All Party Parliamentary Group on Alcohol Misuse

MANIFESTO 2015

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Alcohol Concern
The charity making sense of alcohol

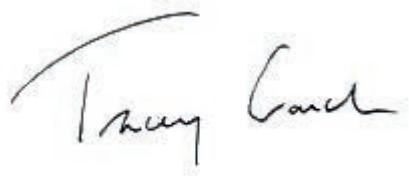
Foreword by Tracey Crouch

The debate on alcohol and its place in and cost to society is a not new one. Successive governments have pursued what they believe to have been the right policies in trying to encourage responsible drinking, but how effective they have been in limiting the overall cost of alcohol to society is certainly something up for debate.

The facts and figures of the scale of alcohol misuse in the UK speak for themselves: 1.2 million people a year are admitted to hospital due to alcohol; liver disease in those under 30 has more than doubled over the past 20 years; and the cost of alcohol to the economy totals £21bn. There must be a more thorough and full package of measures which tackles the problem more effectively and reduces the costs to people's health of alcohol-related crime and treatment.

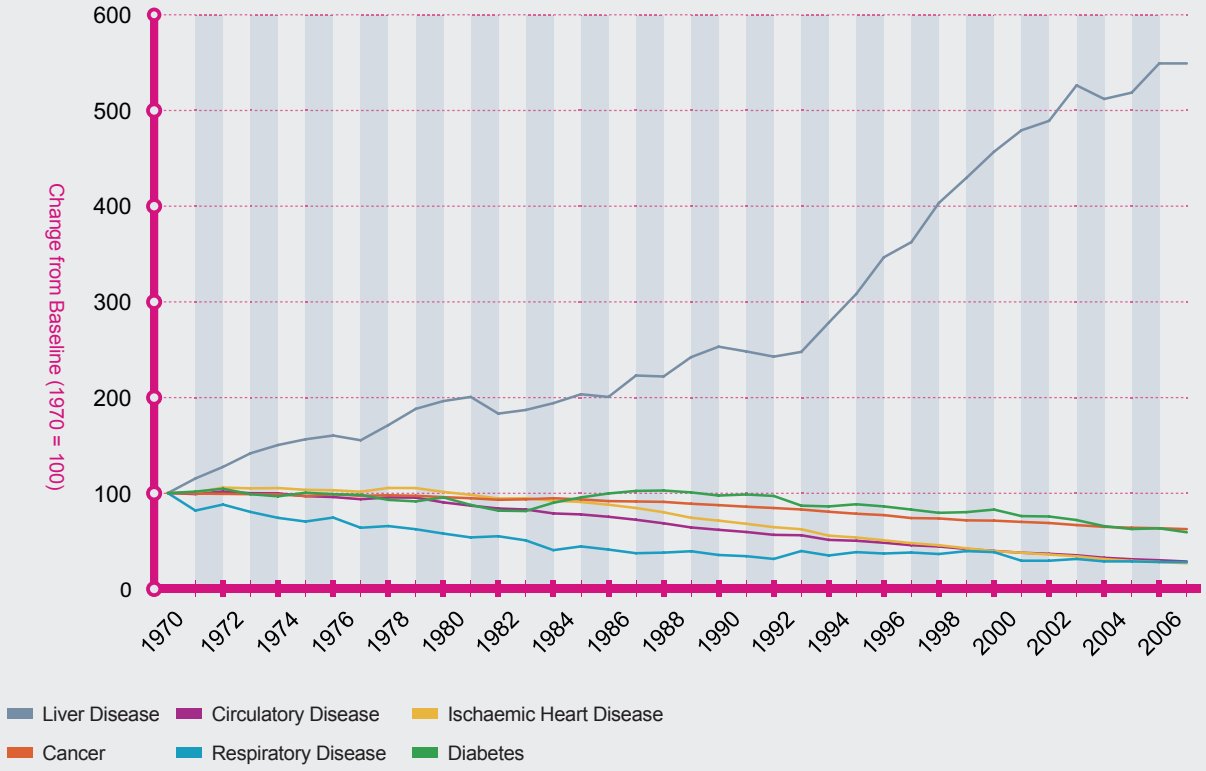
We want to be clear that this manifesto is not designed to end or curtail people's enjoyment of alcohol – many people enjoy alcohol responsibly and in moderation. Instead it sets out some of the key points that the All Party Parliamentary Group believe should form the foundation of a future government's Alcohol Strategy and deal with the type of alcohol misuse which puts strain on our public services and ends lives all too prematurely.

We accept that not everyone will agree with our proposals, but by publishing what we believe would be welcome policies for any future government to adopt in tackling this issue, we hope to inform and continue the debate on alcohol now and in the future.



The All Party Parliamentary Group on Alcohol Misuse is calling on political parties to commit to the following measures to effectively minimise alcohol-related harm in the UK:

1. **Make reducing alcohol harms the responsibility of a single government minister with clear accountability**
2. **Introduce a minimum unit price for alcoholic drinks**
3. **Introduce public health as a fifth licensing objective, enabling local authorities to make licensing decisions based on local population health need and the density of existing outlets**
4. **Strengthen regulation of alcohol marketing to protect children and young people**
5. **Increase funding for treatment and raise access levels from 6% to 15% of problem drinkers**
6. **Commissioners should prioritise the delivery of Identification and Brief Advice. Identification and Brief Advice should be delivered in a wide range of different settings including health care, involving GPs routinely asking questions, and in-workplace programmes**
7. **Include a health warning on all alcohol labels and deliver a government-funded national public awareness campaign on alcohol-related health issues**
8. **For all social workers, midwives and healthcare professionals, introduce mandatory training on parental substance misuse, foetal alcohol syndrome disorder and alcohol-related domestic violence**
9. **Reduce the blood alcohol limit for driving in England and Wales to 50mg/100ml, starting with drivers under the age of 21**
10. **Introduce the widespread use of sobriety orders to break the cycle of alcohol and crime, antisocial behaviour and domestic violence**



Source: University of Stirling and Alcohol Health Alliance (2013)

One person is killed every single hour by alcohol.[1] Each of those individuals is a loved one – a parent, a brother or a sister, a friend and, tragically, often a child. Annually 1.2 million people are admitted to hospital due to alcohol-related causes, and countless others see their health damaged because of it.[2] We are experiencing nothing short of a national crisis in the UK because of alcohol: we need to act now to stop it.

Alcohol misuse can lead to a wide range of different health conditions, including cancer, heart disease and strokes. Liver disease is the only major disease against which we are not making meaningful progress; over the past ten years, incidence amongst sufferers aged under 30 have increased by 112%.[3] Alcohol is a factor in around half of all violent crime: as well as its human toll, this costs the British economy £21bn a year.[4]

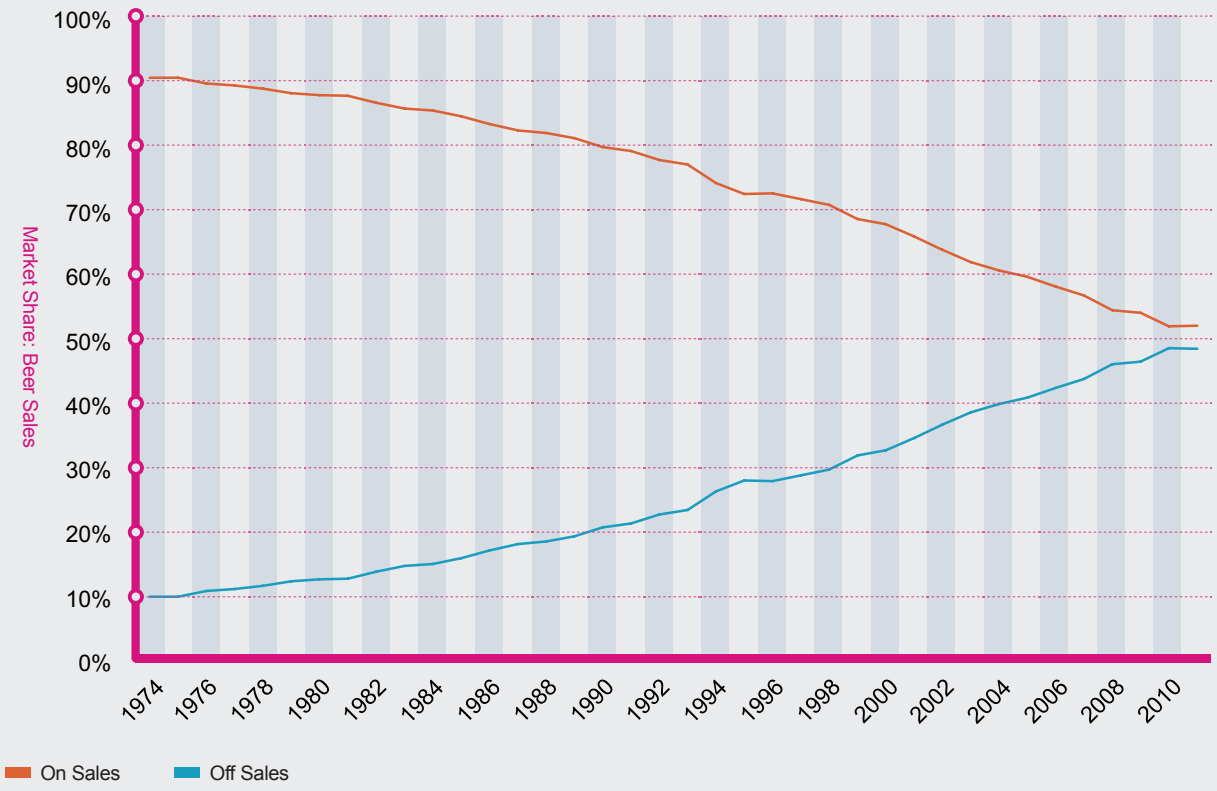
But alcohol consumption does not just harm the individual drinker; all too often it affects innocent bystanders through its role in child abuse and neglect, domestic violence, family breakdown and crime and disorder. It tears apart families and damages entire communities. Its impact is felt across the board and there is not a neighbourhood in the UK that remains untouched.

Alcohol problems within families cause misery for children. One-fifth of all young callers to ChildLine are worried about drinking by a parent or other significant person, describing concern about neglect, violence, isolation and fear.[5] 93,500 babies under one year old live with a parent who is a problem drinker[6] and 74% of child mistreatment cases in the UK are alcohol related.[7]

Within the home, domestic violence is all too often linked to drinking. In 2009/10, over one-third of domestic violence victims in England and Wales perceived their attackers to have been under the influence of alcohol[8] and four in ten male domestic violence offenders in England have a history of alcohol abuse.[9] Every year alcohol costs us £11bn in criminal justice costs[10] – enough to keep more than 260,000 police officers on our streets or 278,000 nurses in our A&E departments.

The cruellest effects of alcohol are felt most by those who can least afford it. Even though as a group they don't consume as much alcohol, due to existing health inequalities, people in the most deprived areas of the country are disproportionately more likely to experience the impacts of alcohol-related crime, more likely to suffer the impacts of alcohol-related health conditions, and more likely to die from a condition caused by alcohol consumption.[11]

Alcohol abuse has become a national pandemic and needs to be treated as such. It is the primary task of any responsible government to protect the welfare of the people it serves, particularly those most in need. Effective alcohol policies facilitate individual responsibility by enabling genuinely informed choice, creating a balanced environment that does not encourage drinking, and affording far greater protection to the vulnerable and innocent in society such as children and young people. People have the right to enjoy alcohol, but others also have the right not to have their lives negatively affected by it.



Source: University of Stirling and Alcohol Health Alliance (2013)

Key measures to reduce alcohol-related harm

1. Make reducing alcohol harms the responsibility of a single government minister with clear accountability

Given the high levels of alcohol-related harm present in the UK, alcohol policy should be returned to the portfolio of a single government minister to ensure clear lines of responsibility and encourage effective and efficient action to tackle alcohol misuse at a national level.

2. Introduce a minimum price for alcoholic drinks

With a three litre bottle of cider currently cheaper than a ticket to the cinema,[12] one in five children who drink now consume 15 or more units per week[13] – twice an adult woman's weekly recommended limit and more than enough to interfere with a teenager's neuro-development. Alcohol is nearly two-thirds (61%) more affordable than it was in 1980[14] and, of all alcohol sold, very cheap products play the biggest part in driving alcohol-related harm.[15]

The current ban on 'below cost sales' of alcohol will affect only 1.3% of all alcohol units sold,[16] reducing the country's drinking by the equivalent of less than half a pint of beer per drinker, per year.[17] The impact on harmful drinkers and alcohol-related harm will be negligible.

In contrast, a minimum unit price would precisely target the products such as super-strength white cider and cheap spirits that are known be consumed by harmful drinkers and children, without penalising moderate drinkers, including those on low incomes. In fact, as lower-income households disproportionately suffer the harms of alcohol, they would see the greatest benefits from minimum unit pricing. Data from the University of Sheffield suggests that routine and manual worker households would account for the vast majority of the reduced deaths and hospital admissions brought about by a minimum unit price, whilst the consumption by moderate drinkers in low-income groups would only drop by the equivalent of two pints of beer a year.[18]

Importantly, minimum unit pricing also supports socially responsible local pubs, who are currently struggling to survive because of irresponsibly low prices in supermarkets and off-licences. Prices at the pumps are likely to be unaffected, as most drinks are already sold at significantly higher prices than in the off trade.[19]

Off-licensed premises including supermarkets in England and Wales

Number of off-licensed premises	1910	1930	1950	1970	1989	2009	2012
	24,438	22,166	23,532	27,910	45,507	49,074	51,130

Source: British Beer and Pub Association, Statistical Handbook, Brewing Publications Limited, London

3. Introduce public health as a fifth licensing objective, enabling local authorities to make licensing decisions based on local population health need and the density of existing outlets

The availability of alcohol drives consumption.[20] Put simply, the easier the access to alcohol, the more society drinks. Licensing authorities are now responsible for public health and must be given the tools they need to tackle alcohol-related harm. Public health should be made a core licensing objective throughout the UK, enabling licensing committees to take into account the total number of premises selling alcohol and the impact on the health and wellbeing of the local population when considering applications.

4. Strengthen regulation of alcohol marketing to protect children and young people

Children growing up see alcohol marketing on a daily basis, and are more familiar with alcohol brands than with leading biscuit or ice-cream brands.[21]

Compared with adults, children and young people are exposed to significantly more alcohol adverts than expected, given their viewing habits – 51% more in the case of advertising for ready-mixed alcopop drinks.[22] Sport, and football in particular, is hugely popular with children and young people, with alcohol sponsorship sending contradictory messages about the health benefits of participation. Viewers of top-flight football are exposed to two alcohol references every minute[23] and during the FIFA World Cup 2010, Carlsberg ('the official beer of the England football team') expected to sell an extra 21 million pints.[24]

Children can't make responsible decisions about their drinking if they grow up bombarded by excessive alcohol marketing. Yet our marketing regulations are failing to protect the youngest in society. Regulation must be statutory and independent of both the alcohol and advertising industries. The regulator needs meaningful sanctions, such as fines, that deter non-compliance.

5. Increase funding for treatment and raise access levels from 6% to 15% of problem drinkers

With one in 20 adults dependent on alcohol in the UK,[25] 'problem drinking' does not simply refer to 'street drinkers'; it could affect each and every one of us, and those we care about. There are 1.6 million dependent drinkers[26] in England, but only 6% of these individuals access treatment.[27] Alcohol Concern has calculated that £217 million is spent annually on alcohol treatment – just £136 per dependent drinker, compared to £436 million on drug treatment or £1,313 per drug user.[28] Both NICE and the Department of Health have recommended a target of 15% for drinkers to have treatment locally. Fully implementing this guideline in England would save £9.3 million per year: for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs.[29]

6. Commissioners should prioritise the delivery of Identification and Brief Advice. Identification and Brief Advice should be delivered in a wide range of different settings including health care, involving GPs routinely asking questions, and in-workplace programmes

Most people with alcohol-related problems drink at hazardous or harmful levels rather than being fully alcohol dependent, but few seek professional help for their drinking. There is good evidence of the effectiveness of opportunistic early Identification and Brief Advice from general practitioners and other health professionals.[30] Given the number of individuals drinking at potentially or actually harmful levels (in England, a quarter of the population), the wider use of such Brief Interventions would significantly reduce the overall burden of disease caused by drinking. This would have a considerable impact on reducing the costs of alcohol to the NHS and wider society.

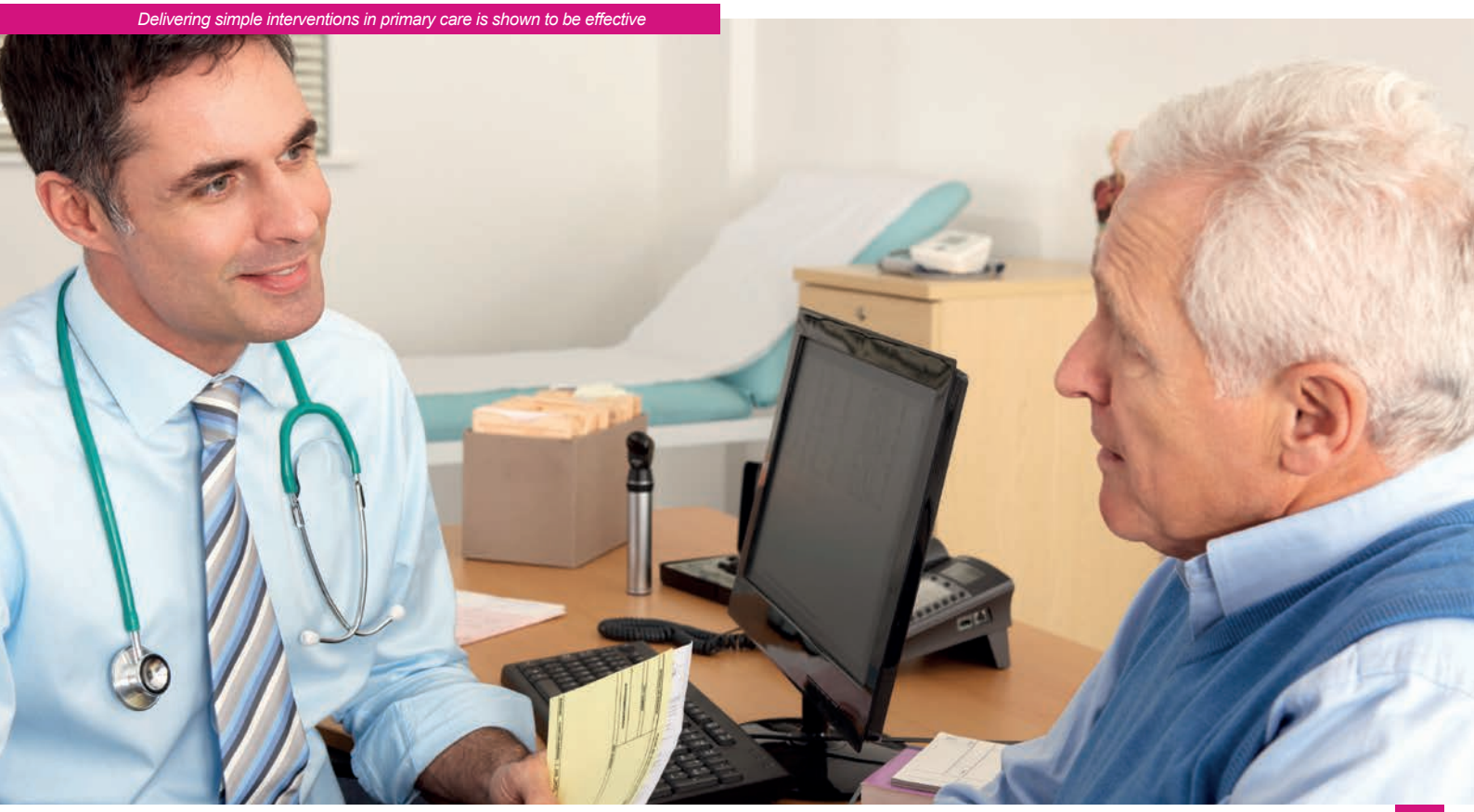
7. Include a health warning on all alcohol labels and deliver a government-funded national public awareness campaign on alcohol-related health issues

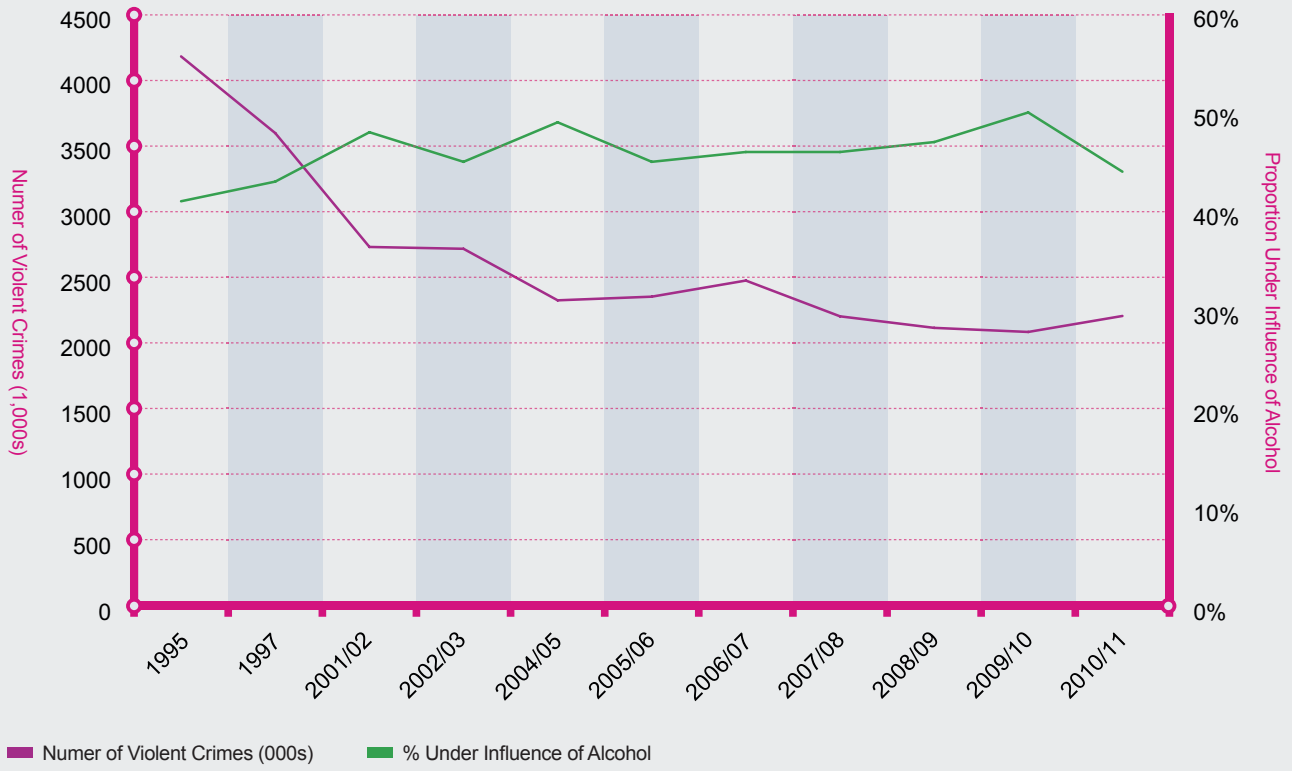
Information, education and awareness campaigns enable individual responsibility and are vital components of a comprehensive approach to reducing the harm from alcohol – consumers should have the right to make informed decisions about the products they purchase. This is particularly important for alcohol, a known carcinogen linked to more than 60 different health conditions.[31] Beyond liver disease, the public's understanding of the health problems associated with alcohol is low.

Health warnings are a familiar and prominent feature on all tobacco products. Likewise, detailed nutritional labelling is ubiquitous on food products and soft drinks. Yet consumer information on alcohol products usually extends no further than the volume strength and unit content. In order to inform consumers about balanced risk, every alcohol label should include an evidence-based health warning as well as describing the product's nutritional, calorific and alcohol content.

There is no independently funded national alcohol campaign, not even on drink driving. Mass media health campaigns should be funded and developed as part of strategies to reduce the harm from alcohol, designed and delivered independently of the alcohol industry.

Delivering simple interventions in primary care is shown to be effective





Source: University of Stirling and Alcohol Health Alliance (2013)

8. For all social workers, midwives and healthcare professionals, introduce mandatory training on parental substance misuse, foetal alcohol syndrome disorder and alcohol-related domestic violence

Parental alcohol misuse is widespread, and its impact on children and childhood can be very damaging: over 60% of social workers' caseloads around children involve alcohol. Children living with alcohol-misusing parents may not be in contact with health or social services until problems escalate, and even then, parental alcohol misuse is not always recognised or recorded.

Training for social workers and healthcare professionals must include how to recognise and deal with parental substance misuse and related domestic violence, and action taken to address gaps in resources, information and research on the scale and nature of foetal alcohol syndrome.

9. Reduce the blood alcohol limit for driving in England and Wales to 50mg/100ml, starting with drivers under the age of 21

The costs of drink driving are significant, and the risks to innocent bystanders and other road users are unacceptable. Almost one in six deaths on the road involve drivers who are over the legal alcohol limit, and these numbers are rising: drink-drive accidents increased by 17% between 2011 and 2012.[32] Drivers between the ages of 17 and 24 are far more likely than others to be involved in a fatal collision after drinking alcohol.[33] Young drivers are particularly at risk of crashing when they have been drinking because they are less experienced drivers and may have lower tolerance to the effects of alcohol.

The UK currently has one of the highest blood alcohol limits for driving in the world, at 80mg of alcohol per 100ml of blood. Most European countries have a limit of 50 mg.[34] Drivers with a blood alcohol level of 50-80mg are 2-2.5 times more likely to crash than those with no alcohol in their blood, and up to six times more likely to be involved in a fatal collision.[35]

As recommended by the North Review,[36] and in line with common practice in most of the European Union, the blood alcohol limit for driving in England and Wales should be reduced from 80mg/100ml to 50mg/100ml. Police should also be given powers to stop and test drivers for alcohol at any time, even where there is no evidence of a specific offence; this is known as 'random breath testing'.

International evidence shows that a reduction in blood alcohol limits is accompanied by major falls in road fatalities.[37] The introduction of a national limit of 50mg in Australia produced an 8% reduction in fatal crashes and an 11% reduction in crashes resulting in hospital admission. Estimates by the National Institute for Health and Clinical Excellence (NICE), and quoted in the North Review, suggest that around 7% of current road deaths in the UK could be avoided in the first year of 50mg limit.[38]

10. Introduce the widespread use of sobriety orders to break the cycle of alcohol and crime, antisocial behaviour and domestic violence

More than two in five (44%) of violent crimes are committed under the influence of alcohol, as are 37% of domestic violence incidents. One-fifth of all violent crime occurs in or near pubs, and 45% of adults avoid town centres at night because of drunken behaviour. Alcohol-fuelled violence and criminality causes mayhem in our town and city centres. Sobriety orders, which are already being trialled around the country, present an innovative way to encourage offenders who have committed alcohol-related crimes to face up to their actions and the causes of their behaviour.

Sobriety orders require an offender to abstain from alcohol for a fixed period of time following a conviction, with alcohol levels monitored either though regular breath tests or electronic tags. They can be used as criteria for conditional cautions, community orders and suspended sentences imposed by courts on offenders.

Sobriety orders are a cost-effective, simple option that, when imposed alongside a wider programme of treatment, support and proper training of staff, have the potential to reduce levels of alcohol-related crime and disorder.

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The All Party Parliamentary Group on Alcohol Misuse

The All Party Parliamentary Group on Alcohol Misuse exists to promote the discussion of alcohol-related issues, raise issues of concerns and to make recommendation to government and other policy makers.

All-party parliamentary groups are made up of backbench MPs and peers from all political parties in Parliament. They provide an opportunity for cross-party discussion and co-operation on particular issues.

The Officers of the APPG on Alcohol Misuse are:

Tracey Crouch MP (Chair)
Lord Brooke of Alverthorpe
Fiona Bruce MP
Baroness Hayter of Kentish Town
Russell Brown MP
Baroness Finlay of Llandaff

Alcohol Concern provides the secretariat to the APPG on Alcohol Misuse

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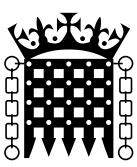

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