

Alcohol Alert newsletter

June 2015

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Institute of Alcohol Studies

EU Alcohol & Health Forum in tatters



**NGOs walk out over failure of Commissioner
Vytenis Andriukaitis to endorse a new EU
Alcohol Strategy**

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UK Alcohol Alert
incorporating Alliance
News

June 2015

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Support pubs, deal with off-trade cheap drink

Industry figures urge new Government to create a level playing field between pubs and supermarkets (15 May)

As reported in the *Morning Advertiser*, leading voices within the pub industry have called on the new government to take action on supermarkets selling cut-price alcohol.

Kate Nicholls, chief executive of the Association of Multiple Licensed Retailers said: "Crucially we would like to see the new government create a levelling of the playing field in terms of VAT, business rates and alcohol prices to ensure that the licensed hospitality business remain competitive at the same time as tackling pocket money prices in the off-trade."

JD Wetherspoon's chairman Tim Martin also urged the incoming Conservative Government to create "equal rates payable per pint in pubs and supermarkets." The pub giant accused supermarkets of impacting trading performance earlier this month, naming the late night levy, higher business rates per pint and a 'huge VAT disparity' as major disadvantages for pubs. Martin has been a vocal critic of supermarket booze offers throughout his tenure as chairman of the company, which now has over 900 pubs.

Tim Page, chief executive of www.ias.org.uk



CAMRA added: "Well-run pubs are part of the solution, not the cause of any problem the UK has with alcohol. They present a controlled atmosphere rather than drinking for drinking's sake. The same cannot be said for alcohol purchased cheaply from supermarkets. We call on the Government to recognise this distinction and to support pubs."

With a ban on below cost sales already in place, one would speculate that any further upward pressure on alcohol pricing legislation could only leave room for introducing minimum unit pricing.

UK online drinks market sees huge growth in 2015

Exceptional growth in the first quarter, according to market research group (19 May)

At 28.7%, online sales of beers, wine and spirits in the first quarter of this year recorded the highest quarterly growth seen since the

final quarter of 2010, analysis by online retail tracker IMRG has shown (illustrated above).

Drinks Business reports that the level of expansion witnessed so far this year is double that seen in the same period in 2012. In March the year-on-year growth was 17%, up 7.7% on February.

The growing market share of e-commerce in the UK wine off-trade has also been highlighted by Tim Wilson, head of the wine market research firm The Wilson Report, in a talk given at The London Wine Fair.

He told attendees that the 11% of the wine off-trade currently owned by online case-sale retailers, such as Laithwaites Online, Naked Wines and Tesco Wine by the Case, will rise to 18% in as little as three years time. Online wine retail is expected to own 15% of the UK off-trade by 2018.

"Online wine retail is not only here to stay, but it is also going to grow," he said.

In another key insight into the latest trends in the wine market, Wilson also highlighted the growing influence of online sales through mobile and tablet devices.

“Around 40% of Christmas-period sales [itself a time when online wine retailers average about 40% of their yearly sales] last year were done on mobile phones and tablets... And it won't be long until it reaches 50%”, he claimed.

Study: Alcohol treatment programmes slash male reoffending rates

Non-participants twice as likely to be charged and 2.5 times as likely to be reconvicted (20 May)

A Plymouth University led study has shown that offenders enrolled in alcohol treatment programmes as part of their sentence are significantly less likely to be charged or reconvicted 12 months on.

Researchers from the university's School of Psychology led a project which saw males with alcohol problems related to offending being assigned to a range of different treatments when convicted.

They then calculated offenders' charged and reconviction rates over the following year, which indicated that those treated were less likely to do so. The

Low Intensity Alcohol Program (LIAP) was seen as the most successful and cost-effective of the interventions.

The study, published in the journal *Alcoholism: Clinical and Experimental Research*, also involved the former Devon and Cornwall Probation Service, the University of Exeter and the Virginia Commonwealth University in the United States.

From a total of 564 male offenders, 423 were assigned by the courts in equal numbers (141 each) to one of three alcohol treatment programmes: a Low Intensity Alcohol Program (LIAP), an Alcohol Specified Activity Requirement (ASAR), and Addressing Substance-Related Offending (ASRO), while a fourth set of offenders served as a control group.

Survival analysis was used to calculate participants' charged and reconviction rates over four time periods leading up to a year after completion of the experiment. Results indicated that offenders who did not participate in such programmes were twice as likely to be charged and 2.5 times more likely to be reconvicted.

The paper's authors – led by PhD student Marie Needham, Dr Michaela Gummerum and Dr Yaniv Hanoch from Plymouth University – also noted that such programmes could also have cost benefits, with the bill for placing one person in prison being up to

37 times higher than assigning that person to a community-based alcohol treatment programme.

They concluded: “Our findings provide novel and valuable evidence to support the practice of assigning male offenders to alcohol treatment interventions, as they show an indication that alcohol treatment programs could help reduce recidivism. Given the hundreds if not thousands of offenders who might be eligible to attend an alcohol treatment program each year, this could amount to substantial public savings.

“Beyond financial gains, committing fewer offences and staying out of prison have strong and continued benefits for the offenders, their families, and the community.”

Ian Clewlow, Deputy Chief Executive of the Dorset Devon and Cornwall Community Rehabilitation Company, said:

“We welcome the news from this Plymouth University research that offenders and service users who participate on alcohol programmes are less likely to reoffend and be convicted than those that do not and this is a testament to the hard work of staff to make these programmes a success in the community.

“The newly created Dorset Devon and Cornwall Community Rehabilitation Company with responsibility for probation

of their Facebook identity, perpetuating an online culture that normalises binge drinking. But, they argued, social networking sites have yet to be utilised in social norms interventions.

So, the researchers used Facebook to deliver personalised private messages to a group of first-year university students identified as risky drinkers. The messages compared the individual's drinking habits to those of their classmates and, in the case of the intervention group, pointed out incorrect assumptions about their friends' drinking levels.

After one, and then three months follow-up, the students were questioned over their consumption habits. The quantity and frequency of alcohol consumed by intervention group during the previous month had significantly fallen. These changes held after three months.

In addition, intervention group perceived drinking norms became significantly more accurate. Dr Bradley Ridout, lead researcher from the University of Sydney's Faculty of Health Sciences, said the results were extremely encouraging, with those who received the feedback on average halving their drinking from 40 to 20 drinks per month.

"The Facebook intervention resulted in a reported 50% reduction in alcohol consumption, and these changes were still

sustained three months later."

He added that inflated drinking habits and party animal status on social media is giving young people a false impression of how much their friends drink and what is normal.

"The more drinking is depicted as socially desirable on Facebook, the more it perpetuates an online culture that normalises binge drinking," said Dr Ridout.

"The truth is that most young people who drink usually do not do so at risky levels.

"We need to communicate and celebrate this fact, as evidence shows correcting inflated perceptions of how much their peers drink can have a big influence on young peoples' behaviour.

"Our pilot study is the first to show the potential of using personalised Facebook feedback to try to counter views of peer drinking exacerbated by social media."

The results follow a Michigan State University study released earlier this year which found that the heaviest Facebook users were most likely to consider consuming alcohol.



Sturgeon: Member States need autonomy over alcohol policy

Member States support us over

minimum unit pricing, says Scotland's First Minister (2 June)

Scotland's First Minister Nicola Sturgeon MSP has urged the European Union (EU) Commission to allow Member States greater control over public health policy.

In her maiden EU address to the European Policy Centre as First Minister, she cited the situation of the Scottish Government's introduction of minimum unit pricing for alcohol as an example of why the EU should "allow Member States more autonomy to tackle pressing problems."

Although the Alcohol (Minimum Pricing) Scotland Act was passed in June 2012, it is yet to be implemented owing to an industry challenge concerning its supposed EU trade law implications, led by the Scotch Whisky Association.

She told the audience: "Some years ago, the Scottish Parliament voted to introduce minimum pricing for alcohol, to tackle alcohol harm in our society. This issue is currently being considered by Scottish courts and the Court of Justice of the European Union – and, of course, it is entirely a matter for the courts to decide.

"However, in general and looking more to the future, we all recognise that the human, social and economic costs of alcohol harm demand substantive action... My view is that the EU policy should recognise that. They should give a higher priority to enabling

Member States to take the decisions they deem necessary to protect life and promote health.

“And as it gives member states more flexibility in some areas, such as public health, the EU should focus its efforts instead on where international co-operation can make the biggest difference.”



Although drinking above guidelines was less common among the oldest drinkers, it was in those age groups that there were increases in the proportion of those drinking at harmful and hazardous consumption levels since 2008 (illustrated, below).

Most increases occurred among Welsh women aged over 55 years. Between 2008 and 2014, there was an increase of eight percentage points among 65-74 year-old women drinking above guidelines, and a doubling in the proportion of 65+ year-olds who were reported to binge drink.

Other figures were:

- Men were more likely than women to report drinking above the recommended guidelines on at least one day in the past week (46% of men compared with 35% of women), and to report binge drinking (29% of men, 19% of women)
- 14% of adults reported that they were non-drinkers, and a further 38% reported that they drank less than once a week in 2014
- Alcohol consumption decreased as deprivation increased with 47% of people in the least deprived quintile drinking above guidelines on one day in the previous week, compared with 34% for the most deprived. There was less variation for binge drinking, although this was slightly more likely among those in the least deprived quintile (age-standardised).

Welsh Health Survey 2014: Older drinkers buck downward consumption trend

Those aged 55 years and over most likely to drink above guidelines on a weekly basis (04 June)

Two in every five adults (40%) reported drinking above the recommended guidelines on at least one day in the past week during 2014, according to the latest *Welsh Health Survey*.

This figure, which includes around a quarter (24%) who reported binge drinking, represents a small decline in overall levels of drinking since 2008, when the current survey questions were introduced. This reduction has mainly been among younger adults, with some groups of older adults consuming more last year than six years ago.

Per cent	2008		2014	
	Binge	Above guidelines	Binge	Above guidelines
Men aged:				
16-24	39	52	27	38
25-34	47	60	32	45
35-44	47	62	37	52
45-54	39	59	38	59
55-64	32	52	29	51
65-74	18	42	20	43
75+	6	21	8	23
16-44	44	58	32	45
45-64	36	55	34	55
65+	13	33	15	35
Men aged 16+	35	52	29	46
Women aged:				
16-24	37	49	25	34
25-34	30	44	25	36
35-44	30	50	27	45
45-54	26	49	25	44
55-64	15	34	18	40
65-74	5	19	8	27
75+	1	8	3	11
16-44	33	48	25	38
45-64	21	41	22	42
65+	3	14	6	19
Women aged 16+	22	38	19	35
All aged:				
16-24	38	50	26	36
25-34	39	52	29	41
35-44	38	56	32	48
45-54	33	54	32	51
55-64	23	43	23	45
65-74	11	30	14	35
75+	3	13	5	16
16-44	38	53	29	42
45-64	28	48	28	49
65+	7	22	10	26
All aged 16+	28	45	24	40

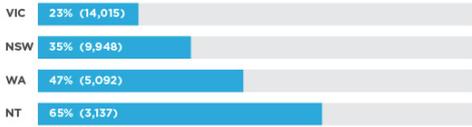
Eurocare to F1 – alcohol ads must stop

FIA comes in for severe criticism, but racing chief rules out a ban on alcohol advertising (28 May)

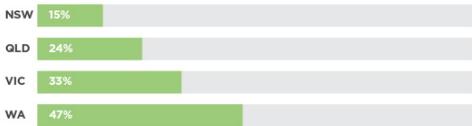
The head of Formula One's governing body (FIA) has been called out for allowing alcohol companies the highest level of exposure of any global sport.

According to a study conducted by Eurocare, The Institute of Alcohol Studies, and Monash University

ALCOHOL'S INVOLVEMENT IN FAMILY VIOLENCE



ALCOHOL'S INVOLVEMENT IN CHILD MALTREATMENT



taking action.

“Alcohol is a significant factor to all forms of violence, so what we really have to do is acknowledge that and work towards some solutions,” she said.

Balance North East launches 7 cancers campaign

Raising awareness of the link between alcohol and the seven different types of cancer (22 June)

Almost one million North Easterners are ignoring Government health guidelines and drinking at levels which are putting them at greater risk of seven types of cancer, says leading alcohol charity Balance North East.

Almost 2 in 5 of the region’s adults, around 813,000 people, are regularly drinking more than the recommended daily limits. These are 2-3 units for a woman – no more than a standard 175ml glass of wine – or 3-4 units for a

www.ias.org.uk

man, which is a pint of strong lager.

Evidence shows that if you regularly drink above the guidelines the risk of developing cancer is higher than non-drinkers.

- Men are 1.8 to 2.5 times as likely to get cancer of the mouth, neck and throat, and women are 1.2 to 1.7 times as likely
- Women are 1.2 times as likely to get breast cancer
- Men are twice as likely to develop liver cirrhosis, and women are 1.7 times as likely
- Bowel cancer risk is 21% higher in people who drink around 1.5 to 6 units per day
- However, more than 9 in 10 people in the region who regularly drink above the recommended limits believe they are light or moderate drinkers.

Colin Shevills, Director of Balance, the North East Alcohol Office, said: “It’s important for

people to realise that it’s not just heavy drinkers at risk, there is no safe level of alcohol and the more a person drinks, the greater the risk.”

“For many of us, the idea that alcohol can cause cancer is hard to accept. This comes as no surprise as low alcohol pricing, widespread availability and mass promotion has suggested alcohol is harmless. But it’s not.”

These concerning statistics have led Balance to launch a campaign to raise awareness of the link between alcohol and seven cancers including mouth, pharyngeal (upper throat), oesophageal (food pipe), laryngeal (voice box), bowel cancer, breast and liver.

The campaign sees a new hard-hitting advert aired on television screens from Monday 22nd June over a four-week period. The advert features a woman enjoying lunch and a glass of wine with her partner when she spills some of her drink on her top. The stain changes to show a growing tumour on her breast.



For more information about Balance’s alcohol and seven cancers campaign alongside the TV advert, visit reducemyrisk.tv.

The more you drink, the more you increase your risk. Reduce your risk of developing breast cancer. Go to reducemyrisk.tv for the facts. Concerned about your drinking? Call Drinkline on 0300 123 1110

breast cancer now **BALANCE** Getting the measure of alcohol

NGOs quit EU Alcohol and Health Forum

Public health groups walk out of the Forum in protest after Commissioner Vytenis Andriukaitis ditches Alcohol Strategy

The European Union (EU) Alcohol and Health Forum is in disarray following the resignation of more than 20 public health groups.

This exodus of NGOs came after a speech to the Forum delivered by Commissioner Vytenis Andriukaitis in which he went against the express wishes of Member States and the European Parliament in abandoning plans for a new *EU Alcohol Strategy*.

He instead proposed that he “would like to place action on the main causes of chronic diseases”, tying in alcohol alongside tobacco, nutrition and physical inactivity as a risk factor in a wider strategic approach to reducing harm.

The Health Commissioner continued to encourage self-regulation as a vital tool for addressing alcohol-related harm. He said: “I am aware that several Members have taken voluntary actions on nutritional and warning labelling and on responsible advertising. I am persuaded you can go further; you can do more to show that self-regulation delivers results.”

Several health bodies, including Eurocare, European Public Health Alliance (EPHA), and the Standing Committee of European Doctors (CPME), reacted to this speech by withdrawing their support for the Forum in an open letter to Commissioner Andriukaitis. Signatories to the letter outlined their “deep concerns” about the neglect of public health and the prioritisation of alcohol industry interests.

Trade bodies criticised the NGOs’ decision to exit the Forum as premature. Paul Skehan, Director General for Spirits Europe – the body on the Forum which represents EU spirits

producers – said: “While we fully agree with the public health groups that alcohol-related harms must be addressed in a serious, comprehensive manner at EU and national levels, we do not share the NGOs’ opinion that the idea of reducing those harms as part of a wider plan addressing non-communicable diseases is necessarily a bad thing.”



However, public health groups were quick to point out that the Forum was initially established to support the implementation of the previous *EU Alcohol Strategy*, which ended in 2012.

But the Forum had to date shown no evidence of having had any impact on public health, so with no new Strategy planned, membership of the Forum would be “meaningless”, said Eric Carlin, Director of Scottish Health Action on Alcohol Problems (SHAAP).

There was also disappointment at the rejection of requests for public health experts to hold meetings with Commission officials free of vested interests.

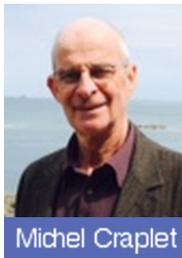
Eurocare Secretary General Mariann Skar said:

“The Commissioner himself stated drinking behaviours in Europe are good for the Alcohol Industry but not good for Health. Eurocare represents 58 organisations in 25 countries and we deeply regret the Commission’s decision not to establish a new *EU Alcohol Strategy*. This flies in the face of persistent demands from Member States, the European Parliament and NGOs. The EU is the heaviest drinking region in the world and with 120,000 premature deaths related to alcohol each year, we absolutely must have a comprehensive strategy to tackle alcohol harm.”

Nina Renshaw, Secretary General of EPHA, said, “The alcohol industry must have raised a few glasses to DG SANTE after their admission at

the last Forum meeting that they don't even aim to improve health. The Commission has finally admitted what the health community has long suspected – that they have abandoned alcohol policy altogether. The Forum has proved worse than useless, a free PR front for the industry. The Commission even endorses the industry introducing drinking culture to young kids by promoting “responsible” drinking in primary schools. The health community had to call time on this charade.”

Drowning the fish of alcohol in a sea of hypocrisy - Comment by Michel Craplet, senior medical adviser for the National Association for Prevention of Alcohol and Addiction (ANPAA)



At the last Alcohol and Health Forum meeting, the Health Commissioner announced that he will not propose a new alcohol strategy as the European Parliament and the health ministers asked the Commission to do. He wants to implement a General strategy to combine alcohol, tobacco, nutrition, physical inactivity... ‘like a Christmas tree’, he said; a strange present in the month of May to the health of Europeans.

I do not think that we can efficiently deal with these topics together. The main problem with alcohol is aggressive marketing aimed at young people. While tobacco advertising is already controlled by international treaties, and labelling on food is globally accepted, giving basic information on alcoholic drinks is still a problem. Indeed we can see that there is little common ground for action on the topics listed by the Commissioner? In the new Forum, should we work besides producers of cars, tv sets and sofas to struggle against physical inactivity?

A general strategy is the best way to forget the specificity of alcohol problems and of alcohol policy. It is the best way to ‘drown the fish’, as we say in French – ‘noyer le poisson’ – that is

to confuse the issue deliberately, to avoid the question, or in more visual terms: to ‘cloud the issue’, to evade the issue ‘by throwing so many red herrings’.

We have already experienced consequences of such a comprehensive policy in France: uniting alcohol, tobacco and illicit drugs in one pack of ‘addictology’ make disappear alcohol specificity and delay specific solutions. This global approach will be to the benefit of producers and retailers. As a proof of this statement, we saw at the Forum meeting that none of them was opposed to this so called ‘new strategy’ which is only a way to sweep a difficult problem under the carpet.

The Commissioner for Health also stressed the interest of including alcohol problems in the general frame of chronic diseases and life expectancy. Yes, theoretically, but again this is a way of evading the real issue.

Furthermore, this is a narrow medical vision helping to forget all the social consequences of alcohol drinking. Where is the official interest for binge drinking and young people? It is obvious that they will suffer from chronic diseases and premature deaths in some years because adults, their parents apparently, preferred to support the alcohol economy, scarifying the future of European citizens to the European internal market of goods and services.

Wild economic liberalism is spreading over Europe. We see how the Loi Evin is attacked in France with short term arguments. The NGO involved in alcohol policy, prevention and treatment are moved by ethical values and cannot stay in this strange Alcohol and Health Forum where the benefits of economic operators take precedence over the common good.

Listen to Michel discuss the potential implications of post-Strategy EU alcohol policy on Soundcloud: soundcloud.com/instalctstud 

France: National Assembly votes down government over Loi Evin

Anti- red tape legislation threatens to cut through heart of internationally acclaimed law restricting alcohol ads

France's lower-house National Assembly has approved a Senate amendment that would relax the country's rules on alcohol advertising and sponsorship, against the wishes of the ruling government.

Article 62 of an economic reform bill that Economy Minister Emmanuel Macron (Parti Socialiste) is trying to pass through parliament states that anyone filing a complaint against a particular advertisement must prove that the person promoting the product has a personal interest in doing so, and "this communications operation is susceptible to be perceived by a consumer with an average attention span".

The Loi Evin – passed by former Health Minister Claude Evin in 1991 – states that no alcohol advertising is allowed on television or in cinemas, and all alcoholic ads must have a message stating that abuse of alcohol is dangerous to one's health. If passed, the Loi Macron will ultimately shift the burden of responsible alcohol advertising from the advertiser to the audience, therefore weakening the advertising element of the Loi Evin.

Public health loses out to "ancestral tradition"

Senator Gérard César (Les Républicains) – former winemaker and a member of the National Assembly's Winemakers Group – tabled the amendment, claiming that the aim of the proposal was simply to make a clear distinction between

communication and advertising regarding alcohol. "To talk about wine and its local soil in a press article is not the same as promoting alcohol", he said.

His amendment found cross-party support among MPs representing the wine-growing regions of the country, who believe that it would help safeguard

France's "ancestral wine culture", and boost one of France's key industries as the country struggles to find the road to economic recovery. Winemakers Group president Catherine Quéré (PS) led this so-called 'business case' for the measure, claiming that it would add to the 500,000 jobs and €11 million brought already in tax revenues.

However, Health Minister Marisol Touraine (PS) strongly opposes any changes to Loi Evin. Speaking to the media, Touraine expressed her anger at the course

of events and reminded parliament that with 50,000 people a year already dying from the consequences of excessive alcohol consumption, the Loi Macron "cannot serve to undermine public health".

"The current debate is completely crazy. I'm not demanding that the law be stricter, only to leave it alone. And I don't know if I'll succeed because the wine and alcohol lobby in France is stronger than the public health lobby," Touraine told FRANCE 24.

"The Evin Law has been around for 25 years. During that time I have not seen the exportation of French wines decline, I have not seen France's wine market deteriorate," she insisted.

Loi Evin

Introduced in 1991 by former Health Minister Claude Evin

Prohibits television and cinema advertising of any alcoholic beverages with an alcohol content above 1.2%

Alcohol ads are allowed in other media, but may not contain lifestyle advertising and must include a message stating that alcohol misuse is dangerous to one's health

Alcohol companies cannot sponsor or promote any cultural or sporting events

Loi Macron

Portrayed as anti- red tape legislation by Economy Minister Emmanuel Macron

Aims to sweep away special protections in the name of accelerating economic growth (i.e. opening up sectors to greater job competition and more flexible working hours and pay)

By placing business interests first, a knock-on effect of the bill is that the alcohol industry can lobby for loopholes that replace public health requirements for advertising products with economic ones

She added that there is a “kind of denial [about alcohol abuse]”, pointing out that the average person in France consumes an equivalent of 120 bottles of wine per year.

“Everyone is always repeating ‘we need to focus on prevention, we need to focus on prevention’, but the day we say that prevention perhaps includes limiting alcohol advertising, the room goes silent,” Touraine lamented.

President François Hollande has publicly backed her on the issue, urging lawmakers to “preserve” Claude Evin’s 24-year-old law.

Claude himself told French newspaper *Le Parisien* that he was “very worried” about the amendment, which he said would give alcohol companies “almost limitless freedom” to advertise, spelling “the death of the law”.

Public health organisation l’ANPAA has also written an open letter warning of the dangers of delivering television and cinema advertising spaces to the winemaking lobby, as the exceptions carved out of the Loi Evin by Loi Macron will “extend in a major way the possibilities of communication to alcohol marketers”.

“It’s not over”

Dominique Lefebvre (PS), a vocal opponent of the proposed changes, has vowed to fight the amendment in future Assembly debates. He said: “I do not doubt that there will be opportunities to suppress the amendment (in public). I myself will table one (a suppression amendment) and the subject will be discussed again.”



Emmanuel Macron’s bill will be subject to many stages such as this before it is fully ratified in law. In the meantime, the government declared that it would file its own amendment to “clarify” the existing text, and to avoid certain legal cases that could arise from a certain interpretation of the law. ■■

Statistics on Alcohol England 2015: Consumption falls, admissions rise

Rises in the number of long-term and chronic conditions resulting from harmful drinking suggest a lag effect from record consumption levels dating back 10 years

This year's (2015) *Statistics on Alcohol* report provides a mixed outlook for England's relationship with alcohol, as small declines in consumption levels are offset by rises in hospital admissions and deaths occurring from the misuse of alcohol.

Published by the Health and Social Care Information Centre (HSCIC), the figures show that 15% of men and 20% of women reported abstaining from alcohol in 2013; 18% of men and 13% of women drank at an increased risk of harm; and 5% of men and 3% of women drank at higher risk levels.*

The report also confirms the continuation of the downward trend in recorded underage drinking since 2003. In 2013, 39% of pupils in years 7 to 11 said that they had drunk alcohol at least once. This is lower than at any time since 1988, when the survey first measured the prevalence of drinking in this age group.

However, alcohol-related hospital admissions remain above the million mark, hitting a record 1,059,210 in 2013/14 (broad measure). The broad measure defines alcohol-related admissions as those where the primary or any secondary reason for admission relates to alcohol. The total number of admissions related to alcohol in 2013/14 represents a 5% increase on the previous year (2012/13) and 115% rise on a decade ago.

The regional outlook was bleakest for the North of England, where the North West and North East regions of the country had the highest number and rates of hospital admissions for alcohol-related causes in 2013/14 respectively. The rate of alcohol-related admissions was highest in the North East, 2,480 per 100,000 population. Hospitals in the North West received the most

alcohol-related admissions over the period (173,020). The North East region also had the highest proportion of binge drinkers (36%).



Tony Allen
@underagesales

Follow

115% increase in alcohol related admissions in lifetime of #LicensingAct #npcclicensing15 @PoliceChiefs

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Alcohol-related admissions remain above the million mark; 1,059,210 in 2013/14, 5% up on previous year (2012/13) and 115% up on a decade ago



Alcohol-related admissions have more than doubled since 2003/04, when the Licensing Act was passed, observes a trading standards expert on Twitter

Along with increases in alcohol-related admissions, the *Statistics on Alcohol* release reported further rises in the levels of spending on drugs for treating alcohol dependence. The Net Ingredient Cost (NIC) of drugs for treating alcohol dependence reached a new record high of £3.43 million in 2014, almost 10% up on 2013 (£3.13m), and more than double the NIC in 2004 of £1.52m.

The number of alcohol-related deaths in England also increased compared with the previous years. In 2013 there were 6,592 alcohol-related deaths. This is a 1 per cent increase from 2012 (6,495) and a 10 per cent increase from 2003 (5,984).

Lag effect

It is interesting to note that among the increases in alcohol admissions by broad measure, almost half (48%) of the million-plus entries to hospitals were due to cardiovascular disease, which itself topped half a million admissions for the first time since records began (511,260).

This is part of a wider upward trend in hospital admissions for long-term and especially among chronic disease categories. Among the estimated 333,010 admissions where the primary diagnosis

or alcohol-related external causes recorded in secondary diagnosis fields were attributable to the consumption of alcohol (the narrow measure), most admissions (74,330; or 22%) were due to cancer.

These figures, coupled with the fact that alcohol remains 54% more affordable today (2014) than it was in 1980, suggests a strong causative correlation between consumption, price, and harm.

It could also be argued that the data are a reflection of the long-term health effects of the record levels of consumption experienced roughly ten years ago.

Therefore, despite slight declines in consumption since the early 2000s, there is still some way to go before admissions and deaths from long-term alcohol misuse follow suit.

The *Statistics on Alcohol in England* report is an annual HSCIC report presenting a broad picture of health issues related to alcohol misuse, drinking habits and behaviours, drinking related ill health and mortality, affordability of alcohol and alcohol related costs. It forms part of a suite of statistical reports covering various aspects of health and social care including smoking, drug use and obesity, nutrition and physical activity.

* The level of drinking defined as increased risk is typically between 21 and 50 units per week for men and between 14 and 35 units per week for women. The level of drinking defined as higher risk is typically above 50 units per week for men and between 35 units per week for women. ■■

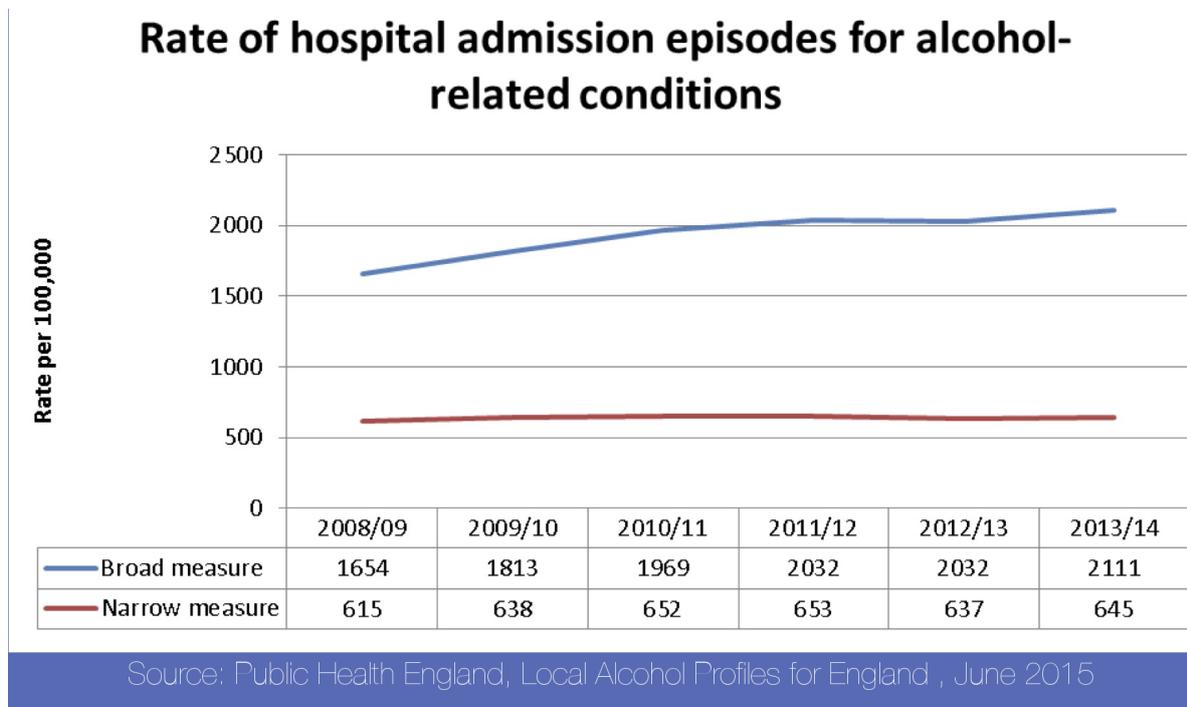
Rising trend in alcohol-related liver disease admission rates continues

There were increases in both the narrow and broad rate of alcohol admissions to hospitals in 2013/14 on last year, according to data published by Public Health England (PHE)

The latest *Local Alcohol Profiles for England* (LAPE) release shows that along with plateauing mortality rates, the rates of alcohol admissions to hospitals appear to have worsened in the last 12 months.

In addition, the majority of alcohol-related indicators continued to rise year-on-year. While mortality rates from chronic liver disease continue to fall, the trend data of admission episode rates for alcoholic liver disease soared from 82.1 per 100,000 persons in 2008/09 to 105.3/100,000 in 2013/14.

Alcohol-related cardiovascular disease conditions also adopted a similar upward trend over the same period (from 759 to 1,049 per 100,000 persons).



Nearly three-fifths (59%) of local authorities in England (193 out of all 326 local authorities) saw a slight increase in hospital admissions in adults where the main reason for admission was alcohol. The number of admissions has risen by 1.3% to 333,000 (narrow definition*), up from 326,000 last year, with a larger increase seen for women (+2.1%) than for men (+0.7%). Under the broad definition* of alcohol-related admissions, the national rate increased by 3.9%. This continues the upward trend which has been observed throughout the LAPE period of recording. The annual increase was greater for women (+4.8%) than for men (+3.3%).

Other key findings were:

- A rise in alcohol-specific hospital admissions per 100,000 persons from 365 in 2012/13 to 374 in 2013/14
- An increase in the rate of alcohol-related hospital admissions during the same period, from 1,220 to 1,253 per 100,000 persons
- Admission episode rates from alcohol-related conditions up to 2,111 per 100,000 persons in 2013/14 compared with last year (2,032) (illustrated, above)

• The rate of alcohol-specific hospital admissions for under 18s falling from 68.4 per 100,000 (2006/07 – 08/09) to 40.1/100,000 (2011/12 – 13/14)

New report, same old story?

James Morris of The Alcohol Academy has observed that the “change of focus to a new ‘narrow’ measure of alcohol-related admissions” now no longer draws the attention that formerly greeted LAPE report releases. When the ‘broad’ measure was last used, there were over one million alcohol-related admissions for England, a total that garnered a symbolic significance in the eyes of the mass media.

However, the reporting changes have led to total alcohol-related hospital admissions for adults in England appearing only as a rate per 100,000 population for the ‘old’ broad measure.

“With this rate at now its highest, total adult admissions under the broad measure are likely to total around 1.25 million, nearly double the 644,700 recorded for 2004/05”, he wrote in *Alcohol Policy UK*.

Under the new headline narrow measure, a small 1.3% rise on last year takes the figure to 333,000. In fact a fall was shown in the previous year (2012/13) for the narrow measure, indicating a much smaller trend rise over the recent decade.

Professor Kevin Fenton, Director of Health and Wellbeing at PHE, said: “The decline in hospital admissions from alcohol for under 18s is promising, but current levels of harm caused by alcohol remain unacceptably high, especially within the most deprived communities, who suffer the most from poor health in general.

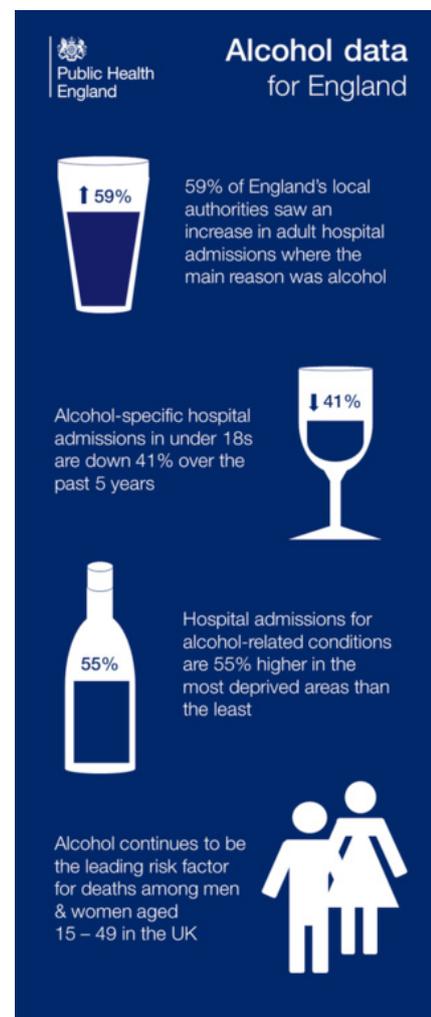
“Much of this harm is preventable and we need further action at a national and local level to implement the most effective evidence based policies. Public Health England will continue to

provide leadership and support to local areas to reduce the devastating harm that alcohol can cause to individuals, families and communities.”

The LAPE tool presents data for 19 alcohol-related indicators in an interactive tool, which helps local areas assess alcohol-related harm and monitor the progress of efforts to reduce this. Search for local alcohol health profiles by local area here: <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

* Narrow definition: hospital admissions where the primary reason for admission relates to alcohol

** Broad definition: admissions where the primary or any secondary reason for admission relates to alcohol



Millions of alcohol units lost to special occasions in surveys

National survey finds Brits underreported the equivalent of 12m bottles of wine per week

Researchers have exposed the extent of the gap between the amount of alcohol drunk and the amount of alcohol known to be sold in England.

The *BioMed Central* study, published by UK researchers from three universities (Cardiff, Bangor, and Liverpool John Moores) and funded by Alcohol Research UK, found that while people may accurately report their standard drinking patterns from week to week, they may forget the drinking they do on special occasions – such as bank holidays, parties, weddings, wakes, or big sporting events.

This has resulted in surveys measuring typical alcohol consumption accounting for only around 60% of alcohol sold.

The researchers measured both typical drinking and atypical/special occasion drinking in order to see whether the latter makes up for the shortfall in the former.

Method

Researchers conducted telephone interviews with 6,085 randomly-selected members of the public aged 16 and over in England.

Participants were asked about normal drinking patterns and those outside their usual circumstances, such as summer holidays, bank holidays, and weddings.

The research team then used national population estimates and stratified drinking survey data to weight responses to match the English population.

Results

Accounting for atypical/special occasion drinking added more than 120 million UK units of alcohol/week (~12 million bottles of wine) to population

alcohol consumption in England.

The greatest impact was seen among 25- to 34-year-olds with the highest typical consumption, where atypical/special occasions added approximately 18 units/week (144 g) for both sexes.

Those reporting the lowest typical consumption (≤ 1 unit/week) showed large relative increases in consumption (209.3%) with most drinking associated with special occasions.

The Health Survey for England, a nationally representative survey, estimates alcohol consumption only accounted for 63.2% of sales. The new survey, including special occasion drinking, estimates alcohol consumption accounted for 78.5% of sales.

Achievements and limitations

The authors of the study remarked that typical drinking alone can be a “poor proxy for actual alcohol consumption”.

They wrote: “Accounting for atypical/special occasion drinking fills 41.6% of the gap between surveyed consumption and national sales in England (illustrated, next page).

“These additional units are inevitably linked to increases in lifetime risk of alcohol-related disease and injury, particularly as special occasions often constitute heavy drinking episodes.

They also stated: “Accurate measures of alcohol consumption are critical in assessing health harms caused by alcohol.”

However, while the authors claimed that the survey acted “as a proof of concept” for their hypothesis, they admitted that the survey data did not generate a representative sample of alcohol consumers and abstainers on a national basis.

Instead, when collecting their data, they discovered that take-up rates were low (only 23.3% of those contacted responded) and that the demography of their telephone sample lent more towards women, older people, and people of white ethnicity than is true for England as a whole.

The researchers opted for a conservative measure too, by removing an average drinking day's consumption for each special event day reported, when in reality, they had not asked the participants whether they had made the same distinction in their own drinking patterns.

Therefore, the results certainly accounted for some of the discrepancy between self-reported alcohol consumption and alcohol sales, but not all.

The authors concluded that ultimately a larger nationally representative survey would be needed to test the usefulness of their methodology as a national alcohol monitoring tool. ■■■

		UK Units ^a per week										% change		
		Typical			Atypical/special			All						
		n	%	95% CI			95% CI			95% CI				
Total		4,604		10.0	9.5	10.5	2.3	2.1	2.5	12.3	11.8	12.9	23.0	
Sex	Male	1,725	37.5	15.6	14.4	16.7	2.8	2.4	3.3	18.4	17.2	19.6	18.3	
	Female	2,879	62.5	6.7	6.3	7.1	2.0	1.8	2.2	8.7	8.2	9.2	29.5	
		F, P			F = 287.303, P < 0.001			F = 15.990, P < 0.001			F = 280.921, P < 0.001			
Age	16–24	247	5.4	9.3	7.3	11.3	4.9	3.5	6.2	14.2	11.9	16.5	52.3	
	25–34	379	8.2	10.1	7.6	12.7	4.0	3.0	5.0	14.1	11.1	17.1	39.3	
	35–44	508	11.0	8.7	7.7	9.7	3.1	2.5	3.8	11.8	10.5	13.2	36.0	
	45–54	839	18.2	11.3	10.1	12.5	3.1	2.5	3.6	14.3	12.9	15.8	27.1	
	55–64	1,024	22.2	11.2	10.0	12.4	2.2	1.7	2.6	13.4	12.1	14.7	19.3	
	65–74	1,016	22.1	9.9	8.9	10.9	1.2	0.8	1.5	11.1	10.1	12.1	11.7	
	75+	591	12.8	7.8	6.7	8.9	0.6	0.3	0.8	8.4	7.2	9.5	7.6	
		F, P			F = 3.663, P = 0.001			F = 22.220, P < 0.001			F = 7.690, P < 0.001			
Deprivation tertile	Deprived	1,376	29.9	10.2	9.1	11.3	2.1	1.7	2.4	12.2	11.0	13.5	20.2	
	Mid	973	21.1	10.6	9.5	11.8	2.5	2.0	3.1	13.2	11.9	14.4	23.9	
	Affluent	2,255	49.0	9.7	9.1	10.3	2.4	2.1	2.6	12.1	11.4	12.7	24.3	
		F, P			F = 0.990, P = 0.372			F = 1.414, P = 0.243			F = 1.122, P = 0.326			
Ethnicity	White	4,412	95.8	10.1	9.6	10.6	2.3	2.1	2.5	12.4	11.9	13.0	22.9	
	Asian/Chinese	50	1.1	5.8	2.6	9.0	1.4	0.4	2.5	7.2	3.9	10.6	25.1	
	Black/Other	142	3.1	8.7	6.5	11.0	2.3	1.3	3.4	11.1	8.4	13.8	26.9	
		F, P			F = 1.876, P = 0.153			F = 0.364, P = 0.695			F = 2.033, P = 0.131			
Typical alcohol consumption category^b	Lower risk	1	1,300	28.2	0.4	0.4	0.4	0.8	0.6	1.0	1.1	0.9	1.3	209.3
		2	1,636	35.5	3.8	3.7	3.9	2.4	2.2	2.7	6.2	5.9	6.5	64.9
		3	820	17.8	12.1	11.8	12.3	3.3	2.8	3.7	15.3	14.8	15.9	27.1
	Increasing risk	4	436	9.5	21.7	21.1	22.3	3.6	2.9	4.3	25.3	24.4	26.3	16.7
		5	247	5.4	32.2	31.1	33.2	4.2	2.8	5.6	36.4	34.6	38.2	13.1
	Higher risk	6	165	3.6	74.2	67.3	81.1	1.9	-1.2	5.1	76.1	68.3	83.9	2.6
		F, P			n/a			F = 22.337, P < 0.001			F = 1592.674, P < 0.001			

^a1 UK Unit = 8 g of alcohol; ^bConsumption categories are taken from Health Survey for England [9]; see Box 1. Statistics use Analysis of Variance (ANOVA). 95% CI, 95% Confidence Intervals.

Mean alcohol consumption through typical, atypical/special, and all drinking occasions by demographics and typical consumption



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