously reduce alcohol-related costs through reduced health harms of alcohol.

## Recommendations

### Reintroduce the alcohol duty escalator

Public finance forecasting from the Office for Budget Responsibility and the Treasury assumes that alcohol duty will be increased year-on-year. For public health benefits from alcohol taxation to be realised, it is crucial that duty is not outpaced by inflation.

This can be done through the introduction of an alcohol duty escalator, a legacy from Gordon Brown's Labour government. In his 2024 report on the state of the NHS, Lord Darzi said "when tough action was taken [the alcohol duty escalator] on the harm caused by alcohol, deaths attributed to it stabilised".[25] When the escalator was abolished by the Conservative-led coalition government, the rate of deaths began to rise once again (see **Figure 1**).

Raising alcohol duty also provides alcohol producers with a clear incentive to lower the strength of their products. While the average ABV of all alcohol sold in the off-trade rose from 17.2% in late 2018 to 17.7% in June 2022, it has now fallen to 16.7% in December 2025, following the transition to a strength-based alcohol tax system. The proportion of off-trade beer sold below 3.5% ABV has increased from 1.1% in 2022 to 18.1% in 2025.[26] This could lead to reduced overall alcohol consumption and associated population health benefits.

As well as improved health, modelling indicates how this mechanism would continue to bring in much-needed public revenue for other health and social care costs over time. If we assume the default position that non-draught duty rises in line with RPI inflation, and model a 2% above RPI escalator from 2027/28-2031/32, the effect compounds each year. A 2% real increase raises around £218 million in year one (from baseline non-draught receipts of £10.98 billion), and by year five the cumulative additional revenue is around £3.4 billion.[27] Analysis by the Alcohol Heath Alliance shows how this sum is enough to fund and sustain the salaries of over 35,000 nurses.[28]

When the duty escalator was in place between 2008 and 2013/14, it is important to note that the mechanism **did not affect employment numbers in the bars and pubs sector, or production and sales**.[29]

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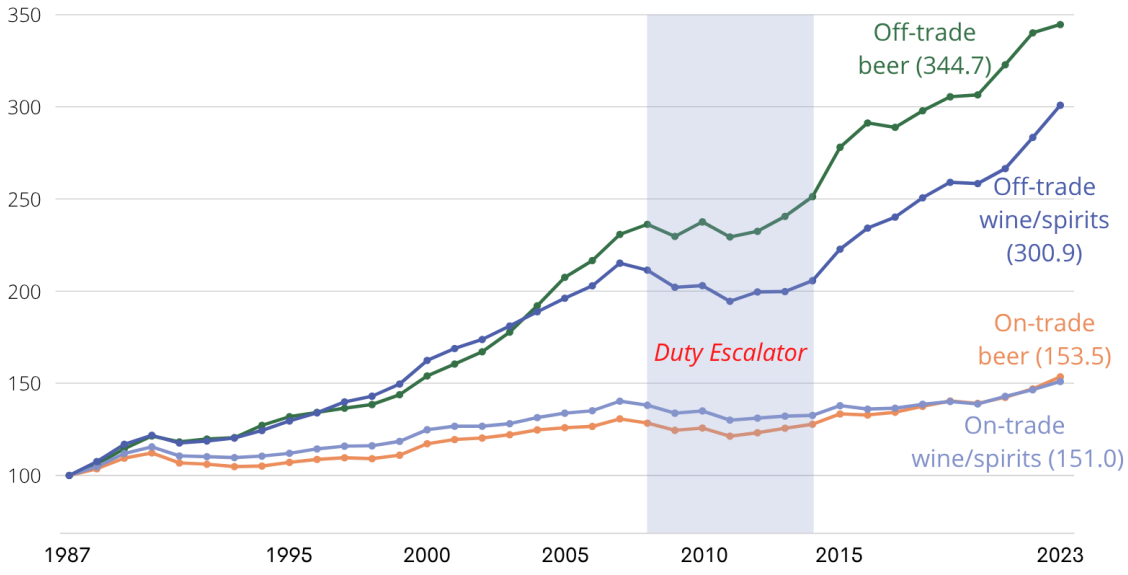
[24] HM Revenue & Customs (2026). Alcohol Bulletin
[25] Lord Darzi of Denham (2024) Independent Investigation of the National Health Service in England.
[26] Angus, C. et al. (2026) How have alcohol producers changed the alcohol content of their products? A descriptive analysis of reformulation in the off-trade alcohol market in Great Britain, 2018-2025. *Drug and Alcohol Review.*
[27] Institute of Alcohol Studies (2025) Autumn Budget Submission 2025. The longer-term escalator estimates are presented on a duty-only basis, using the standard real-terms baseline assumption. This avoids overstating revenues, as incorporating VAT would require more detailed modelling of prices and behaviour.
[28] Using Band 5 base line salary for a newly qualified nurse in NHS (2026) Agenda for change – pay rates
[29] Institute of Alcohol Studies (2024). Dispelling six industry myths about alcohol taxation.

### Support the on-trade with Draught Relief

We recognise concerns around the hospitality industry, and the important role pubs and other venues serve in the community and nationally. It is possible to generate revenues to cover the cost of alcohol harm through the duty system while supporting the on-trade (pubs, bars, and restaurants), particularly through the recent introduction of 'Draught Relief.' This mechanism means the government can better separate products sold in the on- and off-trade, and target duty increases at off-trade alcohol.

Pub landlords have made it clear that cheap supermarket alcohol is the biggest threat to their business survival.[30] Across the board freezes to alcohol duty in recent years have enabled supermarkets to maintain much lower prices on alcohol, driving people to consuming at home more.[31] The only time that the gap in affordability of on- and off-trade alcohol was not widening in recent decades was when the alcohol duty escalator was in place (see **Figure 3**). When the escalator was scrapped, the affordability of off-trade alcohol increased once again, at a much faster rate than on-trade alcohol. Over the past 40 years, the real-terms fall in the cost of beer in the off-trade has been approximately five times greater than the fall in pubs.

**Figure 3: Rising affordability of alcohol in on- and off-trade**

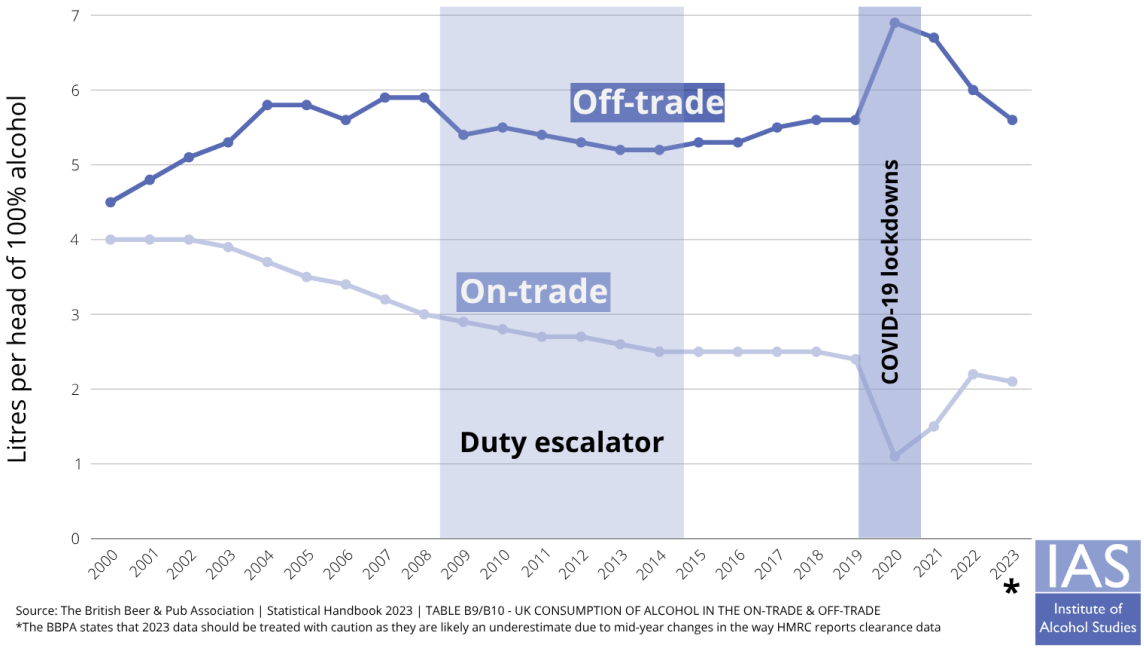



Sources: NHS Digital, Statistics on Public Health, England 2024 - Affordability and Expenditure Statistics: Data Tables for 2023 | ONS, Consumer price inflation tables, January 2025

Alcohol is now consumed far more at home than in the on-trade, exacerbated by the much lower price of alcohol in shops and supermarkets. **Figure 4** shows how, when the duty escalator was in place, off-trade alcohol consumption began to fall, but picked back up when the policy was scrapped.

[30] Bhattacharya, A (2017). Pubs Quizzed: What Publicans Think About Policy, Public Health and the Changing Trade, Institute of Alcohol Studies.
[31] Roberts, J (2024). Dispelling Six Industry Myths About Alcohol Taxation, Institute of Alcohol Studies.

**Figure 4: Amount of alcohol consumed in the on- and off-trade**




We would support measures that help shift alcohol consumption from the home to the on-trade for a number of reasons:

- Compared to on-trade environments, home drinking offers fewer checks on consumption and is more closely associated with harmful patterns like drinking alone or drinking more.
- The rise in online sales and rapid delivery services has fast-tracked off-trade access to alcohol, making it easier for people to drink more at home, and posing added risks to those who may already be intoxicated at the point of purchase, underage, or alcohol dependent. Under the Licensing Act 2003, on-trade servers are responsible for the sale and supply of alcohol and must not knowingly sell alcohol to someone who is already intoxicated.
- At home, research shows that people tend to pour larger measures, leading to significant over-serving.[32,33] Many drinkers also underestimate their intake, particularly without tools like standard measures.[34,35] This means people drinking at home frequently exceed the low-risk guidelines, often without realising it.
- Higher risk drinkers account for 32% of alcohol-related revenue in the off-trade, compared with 17% of revenue in the on-trade.[36]

[32] Wansink, B., & Van Ittersum, K. (2005). Shape of glass and amount of alcohol poured: comparative study of effect of practice and concentration. *Bmj*, *331*(7531), 1512-1514.
[33] BBC News (2009), Home drinkers 'over-pour spirits'
[34] Boniface, S., Kneale, J., & Shelton, N. (2014). Drinking pattern is more strongly associated with under-reporting of alcohol consumption than socio-demographic factors: evidence from a mixed-methods study. *BMC public health*, *14*(1), 1297.
[35] Livingston, M., & Callinan, S. (2015). Underreporting in alcohol surveys: whose drinking is underestimated?. Journal of studies on alcohol and drugs, 76(1), 158-164.
[36] Bhattacharya, Aveek, et al. "How dependent is the alcohol industry on heavy drinking in England?." Addiction 113.12 (2018): 2225-2232.

- Heavy drinking at home is therefore more closely associated with chronic diseases, from liver disease to heart disease and cancer. Taxing off-trade alcohol at a higher rate would therefore offer a means of targeting those who are drinking at riskier levels.[37]
- Although on-trade drinking is often linked to acute harms such as violence, a 2023 IAS and University of Liverpool study found that on-trade closures during the pandemic did not lead to a significant fall in the proportion of violence that was alcohol-related.[38] This highlights that home drinking is a crucial driver of violence, including domestic violence.
- As on-trade establishments require far more employment than the off-trade, moving from home drinking back to pub drinking could support the wider economy by increasing the number of jobs in the UK economy.
- When alcohol spending is reallocated away from the off-trade, research has shown it is likely to flow into more productive areas of the economy. If just 1% of spending saved from off-trade alcohol were spent on other goods or services, the net effects on Gross Value Added (GVA) would be neutral.[39]

### End cider exceptionalism

Currently, cider with an ABV between 3.5% and 8.5% is taxed at a much lower level than beer of the same strength – at just 46% of the tax rate applied to beer. The cider duty tax break represents a long-standing anomaly in the UK alcohol duty system and should be rectified.

As the price of alcohol has increased at a slower rate than soft drinks in recent years, it is now possible to get a litre of 4% ABV cider in Tesco for just £1 - the same price as the supermarket's own-brand apple juice.[40]

The Social Market Foundation (SMF) has previously called for equalising beer and cider rates, suggesting that following a tax rise, they would expect producers of "high harm" drinks (like strong white ciders) to move production across to other less harmful products (like lower strength cider) rather than reduce jobs.[41]

Sheffield Addictions Research Group (SARG) modelled the effect of aligning cider and beer duty rates within the 3.5-8.4% ABV range to match the rates applied to wine and spirits of the same strength, which would have a far greater impact on reducing deaths and the cost of harm. Doing so could avoid almost 75,000 deaths over the same 20-year period, with over half in the two most deprived quintiles. Over 2 million years of life lost would be saved, 700,000 hospital admissions avoided, and £1.4 billion saved by the NHS.[42]

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[37] Social Market Foundation (2021), 'Pub relief' on alcohol duty could support hospitality and reduce harmful drinking
[38] Lightowlers, C. and Bryant, L. (2023) Off-trade alcohol availability and violence: Assessing the impact of on-trade outlet closures, University of Liverpool and Institute of Alcohol Studies.
[39] Morris, D. et al. (2026) Modelling the economic effects of reducing the consumption of unhealthy commodities: An inter-sectoral input-output approach. *Addiction.*
[40] Campbell, D. (2025) UK supermarkets exploit tax loophole to produce cider at 'pocket-money prices'
[41] Corfe, Scott (2019). Pour decisions? The case for reforming alcohol duty, Social Market Foundation.
[42] Morris, D., et al. (2024). Estimating the effect of transitioning to a strength-based alcohol tax system on alcohol consumption and health outcomes: a modelling study of tax reform in England. *The Lancet Public Health*, *9*(10), e719-e728

A more gradual approach could bring cider duty rates in line with beer using a duty escalator. However, the SARG study shows this to be a far less effective option: a 2% escalator, which would take 40 years to close the gap, would save just over 8,000 lives, avoid 73,000 hospital admissions, and save the NHS £147 million.[43]

### Introduce minimum unit pricing

Alcohol taxation would be most effective at tackling rates of harm when combined with minimum unit pricing (MUP). MUP is a targeted measure that raises the price of the cheapest, highest-strength products sold in the off-trade and disproportionately drunk by the heaviest drinkers.

In Scotland, the policy reduced total alcohol consumption by 3% in the three years after implementation, with the largest decreases in purchasing seen amongst the heaviest drinking households.[44] The most recent data available on the estimated impact of MUP in England indicates it would lead to 5.7% reduction in weekly alcohol consumption among high-risk drinkers, with minimal change to moderate drinkers.[45]

MUP in Scotland has successfully reduced alcohol deaths and hospital admissions since its introduction in 2018. The main findings by Public Health Scotland are that MUP is estimated to have reduced deaths from conditions solely caused by alcohol consumption by 13.4%, and reduced hospital admissions by 4.1%. Reductions were greatest for men and those living in the 40% most deprived areas, therefore helping to address alcohol-related health inequalities.[46] Experts have suggested that MUP has contributed to the closing of the gap between Scottish and English alcohol deaths.[47] In fact, the North East of England now has a higher alcohol-specific death rate than Scotland.[48][49]

As noted by Public Health England in the 2016 evidence review of alcohol policies, to achieve the same health effects as MUP, alcohol duty rates would need to increase substantially (e.g. 28%) and would be a comparatively less targeted measure. Modelling of the combined effect of an alcohol duty escalator (RPI + 2%) with a 60p MUP showed larger health gains than implementing either policy singularly, with the benefits from these combined policies most accrued by high-risk drinkers and those in the lowest socioeconomic groups (see **Figure 5**).[50]

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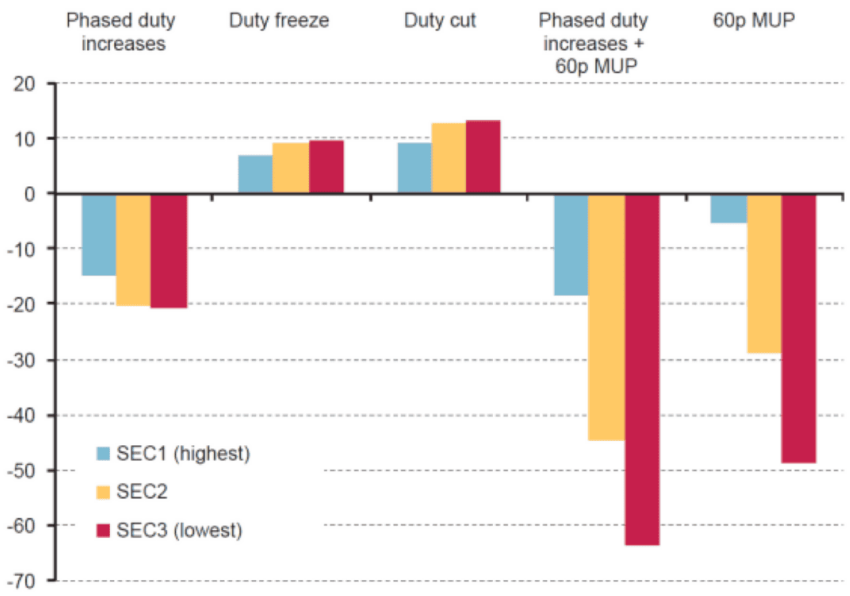
[43] Morris, D., et al. (2024). Estimating the effect of transitioning to a strength-based alcohol tax system on alcohol consumption and health outcomes: a modelling study of tax reform in England. *The Lancet Public Health*, *9*(10), e719-e728
[44] Anderson, P. et al. (2021). Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: controlled interrupted time series analyses.
[45] Brennan et al (2022). Potential effects of minimum unit pricing at local authority level on alcohol-attributed harms in North West and North East England: a modelling study [Table 2].
[46] Public Health Scotland. (2023). Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence
[47] Alcohol Focus Scotland (2023) Has minimum unit pricing (MUP) done what it aimed to do? The evidence so far
[48] Angus, C. (2024) New alcohol mortality data presents a bleak picture for England.
[49] Office for National Statistics (2026) Alcohol-specific deaths in the UK: registered in 2024
[50] Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost effectiveness of Alcohol Control Policies: An evidence review

**Figure 5: Change in consumption (units per year) by pricing policy and socioeconomic status (units per year)**




Source: Public Health England (2016) | The Public Health Burden of Alcohol and the Effectiveness and Cost effectiveness of Alcohol Control Policies: An evidence review. London: Public Health England

An objection to MUP is that it creates a windfall for retailers while reducing HM Treasury revenue from alcohol taxes. Analysis by SMF suggests that the introduction of a minimum unit tax alongside MUP, would enable HM Treasury to reclaim these additional retailer windfall profits without affecting the overall price.[51]

### Provide increased and sustained investment in alcohol harm prevention and treatment services

Every £1 spent on alcohol treatment yields £3 of social return, increasing to £26 over 10 years,[52] and recent data indicates that 58% leave services following successful treatment.[53]

Yet the unmet treatment need in England is estimated to be about 73%.[54] This does not include the needs of people who may not meet criteria for dependence but are experiencing alcohol-related harm. In both England and Scotland there have been substantial changes in the numbers of people accessing services with improvements at times of investment and strategic leadership and declines when the focus on alcohol services has been lost.[5556] For example, additional funding for drug and alcohol treatment and recovery services announced in the drugs strategy following Dame Carol Black's independent review[57] saw the number of adults in treatment for alcohol use increase from 76,740 in 2020/21 to 99,955 in 2024/25. [58]

[51] Social Market Foundation (2025) The Price is Right: Minimum unit pricing for alcohol and the case for a windfall tax
[52] Public Health England (2018) Alcohol and drug prevention, treatment and recovery: why invest?.
[53] Office for Health Improvement & Disparities (2025) Adult substance misuse treatment statistics 2024 to 2025: report
[54] National Drug Treatment Monitoring System (accessed 11 August 2026) Unmet treatment need
[55] Public Health England (2018) PHE inquiry into the fall in numbers of people in alcohol treatment: findings
[56] Audit Scotland (2024) Alcohol and Drug Services
[57] HM Government (2021) From harm to hope: a 10-year drugs plan to cut crime and save lives
[58] National Drug Treatment Monitoring System (accessed 11 August 2026) Adults in treatment

Nonetheless this follows years of significant cuts. Between 2015/16 and 2025, the overall public health grant was effectively cut by more than a quarter (26%) per person in real terms, standing at £3.9bn - a fraction of the NHS England budget. The largest reductions in spend over this period include drug and alcohol services for adults, at 25% lower.[59] We urgently need a forward plan for increasing this funding: every 5% reduction in yearly spending on alcohol treatment is associated with an extra 60 alcohol-related hospitalisations per 100,000 people in the population.[60]

In order to fund sustainable and stable treatment services, funding should be ring-fenced, announced with sufficient notice for local commissioners to plan service provision effectively, and on multi-year funding cycles, with a focus on capacity building.

Family support services are also a vital component in any local support framework around substance use. The benefits of properly funded, targeted family support extend to the person experiencing drug or alcohol problems as well as family members, fulfilling their support needs and improving wellbeing. This, in turn, helps the drinker to seek treatment and to recover. The government should:

- Include outcomes relating to families in funding allocations given to local authorities for drug and alcohol treatment.
- Reintroduce the Children of Alcohol Dependent Parents grant scheme, a dedicated national innovation fund to support children of alcohol dependent parents, including those whose parents are not currently in contact with treatment services. When in place, the grant increased adult treatment participation and improved the wellbeing, relationships and life satisfaction of children affected by parental alcohol use. [61]

[59] The Health Foundation (2025) Investing in the public health grant
[60] Roberts, E. et al. (2021) The relationship between alcohol-related hospital admission and specialist alcohol treatment provision across local authorities in England since passage of the Health and Social Care Act 2012. *The British Journal of Psychiatry.* 218(4):230-232. doi:10.1192/BJP.2020.120
[61] Department of Health and Social Care and Department for Work and Pensions (2023) Helping kids and families living with alcohol-dependent parents