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 2018, there were 212,800 licensed premises in England and Wales, a five per cent increase on 2017. In 2017, 73% 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 2017, the proportion of children aged eight to 15 reporting ever having had an alcoholic drink fell from 45% in 2003 to 14% in 2017.[8] Whilst the trend is positive this is still too many children drinking alcohol.

Alcohol harm costs both individuals and society. In 2017/18, alcohol related hospital admissions reached 1.7m in England.[9] It has been estimated that in 2017, 307,000 potential years of life were lost in England due to alcohol consumption.[10] The total annual societal costs of alcohol misuse in England has been estimated to range between £21 to £52bn.[11] In Northern Ireland, alcohol misuse costs up to £900m every year and alcohol harm costs Scotland £3.6bn a year in health, social care, crime, productive capacity and wider costs. [12][13] Alcohol costs Welsh society more than one billion each year.[14]

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.[15] In England, for both sexes, alcohol specific death rates in 2016 were significantly higher in the most deprived local areas when compared with the least deprived local areas. For males, there were 30.1 deaths per 100,000, this rate was over 4 times higher than that observed in the least deprived areas, where there were 7.0 deaths per 100,000 males.[16] 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.[17]

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.[18] In January 2019, the NHS Long Term Plan was published, which included a commitment to establish alcohol care teams in hospitals with the highest number of alcohol dependence related admissions. This will be delivered in the 25% worst affected parts of the country and could prevent 50,000 admissions and almost 250,000 bed days over five years. A research report 'How we drink, what we think' by the Alcohol Health Alliance found that the majority of the public (55%) want the UK Government to do more to address the harms caused by alcohol to society, such as ill health, violent crime, domestic abuse and anti-social behavior.

In November 2018, Scotland published 'Alcohol Framework 2018: Preventing Harm', which outlined 20 key actions 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.

In October 2019, the Welsh Government published Substance Misuse Delivery Plan: 2019 to 2022, which included actions on the following priority areas: responding to associated mental health problems; improving partnership working with housing and homelessness services; ensuring prisons have a coordinated service for those with substance misuse problems; improving access to services; tackling dependence on prescription-only and over the counter medicines. A minimum unit price for alcohol of 50p will be enforced from March 2020.

Northern Ireland's most recent strategy was a combined drugs and alcohol strategy, entitled New Strategic Direction for Alcohol and Drugs – Phase 2 (2011-2016). The strategy identified five pillars for action: prevention and early intervention; harm reduction; treatment and support; law and criminal justice; and monitoring, evaluation and research. Phase two of the strategy was subsequently reviewed in October 2018.

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 has been substantially cut, with expected spending in 2019/20 £850 million lower in real terms than in 2015/16. With population growth factored in, £1 billion a year will be needed to restore funding to 2015/16 levels, according to analysis by the King's Fund and the Health Foundation.[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 will result in cuts to interventions which can help to reduce harm caused by alcohol. In our Public Health System Survey 2019, we asked DsPH about recent and planned changes to services. 47% of respondents had redesigned their alcohol services within the last three years and 24% had changed the provision. 8% of respondents reported that the changes have had a negative impact on services. [20]

Taxation and pricing

A 2019 report commissioned by the Institute of Alcohol Studies, demonstrated that the decision to abolish the alcohol duty escalator in 2012/13 and the subsequent duty cuts and freezes have led to increased alcohol consumption and substantial increases in alcohol related harms and associated costs. In England, changes have led to an additional 1,969 deaths (a 2.7% increase) and 61,386 (+1.4%) hospital admissions over the same period, increasing NHS costs by £317million (+1.7%), compared to a scenario where the alcohol duty escalator remained in place until 2015.[21] 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.[22] Modelling work by Sheffield University and Cancer Research UK found that over a 20 year period, a 50p minimum price per unit of alcohol in England could reduce deaths linked to alcohol by around 7,200. It would also reduce healthcare costs by £1.3 billion.[23] In the first year the 50p minimum unit price was implemented in Scotland, alcohol sales fell to their lowest level since records began in 1994. In our 2019 survey of UK DsPH, 83% of respondents said that they strongly supported the introduction of a minimum unit price of 50p in England. 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.[24]

Role of the NHS

We support the inclusion of Identification and Brief Advice interventions for acute hospitals in England 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. ADPH also welcomed the renewed commitment to reducing alcohol dependence through the NHS Long Term Plan, however it is crucial that new services are integrated with existing local authority alcohol interventions and supported by national policy change. 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) and Integrated Care Systems (ICSs).

Licensing

89% of DsPH 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.[25] 80% of respondents to our most recent member policy survey supported policies to amend licensing legislation to empower local authorities to control the total availability of alcohol, gambling, junk food outlets.[26] 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.[27]

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.[28] 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. A report published by the Alcohol Health Alliance found that fewer than 10% of the 320 alcohol products surveyed display the current low-risk drinking guidelines of 14 units a week.[29] Clear, easy-to-read health information on alcohol products can help reinforce social norms. This information could include alcohol content, 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.[30]

ADPH Recommendations

National

- Investment in public health must be increased. The Spending Review next year must deliver a sustainable package for public health in local government. The Public Health Grant needs at least £1bn more a year to reverse years of cuts to public health funding.
- The Government should tackle the social determinants of health. Building wellbeing into policy decision making and funding allocation should be a cross-government priority, supported by a new 'health index' and better utilisation of existing ONS wellbeing statistics.
- The Westminster Government and Northern Ireland Executive should implement a minimum price of 50p per unit of alcohol.
- 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 Northern Irish administration should seek to update their strategy as soon as feasible.
- An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety.
- 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 and alcohol sponsorship.

- The Government should introduce mandatory health labelling on alcohol products, including the CMO's low risk drinking guidelines.
- All health and social care professionals should be trained to routinely provide early identification on and brief alcohol advice to their clients.

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 and ICSs 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).

Association of Directors of Public Health

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