

Alcohol & Public Health

Position statement

Introduction

Although alcohol has been part of our culture for centuries and many people use it sensibly, its misuse has become a serious and worsening public health problem in the UK. The misuse of alcohol – whether as chronically heavy drinking, binge-drinking or even moderate drinking in inappropriate circumstances (eg. operating machinery, on medication) – not only poses a threat to the health and wellbeing of the drinker, but also to family, friends, communities and wider society through such problems as crime, anti-social behaviour and loss of productivity. It is also directly linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, violence,¹ liver disease and sexually transmitted infection.

Effects on health

Alcohol is a potentially addictive psychoactive substance. It is rapidly absorbed into the bloodstream, and its effects on brain function – such as slowed reaction times and loss of inhibition – are felt very quickly. The human body cannot store alcohol; it treats it as a potential poison and detoxifies it in the liver. The speed at which this happens depends on a variety of factors including age and sex.

Harm to the individual from drinking alcohol can be acute (immediate) or chronic (longer-term).

Acute health effects

Worldwide, up to 40% of the burden of alcohol problems are acute, with greater proportions in countries, such as the UK, which drink to excess more frequently.¹ Acute events include alcohol-related accidents and injuries as well as an estimated 1,000 suicides per year in England alone.² It is estimated that 70% of admissions to accident and emergency departments at peak times are alcohol-related.² Alcohol is also a significant contributory factor to violent crime – 44% of victims of violence in England and Wales believed their attacker to be under the influence of alcohol³ and it is thought to be a factor in at least half of all domestic violence incidents in the UK.⁴ Acute harm is more common in younger people, with a resultant greater loss to society of both life and productivity.¹

Chronic health effects

Chronic conditions caused by alcohol misuse include liver cirrhosis, the death rate from which has more than quadrupled in the UK in the past 40 years⁵ – in the same period alcohol consumption in the UK doubled.⁶ Other chronic conditions for which alcohol misuse can be a significant contributory factor are obesity, high blood pressure, coronary heart disease, pancreatitis and mental health problems such as depression and alcohol dependency. Alcohol also increases the risk of developing certain cancers including liver, mouth, oesophagus, pharynx and breast⁷ and bowel and colorectal cancer.

¹ The Faculty of Public Health has produced a briefing paper on the links between alcohol and different types of violence. *Alcohol and violence* is available from www.fph.org.uk



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FPH is the leading professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services by maintaining professional and educational standards, advocating on key public health issues, and providing practical information and guidance for public health professionals.

www.fph.org.uk



The Association of Directors of Public Health (ADPH) is the representative body for directors of public health (DPH) in the UK. It seeks to improve and protect the health of the population through DPH development, sharing good practice, and policy and advocacy programmes.

www.adph.org.uk

Levels of drinking and risk of harm

The UK Departments of Health currently recommend that men should not regularly drink more than 3–4 units of alcohol per day and women should not regularly drink more than 2–3 units. This includes at least two alcohol free days per week – with recommended maximum weekly totals of 21 units for men and 14 for women. A small pub measure of spirit (25ml) represents one unit, while a pint of strong lager (eg. ABV) is 3 units. A standard glass of wine (175ml) at 12.5% alcohol is 2.2 units (with a large (250ml) glass at 3.1 units) and 'alcopops', marketed predominantly at young people, are around 1.5 units.

These recommended limits have been set at what is considered optimal for the population as a whole. However, alcohol consumption is not risk free. There is no entirely 'safe' level of consumption. For some alcohol-related conditions, such as certain cancers, the risk of harm begins to increase at levels below the recommended limits. For some vulnerable groups, such as pregnant women, current guidance advises no consumption at all.ⁱⁱ

Another important factor is the *pattern* of drinking. For example, chronic heavy drinking (as with alcohol dependency) tends to cause longer term health problems, whilst binge-drinking (defined as consuming more than twice the daily recommended levels in one session²) is more likely to increase the risk of acute health effects.

Wider implications at population level

Whilst low alcohol consumption is thought to have some positive effects on heart health, the European Comparative Alcohol Study found no overall benefits to health from alcohol consumption at population level.⁸ Studies have also shown that as alcohol consumption increases within a population, so does alcohol-related harm.⁹

Alcohol misuse can widen health inequalities and worsen problems of crime, anti-social behaviour and poverty. But problems are growing throughout the population. Rates of 'hazardous' drinking in England – defined as regularly drinking, per week, between 22–50 units for men and 15–35 for women – are now highest in relatively affluent areas of the south east of England.¹⁰ There has been an increase in women's consumption of alcohol. In England in 2006, 20% of women drank more than the recommended 14 units in a week.¹¹

It is known that social surveys consistently record lower levels of consumption than would be expected from data on alcohol sales, either through conscious or

unconscious underestimation.¹¹ In addition, updated conversion methods (of volume drunk to units) used by the General Household Survey indicate that men and women drank 32% more in 2006 than would have been recorded using original methods.¹¹ Home measures are often larger than pub measures – and as prices in licensed premises increase, and off-licence prices decrease, more people are drinking at home and therefore potentially drinking a lot more than they think.

In 2004, the government estimated that the cost to the health service in England alone of treating alcohol misuse was £1.7bn per year,¹² and up to 17 million working days in England are lost through alcohol-related absence.¹³ In Scotland, the overall estimated costs of alcohol to society (including NHS costs of £405m) are £2.25bn per year.¹⁴

Alcohol and younger people

A 2004 survey¹⁵ of secondary school pupils in England aged 11–15 years showed 20% of boys and girls reported being drunk within the previous four weeks. This increased with age with 11% of 11–12 year olds and 61% of 15 year olds reporting being drunk. Girls were slightly more likely than boys to have been drunk on three or more occasions in the last two weeks leading up to the survey.

A recent European-wide report concluded that alcohol marketing is poorly regulated and that young people (who are commonly targeted) are particularly vulnerable to both alcohol and alcohol advertising.¹⁶

Youth culture, through music, fashion and the media, often links alcohol with 'having a good time'. As our consumption of alcohol has increased our attitudes have changed. Drunkenness is not only increasingly tolerated but for some, has become a desired effect. The alcohol industry continues to find ways of promoting alcohol as a glamorous, exciting product to the youth market despite codes of practice prohibiting its association with social or sexual success, and it frequently sponsors events that will appeal to young people, such as sports and live music. Indirect and 'viral' marketing (through product placement eg. in films and television programmes) and via the internet, is widespread and unregulated.

Although it is illegal to sell alcohol to under-18s, a 2006 survey of 13 and 15 year old pupils in Scotland showed that pupils who attempted to purchase alcohol from a shop were more likely to be sold alcohol than to be refused. Although the most common way of buying alcohol was from a friend or relative, 23% of 15 year olds surveyed in Scotland who had consumed alcohol reported buying it from a shop.¹⁷

ⁱⁱ Guidance on alcohol units and sensible drinking is available from the Department of Health at: http://www.dh.gov.uk/en/PublicHealth/HealthImprovement/AlcoholMisuse/AlcoholMisusegeneralinformation/DH_4062199

Access to alcohol

Tax policies and competition between retailers have meant that alcohol has become both more affordable and more widely available. The number of off-licenses has doubled since the 1950s^{18,19} and supermarkets regularly have cheap promotional offers for alcohol, even selling it at below cost price to attract customers.²⁰

Sales from supermarkets and off-licenses now account for almost half of the alcohol sold in the UK.²¹ The affordability of alcohol in England increased by 65% between 1980 and 2006,²² and licensing restrictions on the opening hours of pubs, bars and nightclubs have also been relaxed. This trend is reflected throughout the UK.

What needs to happen?

A considerable body of evidence shows that the most effective alcohol policies are those that combine measures addressed at the whole population – in particular increasing price and decreasing availability – as well as targeting groups who are vulnerable or disadvantaged where the risk of harm may be greatest.²³

A reduction in alcohol consumption at population level is needed, together with focused programmes aimed at specific risk groups such as young binge-drinkers and older harmful drinkers. UK government strategies to reduce alcohol-related harm need to be applied much more robustly, backed up with legislation and regulation where voluntary codes are failing.

National policies need to support local strategies which will develop and implement a multi-sector approach to both preventing alcohol misuse and dealing with its consequences.

Therefore concerted action at national level is needed to advocate for:

- use of legislation to tighten regulation of the drinks industry and retailers regarding marketing, promotion, minimum pricing and deep discounting;ⁱⁱⁱ
- greater consideration of public health and levels of alcohol-related harm when processing licensing applications;^{iv}
- a comprehensive, unified and easy to understand system of alcohol content labelling;
- further above-inflation increases in the price of alcohol through higher rates of duty;
- opportunistic screening for alcohol misuse in primary-care and acute and mental health settings, with delivery of brief interventions and referral for treatment where appropriate;
- existing laws around high risk behaviour such as drink-driving to be more effectively enforced through increased random breath testing, and the reduction of the legal blood alcohol limit for driving from the current 80mg/100ml to 50mg/100ml BAC (blood alcohol concentration);
- effective social marketing campaigns to change public attitudes to excessive alcohol consumption and to increase understanding of units consumed and awareness of alcohol related harm;
- UK government and devolved administrations to work with employers to adopt policies in the workplace to reduce alcohol-related absenteeism and ill-health;
- effective partnership working to ensure implementation of existing laws on sales of alcohol including to those underage, supported by introduction of education on alcohol-related issues at a younger age.
- Development of a comprehensive set of UK-wide indicators and monitoring systems for reductions in alcohol-related harm across health, social, economic and criminal justice settings.

Levers for change at local level

Action at national level needs to be supported by change and implementation at local level by:

- including alcohol in needs assessments and strategic planning (joint strategic needs assessments in England), to help in estimating the burden of alcohol misuse locally (including NHS and social costs, and lost productivity);
- bringing together local expertise and key partner organisations to share knowledge and experience around what works in tackling the problem, and to develop and implement a multi-sector strategy to prevent alcohol misuse and deal with its consequences. (All Crime and Disorder Reduction Partnerships (England) and Community Safety Partnerships (Wales) have a statutory duty to include a local alcohol strategy.)

ⁱⁱⁱ Deep discounting is a commercial marketing practice by larger operators in which products are sold at a much-reduced level in order to encourage customers to buy more items, more often.

^{iv} Unlike in Scotland, the 2003 Licensing Act does not have public health as one of its objectives.

Further information

Useful organisations/websites

- **Alcohol Concern**
www.alcoholconcern.org.uk
- **Alcohol Information Scotland**
www.alcoholinformation.isdscotland.org
- **Department of Health**
www.dh.gov.uk
- **Drugs Alcohol Info (Northern Ireland)**
www.drugsalcohol.info
- **Institute of Alcohol Studies**
www.ias.org.uk
- **Know Your Limits (joint NHS/Home Office initiative)**
www.knowyourlimits.gov.uk
- **National Public Health Service for Wales**
www.wales.nhs.uk
- **Drinkline**
0800 917 8282
- **Scottish Health Action on Alcohol Problems**
<http://www.shaap.org.uk/>

Useful publications

- **Safe. Sensible. Social. Alcohol strategy local implementation toolkit**
Department of Health
www.dh.gov.uk
- **Alcohol and violence briefing statement**
Faculty of Public Health
www.fph.org.uk
- **Plan for action on alcohol problems update**
The Scottish Government
www.scotland.gov.uk
- **Alcohol Statistics Scotland 2007**
www.alcoholinformation.isdscotland.org/alcohol_misuse
- **Statistics on Alcohol England 2007**
www.ic.nhs.uk/statistics-and-data-collections

What are FPH/ADPH doing?

The Faculty of Public Health and the Association of Directors of Public Health regard alcohol misuse as one of the highest priorities for public health action in the UK. We are working to highlight and develop best practice and influence evidence-based policy. We also support public health professionals working in the field.

We work closely in partnership as part of the Alcohol Health Alliance UK to bring this matter to the attention of policy makers, as well as encouraging, recognising and evaluating research to show what works in tackling this most serious of public health problems.

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