The issue

Alcohol misuse is a major risk factor for a range of conditions, including cancer, liver disease, hypertension and mental health conditions. In 2015, 8,758 people in England died as a result of disease known to be related to alcohol consumption, such as cirrhosis of the liver.

Since 1980, sales of alcohol in England and Wales have increased by 42%. The increase has been driven by increased consumption among women, a shift to higher-strength products, and increasing affordability of alcohol.

In 2016, Public Health England reported that alcohol misuse is increasing and having a significant impact on the health and wellbeing of people in England. It costs the NHS an estimated £3.5 billion a year, and the UK economy between £27 billion and £52 billion a year.

Across England, there were an estimated 1.1 million hospital admissions relating to alcohol in 2015–16, an increase of 64% over the previous decade. Between 2005 and 2014, the number of emergency admissions due to alcohol-related conditions increased by 54%. Around 70% of accident and emergency attendances on weekend nights are due to alcohol.
The RCP view

The RCP is a founding member of the Alcohol Health Alliance (AHA), a group of more than 50 health and alcohol organisations. We work together to promote evidence-based policies to reduce the damage caused by alcohol misuse.

The AHA is chaired by Professor Sir Ian Gilmore, a leading professor of hepatology and special adviser on alcohol to the RCP. The RCP hosts the AHA, including its policy and communications officer. The top ten policy recommendations from the AHA are:

A minimum price of at least 50p per unit of alcohol
The minimum price should be introduced for all alcohol sales, together with a mechanism to regularly review and revise this price.

Mandatory labelling of all alcohol products
At least one-third of an alcohol product label should be given over to an evidence-based warning from an independent regulatory body about the health harms linked to alcohol.

The sale of alcohol in shops should be restricted
Alcohol should only be sold at specific times of the day and in designated areas. No alcohol promotion should occur outside these areas.

The tax on every alcohol product should be proportionate to the volume of alcohol it contains
In order to incentivise the development and sale of lower-strength products, the rate of taxation should increase with product strength.

Licensing legislation should be comprehensively reviewed
Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction.

All alcohol advertising and sponsorship should be prohibited
In the short term, alcohol advertising should only be permitted in newspapers and other adult press. Its content should be limited to factual information about brand, provenance and product strength.

An independent body should be established to regulate alcohol promotion
Regulations should include how products and packages are designed.

The alcohol limit for drivers should be reduced
The legal limit for blood alcohol concentration for drivers should be reduced to 50 mg/100 mL.

All health and social care professionals should be trained
Professionals should routinely provide early identification and brief alcohol advice to their clients.

Referral to specialist services should be routine
People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

What the RCP is doing

Through the AHA, the RCP is campaigning for the implementation of these recommendations.

With minimum unit pricing set to go ahead in Scotland and Wales, the AHA will be calling on the UK government to legislate for the measure in England. We also expect the UK government to soon make proposals to increase the tax on the cheapest, strongest ciders.

Both these measures will reduce the amount of alcohol drunk by the most vulnerable in society. They will increase the health of the population, and reduce the burden on clinicians and others who treat those with problems linked to alcohol.