



#alcoholstrategy

Reducing harm from alcohol consumption: developing a long-term strategy

An event hosted by the All-Party Parliamentary Health Group and CLOSER (the UK Longitudinal Studies Consortium), Macmillan Room, Portcullis House, 31st January 2017

Chair: Baroness Walmsley

Speakers:

- Professor Sir Ian Gilmore, Chair of Liverpool Health Partners and Chair of the Alcohol Health Alliance
- Dr Zulfiquar Mirza, Emergency Medicine Consultant, West Middlesex University Hospital
- Clive Henn, Senior Alcohol Advisor, Public Health England, and Professor John Marsden, Senior Academic Advisor in the Alcohol, Drug and Tobacco Division, Public Health England
- Yvonne Kelly, Professor of Lifecourse Epidemiology, University College London

Baroness Walmsley began by welcoming the guests and speakers. She also noted the timely nature of the discussions given the Westminster Hall Debate on alcohol harm taking place two days after the meeting.¹ A link to that debate can be found at the foot of this document. The event followed recent comments from Simon Stevens, Chief Executive of NHS England which compared the NHS to a “national hangover service” with alcohol misuse placing particular pressure on A & E services². Baroness Walmsley introduced Professor Sir Ian Gilmore, Chair of Liverpool Health Partners and Chair of the Alcohol Health Alliance, to give attendees an overview of the harm which alcohol misuse causes society.

Professor Sir Ian Gilmore, Chair of Liverpool Health Partners and Chair of the Alcohol Health Alliance

Professor Sir Ian opened the discussion by explaining that he would outline the burden of alcohol harm as well providing the solution, which in his opinion involved changing attitudes and behaviours within certain areas of government.

¹ HC Debate, 2 February 2017, Volume 620

² (2017) Binge drinking turning NHS into 'national hangover service', says chief, Available at: <https://www.theguardian.com/society/2016/dec/31/chief-of-nhs-says-binge-drinking-making-it-national-hangover-service> (Accessed: 24.02.17).

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Statistically, alcohol is the number one risk factor for premature death in the UK today. Alcohol related deaths peak between the ages of 50 and 55, meaning that the years lost from alcohol-related deaths exceeds the top ten cancers as they tend to occur earlier in life. Sir Ian went on to frame the burden of alcohol harm in economic terms. In terms of admissions to healthcare services, 70% of presentations to A&E on a Friday and Saturday evening are related to alcohol; about 20% of overall hospital admissions are caused by alcohol. Not only does this increase the ongoing financial pressure on the NHS, it also limits the amount of time staff can spend on ill, in need patients.

In terms of solutions, price, availability and marketing drive how much alcohol we as a society consume, which itself directly correlates to alcohol harm, and these issues must be addressed in order to create an effective strategy to tackle the problem. Minimum Unit Pricing (MUP) is often discussed as a possible policy lever by which harm from alcohol can be reduced. Sir Ian argued that it effectively targets the heaviest drinkers and those most at risk. He also predicted that 2017 would see progress with regards to MUP legislation, particularly given ongoing legislative initiatives in Scotland and the Republic of Ireland. MUP aside, the case for more stringent taxation on cheap white cider is one which is being made with increasing frequency. Research suggests that white cider is consumed almost exclusively by the homeless and those underage, with a 3 litre bottle retailing at £3.50, or about 15p a unit. Alternative methods of price increases include a rise in VAT or general taxation. Given the causal relationship between price and alcohol harm it can be argued that the method of taxation is secondary to a price increase itself. This is evidenced by the Labour Government's decision in 2007/2008 to implement a 2% above inflation increase on the duty on alcohol, which resulted in a halt to the rise in related harm.

Sir Ian concluded his section of the talk by highlighting the benefits of treatment for alcohol related problems whilst dispelling the notion that those who receive treatment are beyond help. For every £1 spent on alcohol treatment, £5 of public money is saved. The importance of early intervention should not be underestimated, with a brief 5-10 minute conversation regarding the negative health effects of alcohol proving an effective strategy to reduce harm from alcohol consumption. Alcohol Care Teams have transformed the way patients are treated in hospitals, however Sir Ian warned of the danger of funding cuts to the local authorities that deliver these services - and the potential for a reduction in the quality of care as a result - as well as an increase in the existing pressure on public finances.

Dr Zulfiqar Mirza, Emergency Medicine Consultant, West Middlesex University Hospital

Dr Mirza began by outlining the burden of alcohol related admissions to A & E departments by providing recent generic patient examples. Whilst the specifics of each of Dr Mirza's cases varied, all four alcohol-related admissions had a disruptive effect on their fellow patients. This occurred as a result of altercations with medical or police staff or through damage to hospital equipment. It is clear then that such patients not only place a strain on resources

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through the use of healthcare professional's time, or the damage of equipment, they are also disruptive to their fellow patients.

Dr Mirza went on to highlight the wider societal impact of alcohol misuse: many children in the UK today are living with one or more parent with an alcohol-related problem. This results in increased mental and emotional strain on the children involved, which can in turn negatively impact upon the finances of the health services. Indeed alcohol-related harm comfortably outweighs that caused by Class A drugs as a result of the burden it places on all ages and social classes, from the cradle to the grave. However Dr Mirza concluded on a positive note by arguing that through collective endeavour, as reflected at the meeting, alcohol harm can be positively addressed.

Baroness Walmsley: Explained that Clive Henn and Professor John Marsden would be giving a joint talk on the recent evidence review on current policy initiatives carried about by Public Health England (PHE).

Clive Henn, Senior Alcohol Advisor, Public Health England and Professor John Marsden, Senior Academic Advisor in the Alcohol, Drug and Tobacco Division, Public Health England

Presentation Slides: http://www.healthinparliament.org.uk/sites/site_aphg/files/phe_slides.pptx

Clive Henn: In December 2017, Public Health England (PHE) published a comprehensive review of the evidence on alcohol harm and its impact in England.³ The remit of the evidence review was to critically appraise the evidence of effectiveness around seven key policy initiatives which feed into two distinct groups: policies that affect the environment in which alcohol is bought, sold and consumed, and policies and interventions which are targeted at individuals who are mainly at risk. The key findings of the review are outlined below.

Price increasing policies: Mr Henn argued that price-increasing policies are the most effective and cost-effective approaches to reducing harm. Targeted price increases at the cheapest alcoholic drinks are able to substantially reduce harm in the heaviest of drinkers whilst producing a minimal impact upon the price paid by moderate drinkers. Increased taxation seems to be most effective when combined with MUP as demonstrated by a PHE commissioned study from the University of Sheffield. The University model showed that combining an annual duty increase of 2% above inflation each year with a 60p MUP would result in a cumulative reduction over five years of around 4,500 deaths and around 115,000 hospital admissions directly related to alcohol. The benefits are mostly accrued in high-risk drinkers and those in the lowest socioeconomic groups.

Regulation of marketing: Evidence consistently shows that children who are exposed to marketing are at greater risk of drinking before they reach 18, and for those who do drink, they drink more. Whilst it is difficult to prove a

³ <https://www.gov.uk/government/news/phe-publishes-alcohol-evidence-review>

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complete causal link between marketing and underage consumption of alcohol, evidence suggests that tougher regulation on alcohol marketing would benefit public health. Research on possible methods of regulation is still emerging, but possibilities include watershed bans or the banning of sports sponsorship.

The availability of alcohol: International reviews and studies report that increasing the time and days on which alcohol is sold increases consumption and harm, particularly in relation to road traffic accidents and injuries. Evidence suggests a link between outlet density and social disorder whilst research examining the relationship between outlet density and health harm is emerging. Reducing the hours in which alcohol can be sold, particularly late at night has proved effective at reducing alcohol harm.

Professor John Marsden:

Labelling: The principles underlining the importance of labelling alcohol to reduce harm are largely driven by initiatives relating to tobacco and food packaging. Evidence suggests that improvements in labelling are effective in increasing consumer awareness, yet not so in driving behavioural change. Furthermore existing evidence is reliant on voluntary action and is often poorly executed.

Mass Media: Public Health England is interested in the potential of mass media campaigns to raise awareness of alcohol harm. Whilst there are a high number of poorly designed campaigns, those that are well executed are effective in reducing alcohol harm, especially in terms of making specific links, for example between alcohol consumption and cancer prevalence. Industry campaigns however seem to have no discernible effect. Lastly, Professor Marsden noted his disappointed at the lack of investment in alcohol education programmes in schools, the benefits of which are only measured in the short term.

Interventions: Professor Marsden reiterated Sir Ian's comments regarding the effectiveness of early interventions aimed at those who are at risk, but not yet dependent on alcohol. Such interventions can have the effect of triggering behavioural change before harmful habits become entrenched. NICE reviewed evidence shows a wide range of effective medical and physiological interventions which are widely available across the country. However the difficulty of such interventions is that this places extra time pressures on already extremely busy clinicians on the frontline.

Driving whilst under the influence of alcohol: Lower drink driving limits, including enforcement measures particularly targeted at young and novice drivers, have proved effective in reducing alcohol-related traffic incidents in a cost-effective manner. Ignition interlocks, which prevent drivers over the legal alcohol limit from starting their vehicle, initially seem to have proved effective in tackling driving offenses; however reoffending rates seem to rise again once drivers are released from the programme. Overall, enforced legislative measures to reduce drink driving are effective and breathalysing is particularly cost effective.

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Yvonne Kelly, Professor of Lifecourse Epidemiology at University College London

Presentation Slides:

http://www.healthinparliament.org.uk/sites/site_aphg/files/2017_01_31_apphg_alcohol_yk.pptx

Of adults that do drink, 80-90% of them begin doing so in the second decade of their life. As such adolescence or earlier is the opportune time to intervene to prevent alcohol harm. In terms of prevalence of underage drinking, there has been a decline in the number of young people drinking over last 20-25 years. In the late 1980s about 60-65% of 11-15-year-olds reported drinking, and this has declined up until 2013 with just under 40% of 11-15-year-olds reporting ever having had a drink. However the amount of alcohol consumed shows no signs of falling, suggesting a polarisation of drinking behaviour which poses a significant public health challenge.

Professor Kelly went on to provide a brief overview of the longitudinal studies which she would be reflecting on. The longitudinal data draws from individuals from across the population setting, with cases from across the age range represented. As such, the data provides a rich source of information in which to analyse the changes that occur in drinking behaviour from adolescence onwards. The real advantage of the longitudinal method of obtaining data from across the life of the individual is that it allows one to take into account varying social circumstances throughout the life span.

Professor Kelly then provided the key findings of the ongoing Millennium Cohort Study. Of the 11 year olds involved in the study, one in seven reported having had a drink whilst 1.2% of participants reported having being drunk. The study attempted to identify contributing factors to drinking amongst the group of 11 year olds. Whilst it is difficult to prove cause and effect in a cross sectional analysis, it is possible to build a very strong picture of probable causal relationships when studying data longitudinally across time. The study found a number of sociodemographic and economic background factors correlated with drinking patterns. For example a higher prevalence of drinking amongst: males, those from poorer backgrounds, those who play truant from school, those who partake in antisocial behaviour and those who report being smokers.

The research also analysed the effect of parental and peer drinking upon the behaviour of the sample group. It was concluded that parental drinking, particularly heavy drinking amongst mothers, was a strong indicator of drinking amongst children. However it was deemed insignificant as an indicator of drunkenness. Peer drinking on the other hand relates strongly to drinking *and* drunkenness amongst young people. The influence of parents on the drinking habits of their children can, however, be seen in the nature of the relationships themselves, with supportive family relationships and parental supervision strong predictors of whether or not children drink and whether or not they get drunk.

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Attitudes and expectations towards alcohol were identified as possible barometers of consumption behaviour. Perhaps not surprisingly, increased awareness of risk factors associated with daily alcohol use correlated with a reduced risk of drunkenness. Continually increased negative perceptions of alcohol use can be seen to reduce the likelihood of alcohol consumption and strongly reduce the likelihood of drunkenness. The converse was also concluded.

The policy implications of the findings are broad in scope. The strong associations between expectations of alcohol and harm-inducing behaviour leads Professor Kelly to value the importance of policies which help children say no to alcohol, particularly in social settings. However as indicators of consumption are multifaceted, policy measures must reflect this in order to address the challenges of peer settings, marketing and broader social phenomena.

Question and Answer Session

Question 1. Baroness Masham of Ilton:

Baroness Masham asked Dr Mirza if he believed it to be possible to treat disruptive alcohol-related admissions to A & E in a separate space, in order to minimise their impact on other patients.

She also asked Professor Kelly about her experiences of school teacher engagement with the issue of alcohol harm.

Dr Mirza: Dr Mirza remarked that it would indeed be possible to treat patients under the influence of alcohol in a separate space and that this would be particularly useful. However it would require funding, resources and staffing.

Professor Kelly: Professor Kelly answered that, anecdotally, teachers are interested in the safe development of young people's behaviours. However effective interventions must be based beyond only the educational sector whilst monitoring a range of harm-inducing behaviours. In this way, increased self-esteem can empower children to make healthy decisions.

Question 2. Liam Byrne MP

Liam Byrne MP in his position as the founder and Chair of the All-Party Parliamentary Group on Children of Alcoholics was interested in the propensity of children to become heavy drinkers themselves if they grow up in a family of heavy drinkers.

Professor Kelly: Whilst Millennium Cohort evidence shows that parental drinking does influence the drinking patterns of their children, the ways in which this occurs are complex. For example heavy parental drinking is not

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associated with children's drunkenness in the study. However the evidence around the early initiation of drinking and the long term health consequences of this is less clear. This is because the context of such early drinking is important. In short, drinking in a responsible manner in a supervised setting is certainly different to consuming large volumes of cheap alcohol in the company of peers.

Professor Sir Ian: Professor Sir Ian raised the importance of distinguishing between environmental and genetic factors. For example 50% of alcohol dependence can be linked to genetics. However we must take environmental factors such as religion and culture into account.

Question 3. Fiona Bruce MP

Fiona Bruce, speaking as the Chair of the All-Party Parliamentary Group on Alcohol Harm, attended the event ahead of a debate she would introduce two days later along with Liam Byrne MP and Bill Esterson MP.⁴ She asked the representatives from Public Health England in particular what their top three policy recommendations to the Health Minister would be ahead of the debate.

Clive Henn:

- Pricing policies are effective in reducing the public health burden of alcohol. This should combine duty increases with a MUP.
- Reducing the exposure of young people to marketing.
- Interventions to at risk drinkers, alongside specialist treatment for dependent drinkers.

Question 4. Baroness Watkins of Tavistock

Baroness Watkins as a former nurse at Westminster Hospital asked Dr Mirza if he believed that the level of alcohol related violence in A & E units is predominantly a London problem.

Dr Mirza: Dr Mirza stated that alcohol related disruption at A & E units is a problem across the whole country and is not exclusive to London. He evidenced a recent report from the Institute of Alcohol Studies.⁵ He also endorsed the idea of alcohol shelters as an effective way of taking pressure off A & E services. These would of course require adequate funding and resources.

Professor Sir Ian: Professor Sir Ian acknowledged the burden of alcohol on A & E services, but argued that it is important to note that 90% of the alcohol burden on the NHS comes through chronic harm.

⁴ HC Debate, 2 February 2017, Volume 620

⁵ (2015) *Alcohol's impact on emergency services* Institute of Alcohol Studies

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Question 5. Lord Brooke of Alverthorpe

Lord Brooke inquired about the possibility of a Government strategy which could be embraced across departments.

Professor Sir Ian: Professor Sir Ian pointed out that a strategy existed, providing effective levels to reduce alcohol harm, but the measures had not been introduced. He called for parliamentarians in attendance to push for the introduction of such legislation particularly given the public support for such a measure. The same can be said of a lower drink driving limit as seen in Scotland which has been effective in reducing risky behaviour.

Question 6. Katherine Brown, Director, Institute of Alcohol Studies

Ms Brown argued that alcohol is a major driver of health inequalities, both nationally and internationally, and asked the panellists to provide evidence of this and what policy measures can be utilised to address this.

She also asked Professor Sir Ian what recommendations he would make to the Chancellor of the Exchequer to tackle alcohol harm ahead of the Spring Budget on March 8th.

Professor Kelly: The Millennium Cohort Study and other longitudinal studies suggest that stark inequalities in alcohol consumption are evident. People in poor communities, living in poorer life circumstances, are more likely to drink harmfully, while children from poorer backgrounds are twice as likely to be drinking or getting drunk. These health inequalities start early, persist and widen.

Professor Sir Ian: (Regarding recommendations to the Chancellor) "I could either repeat what Katherine has told me to say, or I could ask her to say it herself."

Katherine Brown: Ms Brown recommended the implementation of a specifically-targeted tax increase on cheap high strength white cider. Such drinks are consumed mostly by dependent, harmful and underage drinkers. Such a measure would include alcohol between 5.5% and 7.5% in strength and would exclude small domestic producers of alcohol.

Question 7. Deirdre Boyd, Trustee of the National Association for Children of Alcoholics and an Addiction Recovery Consultant

Ms Boyd asked the panellists to comment on cross addiction. She argued that there is a danger that if one legislative measure is effective in reducing addiction to one substance, users will simply switch to another.

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Dr Mirza: Dr Mirza argued that when it comes to addressing addiction in general, it is important to assess the patient individually rather than the substances themselves. Indeed the approach of carrying out a comprehensive health assessment is well ingrained in frontline and specialist care services across the country. There is a correlation between underlining causes of different kinds of addictions. This strengthens the case for a comprehensive strategy on addiction.

Professor Sir Ian: Professor Sir Ian warned of the growing trend of treatment services being contracted out to the lowest tender. Such agencies are not investing in addiction psychiatry which is so important for treating patients with comorbidities and co-dependencies.

Question 8. Paul Saper, Managing Director, LCS International Consulting Ltd

Mr Saper asked the speakers to comment on the prevalence of high risk drinking amongst middle-aged consumers.

Professor Sir Ian: Alcohol harm certainly goes right across all socioeconomic strata. However the poorest in society do seem to most at risk. Particularly as they face the burden of poorer health indicators in other areas such as weight, which exacerbates harm from alcohol.

The event concluded with a discussion on statistics and the different ways in which they can be interpreted. Whilst alcohol consumption has increased in the last 40 years it has not increased per head. However Mr Henn pointed out that the use of per head consumption statistics are not necessarily helpful as they fail to take into account the failure of heavier drinkers to reduce their consumption as the lower risk drinkers are doing. In short the drinking habits of the nation have become more polarised.

Baroness Walmsley thanked the speakers and the audience for their participation and brought the event to a close.

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Bibliography and additional resources

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