The Association of Directors of Public Health

Policy Position: Alcohol

Key messages

- Alcohol causes significant harm and has a major financial and social cost across the UK.
- UK alcohol consumption remains higher than the average for all OECD countries.
- There are health inequalities associated with alcohol harm; lower socioeconomic status is associated with higher levels of alcohol-related ill-health and alcohol-attributable mortality.
- Policies which reduce the affordability, availability and appeal of alcohol are known to be effective at reducing alcohol-related harm and are supported by DsPH; minimum unit pricing was the number one policy priority for ADPH members in our most recent policy survey.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on alcohol and the policies we believe are necessary to tackle alcohol harm. It has been developed in partnership with the membership and led by the ADPH Alcohol and Drugs Policy Advisory Group. ADPH is a member of the Alcohol Health Alliance, a coalition group bringing together more than 50 organisations that have a shared interest in reducing the damage caused by alcohol.

Background

Between 1980 and 2008 there was a 42% increase in the sale of alcohol in England and Wales.[1] There has been a shift in how alcohol is consumed, with greater consumption now taking place in the home.[2] In 2016, there were 210,000 licensed premises in England and Wales, a four per cent increase on 2010. In 2016, 74% of all alcohol sold in Scotland was through shops or supermarkets, with sales in pubs declining.[3]

Alcohol is damaging health in the UK. Liver disease has increased by 400% since 1970.[4] In England, alcohol misuse is the biggest risk factor attributable to early mortality, ill-health and disability for those aged 15 to 49 years.[5] UK alcohol consumption per capita remains higher than the average for all OECD countries[6] and, for example, in Scotland, one in four people drink at hazardous or harmful levels.[7] More positively, there has been a downward trend in the number of under-16s drinking alcohol. In 2014, 38% of 11 to 15-year olds had tried alcohol compared to 64% in 1990.[8] Whilst the trend is positive this is still too many children drinking alcohol.

Alcohol harm costs both individuals and society. There are over one million hospital admissions relating to alcohol annually in England.[9] It has been estimated that 167,000 years of working life were lost in England in 2015 due to alcohol, and the total societal harm costs associated with alcohol have been estimated to range between £21 to 52 billion.[10] In Northern Ireland, alcohol misuse costs up to £900m every year[11] and alcohol harm costs Scotland £3.6 billion a year in health, social care, crime, productive capacity and wider costs.[12] Alcohol costs Welsh society more than one billion each year.[13]

Focus on inequalities

People with low individual or neighbourhood socioeconomic status are more susceptible to the harmful effects of alcohol – lower socioeconomic status is associated with an almost twofold greater risk of alcohol related death.[14] In England, alcohol-related deaths for the most deprived decile were 53% higher than the least deprived in 2013.[15] Other inequalities have an impact on alcohol harm. For example, a significant proportion of young people who entered specialist substance misuse treatment services in 2015/16 had other problems, including having a mental health problem, being affected by domestic violence and not being in education, training or employment.[16]

Policy context

Responsibility for alcohol policy is divided between the UK government and the devolved administrations in Scotland, Wales and Northern Ireland.

The government in England published an Alcohol Strategy in 2012 and a response to its consultation on the strategy in 2013. Whilst the original strategy committed to introducing minimum unit pricing (MUP), the government said in its response following the consultation that it would not be going ahead. The government did in 2013 commit to introducing a ban on the sale of alcohol below the level of alcohol duty plus VAT. However, analysis by the Institute of Fiscal Studies has found that less than one percent of products in the off-trade would be affected by the policy.[17]

In 2009, Scotland published 'Changing Scotland's Relationship with Alcohol: A Framework for Action', which contained over 40 measures to reduce consumption, support families and communities, encourage positive attitudes and choices, and improve treatment and support services. The Scottish Government are leading the way in tackling alcohol abuse with the introduction of MUP.

The government in Wales published Working Together to Reduce Harm: National Substance Misuse Strategy which covers 2008 – 2018. The Welsh Government recently announced that it will introduce the Public Health (Minimum Price for Alcohol) Bill which will propose a formula for calculating the minimum price of alcohol and enable local authorities to enforce the powers.[18]

Northern Ireland's most recent strategy was a combined drugs and alcohol strategy from 2011-2016 New Strategic Direction for Alcohol and Drugs – Phase 2.

ADPH position

A whole system approach

There are strong links between alcohol misuse and other determinants of health such as smoking, mental health and drug misuse. These issues must be tackled holistically. Service planning and commissioning needs to take a whole-system approach and aim to improve outcomes from prevention of alcohol misuse through to recovery in specialist care. Partnership working with partners such as schools, the NHS, housing, the police and mental health services is key.

Public health funding

Public health funding in England will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut for 2015/16.[19] Although DsPH have been acting to manage these cuts without detriment to outcomes, they have reached the limit of available efficiencies. Cuts to public health funding may result in cuts to interventions which can help to reduce harm caused by alcohol. In our Public Health

System Survey 2017, we asked DsPH about recent and planned changes to services. 36% of respondents had redesigned their alcohol services within the last year and 25% had changed the provision. Because of the changes, 8% reported a negative impact on the service and 26% could not yet tell the impact.

Taxation and pricing

ADPH supports the findings of the recent evidence review of alcohol policy that concludes that reducing the affordability of alcohol through taxation and MUP is the most effective and cost-efficient way of reducing alcohol harm.[20] The introduction of MUP was the number one policy priority for ADPH members in our most recent policy survey. 75% of DsPH who responded said this was in their top five priorities.[21] MUP would have an imperceptible impact on the cost of alcohol consumption for lower risk drinkers and would not lead to changes in pub prices. This policy would also help to tackle health inequality, as research by Sheffield University indicates that 82% of the reduction in deaths would be amongst routine and manual workers.[22]

Role of the NHS

We support the inclusion of Identification and Brief Advice interventions for acute hospitals in England over the next two years in contracts through the Commissioning for Quality and Innovation (CQUIN) scheme and the inclusion of Alcohol Care Teams in appropriate hospitals. We welcome this example of NHS England delivering on the Five Year Forward View commitment to a 'radical upgrade in prevention and public health' by harnessing the large NHS workforce to promote alcohol harm reduction. The NHS has a greater role to play in prevention of alcohol harm. In England, this could be realised through Sustainability and Transformation Partnerships (STPs).

Licensing

89% of Directors of Public Health in England who responded to a recent Local Government Association (LGA) survey reported that there is demand within local authorities for a new public health licensing objective.[23] 92% of respondents to our most recent member policy survey reported that amending licensing legislation to empower local authorities to control the total availability of alcohol, gambling, junk food outlets was either in their top five priorities or important to them. Limiting the density and opening hours of alcohol outlets in towns and city centres could reduce alcohol related harm in the night time economy. The introduction of a public health licensing objective in Scotland in 2011 has led to increased engagement, strengthened working relationships and increased use of health evidence in licensing policy development.[24]

Marketing and labelling

Evidence shows that there is a relationship between the exposure of children to alcohol marketing and alcohol consumption. A recent survey by the charity Alcohol Focus Scotland found that 95% of 10 and 11-year old's recognised a beer brand.[25] Voluntary schemes on labelling to date have not been fully implemented by drinks manufacturers, and placing clear health information on alcohol products is supported strongly by the public. Clear, easy-to-read health information on alcohol products can help reinforce social norms. This information could include their nutritional content (in line with regulations for soft drinks and food products) and warnings of health risks such as drinking alcohol during pregnancy. Labels should highlight the link between alcohol and cancer, as only 13% of adults are aware of the link.[26]

ADPH Recommendations

National

- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- The Government and Northern Ireland Executive should implement a minimum price of 50p per unit of alcohol. Scotland and Wales should continue work to implement MUP.
- The Government should reintroduce the tax escalator on alcohol at 2% per annum ahead of inflation.
- The Governments in England and Wales should introduce a public health licensing objective. The Licensing Act should be revised to take account of population level data more effectively.
- The Government should introduce a new multi-faceted, wide-reaching strategy aimed at reducing alcohol harm in England. The Scottish, Northern Irish and Welsh administrations should seek to update their strategies as soon as feasible.
- The Government should ban alcohol advertising where children are likely to be exposed to it. This could include an end to cinema advertising, ending outdoor and bus advertising, introducing a TV watershed and restricting exposure online.
- The Government should enforce standard health risk warning labelling on all alcohol products.

Local

- Local authorities should continue to take an evidence-based approach to commissioning alcohol treatment services that meet the needs of the local population.
- STPs should take the opportunity to embed prevention of alcohol harm into local plans.
- NHS Trusts should implement CQUIN indicator 9 'preventing ill health by risky behaviours – alcohol and tobacco' and ensure healthcare professionals are delivering alcohol identification and brief advice (IBA).

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Original statement: November 2017

Next Review: November 2018

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