

Review into the impact on employment outcomes of drug or alcohol addiction and obesity

Department of Work and Pensions

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Dear Sir or Madam,

**RE: Review into the impact on employment outcomes of drug or alcohol addiction and obesity**

I am writing in response to the call for evidence to inform the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity, led by Dame Carol Black. I welcome the opportunity to respond to this call for evidence on behalf of the Royal College of Physicians (RCP).

The RCP aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led, and our 30,000 members worldwide work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.

**The RCP welcomes DWP's recognition of the health harms caused by alcohol and obesity.** As the DWP recognises, alcohol is a major cause of preventable disease in the UK, associated with over 1 million hospital admissions every year.<sup>1</sup> The government's own estimates suggest that the annual cost of alcohol-related harm runs to £21 billion per year.<sup>2</sup> For obesity, we are pleased that DWP recognises the scale of harms caused by this growing problem: obesity-related hospital admissions increased fivefold between 2003 and 2013<sup>3</sup> and obesity is an independent risk factor for major causes of preventable death including cancer and cardiovascular disease.

**The RCP recognises that being in employment is generally good for mental and physical health and wellbeing.**<sup>4</sup> Where alcohol and obesity have caused ill health that leads to people being unable to work, we welcome efforts to support people to improve their health and participate in work, where appropriate and once their health allows.

**It is important to recognise that alcohol addiction and obesity are serious health conditions that require effective and compassionate treatment.** Addiction and obesity are not lifestyle choices. The evidence demonstrates that people are unlikely to overcome alcohol addiction or obesity on their own, using 'willpower' alone.<sup>5,6,7</sup> They require specialist medical help from expert professionals who can coordinate

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<sup>1</sup> Public Health England. *Alcohol treatment in England 2013-14*. London: PHE, 2014.

<sup>2</sup> HM Government. *The Government's Alcohol Strategy*. London: The Stationery Office, 2012.

<sup>3</sup> HSCIC. *Statistics on Obesity, Physical Activity and Diet - England, 2015*. London: HSCIC, 2015.

<sup>4</sup> Waddell B and Burton A K. *Is work good for your health and well-being?* London: TSO, 2005.

<sup>5</sup> NICE. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence NICE guidelines. [www.nice.org.uk/guidance/cg115](http://www.nice.org.uk/guidance/cg115) [Accessed 25 August 2015].

<sup>6</sup> NICE. Obesity: identification, assessment and management of overweight and obesity in children, young people and adults. [www.nice.org.uk/guidance/cg189](http://www.nice.org.uk/guidance/cg189) [Accessed 25 August 2015].

their physical and mental health needs. Addiction and obesity must always be recognised as health problems. They should not be considered as ‘special cases’ in the welfare benefits system, different to other preventable and treatable health conditions.

**There must be improvements in the access to and quality of treatment services for alcohol addiction and obesity.** There are well-established gaps in obesity treatment services, leaving people unable to access the support they need to lose weight, improve their health and (if unemployed due to ill health) return to work.<sup>8</sup> Similarly, alcohol treatment services require significant improvement and Public Health England has recognised that ‘a challenge remains to ensure alcohol treatment services are accessible and appropriate’.<sup>9</sup> Both DWP and Department of Health must work with commissioners of obesity and alcohol treatment services (ie CCGs and local authorities in England, and health boards in Wales) to improve access to these services and ensure they deliver high-quality care.

**Alcohol and obesity treatment services should consider patients’ whole care needs,** particularly as both conditions are associated with complex comorbidities such as mental health problems. Patients’ social needs – including their employment status – should form part of this process, and healthcare professionals should have a clear pathway for referring patients to specialist support to aid their return to work if and when their health allows.

**Alcohol addiction and obesity must be prevented at a population level.** Prevention is the most effective (and most cost effective) way to ensure that alcohol addiction and obesity do not impede people’s ability to work. The RCP encourages DWP to support the introduction of evidence-based interventions that will prevent people from encountering alcohol- and obesity-related health harms. Examples of such interventions include increasing levels of tax and duty on alcohol and unhealthy food, and restricting their advertising and marketing. Such interventions would help people to avoid the health harms of alcohol and obesity, including ill health-related unemployment. For instance, a minimum price of 50p per unit of alcohol would specifically target the heaviest drinkers who at greatest risk of alcohol-related ill health.<sup>10</sup>

**Employers need to play their part to help people improve their health.** ‘Good’ work – work which is ‘safe, fair, secure, fulfilling, supportive and accommodating’ – is generally good for health.<sup>11</sup> Moreover, as highlighted by Dame Carol Black, the chair of DWP’s independent review, employers can yield a significant influence by supporting people to improve their health and to maintain good health.<sup>12</sup> This requires evidence-based workplace interventions, such as those described in detail by NICE’s public health guidance for the workplace.

**The NHS must lead by example in supporting a healthy workforce.** As highlighted in the RCP’s 2015 report, *Work and wellbeing in the NHS*,<sup>13</sup> our health service experiences particular challenges with sickness absence and ill health-related absence. Out of a workforce of 1.3 million (in England and Wales) around 300,000 NHS

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<sup>7</sup> NICE. Managing overweight and obesity in adults – lifestyle weight management services. [www.nice.org.uk/guidance/ph53](http://www.nice.org.uk/guidance/ph53) [Accessed 25 August 2015].

<sup>8</sup> NHS England. *Report of the working group into: Joined up clinical pathways for obesity*. London: Public Health England / NHS England, 2014.

<sup>9</sup> Public Health England. *Alcohol treatment in England 2013-14*. London: PHE, 2014.

<sup>10</sup> Sheron N, Chilcott F, Matthews L et al. Impact of minimum price per unit of alcohol on patients with liver disease in the UK. *Clinical Medicine* 2014;14(4):396-403.

<sup>11</sup> NHS Choices. Is work good for your health? [www.nhs.uk/Livewell/workplacehealth/Pages/work-is-good-for-health.aspx](http://www.nhs.uk/Livewell/workplacehealth/Pages/work-is-good-for-health.aspx) [Accessed 25 August 2015].

<sup>12</sup> Black C. *Working for a healthier tomorrow: Dame Carol Black’s review of the health of Britain’s working age population*. London: TSO, 2008.

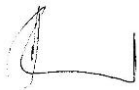
<sup>13</sup> RCP. *Work and wellbeing in the NHS: why staff health matters to patient care*. London: RCP, 2015.

staff are estimated to be obese, with a further 400,000 overweight.<sup>14</sup> The NHS must lead by example in supporting its staff to maintain a healthy weight and reduce the amount of alcohol they drink. It should be an exemplar of good practice in identifying staff who have problems with alcohol misuse or excess weight, enabling access effective treatment and support, and supporting return to work for those who are overcoming health problems.

### Summary

The RCP welcomes the opportunity to submit evidence to the independent review into the impact on employment outcomes of drug or alcohol addiction and obesity. We recognise that being employed can be good for health and we welcome efforts to support people who are unemployed due to ill health to improve their health. Alcohol addiction and obesity are serious health conditions which require specialist treatment and compassionate care. As well as improvements to treatment services, government should also prioritise prevention to help people to avoid the health harms of alcohol and obesity. Employers too must play their part by supporting their staff to maintain good health and to return to work after periods of ill health. The NHS has a special role to play and must lead by example as an employer that prioritises the health and wellbeing of its workforce. I look forward to working with the review as it progresses.

Yours faithfully,



**Dr Andrew Goddard**  
Registrar

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<sup>14</sup> Cross-Government Obesity Unit. *Healthy weight, healthy lives: one year on*. London: HM Government, 2009.