

**New Year, new alcohol guidelines: There is no
'safe' level of drinking**



**Cancer risks of consuming alcohol rise with every drink,
say Chief Medical Officers**

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Comment by Matthew Tuff, Hudgell Solicitors

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News

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Alcohol-related mortality in Europe “a rapidly growing problem”

Alcohol-related causes in some places account for at least 10% of the socioeconomic inequality in total mortality among men (1 December)

Alcohol-related conditions are an important contributing factor to the socioeconomic inequality in total mortality in many European countries, according to a study published in *PLOS Medicine*. The database analysis, conducted by Johan Mackenbach at Erasmus University Medical Center, Rotterdam, The Netherlands, and colleagues indicates that in some countries, alcohol-related causes account for 10% or more of the socioeconomic inequality in total mortality among men.

Mackenbach and colleagues obtained data on deaths from alcoholic psychosis, dependence, and abuse; alcoholic cardiomyopathy; alcoholic liver cirrhosis; and accidental alcohol poisoning from the mortality registers of 17 European countries.

Rates of alcohol-related mortality were higher in individuals with less education or with manual (as opposed to non-manual) occupations in all 17 countries. Absolute inequalities were largest in Eastern Europe, Finland and Denmark. Moreover, the absolute inequalities

increased markedly in Hungary, Lithuania, Estonia, Finland, and Denmark because of a rapid rise in alcohol-related mortality in lower socioeconomic groups.

The accuracy of these findings is likely to be affected by the use of routinely collected underlying causes of death. The research team acknowledged that the quality of coverage for alcohol-related deaths varied between countries, so their results may underestimate the true extent of the problem.

They also suggested that to reduce socioeconomic inequalities in mortality, health professionals and governments need to introduce interventions and policies designed to counter recent increases in alcohol-related mortality in lower socioeconomic groups. The authors concluded that “[s]tudies of why such increases [in inequality] have not occurred in countries like France, Switzerland, Spain, and Italy can help in developing evidence-based policies in other European countries.”

Survey finds middle-aged mothers are UK’s hidden drinkers

Empty nest syndrome one of the causes behind the phenomenon (1 December)

A quarter of mothers polled by YouGov say they have increased

their alcohol intake since their children moved out, with 28% admitting they drink more than their children and 14% saying they drank about the same amount.

According to the survey, which questioned 500 mothers over 45 whose children had left home, they do not tend to get drunk but, because they drink every day, their weekly intake can far surpass the recommended low risk drinking guidelines.

In total, 95% of those surveyed were not worried about their level of drinking and did not believe it was impairing their health. Meanwhile, adults aged 18 to 24 were nearly twice as likely to be worried about the negative effects of drinking on health.

The results showed that while young people are drinking less, preferring to binge on weekends than drink every day, their mothers are more likely to consume alcohol on a daily basis at home. They also suggest that the vast majority of middle-aged women do not realise the health implications of their alcohol consumption.

Published in *The Daily Telegraph*, the YouGov poll, which was funded by drugs firm Lundbeck, adds to a growing body of research highlighting the growing health effects of increasing alcohol consumption among British women.

The Organisation for Economic Co-operation and Development this year put educated British women top of a global league table of alcohol misuse. Figures from Public Health England revealed hospital admissions linked to alcohol grew three times quicker among women than men last year. Researchers have also found that most women undergoing breast cancer screenings are “unaware” that their risk of developing the disease is linked to alcohol consumption.



Health ministers join calls for Commission to adopt alcohol strategy

Member states add their voices to growing chorus (7 December)

The European Union’s (EU) 28 health ministers have urged the European Commission to adopt a comprehensive EU strategy to tackle alcohol-related harm.

Member states want the strategy to follow-up on the first *EU Alcohol Strategy (2006-2012)*, according to the outcome of a meeting of ministers for Employment, Social Policy, Health and Consumer Affairs (EPSCO) held in Brussels, which also endorses a European Parliament resolution calling for a new strategy in 2016-2022.

The ministers’ statement puts further pressure on the EU Commissioner for Health

and Food Safety, Dr. Vytenis Andriukaitis, who has resisted calls for a new strategy to tackle alcohol-related harm following the expiry of the previous one. Instead, Andriukaitis believes alcohol misuse could be addressed among a wider range of risk factors in chronic diseases and declined to put a deadline for when this strategy will be published.

Most public health NGOs in Brussels have condemned this approach since the Commissioner’s intentions were announced in May, arguing that alcohol harm is too big a problem to be partnered with other health risk factors. However, the executive does agree with the Council conclusions that the principal responsibility to tackle alcohol-related problems lies in the member states, though the European Commission wants to support the efforts for example by providing useful data and fund projects.

The Council also wants the European Commission to consider introducing mandatory labelling for alcoholic drinks, including information about the calorie intake on new labels. But the executive has postponed the publication of a report on how to include alcoholic beverages under the EU’s new food labelling rules indefinitely.



Rich kids twice as likely to

drink regularly

Affluence, location, and age of onset drinking influence survey findings (8 December)

70% of 15-year-olds from the wealthiest households have tried alcohol at least once, compared with half from the poorest backgrounds, according to a new HSCIC report detailing the health behaviours of 15-year-olds.

The ‘*What about YOUth*’ survey involved over 120,000 fifteen-year-olds in England. 62% reported that they had previously had a whole alcoholic drink. 10% of them admitted having had their first alcoholic drink under the age of 12.

The report identified an association between age of first drinking and frequency; among those who had first had a drink at less than 10 years of age, 28% were regular drinkers, versus 3% of those who had their first drink at 15.

Other findings were:

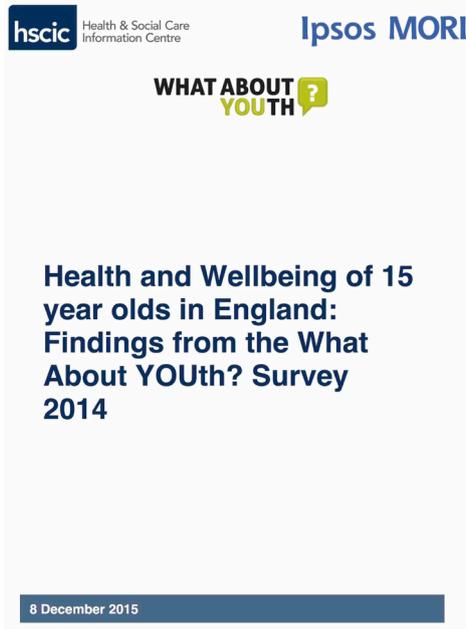
- 15% per cent of kids said they had been drunk at least once within the last four weeks, rising to 23% for those who had ever had an alcoholic drink.
- Girls were more likely than boys to report having had an alcoholic drink (65% and 60% respectively) and to

report having been drunk in the last four weeks (27% of girls and 19% of boys among those who had ever had an alcoholic drink). However 6% of fifteen-year-old girls were regular drinkers compared with 7% of boys.

- Ethnicity was also a strong predictor of drinking behaviours; those from a white background were more likely to have ever had an alcoholic drink (72%) than those from an ethnic minority background (27%), and seven times more likely to be regular drinkers (7% White compared with 1% BME).
- Bullying was associated with increased rates of drunkenness. Among those who had ever had an alcoholic drink, roughly a third (32%) of those who said they had bullied someone had been drunk within the past 4 weeks, and a fifth (26%) of those who had been bullied said they had been drunk within the past 4 weeks.
- Regional differences were also significant; young people in the south-west were the most likely to have tried an alcoholic drink at 72%.

Public Health England (PHE) have produced a *What About YOUth?* local area tool.

Colin Shevills, director of www.ias.org.uk



Balance North East, said: “These figures are clearly worrying. The Chief Medical Officer clearly states that the best advice is for young people to have an alcohol-free childhood... Someone who begins drinking as a young teen is four times more likely to develop alcohol dependence than someone who waits until adulthood to use alcohol, so it’s vitally important that something is done to try and further reduce the number of young people turning to alcohol.”

Majority of web alcohol purchases fail age check tests

ID checks at the point of delivery for home shopping “are rare”, says auditor (9 December)

Most stores are failing to check for underage alcohol purchases online, according to Serve

Legal.

The independent audit service has revealed that only 44% of age check tests were passed by the 1,000+ web retailers tested in the last three years. This pales in comparison with their physical stores; supermarkets passed 87% of age verification check tests, according to annual data from 40,000 test visits to locations across the UK in 2015.

Supermarket pass rates have increased every year for the last seven years (from 69% in 2008). Petrol stations (84%) and convenience stores (83%) have been similarly diligent, with the same upward trajectory since 2008.

However, the UK’s drinking venues have lower compliance levels, with pubs, clubs and bars passing just 70% of 6,800 age check tests in 2015. Leased or tenanted premises passed just 64% of ID check tests, compared to 71% of managed establishments.

Ed Heaver, director of Serve Legal, said: “We are concerned about the delivery practices of online retailers – including supermarkets – where there is little evidence that age verification checks are taking place. The law requires that delivery companies request ID from the recipient on the doorstep if the delivery contains any age-restricted products, including alcohol. That is simply not happening.”

The presence of door staff has also impacted significantly on test results, the data shows. Bar staff passed just 37% of ID verification check tests when there were door personnel in operation, compared with 70% when there were not. Typically bar staff perform poorly when door personnel are on duty as they assume ID has already been checked – a risk that could easily be addressed by rigorous training, says the audit group.

Overall pass rates rise significantly where door teams are present with a 92% pass rate for venues with door teams on duty in 2015. Serve Legal cites the increasing professionalisation of door staff, led by the British Security Industry Association, for this trend.

Regionally, Scotland has the most compliant retailers in the UK with a 90% pass rate – the result of strong political action and pressure to reduce alcohol-related crime and hospital admissions.



Alcohol fuels ambulance assaults

Scottish Ambulance Service survey finds most staff suffer drunken abuse (15 December)

The majority of ambulance staff say they have been assaulted when responding to incidents

involving alcohol and it is a factor in more than half of all ambulance responses at the weekend.

The Scottish Ambulance Service, in partnership with Alcohol Focus Scotland, conducted a survey of frontline ambulance crews and 999 call handlers to show the effect that alcohol has on the service.

More than 608 staff responded, with two-thirds of them (62%) saying that they have been physically assaulted by members of the public who have had too much to drink. Three-quarters (76%) of staff experience verbal abuse in these situations.

Staff said that more than half of callouts they deal with at weekends are alcohol-related. During weekdays, one in six incidents (17%) involve alcohol, rising to almost half (42%) on weekday nights.

A quarter of responses to slips, trips or falls are alcohol related and it is seen to be a factor in almost half of responses to assaults.

Pauline Howie, chief executive, Scottish Ambulance Service, said: “Alcohol has a significant impact on ambulance operations across all of Scotland. It is no longer a weekend phenomenon as crews have to respond to alcohol related calls every day of the week, taking resources away from those who need us

most.

“The survey reveals the burden that alcohol puts on ambulance staff across the country. They are highly trained emergency clinicians and are frustrated that so much of their time is spent dealing with patients who are simply intoxicated. On top of that they have to deal with the violence and aggression that goes so often with alcohol misuse.

“Our frontline staff should not have to fear for their own safety when treating patients, yet alcohol is all too often the key factor in assaults. Staff respond to patients in all weathers and situations and deserve the public’s respect for the high quality care that they provide.”

Alison Douglas, chief executive of Alcohol Focus Scotland, said: “The impact of alcohol on the Scottish Ambulance Service is completely unacceptable and unsustainable. Christmas and New Year is a particularly busy time for call outs, but mopping up the mess caused by excessive drinking is something that ambulance crews do day in, day out. It is appalling that ambulance staff are regularly subjected to verbal and physical abuse from drunk patients and bystanders.

“Encouraging individuals to drink less is difficult when we are surrounded by cheap alcohol that is constantly promoted as an everyday product.

calorie labels. Yet 80% of the public didn't know or incorrectly estimated the calorie content of a large glass of wine (up to 228), and 90% didn't know the number of calories in a pint of lager (about 180).

The LGA report argued that calories from alcohol are 'empty calories', with no nutritional value. By drinking alcohol, the amount of fat the body burns for energy is reduced. Research shows that a pint of cider at 4.5% ABV has 216 calories, equivalent to three-quarters of a burger; whilst a single spirit at 40% ABV is 61 calories (an eighth of a burger) – although the relatively higher alcohol content means there could be greater health risks. Over 24 hours, drinking five pints of beer at 4% strength is the equivalent to eating more than three burgers, which would take an hour-and-a-half to run off. A bottle of wine – about four small 175 ml glasses – has the same calorie count as more than two burgers and would take over an hour to run off.

The NHS currently spends more than £1.5 million an hour on treating diabetes, with the UK having higher levels of obesity and overweight people than anywhere in Western Europe, except for Iceland and Malta.

Cllr Izzi Seccombe, LGA Community Wellbeing spokesperson, said: "Most people are aware that excessive alcohol can lead to serious
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health problems like liver and heart damage, and an increased risk of cancer. However, the amount of calories from an average night's drinking isn't so well-known. People should be able to make informed choices.

"The onus is on the big breweries to do more to provide clear and prominent labelling. Providing people with the right information allows them to make choices about what they eat and drink.

"Prevention is the only way we are going to tackle the obesity crisis, which is costing the NHS more than £5 billion every year. It's all about giving people the right information about the calories they are consuming. This saves money for other parts of the public sector by reducing demand for hospital, health and social care services, and improves the public's health."



Stigma and shame stopping 'hidden' over 50s drinkers seeking help

Study reveals attitudes towards alcohol and ageing could be leaving over 50s at increased risk of harm (18 January)

A hidden population of over 50s at increasing risk from their drinking may well be hidden in plain sight according to a comprehensive Drink Wise, Age Well report. Attitudes held and experienced by older drinkers

may stop them from asking for help in reducing their alcohol use.

Respondents who drank more than they used to gave age-related reasons for doing so. Furthermore, over three-quarters (83%) of those surveyed who were at increasing risk from alcohol use had never been asked about their drinking by someone who might be able to help. Risks associated with alcohol include depression, poor sleep, memory problems, and trouble with relationships as well as cancer or liver disease.

The study looked at drinking behaviours among the over 50s and surveyed over 16,700 people from 10 areas across the UK. Categories of risk were defined using the international recognised AUDIT screening tool.

Preliminary findings are:

- Over half of respondents aged over 65 believe that people with an alcohol problem have themselves to blame. Nearly a quarter think they should feel ashamed
- The five most frequently reported reasons for those who drink more now than in the past are age-related. These include retirement, bereavement, loss of sense of purpose, fewer opportunities to socialise and finances
- Around 4 in 5 of those who are at increasing risk

of harm from alcohol said that on no occasion had relatives, friends, doctors or other health workers been concerned about their drinking or suggested they cut down

- 1 in 4 said they would not tell anyone if they needed help.

Julie Breslin, Drink Wise, Age Well programme lead said: “Thanks to support from the Big Lottery Fund, Drink Wise, Age Well is working to tackle the stigma around alcohol use in the over 50s population and do this through raising awareness, training frontline staff to ‘ask the question’ and ensuring appropriate help is available to those when they do look for it.”

Drink Wise, Age Well is supported by the Big Lottery Fund as part of Rethink Good Health, a £25 million UK-wide programme to inform policy and practice UK-wide in preventing alcohol misuse amongst older people, specifically those aged 50 and over. It works in five areas to help prevent harm caused by alcohol in the over 50s, promote alternatives to alcohol in communities, build skills in communities to help at risk over 50s and seeks to get the issue on the health agenda.

Dry January makes its mark on industry profits

Supermarket sales plummet as more people than ever

shun booze for campaign (18 January)

An average of nearly £1 in every £10 spent in British supermarkets last year was on alcohol, but so far in January this has dropped to just 46p, according to price comparison site MySupermarket.

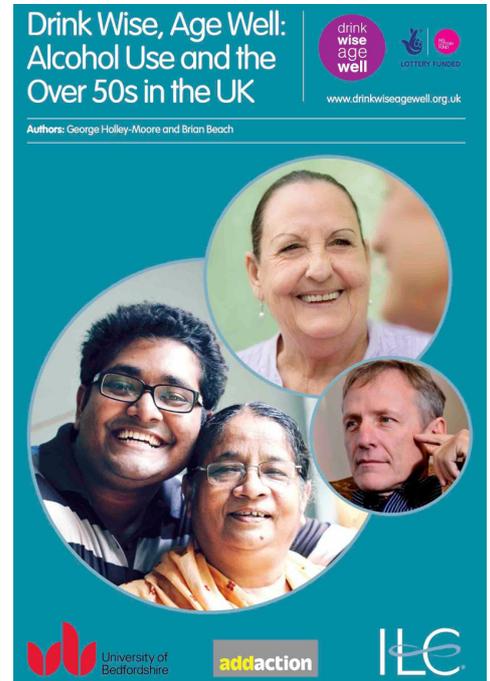
Kim Ludlow, MySupermarket head of sales, said that while January is usually considered a “healthy month”, the trend of people turning away from alcohol at the beginning of the New Year is “gaining momentum”.

Alcohol Concern, the charity behind the Dry January campaign, claim that over 2 million people are taking part this year.

The news comes in the wake of an article published in the British Medical Journal discussing the effectiveness of Dry January campaigns. You can listen to the debate between Ian Hamilton, lecturer in Department of Health Sciences at York University and Sir Ian Gilmore, honorary professor at Liverpool University on the BMJ podcast page.

High-strength alcohol ban schemes still viable

Watchdog declares Reducing the Strength schemes adhere to competition law (19 January)



Competition authorities have told MPs they do not regard the spread of local authority high-ABV alcohol product bans as a priority, and are unlikely to take any action.

With as many as 100 local authorities and police forces having brought in schemes aimed at stripping high strength alcohol products from the shelves, the all-party parliamentary beer group this week heard renewed concerns for suppliers that they are in breach in competition law.

However, the Competition and Markets Authority (CMA) put out a statement before the meeting saying it would only consider enforcement action where it suspected retailers were using the schemes as “cover for price-fixing”. To date, there appears to be no evidence to back such a claim.

This represents a blow to the long-running industry campaign led by trade magazine *Off Licence News* to have the schemes dropped by questioning their legality.

The CMA's guidance makes it clear that retailers can make an independent decision to join a scheme to stop selling high-strength alcohol, provided they do not discuss it or agree to it in co-operation with other retailers, either directly or indirectly.

John Kirkpatrick, senior director for research, intelligence and advocacy at the CMA, said: "We are aware that local authorities support these schemes to bring about positive public health and safety outcomes and we are also aware that the industry has concerns about whether such schemes comply with the law.

"We are reminding local authorities how competition law might apply to such schemes, so they can consider how to introduce schemes which achieve the desired results without breaking the law."

Health matters: Harmful drinking and alcohol dependence

Third edition of Public Health England resource toolkit focuses on alcohol (21 January)

Investing in effective alcohol

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treatment not only reduces harm and helps people recover but also plays an important role in reducing health inequalities, according to the latest edition of *Health matters*.

Harmful drinking and alcohol dependence is the third edition of Public Health England's (PHE's) *Health matters* resource for public health professionals, designed to support commissioning and the delivery of services across local areas.

New UK guidelines advise adults to drink no more than 14 units of alcohol a week. It is estimated that over 10 million adults are drinking above this, posing some risk to their health. An estimated 1.6 million adults may have some level of alcohol dependence. Some of them may benefit from specialist treatment and they are the focus of this edition of *Health matters*.

The impact of harmful drinking and alcohol dependence affects the most vulnerable groups in society – those in the lowest income bracket and those experiencing the highest levels of deprivation. Effective treatment therefore has the potential to improve wider inequalities, such as child poverty, employment and social isolation.

Health matters brings together, in one easily accessible package, local and national level data, as well as campaigning

and social marketing resources – all presented in an easy-to-use format that will help support investment in alcohol treatment services.

Health matters includes stats that illustrate the scale of the problem posed by harmful drinking and the impact of alcohol on health. There were 17,432 deaths from liver disease in England between 2011 and 2013 – fuelled by alcohol misuse.

Launching *Health matters*, PHE Chief Executive Duncan Selbie, said: "Harmful drinking is a problem affecting individuals, families and communities. This third edition of *Health matters* sets out the facts and how local authorities and the NHS can deliver effective alcohol treatment services."

Guardian journalists chronicle Brits' drinking habits live

Friday night live booze exposé charts alcohol's toll on NHS frontline services (22 January)

The Guardian has uncovered a snapshot of the impact of the nation's Friday night drinking habits on the National Health Service (NHS) and its overstretched A&E departments and ambulance services, in a special live event reported on their website. Several journalists detailed the experiences of

frontline staff across several city centres in England and Wales, incident-by-incident.

The night's coverage was headlined by an article revealing that problem drinkers account for "most of the alcohol's industry sales", which amount to an estimated £23.7bn in England. 60% of alcohol sales are either to those who are risking their health, or those – labelled harmful drinkers – who are doing themselves potentially lethal damage, health reporter Sarah Boseley wrote.

This was followed by the personal tales of people from various walks of life, explaining the nature of their relationships with alcohol in a health service context. Other coverage included a film depicting how one person's struggle with drinking has led to irreversible liver damage.

This exclusive marks the first in a month-long series of portraits on the state of the NHS.



Peers call for lower drink-drive limit

"Overwhelming" public support for move proposed in Private Members' Bill (29 January)

An Alcohol Health Alliance (AHA) UK poll shows an overwhelming majority (77%) of the British public support lowering the drink drive legal

limit in England and Wales to the same level as Scotland and the rest of the European Union. This comes as the House of Lords voted through a Private Members Bill tabled by Lord Brooke of Alverthorpe to amend the Road Traffic Act 1988 to lower the prescribed limit of alcohol in relation to driving or being in charge of a vehicle from 80mg alcohol per 100ml blood to 50mg alcohol/100ml blood.

The result of the opinion poll of 5,000 respondents is the latest of several recent polls showing consistent support for a lower drink drive limit.

Almost 70% of people would like to see the legal drink-drive limit reduced across England, Wales and Northern Ireland, to the same level of that implemented in Scotland, according to a survey by the Institute of Advanced Motorists (IAM). It also found that almost half would like the police to be given more power to stop any driver and request a random breath test.

A Populus poll of nearly 2,000 British adults showed that two-thirds of motorists who drive after drinking alcohol would abstain if the drink-driving limit was reduced, and the UK's largest personal injury specialist law firm Accident Advice Helpline published findings that revealed 1,000 motorists in which nearly 9 out of every 10 drivers did not know what the actual drink-drive limit is.

The *2015 RAC Report on Motoring* also shows that more than half of motorists think the blood-alcohol limit should be reduced at least to 50mg/100ml from the current 80mg/100ml level.

The surveys add to the "overwhelming" case for adopting a UK-wide 50mg legal limit, claimed several public health bodies including The Royal Society for Public Health (RSPH) in an open letter to The Guardian late last year. The legal blood-alcohol limit in England, Wales and Northern Ireland – 80mg per 100ml – is the highest in the European Union, along with Malta. Scotland lowered its drink-drive limit in December 2014 and saw a 17% decrease in drink-drive offences in the first three months of its introduction.

Lowering the current drink-drive limit to 50mg/100ml for the rest of the UK would improve road safety and save hundreds of lives a year, according to a government commissioned review into drink-driving (The North Report), produced in 2010. The Local Government Association also estimates that it would save almost £300 million annually by reducing the number of call-outs to accidents and the associated public sector costs of police, ambulances, and hospital admissions.

The Bill, which has had its second reading, will now go to the Lords Committee stage.

Chief Medical Officers: There is no 'safe' level of drinking

Any level of alcohol can give you cancer, warn new drinking guidelines

The UK's Chief Medical Officers (CMOs) have published new guidelines for alcohol consumption, advising that men should now not drink more than 14 units of alcohol each week. This is lower than the weekly equivalent for the previous daily guidelines (21 units) for men [illustrated], and brings their recommended limits in line with women's. They also warn that drinking any level of alcohol raises the risk of a range of cancers.

The new advice follows a detailed review of the scientific evidence since the previous guidelines in 1995. Work on the review has been underway since 2013, led by a panel of experts in public health, behavioural science and alcohol studies.

CMO for England Dame Sally Davies said: "Drinking any level of alcohol regularly carries a health risk for anyone, but if men and women limit their intake to no more than 14 units a week it keeps the risk of illness like cancer and liver disease low.

"What we are aiming to do with these guidelines is give the public the latest and most up to date scientific information so that they can make informed decisions about their own drinking and the level of risk they are prepared to take."

Rationale

Strengthening evidence of the link between alcohol and cancer is just one of a number of reasons behind the tighter guidelines. The full extent of the links between alcohol and cancer were not previously understood when the original guidelines came out in 1995. But it has since been confirmed that the risks of developing several types of cancers start from any level of

 Department of Health

Changes to low risk weekly drinking guidelines for men.



regular drinking and rise with the amount being drunk. Therefore, the new guidelines have been set at a level to keep the risk of mortality from cancers or other diseases low.

Alongside this come the latest findings from the Committee on Carcinogenicity (CoC), which support the significant links from alcohol to cancer outlined by the CMOs. The CoC review found that drinking even a small amount of alcohol increases the risk of some cancers compared with people who do not drink at all.

Professor David Phillips, King's College London, chairman of the CoC, said: "Even alcohol intake of below 1.5 units a day, or 10.5 units a week, gives an increased risk of cancer of the mouth, throat and gullet. This level of drinking also increases the risk of breast cancer in women. When alcohol consumption is above around 1.5 units a day, or 10.5 units a week, there is an increased risk of cancer of the voice box and large bowel.

"If alcohol intake is above about six units a day, or 42 units a week, there is an increased risk of cancer of the liver and pancreas.

"The risk of getting cancer increases the more alcohol a person drinks. We found that between 4% and 6% of all new cancers in the UK in 2013 were caused by alcohol consumption. Limiting alcohol consumption, as recommended by the CMOs' new guidelines, will help to limit the increase in cancer risk to low levels."

The panel of experts involved in the drafting of the CMO report also found that the benefits of alcohol for heart health only potentially apply for women aged 55 and over, a smaller proportion of the population than was previously thought, and were outweighed by the cancer risks raised in regular drinking.

In addition to weekly limits, the guidelines recommend spreading unit consumption over three or more days, having several alcohol free days a week [illustrated], and for pregnant women to avoid drinking any alcohol.

Reaction

The guidelines received a lot of media attention ahead of release, in part due to a leak to the press. 'Men will be advised to drink no more than a pint and a half of beer a day in a nanny state New Year crackdown' decried the Sun newspaper on 31 December 2015.

Industry expressed disappointment at not being consulted. Wine and Spirit Trade Association chief executive Miles Beale complained that the CMOs' new guidelines rendered "all labelling advice out of date overnight". Henry Ashworth, chief executive of drinks trade lobbyists Portman Group was surprised that "the UK is breaking with established international precedent" in recommending parity of drinking levels between the sexes. The BBPA and CAMRA were also concerned that the reduced guidelines classify a whole new group of male drinkers as being "at risk".

However, a range of health bodies and charities

have lined up to support the CMOs' new recommendations. Baroness Delyth Morgan, chief executive at Breast Cancer Now, said: "This is a real step in the right direction on alcohol in the UK. We welcome the CMO's recommendation as we've known for some time that regularly drinking alcohol increases your risk of developing breast cancer.

"There is unfortunately no 'safe' alcohol limit when it comes to increasing one's cancer risk. It's imperative that men and women fully understand the risks involved and that clear information about the alcohol content of all drinks is now provided.

Importantly, while you cannot change some things that affect your breast cancer risk, such as getting older, alcohol is not only one of the most important factors but it is one you really can do something about."

On regular drinking

New weekly guideline [this applies for people who drink regularly or frequently i.e. most weeks].

The Chief Medical Officers' guideline for both men and women is that:

- **You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.**
- **If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.**
- **The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.**
- **If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.**

According to Katherine Brown, director of the Institute of Alcohol Studies, too many people are currently unaware of the risks they are exposing themselves to by drinking too much. Writing in *The Guardian*, she said "[the] new guidelines are purely a tool to enable drinkers to make fully informed decisions about their health. But it's up to the government to ensure the message is carried loud and clear to the majority of Brits who regularly drink... However, public opinion polls show that half of Britons don't associate the nation's favourite drug with cancer, which makes the case for publicising this relationship even more urgent." ■■

Minimum unit pricing comes to Ireland

Flagship policy tops a range of sweeping measures introduced in the Irish Public Health (Alcohol) Bill

New Irish legislation seeks to emulate Scotland by with the introduction of a minimum unit price on alcohol. The proposed *Public Health (Alcohol) Bill* sees alcohol being addressed for the first time as a public health measure, a landmark move in Irish politics.

Presented to Irish Parliament (Oireachtas) by Minister for Health Leo Varadkar TD, it contains a major suite of measures aimed at helping to curb alcohol misuse. The Bill includes five main provisions [illustrated]: 1) Minimum unit pricing (MUP); 2) Health labelling of alcohol products; 3) Regulation of advertising and sponsorship of alcohol; 4) Structural separation of alcohol products in mixed trading outlets; and 5) Regulation of the sale and supply of alcohol in certain circumstances.

Aim: Total consumption reduction

The Bill aims to reduce the damage that alcohol causes to individuals and to society, the overarching goal being the reduction of average annual alcohol consumption in Ireland from 11 to 9.1 litres per person by 2020.

National data illustrates the nature of the task lying ahead. The *Healthy Ireland Survey* reports that 76% of the Irish population drank alcohol, with 53% of drinkers doing so at least weekly. It also indicates that drinking to excess on a regular basis is commonplace throughout the population, with almost four in ten drinkers (39%) binge drinking on a typical drinking occasion and a quarter of them doing so at least once a week.

In a Seanad debate held on the Bill following its announcement, Leo Varadkar defended the most eye-catching elements of the Bill, saying that they are aimed at “tackling our drinking culture and the high levels of alcohol abuse.”

“Statistics show 88 people die in Ireland every month due to alcohol. And there are twice as many deaths from alcohol as due to all other drugs,” he added.

On the flagship policy of minimum unit pricing, Leo explained that “when introduced, the minimum price for a can of beer with 5% alcohol by volume, ABV, will be €1.97, the minimum price for a bottle of wine with 12.5% ABV will be €7.40, and the minimum price of a bottle of whiskey with 40% ABV will be €22.09.”

Reactions to the Bill

Reactions to the Bill were typically divided upon industry / public health lines. Representing the alcohol lobby, the Alcohol Beverage Federation of Ireland (ABFI) responded to the publication of the Public Health (Alcohol) Bill saying that the content of the Bill will not meaningfully address misuse.

ABFI director Ross MacMathúna saw the proposal to place the drinks industry’s strict advertising codes (which include banning promotional campaigns aimed at children) on a statutory footing as an advertising strait-jacket for broadcasting media. He expressed alarm that “additional advertising restrictions on content would be excessive and their effectiveness is unproven.”

On MUP, he warned that it “will drive shoppers back over the border to do their shopping as there has been no agreement with Northern Ireland on concurrent implementation.”

“What is being suggested with regard to labelling wholly undermines my members that are trying to get a foothold in the export market,” he added.

“The proposals on structural separation and how alcohol is displayed in shops undermines sensibilities of people, and is a true example of nanny-state gone mad.”

“The whole population should not be punished because a small minority abuse a product, and the unintended consequences of this bill will result in job losses, and no decrease in alcohol misuse,” his statement concluded.

However, Bulmers cidemaker C&C broke ranks with industry sentiment by welcoming the Government’s tough new proposed laws around alcohol advertising. C&C said it was concerned about the impact of alcohol on a “minority of people and their communities”, but insisted that the proposals in the bill “will reduce the harm caused by alcohol”, contradicting the claims made by ABFI in the *Irish Times*.

Health professionals also welcomed the new legislation. Professor Donal O’Shea of the Royal College of Physicians Ireland said ads target children and try to get them interested in drink from an early age: “If you have a positive relationship with alcohol in your head from the age of 12 and you see it as a good thing, it is very hard to disillusion you of this link. We need to do our very best to protect our kids and that is what this round of advertising restrictions is about.”

This viewpoint was shared by Ms Jillian Van Turnhout during the Seanad debate. She said: “The drinks industry spends £800 million a year in the UK on advertising, and research has shown that children there as young as ten are familiar with, and can readily identify, alcohol brands, logos and characters from television.”

Furthermore, more than 90% of Irish adults do not know what is meant by a standard drink. She also cited research showing that 95% of people have said they support the labelling initiatives.”

The Department of Health announced the measures included in the Public Health (Alcohol) Bill on December 9, 2015.

- Minimum Unit Pricing to tackle cheap alcohol set at 10c/gram of alcohol
- Strict separation of alcohol products in outlets
- Compulsory health labelling on drinks requiring grams, calorie count, health warnings and a link to a public health website on alcohol containers
- Requirement to display health warnings and a link to a public health website and to provide access to information on grams and calories in pubs & off-licences
- Ads to be strictly informative about the product concerned & subject to criminal sanction
- Ban on advertising near schools, playgrounds & public transport
- 9pm broadcasting watershed for alcohol adverts
- Prohibition of price-based promotions and general restrictions on promotions

What happens next?

The wide-ranging legislation, which is likely to face massive opposition from the powerful drinks lobby, will fall to the next government to pass through the Oireachtas after the 2016 General Election.

One element of the Bill, MUP, already sits in the shadow of the long-running court case between the Scotch Whisky Association and the Scottish Government, who first passed the policy as law in June 2012. Paul Skehan, the Brussels-based director general of Spirits Europe (backed by Irish Distillers owner Pernod Ricard), told the *Sunday Independent* that the drinks body is prepared to support legal action against the Irish Government if minimum alcohol pricing was successfully introduced.

Leo Varadkar also expects to face opposition from tourism and sports bodies, as well as anticipating political tensions which are likely with ministers who have responsibility for these areas. He said the aim was to get the legislation through by the middle of next year, and it will then be reviewed in three years. ■■

‘Stark challenge’ for NHS from alcohol consumption

Nuffield Trust report exposes growing alcohol burden on the NHS

The growing burden of alcohol-related activity on hospitals in England has been revealed in a new study, as the NHS faces a ‘stark challenge’ in trying to deal with the consequences of harmful drinking.

The Nuffield Trust report ‘*Alcohol-specific activity in hospitals in England*’ finds that emergency admissions to hospital specific to alcohol have increased by over 50% in nine years and now top a quarter of a million a year (255,567), while the rate of people attending A&E with probable alcohol poisoning has doubled in six years.

The authors of the report set out to assess the extent of alcohol-specific activity in hospitals in England, whether it had increased over time, and whether these trends were different across demographic, socio-economic and regional patterns. Their findings show that:

- From 2008/9 to 2013/14 (i.e. over six years), A&E attendance rates likely to be due to alcohol poisoning doubled, from 72.7 per 100,000 of population to 148.8 per 100,000 – a 104.6% increase
- Within this group, the highest rates of likely alcohol poisoning were seen in younger age groups (15 to 24 year olds), and in particular young women aged 15 to 19 years, where the rate was approximately one and half times higher than men in the same age group. Rates were higher in the North of England. Attendance rates likely to be due to alcohol poisoning were also three and a half times higher among those living in the 20% most deprived areas in England
- In 2013/14, over half of all A&E attendances likely to be due to alcohol poisoning took place on a Friday, Saturday or Sunday (51.1%, or 33,653 out of 65,882). Across the week, attendance increased throughout the evening and peaked between midnight

and 2am, before reducing to its lowest level at about 7am. The highest volume of attendances likely to be due to alcohol poisoning in the early hours of the morning was seen in younger age groups, particularly those aged 15 to 24

- Over a nine year period from 2005/6 to 2013/14, alcohol specific in-patient admissions to hospital increased by 63.6% – within this group, emergency admissions increased over the period by 53.9%, from 374.9 per 100,000 population to 577.1 per 100,000 population, and elective admissions by 143.3%, from 45.5 per 100,000 population to 110.8 per 100,000 population. The actual figure for emergency admissions specific to alcohol was 255,567 in 2013/14
- The rate of emergency admissions specific to alcohol was consistently higher in men than in women, across all age groups. In 2013/14, the highest rates of emergency admission were found in the 45 to 64 age group, for both men and women – a much older age group than those who had the highest rates of attendance at A&E with likely alcohol poisoning. Rates of admission were four times higher among those living in the 20% most deprived areas than those living in the 20% least deprived areas. Rates were also higher in the North of England and in some urban areas

The researchers looked at only measures of hospital activity specific to alcohol, thereby excluding conditions where alcohol was a contributing factor, such as falls, domestic violence or heart disease. The figures in their report are therefore an underestimate of the true levels of alcohol-related activity.

The measures included attendances at A&E likely to be due to alcohol poisoning, which tends to result from binge-drinking; and admission to hospital for alcohol-specific conditions, which are generally due to chronic or excessive alcohol consumption.

The report also takes an in-depth look at

patterns of hospital use in people with the specific condition alcohol-related liver disease (ARLD), which arises from prolonged heavy drinking over long periods, to assess whether there were opportunities over time to tackle patients' harmful drinking. The researchers used Hospital Episode Statistics (HES) data from April 2003 to March 2014, covering all patients aged 15 years and over.

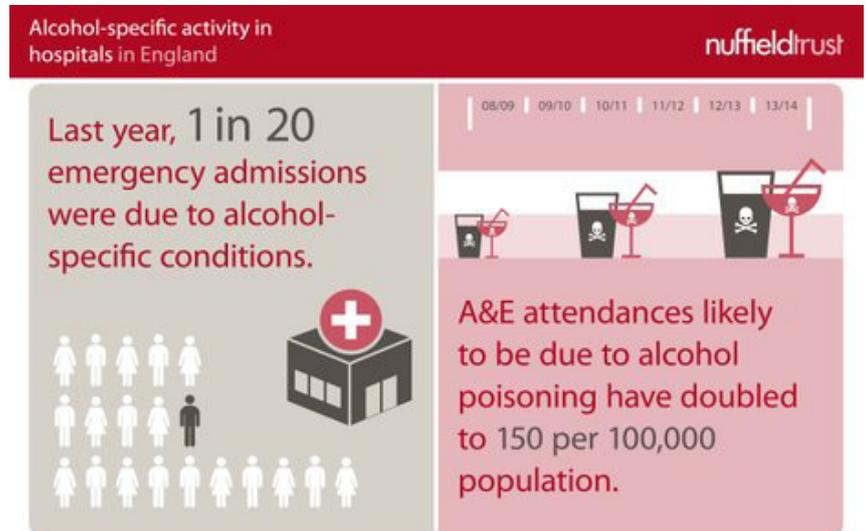
The report conclusion calls for much better recording of alcohol-related activity in hospitals, particularly the measure which counts attendances at A&E due to alcohol poisoning.

The authors also expressed concern that as a large proportion of hospital alcohol services are funded through local authority public health budgets, recent announcements by the Government of cuts to these budgets raise questions about the sustainability of funding for local alcohol services.

The Nuffield report highlights an alcohol toolkit released by the Royal College of Emergency Medicine, which also identified the need for further investment in Alcohol Care Teams and brief interventions to be carried by all medical staff in emergency settings.

NICE recommends commissioning hospital alcohol workers to assess and manage people who drink alcohol at harmful levels – but a survey in 2013 by Public Health England (PHE) suggests that one in four hospitals considered a suitable size to merit a team do not have any form of alcohol service.

Claire Currie, one of the report's authors, wrote: "With the Christmas party season in full swing, it's worth considering the full burden over-indulgence in alcohol is placing on our NHS, as well as the obvious human cost. Our research has uncovered a picture of rising and avoidable activity in



hospitals, representing a stark challenge for the Health Service at a time when it's already great pressure. Hospitals alone cannot tackle this issue – the Government must consider measures such as minimum unit pricing, restricting availability and limiting marketing and advertising”.

Fellow author Dr Alisha Davies, Senior Research Analyst at the Nuffield Trust, added: “With one in four hospitals already without some form of alcohol team, we’re worried that cuts to NHS and local authority budgets could put services for a particularly vulnerable group of people at risk”.

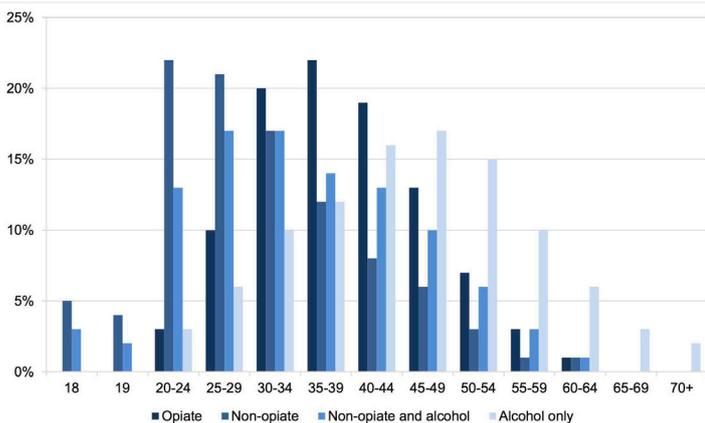
Middle-aged seek alcohol treatment services

Joint alcohol and drugs dataset for England shows those in their forties are most likely to receive help

A newly published report from Public Health England has revealed that middle-aged drinkers are the most common users of alcohol treatment services, with a significant proportion of patients in their 40s. Between April 2014 and March 2015, half of all clients in treatment for substance misuse (51%) presented for alcohol problems (see below). Of these, 89,107 were treated for problematic drinking alone, and 61,533 for alcohol alongside other substances.

	Alcohol	33,405	22%	-	-	28,128	100%	89,107	100%	150,640	51%
Total number of individuals*		152,964	100%	25,025	100%	28,128	100%	89,107	100%	295,224	100%

Individuals in treatment only presenting with problematic alcohol use (alcohol-only) had an older age profile than opiate users (68% aged 40 and over; 11% 60 years and over) (below), and of those in treatment who died (792 deaths), the majority were aged 40 and over (median age 49).



The report also finds that while the overall numbers accessing treatment for alcohol have increased by 3% since 2009-10 (86,385 to 88,904), the number aged 40 and over accessing services has risen by 21% and the number aged 50 and over by 44% (42,128 to 50,786, 21%, 16,627 to 24,017, 44%). The report's authors suggest that many of these people will have been

drinking at high-risk levels for some time and are likely to be experiencing health harm such as liver disease and hypertension.

The fortunes of older clients contrast sharply with that of younger ones. The number of citations for alcohol treatment increased for every age cohort over 45 years, compared with a 34% fall (9,574 to 6,290) for 16-24 year-olds between 2009-10 and 2014-15. This reflects the general reduction in the total number of younger individuals presenting for treatment over the six-year period. The report attributes this fall to a general downward trend in young people's drinking, as reported in the 'Smoking, Drinking and Drug Use Among Young People in England' survey for 2014, which reported that 38% of 11-15 year-olds had tried alcohol at least once, the lowest proportion since the survey began.

According to the report, the number of individuals in treatment for alcohol has remained relatively stable over the last six years, with the proportion of alcohol-only clients increasing slightly by 2% since 2009-10 (below).

Year	Opiate		Non-opiate		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
2009-10	170,032	55%	24,557	8%	28,992	9%	88,086	28%	311,667	100%
2010-11	169,144	55%	23,613	8%	28,223	9%	88,020	28%	309,000	100%
2011-12	162,435	54%	22,982	8%	27,732	9%	86,416	29%	299,565	100%
2012-13	157,959	53%	23,975	8%	27,627	9%	87,544	29%	297,105	100%
2013-14	155,852	52%	25,570	8%	28,871	10%	91,651	30%	301,944	100%
2014-15	152,964	52%	25,025	8%	28,128	10%	89,107	30%	295,224	100%

Alcohol is also a factor in 63% of all new treatment presentations among the four main substance groups (the other three being cannabis, cocaine, and benzodiazepine).

	Alcohol	8,952	20%	-	-	18,548	100%	61,404	100%	88,904	63%
Total number of individuals*		44,356	100%	17,338	100%	18,548	100%	61,404	100%	141,646	100%

A new methodology

'Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS)' marks a break from previous substance

misuse datasets in eliminating double counting from its reporting practices. Thanks to a series of consultations between 2012 and 2014, the National Treatment Agency (NTA) found a strong consensus among respondents that drug and alcohol treatment journeys should be combined. This is because on previous occasions, when an individual recorded with a primary alcohol treatment episode concurrent with, or followed by, a primary drug treatment episode, this was reported as two separate treatment journeys.

“Some 6,000 individuals nationally had been double counted in this way”, the report states. The new approach – to combine treatment journeys – removes this anomaly. Therefore, the report warns, “due to these changes it is not possible to compare the statistics in this report to previous adult drug and alcohol NDTMS statistical publications”.

‘Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2014 to 31 March 2015’ is a Public Health England report detailing the numbers of adult patients in treatment for substance misuse. ■■

Alcohol treatment exits: A promising recovery

There has been a marked improvement in the number / proportion of patients successfully exiting alcohol treatment services in the last six years. In 2014-15, 130,609 people exited the drug and alcohol treatment system, 52% (67,788) having successfully completed their treatment free of dependence. Alcohol-only clients recorded above-average rates of success, with almost two-thirds of clients (61%) completing treatment. This is up on 49% in 2009-10 (below).

Year	Opiate		Non-opiate		Non-opiate and alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
2009-10	10,832	27%	8,023	55%	8,414	51%	24,862	49%	52,131	43%
2010-11	13,636	33%	9,144	60%	9,418	56%	29,566	56%	61,764	49%
2011-12	14,792	37%	9,568	64%	10,060	59%	31,102	59%	65,522	53%
2012-13	13,834	36%	9,917	64%	10,186	60%	33,839	60%	67,776	53%
2013-14	12,882	33%	10,939	63%	10,578	58%	36,164	61%	70,563	53%
2014-15	11,685	30%	10,568	64%	10,376	58%	35,159	61%	67,788	52%

Health Survey England 2014: Well-off most likely high risk drinkers

Adults in households in the highest income bracket are more likely to drink above the lower risk level than households on lowest incomes

Risky drinking is most common among older and high-income groups, according to figures from the new *Health Survey England* report.

22% of men and 16% of women drank above low risk levels in 2014 – this includes 17% of men and 12% of women who drank at increasing risk levels, and 5% of men and 4% of women who drank at higher risk levels, defined as more than 50 units a week for men, more than 35 units for women).

Headline figures showed falls in the proportions of people identified as high-risk drinkers relative to the population, but masked upward changes in drinking proportions among particular cohorts, most notably for income and age.

For instance, current government guidelines advise that daily drinking should not regularly exceed 4 units for men and 3 units for women, and the proportion of men that drank at least double this amount on one day in the previous week dropped 5 percentage points between 2006 and 2014 (24% in 2006; 19% in 2014), as it did for women also (16% in 2006; 11% in 2014).

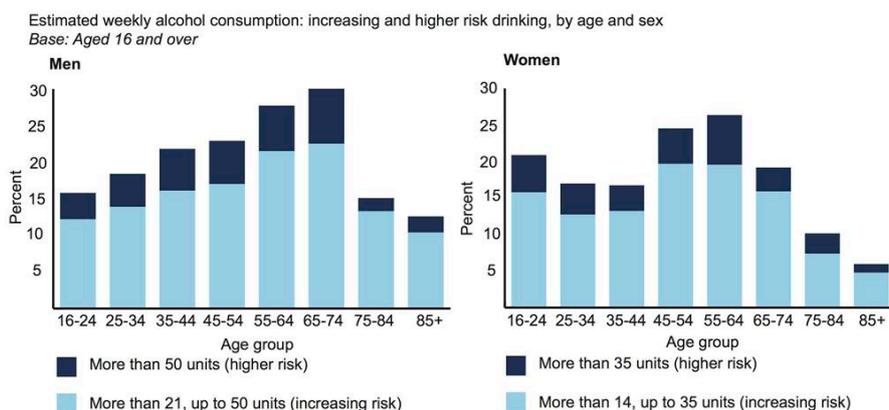
But the proportions of men who drank above 21 units and women who drank above 14 units a week varied from 27% of men and 23% of women in the fifth of households with the highest incomes to 17% of men and 10% of women in the lowest. Inversely, the percentages of those who had not drunk alcohol in the last year were highest in lower income households (27%

of men and 30% of women in the lowest income quintile, decreasing to 5% of men and 12% of women in the highest income quintile).

The consumption habits of older drinkers – especially those aged between 55 and 74 years of age – stood out among all age cohorts. The age groups with the highest proportions of adults who drank above lower risk levels were men aged 65-74 (30%) and women aged 55-64 (22%). The proportions of those who drank alcohol on five or more days in the last week [illustrated] was also highest among similar age groups for both sexes (29% men aged 65-74; 14% women aged 55-74).

The trend tables accompanying the report indicate a gradual increase in consumption levels among these age groups. Men aged 65-74 have bucked the downtrend trend in those drinking above recommended guidelines, and on average drank roughly a third more in alcohol units on the maximum consumption day in the last week in 2014, compared with 2011 (20.4 mean units, up from 15.7). Mean alcohol units for women aged 55-64 increased from 9.1 to 10.6 over the same period.

Health Survey for England 2014 is published by the Health and Social Care Information Centre (HSCIC). A survey of 10,000 adults and children, the report looks at a wide range of health behaviours and health related areas. In addition to alcohol consumption, they also provide information on trends within core topics such as adult obesity and social care. ■■■



Minimum unit pricing: Where are we now? Responses to the latest court opinion

ECJ delivers judgement; case rumbles on back to the Scottish Court of Session

As reported in *Alcohol Policy UK*, the European Court of Justice (ECJ) gave its verdict on Scotland's minimum unit pricing (MUP) case on 23 December 2015, echoing the preceding opinion of Yves Bot, the Advocate General. The ECJ stated that it will be for the Scottish Inner House of the Court of Session to rule on MUP (the case will now be considered on June 7/8 according to some newspaper reports), but that it can only decide in favour of the measure if 'proportionality' can be proved, and crucially that the aims of MUP cannot be better achieved by taxation rises.

However a further analysis by EU law lecturer Angus MacCulloch identifies that 'in many ways the judgement leaves as many questions as it answers'. As such the outcome is still 'very much to play for', and again both public health groups and industry opponents of MUP claimed the ruling as positive. News reports however tended to play to conjecture that MUP is 'illegal', demonstrating the highly politicised history of UK MUP tensions.

Already a well-worn case, the latest judgement provoked much attention among the usual suspects from public health and industry fields, who have all appeared to claim victory in one sense or another. Here is a selection of the most notable quotes among them:

Shona Robison MSP, Scottish Health Secretary

"This ruling from the Court of Justice of the European Union indicates, importantly, that it will be for the domestic courts to take a final decision on minimum unit pricing. While we must await the final outcome of this legal process, the Scottish Government remains certain that minimum unit pricing is the right measure for Scotland. We believe it is the most effective mechanism for tackling alcohol misuse and reducing the harm that cheap, high-strength alcohol causes our communities. We maintain that minimum unit pricing would target heavy drinkers as they tend to drink the cheap, high strength alcohol that will be most affected by the policy. The case will now continue to the Scottish courts, and we look forward to a hearing in the new year to determine the outcome in this case."



SHAAP
SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS
www.shaap.org.uk

"We welcome the ECJ opinion, which effectively confirms that the Scottish Minimum Unit Pricing policy has to be justified as a regulatory measure to work alongside taxation increases. Taxation increases, incidentally, are also consistently opposed by the opponents of MUP. We hope that the Scottish courts will now move quickly to gather evidence to conclude this case and that the Scottish Government will then implement this key policy without delay."

Scotch Whisky Association

"We welcome the European Court's ruling. The Court has confirmed that minimum unit pricing (MUP) is a restriction on trade... This ruling opens the way to moving the debate on and allowing us to address alcohol misuse with practical measures that actually work. We remain committed to working closely with the Scottish Government and everyone else with an interest."

Alcohol Focus Scotland

"The ECJ has confirmed that Scotland can use minimum unit pricing to reduce our high levels of alcohol harm, provided it is more effective than taxation. Alcohol taxes are limited in their ability to raise the price of the cheapest alcohol to a level that will actually reduce harm. Whereas, minimum pricing is a targeted measure which will make the cheapest, strongest products less affordable to heavy drinkers who are most at risk of harming themselves and others. Moderate drinkers will barely notice any difference to the price they pay. In taking legal action against the Scottish Government, the Scotch Whisky Association has blocked the democratic will of the Scottish Parliament and sacrificed public health to protect their members' profits."

Spirits Europe

"We welcome the ECJ ruling. This is an early Christmas present for moderate drinkers everywhere, who already pay astronomical levels of tax on each sip they take. The Court has confirmed that MUP is a barrier to trade and therefore illegal if there are less disruptive measures available to tackle alcohol misuse. Clearly there are other measures available, and therefore this MUP proposal should be dropped. The Scottish courts must now reflect on the implications of the ruling and all the evidence, before issuing a final judgment. It is time to move on and instead of wasting more time debating the illegality of MUP, we believe it would be far better to discuss useful, legal ways of tackling the alcohol-related issues that persist, not only in Scotland, but around the EU. Tackling alcohol-related harm requires collective efforts for targeted actions – in partnership, not in conflict through the courts."

NHS Health Scotland

"NHS Health Scotland welcomes today's judgement on minimum unit pricing from the European Court of Justice. The judgement is consistent with the Advocate General's earlier opinion that minimum pricing may be implemented in Scotland if justified on public health grounds and if shown to be the best option available. The price of alcohol is a key driver of consumption and harm and we strongly believe that this innovative, evidence-based policy would save lives and reduce health inequalities in Scotland. No other pricing mechanism exists to achieve the same public health benefit."

Comment: Should there be a zero tolerance policy towards drink driving?

By *Matthew Tuff, Hudgell Solicitors*



Throughout 2014, 683,631 breath tests were carried out on the road by police forces across England and Wales. Approximately 10% of those refused to be tested or failed with a positive test, whilst the highest number of test were found to be conducted throughout December.

What are the current laws in the UK?

According to national statistics, alcohol-related road accidents accounted for approximately one in seven deaths on the road throughout the UK in 2014. Similarly, in 2013, 240 deaths were caused by drink driving, accounting for 14% of all road fatalities throughout England and Wales.

Whilst steps have been taken by the government to decrease these figures, the current legal limit stands at 80mg, which, along with Malta, is the highest in the EU.

Research by the Royal Society for Public Health has suggested that a reduction to 50mg would encourage motorists to not take a significant risk and avoid consuming alcohol, whilst the four UK nations are currently looking to adopt new measures. This reduction could potentially save up to 170 lives a year – similar reductions across the EU have seen drink driving related deaths drop by 11.5% amongst those aged 18-25.

In December 2014, Scotland decreased its limit from 80mg to 50mg, and over the course of 12 months driving offences decreased by approximately 50%, which points towards a change in driving behaviour. Northern Ireland recently announced that it will also soon be introducing similar policies.

The RAC conducted a survey of 2,607 motorists,

of which 10% were from Scotland. Approximately a third of those suggested that the alcohol limit should be reduced to the same level across the UK – 23% believed that there should be a total ban on motorists consuming alcohol before a journey.

Should the UK implement a zero-tolerance policy on drink driving?



■ Against zero-tolerance policy (19%)
■ For zero-tolerance policy (81%)

A survey conducted by Hudgell Solicitors found that 81% of respondents believe the UK should implement a zero tolerance policy towards drink driving.

How does the UK compare to the rest of Europe?

This trend has been bucked across Europe, with the Czech Republic, Romania, Hungary, Slovenia, and Slovakia all adopting an “absolute” ban.

In 1990, Sweden introduced a 20mg limit (down from 50mg), and found that drink related road accidents significantly decreased. A study into the change during 1997 highlighted that the 30mg reduction helped to decrease fatal accidents by 9.7%, whilst overall accidents were reduced by 7.5%. The study even found that the most serious drink-related offenders reduced repeating their crimes after the change took place.

Drink driving rules can vary greatly from country

to country. In Germany, the limit is zero for motorists who have driven for less than two years. The punishment is then declared on the alcohol percentage reading. Motorists who are severely over the limit are required to undergo a psychological assessment.

The table below highlights the wide-ranging Blood Alcohol Content (BAC) limits across Europe. Whilst convictions abroad do not affect your UK licence, drink driving in Europe can lead to an immediate criminal conviction in some countries.

	Standard	Commercial drivers	Novice drivers
Austria	0.5	0.1	0.1
Belgium	0.5	0.2	0.5
Bulgaria	0.5	0.5	0.5
Croatia	0.5	0.0	0.0
Cyprus	0.2	0.2	0.2
Czech Republic	0.0	0.0	0.0
Denmark	0.5	0.5	0.5
Estonia	0.2	0.2	0.2
Finland	0.5	0.5	0.5
France	0.5	0.5 (0.2 bus drivers)	0.2 (from Jul 2015)
Germany	0.5	0.0	0.0
Greece	0.5	0.2	0.2
Hungary	0.0	0.0	0.0
Ireland	0.5	0.2	0.2
Italy	0.5	0.0	0.0
Latvia	0.5	0.5	0.2
Lithuania	0.4	0.0	0.0 (from Jan 2015)
Luxembourg	0.5	0.2	0.2
Malta	0.8	0.8	0.8
Netherlands	0.5	0.5	0.2
Poland	0.2	0.2	0.2
Portugal	0.5	0.2	0.2
Romania	0.0	0.0	0.0
Slovakia	0.0	0.0	0.0
Slovenia	0.5	0.0	0.0
Spain	0.5	0.3	0.3
Sweden	0.2	0.2	0.2
UK [i]	0.8	0.8	0.8
Switzerland	0.5	0.0	0.0

Source: European Transport Safety Council [i] 0.5 in Scotland, for all groups.

Further afield in Saudi Arabia, Pakistan, and the UAE, a zero tolerance policy is in place due to religious reasons. Non-Muslims must carry a liquor licence to consume alcohol, even within the home. Whilst drink driving does happen in these territories, the punishment can vary in severity, depending on whether the individual holds a

liquor licence or not.

Would an “absolute zero” policy work?

The majority of our survey suggested that a zero tolerance policy, with an “absolute zero” limit could lead to confusion. Would this mean that a motorist with the smallest concentration of alcohol is driving illegally? In a court of law, a number of grey areas could arise if the smallest trace of alcohol is found.

Road safety group Brake, and Alcohol Health Alliance UK, believe that a 20mg limit is adequate, whilst an absolute ban could cause more harm than good.

Sir Ian Gilmore from Alcohol Health Alliance UK, explained how zero tolerance could potentially lead a number of legal pitfalls:

“I think it’s fair to say that there are technical issues that need to be addressed with zero-tolerance. Obviously, when you get down to very low levels it’s difficult to be absolutely certain between a small level (of alcohol in the blood) and a very low level.”

Whilst promoting an absolute ban may sound like an ideal situation, it is perhaps a more sensible idea to promote the idea of a zero tolerance 20mg limit – which could put a driver over the limit after one drink. This would allow police forces to have flexibility and leeway in measuring BAC, and motorists would be even more likely to avoid drink driving over the festive period.

Drinking and driving is always going to be a personal responsibility and it is up to the individual to make their own choices.

This article was first published on the Hudgell Solicitors website. ■■■



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