

## **Reducing and Preventing Alcohol Harm**

### **Purpose**

For discussion and direction.

### **Summary**

Jackie Ballard, Chief Executive at Alcohol Concern, will provide an update on current developments in alcohol policy. A biography is attached at **Appendix A**.

The report which follows gives background information on current alcohol policy, LGA lobbying priorities in this area and other areas of interest for local government.

### **Recommendation**

The Board is asked to determine the priority of any future work.

### **Action**

Officers to progress as directed.

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## **Reducing and Preventing Alcohol Harm**

### **Background**

1. The previous government's 2012 Alcohol Strategy identified a number of evidence-based components that need to be implemented to reduce alcohol-related harm. These range from environmental approaches acting on the promotion and supply of alcohol, to short health interventions aimed at groups of people who are at risk of alcohol health harm and more intensive specialist treatment for those whose alcohol dependency is damaging their health and wellbeing.
2. The problems of alcohol misuse are not those of a small minority. We should not just be concerned solely with the binge drinking clubbers, pre-loading on a Friday and Saturday night or the street drinker whose life has been destroyed by drink or those with acute cirrhosis caused by years of abuse. There are those young and old alike, who too often drink to excess and a hard core of problem drinkers of all ages, of all social classes throughout our society as a whole. Local authorities have long called for a wide-ranging approach to tackle the root causes of problem drinking.
3. According to Alcohol Concern the most effective strategies to reduce alcohol related harm from a public health perspective include, in rank order, price increases, restrictions on the physical availability of alcohol, drink-driving counter measures, brief interventions with at-risk drinkers, and treatment of drinkers with alcohol dependence.

### **Local government's role in tackling alcohol misuse**

4. Local councils' responsibilities for health and wellbeing boards, social care, planning and housing strategy as well as public health, environmental health, licensing and trading standards put them at the heart of the web of influences needed to tackle this complex issue.
5. It is generally agreed that misuse of and dependency on alcohol and their links to mental ill health, family breakdown, homelessness and crime have complex causes and consequences.
6. There is no single solution to tackling this issue. A coordinated, multi-stranded approach is needed, tailored to the character of each community.

### **Alcohol Related Harm**

7. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression. Alcohol dependence and addiction is a serious mental health issue.
8. There are an estimated 1.6 million people dependent on alcohol in England but only 6.4 per cent of dependent drinkers access treatment.
9. In 2011/12 there were 1.2 million alcohol related hospital admissions, representing a 35 per cent increase since 2002/3. Of those admissions 49,456 were for liver disease, which is the only major cause of mortality and morbidity on the increase in England whilst decreasing in other European countries.

10. Older people between the ages of 60 and 74 admitted to hospitals in England with mental and behavioural disorders associated with alcohol use has risen by over 50 per cent more than in the 15-59 age group over the past 10 years (a 94 per cent increase in the 15-59 age group from 27,477 to 53,258 and a 150 per cent increase in the 60-74 age group from 3,247 to 8,120).
11. People with severe and enduring mental illness are three times more likely to be alcohol dependent than the rest of the population.
12. More than half (54 per cent) of students admit they still consume at least double the daily unit guidelines when drinking socially and almost a third (30 per cent) have blacked out or lost their memory due to drinking too much.
13. Children too are impacted by alcohol with an estimated 2.6 million living with parents who are drinking hazardously and 705,000 living with dependent drinkers. 9,990 people were casualties of drink driving accidents in the UK in 2011 including 280 who died and 1,290 who suffered serious injury.
14. 47 per cent of violent crime is alcohol related. People who 'pre-load' with alcohol, drinking before they go out for the night, are 2.5 times more likely to be involved in violence as a victim or an offender. Offenders were believed by victims to be under the influence of alcohol in nearly half of all incidents of domestic violence.

#### **The cost of alcohol misuse, dependence and harm**

- 14.1 Alcohol-related harm cost the NHS in England £3.5 billion in 2011/12.<sup>26</sup>;
- 14.2 Alcohol-related crime cost £11 billion per year in England;
- 14.3 Lost productivity due to alcohol costs the UK £7.3 billion a year;
- 14.4 In 2011, there were 167,764 prescription items for drugs for the treatment of alcohol dependency in England, costing £2.49 million. This is an increase of 3.3 per cent on the 2010 figure and an increase of 45 per cent on the 2003 figure;
- 14.5 Alcohol fraud costs the UK around £1.3 billion a year in lost revenue to the Treasury.<sup>30</sup> It also impacts adversely on the legitimate drinks industry;
- 14.6 For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs;
- 14.7 Misuse and dependence on alcohol costs England over £21 billion per year healthcare, crime and lost productivity.

#### **Minimum Unit Price**

15. Minimum unit pricing (MUP) directly links price to alcohol content by setting a floor price below which a single unit of alcohol cannot be sold to consumers. For example a 50p minimum unit price would mean a pint of beer containing two units would need to

cost at least £1 and a bottle of wine containing nine units would need to cost at least £4.50.

16. The government considered bringing in a minimum alcohol unit price in 2012, but rejected the policy in July 2013, saying there was not enough "concrete evidence" that it would reduce harm. Instead a ban on below cost selling was brought in to try to end the practice of supermarkets using drink as a loss-leader - selling drinks at below the cost they pay themselves.
17. A Scottish government plan to introduce a scheme to set a minimum price per unit of alcohol is currently on hold because of legal challenges from the drinks industry.
18. The LGA Community Wellbeing Board along with the LGA Community Safety Board agreed to take a neutral position on Minimum Unit Price proposals when the policy was first discussed back in 2012.
19. There is some detailed analysis to be done around minimum prices to ensure that it raises the price of alcohol to levels that discourage pre-loading drinking, and excessive consumption of cheap, high-strength drinks, yet does not unfairly penalise families who enjoy a responsible drink or inadvertently generate illicit trade.

### **LGA Activity**

The LGA is supporting its member councils by:

20. Lobbying for the inclusion of a health objective in the Licensing Act 2003. This approach will provide councils with the ability to consider the health related impacts of alcohol in their area when fulfilling their licensing responsibilities.
21. Helping councils considering using the Late-night levy and Early Morning Restriction Order (EMRO). The LGA supports a Late Night Levy for late night pubs and nightclubs that contribute to reducing the negative impact that late night drinking can have on an area. It is vital that each council decide how their portion of the Levy can be spent to effectively target local issues and work innovatively with partners as problems associated with late night drinking emerge.
22. Supporting work to reduce the overall strength of alcohol products available in a licensing authority area. This has proven successful in areas such as Ipswich, where the licensing authority has worked closely with local retailers.
23. Bringing together councillors and public health experts to understand the opportunities to link public health and licensing.
24. Challenging industry to ensure bottles and cans of alcoholic drinks provide the same information about calories as soft drinks, through our place on the Responsibility Deal Board.
25. Publishing a series of guides and factsheets on how to tackle alcohol-related harm and crime.

**Financial Implications**

26. None