ALCOHOL ALERT
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WHO PAYS THE TAB FOR ALCOHOL DUTY?

NOT THE POOR, FINDS NEW TAX REPORT

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IARD crackdown on underage drinking raises suspicion
South Tyneside: 70p MUP saves lives
SHAAP to Scottish Government: lived experience matters
Alcohol admissions in England at highest ever level, once more
New action plan on alcohol sees WHO into next decade
Drink-driving statistics: On the road to nowhere
Wales: MUP is coming, retailers told
COVER STORY
Alcohol duty doesn't penalise the poor
All-inclusive alcohol ban in Mallorca and Ibiza
Alcohol, the solution to overcome loneliness?
ALCOHOL SNAPSHOT
Men pay the lion’s share of most alcohol taxes in England – except wine duty
IARD crackdown on underage drinking raises suspicion

AHA chief mistrustful of industry-funded alliance promises

Twelve leading beer, wine and spirits companies have pledged to put clear age-restriction labels on their drinks and set tighter controls on access to their online content in a bid to reduce underage drinking. The International Alliance for Responsible Drinking (IARD), which includes producers Anheuser-Busch InBev, Diageo and Pernod Ricard, has promised to apply tighter safeguards for at least 95% of online alcohol marketing by 2024.

IARD said it was also looking into extending the ability of adults to opt out of alcohol marketing.

Recent evidence (published in 2017) suggests that in Britain, one in six parents have allowed their children to drink alcohol before the age of 14.

IARD Chairman Albert Baladi called on parents to support the organisation "by not buying alcohol for, or sharing alcohol with, children – even if they do this with good intentions."

However, the Alcohol Health Alliance Chair, Professor Sir Ian Gilmore, expressed his suspicion of the industry-funded group’s latest initiative. He told MailOnline: "We support genuine initiatives to cut alcohol consumption by children. However, the track record of the drinks industry is poor, from formulating alcopops to unacceptable advertising practices.

'The AHA will want to see prompt action – not just fine words – to ensure children really are protected.'

South Tyneside: 70p MUP saves lives

Region’s health chiefs speculate on the benefits of a minimum unit price of 70 pence

Raising the cost of alcohol prices using tough new rules could save lives, NHS chiefs in South Tyneside have said.

The latest data for Public Health England shows South Tyneside tops all six of its "indicators" for alcohol misuse in the North East, including hospital admissions and alcohol-related deaths. Last year, "alarming" findings showed 94 children in the borough were taken to hospital with illnesses directly linked to excessive drinking, between April 2015 and March 2018. This equated to a rate of 106 per 100,000 people, more than triple the English average and almost double that of the North East’s.

"[Minimum unit pricing] targets the most harmful drinkers in our community and probably saves lives," said Dr David Hambleton, chief executive at South Tyneside Clinical Commissioning Group (CCG). It’s a while since Scotland implemented minimum pricing and we said let’s lobby for 50p a unit because that will get it done. But the higher you get the more lives you will save and locally we were keen to say "look at the benefit you get if you go to 70p". This is not a magic solution and there’s a lot of reasons people misuse alcohol and you have to get to the root causes, but there’s still a lot you can do."

Minimum unit pricing was introduced in Scotland in May 2018, targeting low-cost, high-strength products, such as cider, by setting a minimum price of 50p per unit of alcohol. NHS research found over 12 months the volume of pure alcohol sold per person dropped from 7.4 to 7.1 litres, while in England sales rose by a similar proportion.
SHAAP to Scottish Government: lived experience matters

New report urges Holyrood policymakers to be more inclusive in developing support services

Scottish Health Action on Alcohol Problems (SHAAP) recommend the appointment of a lead officer to oversee the construction and implementation of a ‘fully costed action plan’ to better involve people with lived experience, according to its latest report, ‘Stand up and tell me your story’.

SHAAP is challenging the Scottish Government to meaningfully involve people with first-hand experience of alcohol and drug use when it develops support and treatment services.

Lead author and SHAAP Director Dr Eric Carlin told Healthcare News Scotland that nobody doubted the authenticity of services’ intention to engagement but that ‘there’s some rethinking to be done to make this more than a tick-box exercise. We’re honest in the report that reaching a consensus on what lived and living experience mean, never mind how to engage with them is challenging. Having recognised that one has had a significant problem with alcohol and/or drugs and being engaged in something that could be deemed to be a recovery process, seems to be central to the definition of lived experience.’

Michaela Jones is a lived experience officer at the Scottish Recovery Consortium, one of the organisations that took part in the study. She said of the report: ‘This report is a vitally important starting point for the conversation that we all need to have about lived experience.

‘While hearing the voices of people who are directly impacted by pressing social issues is not a new concept, I think we can all agree that we have not always made the most of this valuable expertise. There is potential for real change here, if we work together to grasp it.’

SHAAP’s report also calls for engagement by alcohol and drug partnerships to become a “modus operandi embedded throughout their systems”.

Alcohol admissions in England at highest ever level, once more

Record highs on both broad and narrow measures

Alcohol admissions rates to English hospitals have reached all-time highs yet again, according to the latest update of the Local Alcohol Profiles for England tool.

In 2018/19, alcohol-related hospital admissions* by the broad measure (where the reason for hospital admission or a secondary diagnosis was linked to alcohol) jumped up 8% on the previous year, from 1.17 million to a record 1.26 million. The rate also increased from 2,224 admissions per 100,000 persons in 2017/18 to 2,367 (per 100,000) in 2018/19, part of a decade-long upward trend.

England also reached new all-time highs in alcohol-related hospital admissions by the narrow measure (where only the main reason for admission to hospital was attributable to alcohol) too: there were an estimated 358,000 admissions in 2018/19, up from 337,870 the previous year, and the rate rose to a record 664 admissions (per 100,000) in 2018/19.

There were 336,314 alcohol-specific hospital admissions, up from 304,073 the previous year. The rate of admissions increased from 570 (per 100,000) in 2017/18 to 626 (per 100,000), also the highest since records began, with males seeing a bigger annual increase on the previous year compared with females.

With both broad and narrow measures of alcohol-related admissions, regional disparities persisted between the South East, which has the lowest rates and the North East, which has the highest. Zooming in on specific clinical constituencies, Stoke-on-Trent had the highest admissions rate at 1,130 per 100,000 population in 2018/19, while East Sussex had the lowest rate at 320.

Despite there being a long-term decline in admissions rates among children – in the three-year period 2016/17 to 2018/19, the rate fell from 32.9 to 31.6 (per 100,000) – more girls were admitted to hospital for alcohol-specific reasons than boys in 2018/19. For the same period, the admission rate for girls was 37.5 (per 100,000) compared with 25.9 (per 100,000) for boys.
Commenting on the figures, Chief Executive of the Institute of Alcohol Studies Katherine Severi said:

'The data released today reflect a national picture of increasing rates of alcohol harm.

'These harmful drinking trends are driven by a combination of alcohol becoming increasingly affordable and accessible, and marketing by a powerful industry that fails to provide health information to consumers about the risks associated with its products. Only a small minority of alcohol labels carry the latest advice from our Chief Medical Officers and in England alcohol is often cheaper than bottled water.

'As a result, alcohol is now the leading cause of death and disability for 15-49-year-olds, putting huge strain on the NHS and public services.

'A new approach to pricing, marketing and support for those affected by alcohol harm is needed from this new government to address this issue that affects millions of families each year.'

**Middle-aged drinking dangerously**

NHS Digital also released their latest Statistics on Alcohol England survey results of people's drinking habits.

Drinkers aged 55 to 64 years were most likely to consume alcohol at a higher risk: 38% of men and 19% of women of that age group reported ‘usually drinking’ over 14 units in a week.

In 2018, there were 5,698 alcohol-specific deaths, 2% lower than 2017, but 7% up on a decade ago. The alcohol-specific age-standardised death rates per 100,000 population were twice the rate for males (14.8) compared with females (6.9).

In total, two thirds (67%) of deaths were among men. The number of deaths per age cohort peaked at 50-59 years, before falling. 77% of deaths were in the age range 40-69. Alcoholic liver disease accounted for four fifths (79%) of the 5,698 alcohol-specific deaths.

In addition to alcohol-specific deaths, 1,920 deaths were due to unspecified hepatitis and fibrosis and cirrhosis of the liver (defined separately as partially attributable).

As with the LAPE, the NHS figures revealed a geographical divide – age-standardised death rates are highest in the North (East and West) and lower in London and the South.

* alcohol-related morbidity / mortality includes partially attributable admissions / deaths. Alcohol-specific mortality / morbidity does not.
The NCD Alliance identified the industry as one of those barriers, stating: ‘It is important that the Action Plan addresses industry interference as a barrier to alcohol policy progress, as it has been acutely apparent that throughout recent months and days, the alcohol industry were actively lobbying Member States in efforts to dilute existing evidence based recommendations policies which are known to reduce alcohol harm, as well as undermining efforts by Member States to secure a stronger global response to alcohol.’

‘Cancer is one of the diseases linked causally to alcohol,’ said a German delegate speaking on behalf of the EU. The delegate also expressed concern about the “cross-border “digital marketing” of alcohol towards minors. ‘We have to do better,’ Germany concluded. The reduction of the harmful use of alcohol ‘cannot be addressed effectively without cross-border collaboration.’

Norway, the second co-sponsor added to the resolution last night, has also made harmful alcohol use reduction a key cornerstone of a new development aid policy that focuses on non-communicable disease prevention and control.

Civil society actors who had lobbied hard for the new action plan, described it as a “historic moment” but lamented that the “overarching need” for more binding international measures to limit alcohol marketing and advertising, particularly to youths, had not been answered.

Maik Duennbier, director of Strategy and Advocacy at NGO Movendi International (formerly IOGT International), told Health Policy Watch that the EB action follows a decade of inertia. ‘It has taken 10 years for a substantive discussion of the global alcohol burden and the necessary policy response at the WHO governing bodies. Thanks to today’s decision, this will change: the issue will be on the agenda more often and more regularly,’ Duennbier said.

Drink-driving statistics: On the road to nowhere

Yet another year of no significant change in accidents and casualties

Provisional estimates for 2018 show that between 220 and 270 people were killed in accidents in Great Britain where at least one driver was over the drink drive limit (central estimate of 240 deaths).

The number of fatal drink-driving casualties represents about 13% of all deaths in reported road accidents in 2018. The DfT reports that this is lower than the final figure for 2017, but the decrease is not statistically significant, continuing a period of stability recorded since 2010.

There were an estimated 210 fatal drink drive accidents from the casualties. This is a decrease from 220 in 2017 and the lowest level since 2015, but, as with casualties, the reduction in accidents from 2017 is not statistically significant.

There were also minor changes in the total number of drink drive accidents and casualties of all severities when at least one driver was over the drink drive limit, with small increases of 4% (5,900 accidents) and 1% (8,700 casualties) from 2017 to 2018. Approximately 5% of all reported road traffic accidents in 2018 involved at least one driver/rider over the legal alcohol limit.

The final estimates will be published in August 2020.
Wales: MUP is coming, retailers told

Senedd issues reminder ahead of March deadline

A campaign has launched publicising the imminent change to alcohol pricing in Wales – from next month, retailers will have to charge at least 50p a unit of alcohol.

The Welsh Government said the harm caused by alcohol was a "major public health issue" leading to over 500 deaths a year.

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 tells retailers to use a formula for working out minimum pricing.

The legislation will be effective from 02 March, after its introduction was delayed because of objections from Portugal over fears that the law would make the country’s wines "less competitive" delayed its implementation. It was also one of five countries who objected in 2013 to the Scottish Government’s plans, along with France, Italy, Spain and Bulgaria.

A report found alcohol sales in Scotland dropped after a similar system started there in May 2018, but Westminster policymakers currently do not have any plans for setting a limit in England.

To help explain the new law to retailers and customers, the Welsh Government has published a range of posters and guides which can be downloaded from the Federation of Independent Retailers (NFRN) website.

COVER STORY

Alcohol duty doesn't penalise the poor

Alcohol taxes shared evenly between rich and poor

Alcohol duty does not disproportionately burden worse-off households, according to research from the Institute of Alcohol Studies (IAS). ‘Who pays the tab? The distributional effects of UK alcohol taxes’ shows alcohol taxes account for a similar share of the incomes and budgets of rich and poor households alike, and at worst are only mildly regressive.

The findings are based on analysis of official government surveys of living costs. The researchers calculated the amount of alcohol duty that different households paid as a share of their income and total spending. They then compared these figures between better and worse-off families, using a range of different indicators of how well-off they were: income, spending, social class, house size, home and car ownership. In almost every case, they found little difference in the proportion of income or expenditure spent on alcohol duty by more and less affluent households.

In fact, the study suggests, higher alcohol taxes could benefit disadvantaged groups, who would likely see greater health benefits from lower drinking and receive a greater share of any increase in public spending. IAS looked at the effects of using an increase in alcohol tax to increase funding for the NHS. They found that the poorest 60% of households would be better-off on average, getting more in spending than they pay in tax, while the richest households would pay more than they receive.

The findings come as the government weighs up whether to increase alcohol duty in the upcoming Budget. In last year’s Conservative Party leadership campaign, Prime Minister Boris Johnson called for a review of the effects of so-called ‘sin taxes’, and in particular their impact on less affluent households.
Aveek Bhattacharya, senior policy analyst at the Institute of Alcohol Studies, and the author of the report said:

‘The single most effective way for the government to reduce harmful drinking is to make alcohol less cheap. Based on these findings, the Chancellor should not be put off increasing alcohol taxes in next month’s Budget out of concern for inequality. The cuts to alcohol duty he has inherited will cost the public purse £1.2 billion this year, money that would do much more to help the economically disadvantaged by being invested in public services. Gradually raising alcohol duty above inflation over the next 12 years could save 5,000 lives, with a disproportionate share coming from the most deprived households.’

Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance UK, added:

‘The evidence is clear – the most effective way to reduce alcohol harm is to make it less affordable. This research debunks the myth that alcohol duty increases disproportionately burden the poor. In fact, it shows that the most vulnerable have the most to gain if the revenue generated is invested in our overstretched NHS and alcohol services. By increasing alcohol duty by 2% above inflation in the Budget in March, the government will prove that it takes the health of our nation seriously.’

You can watch a 1-minute video explainer of the report here, and you can also click on the microphone icon to listen to Rob Pryce from the University of Sheffield talk about some of the implications of the report’s findings in our February edition of the Alcohol Alert podcast.

All-inclusive alcohol ban in Mallorca and Ibiza

Brits thought to be the target of the crackdown

Authorities in the Balearic Islands will begin to adopt a zero-tolerance policy towards drunken tourists this summer in an effort to ‘put a stop to bad behaviour’ fuelled by excessive drinking, often caused by British holidaymakers, according to newspaper reports.

The new decrees amount to an effective ban on unlimited alcohol served on all-inclusive holiday packages in certain hotspots in Mallorca and Ibiza. Those who flout the regulations will face stiff fines of up to €600,000 for the most serious offences.

2020 has already seen several regulations introduced to the Balearics – including a ban on advertising organised pub crawls, happy hours in bars and alcohol-based excursions as well as a limit on hours that shops can sell alcohol.

In addition, all-day free bars will become a thing of the past, as will the “help yourself” alcohol dispensers in hotel bars and measure. The Balearic Government also intends to suspend new licences for party boats.

Regarding all-inclusive hotels, it is understood that guests will be limited to a total of six alcohol drinks per day under the all-inclusive regime. This is believed to be three drinks with lunch and three with their evening meal. Unruly guests can also be instantly expelled from their hotels. However, the Balearic Government has chosen not to go through the process of making it an official law but is asking for widespread co-operation instead.

The Balearic Government said: ‘The Governing Council has passed a decree law to combat excesses in certain tourist areas, with the aim of forcing a real change in the tourist model of these destinations, encouraging civility, adopting measures to protect the destination and avoiding problems caused by excessive alcohol consumption in certain places in the Balearic Islands. This is the first rule adopted throughout Europe that restricts the promotion and sale of alcohol in certain tourist areas.’

The Daily Express reports that the alcohol legislation will prohibit advertising aimed at encouraging alcohol consumption at tourist establishments, as well as free bars, happy hours or the like. Displaying alcoholic beverages and self-dispensers will be forbidden, and the authorities will also impose a restriction on opening hours – establishments selling alcohol will have to be closed from 9.30pm to 8am.
Pub-crawling – the act of advertising, organising and selling alcoholic routes in the areas affected by the decree – will be banned.

Very serious offences are punishable by fines of €60,001 to €600,000 and may additionally entail closing the establishment for a maximum period of three years, depending on the circumstances that arise. Any other offence included in the decree will be considered minor, with fines of between €1,000 and €6,000.

ABTA, the Association of British Travel Agencies, welcomed many of the proposals, but expressed concern about the element of limiting drinks in all-inclusive hotels. A spokesman for the group said:

‘The Balearic Islands and the destinations of Magaluf and San Antonio are very popular with British holidaymakers. While we strongly support initiatives that improve the health and safety of holidaymakers, such as encouraging bar owners to take a more responsible approach to the sale of alcohol and campaigning for balcony safety among young holidaymakers, we believe some of the measures announced in relation to addressing unsociable behaviour, for example targeting all-inclusive holidays, are misdirected.

‘The vast majority of holidaymakers on all-inclusives are couples and families, so it is difficult to see how imposing strict rules on this type of arrangement will fix the problem of anti-social behaviour in resort. We would encourage the Balearic authorities to reconsider this. ‘It’s also important to highlight that the limits on drinks does not apply to all-inclusive holidays that have already been booked in these resorts.’

Defending the proposals, Minister for Tourism Iago Negueruela said: ‘We want British tourists. We don’t want this type of tourism.

‘British tourism is essential for our islands. We share with the British Government the view that some images of British tourists are embarrassing.’

**Alcohol, the solution to overcome loneliness?**

**Poll finds alcohol used to cope with isolation**

Although some see alcohol as a comfort, it can also increase social isolation, according to a YouGov survey commissioned by social enterprise Turning Point.

12% of Britons who experience loneliness are drinking to cope. The same proportion of respondents admitted that the amount of alcohol they had consumed in the past affected relationships with family and friends.

The poll found that almost 30% of Britons overall feel lonely all, often, or some of the time. Women (35%) are more likely than men (26%) to admit to being affected, but the proportion finding comfort in alcohol to manage isolation is similar (12% and 11% respectively), and men are more likely to become intoxicated from alcohol frequently (12% at least once a week vs 5% of women).

The survey of more than 2,000 British adults reveals the issue is more acute in the North, with 21% of those surveyed (including a quarter of adults surveyed (20%) in the North West) turning to alcohol to manage feelings of loneliness, against 10% for the South.

Not having a job or being a student can also increase the likelihood both of social isolation and being intoxicated: Nearly one in three (30%) unemployed Brits drink alcohol on a weekly basis, while half of among students, half felt lonely and nearly a quarter (23%) reported getting intoxicated at least two to three days a week within the last 12 months.

When split by age, Generation X (ie people aged 40 to 55) and the over-55s, were most likely to use alcohol to cope with isolation. Nearly one in six (15%) of 35 to 44-year-olds and 11% aged 55+ who feel isolated drink for this reason. A strategy was launched two years ago to alleviate the problem of loneliness, but a recent government report has admitted more action is needed. More investment is also needed in community alcohol treatment services so more can be done around prevention and early intervention.

Jan Larkin, head of psychology and a consultant clinical psychologist at Turning Point, said: ‘It’s worrying that so many feel lonely, and some are turning to alcohol for comfort. They risk becoming even more isolated by relying on drink. More commitment is also needed from the government to addressing the issue. A cross-cutting strategy on alcohol-related harm would enable currently overstretched services to do more. They would be able to reach out to people in the early stages of dependency and help them make a change.’
ALCOHOL SNAPSHOT

Men pay the lion’s share of most alcohol taxes in England – except wine duty

In recent years, there has been growing interest in the gender impact of government tax policies, reflected in the trend towards ‘gender budgeting’. Consequently, when IAS decided to look at the distributional effects of alcohol taxes in this month’s Who pays the tab? report, we decided to analyse how the burden of alcohol duty is split between men and women.

The chart above combines data from the Health Survey for England and tax clearance data from the government to estimate the share of different alcohol taxes paid by men and women. It shows that overall men pay the majority of alcohol tax – around three fifths in total. This is driven by the fact that men account for a far higher proportion of beer and cider sales than women (although it should be noted that the cider figure is based on a very small sample). Spirits duty is split more evenly, although is still more likely to be paid by men. By contrast, the only alcohol that women pay the majority of is wine duty.

These findings suggest that recent government alcohol tax policy has favoured men over women. Since 2012, beer duty (overwhelmingly paid by men) has been cut by 18% in real terms, whereas wine duty (which has greater effect on women) has been cut by 2%.

You can read the full report here.