



reducing the damage to health caused by alcohol misuse

What is the Alcohol Health Alliance UK?

The Alcohol Health Alliance UK brings together medical bodies, patient representatives and alcohol health campaigners. Working together, Alliance members will:

- Highlight the rising levels of alcohol health harm
- Propose evidence-based solutions to reduce this harm
- Influence decision makers to take positive action to address the damage caused by alcohol misuse.

Our mission is to reduce the damage to health caused by alcohol misuse.

Why do we need an Alcohol Health Alliance UK?

In the UK, alcohol harm continues to spiral:

- **13 children a day are hospitalised as a result of alcohol misuse**
- **Alcoholic liver cirrhosis has increased by 95% since 2000, and by 36% over the last two years to 2006 and is still increasing¹**
- **Overall alcohol related deaths increased by 18% from 2002-2005²**
- **More people die from alcohol related causes than from breast cancer, cervical cancer and MRSA combined³**
- **The ‘passive effects’ of alcohol misuse are catastrophic – rape, sexual assault, domestic and other violence, drunk driving and street disorder – alcohol affects thousands more innocent victims than passive smoking⁴.**

Many of the solutions which could reverse these trends and reduce alcohol harm remain politically controversial.

Yet the evidence which supports them is in many cases overwhelming.

The Alcohol Health Alliance UK will bring these solutions to the forefront of the debate on how to tackle alcohol health harm.

Membership

Academy of Medical Royal Colleges
Action on Addiction
Alcohol and Health Research Trust
Alcohol Concern
Alcohol Education and Research Council
British Association for the Study of the Liver
British Liver Trust
British Society of Gastroenterology
College of Emergency Medicine
Faculty of Dental Surgery
Faculty of Occupational Medicine
Faculty of Public Health
Institute of Alcohol Studies
Medical Council on Alcohol
National Addiction Centre
National Organisation for Fetal Alcohol Syndrome-UK
Royal College of General Practitioners
Royal College of Nursing
Royal College of Physicians Edinburgh
Royal College of Physicians London
Royal College of Physicians and Surgeons, Glasgow
Royal College of Psychiatrists
Royal College of Surgeons London
Scottish Intercollegiate Group on Alcohol

References

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key messages

1

Alcohol treatment and prevention programmes should be funded

Up to 12 million people in this country are dependent on alcohol or drink hazardously compared with 300,000 problematic drug users.

Providing drug treatment for users of illegal drugs is a high government priority but there is comparatively little provision of treatment for alcohol related problems.

As a consequence, 67% of dependent or harmful drug users have access to treatment, compared with 5.7%⁵ for alcohol. The budget for the UK drug strategy in 2005-6 was £1,483 million⁶ but there is no dedicated budget for the UK alcohol strategy.

In addition to the absence of dedicated funding for alcohol treatment, there are no targeted waiting times for alcohol treatment and very few alcohol services for people with alcohol related

chronic disease, many of whom do not have the features of alcohol dependence and as a result are under the radar of addiction services.

In contrast the National Treatment Agency waiting time target for a Drug Intervention Program (DIP) is one week.

Ensuring the provision of adequate treatment for adults and young people would significantly reduce the harm caused by alcohol misuse.

Furthermore despite the wealth of evidence showing that early interventions in hazardous drinking are both effective and cost effective⁷, alcohol prevention strategies are unfunded and as a result very few exist.

2

Alcohol taxation should be increased

The most effective and cost effective strategy for reducing alcohol harm is to increase tax and reduce availability⁷⁻⁹.

Evidence suggests that increasing tax on alcohol by only 10% could decrease alcohol related deaths of various forms by 10-30%⁹, yet alcohol has become over 50% more affordable in the last 25 years.

In 2001 the Alcohol Harm Reduction Strategy for England⁴ found that alcohol causes 22,000 deaths, and the estimated cost of alcohol related harm to health, crime and the workplace was £15.4 billion – a figure which does not include human costs of crime, nor damage to families and children, which were felt to be incalculable⁴.

In contrast the income from alcohol duty was £7 billion, with a further £6 billion in VAT¹⁰. Raising overall alcohol related taxation by 25% would have the double

benefit of reducing harmful levels of consumption, whilst providing more than enough funding for the exchequer, to bring alcohol treatment and prevention services up to the level of services provided for users of illegal drugs.

Given the current alcohol problem in the UK – to increase taxation on alcohol, and to improve treatment and prevention services seems both sensible and fair.

3

There should be better regulation of the drinks industry

In the UK alcohol causes 1,700 accidental deaths, 1,000 suicides, 70% of Accident and Emergency attendances at peak times, resulting in 23,000 hospital admissions for acute intoxication. Young people account for the majority of these problems, and are the major target of alcohol advertising and promotion⁹. The European Court of Justice has unequivocally ruled⁹: “it is in fact undeniable that advertising acts as an encouragement to consumption”.

The government have relied on voluntary agreements and codes with the alcohol industry to curb potentially harmful practices. However with no proactive monitoring of most of the codes, and little assessment of whether these codes are sufficient in the first place, the industry have largely been left free from rigorous scrutiny and accountability for their actions.

The Alcohol Health Alliance UK proposes that alcohol advertising should not be permitted on TV before 9 pm, and in cinemas unless films are 18 rated, and that all alcohol advertising and promotional material must carry information on alcohol health harm and state that alcohol can induce dependency.

In addition to these measures, the laws around not selling alcohol to those who are drunk or under the age of 18 should be properly enforced. The amount of alcohol permissible in the blood stream in relation to drink driving should be reduced to the EU standard of 0.5 g/l, and there should be a near zero alcohol level for new drivers.