NATIONAL ALCOHOL HARM REDUCTION STRATEGY

INTERIM ANALYSIS: EXECUTIVE SUMMARY

SEPTEMBER 2003

The interim analysis is the evidence base for the National Alcohol Harm Reduction Strategy. The full interim analysis is available on the Strategy Unit website http://www.number-10.gov.uk/output/Page77.asp. It is not the final report and does not contain any policy recommendations. The interim analysis covers alcohol and its effects; problem drinkers and addressing harms. The National Alcohol Harm Reduction Strategy will be published later in the year.

KEY POINTS

Alcohol plays an important part in our society and makes a substantial contribution to the UK economy. The harm reduction strategy will be part of this wider picture.

- Over 90% of adults in Britain, nearly 40 million people, consume alcohol. It is widely associated with pleasure and relaxation; drinking in moderation can confer some health benefits;
- The total value of the UK alcoholic drinks market exceeds £30 billion and generates approximately 1 million jobs in the UK; it plays a key role in tourism and leisure industries
- Excise duties on alcohol raise about £7 billion per year in Exchequer revenues.

We are drinking more and more often

- Over half the adult population drinks less than 14/21 units a week;
- However almost 1 in 3 adult men and nearly 1 in 5 women now exceed 21 and 14 units per week respectively;
- Drinkers under the age of 16 are drinking twice as much today as they did 10 years ago and are likely to get drunk earlier than their European peers;
- In this report, binge drinking is intended to describe heavy or risky consumption of alcohol in a single session. For research purposes, the definition we have used is double the daily guidelines. This equates to 6 units (about a two thirds of a bottle of wine) for women or 8 units (about 4 pints) for men. This definition reflects the benchmark used in official national surveys.
- In the UK binge drinking accounts for 40% of all drinking occasions by men and 22% by women;
- Heavy drinking matters because it leads to an increased risk of a range of harms.

Harms resulting from alcohol misuse affect a wide cross-section of society at considerable cost

Type of harm and cost	**Numbers affected**
Crime and Disorder [Up to £7.3 billion]	▪ An estimated 1.2m incidents of alcohol related violence ▪ 360,000 alcohol related incidents of domestic violence ▪ 85,000 cases of drink driving
Health [Up to £1.7bn]	▪ Alcohol-related disease accounts for 1 in 26 NHS bed days (c. 2m) ▪ Up to 35% of all A&E attendance and ambulance costs, £0.5bn, are estimated to be alcohol related ▪ some 40% of all A&E admissions are alcohol-related ▪ Up to 150,000 hospital admissions are related to alcohol misuse ▪
Workplace/ Productivity [Up to £6.4bn]	▪ Up to 17m working days are lost annually due to alcohol related absence
Family/social networks [unquantifiable]	▪ Between 0.78-1.3m children affected by alcohol misuse in the family ▪ Up to 20,000 street drinkers in the UK

We calculate the additional human and social costs of crime at £4.7bn; lack of data has not allowed them to be calculated in other areas.

A wide range of factors influence the likelihood of an individual drinking excessively

- Individual characteristics such as age, gender, personality and family background influence drinking behaviour and hence the risk of harm
- External factors such as surrounding culture, price, availability, setting and advertising also influence drinking behaviour and hence the risk of harm
- What is crucial is the interaction of these factors
- So there is no such thing as a typical heavy drinker, but groups at greater risk of harm can be identified.

Interventions designed to address alcohol related harm fall into four broad categories

- Educating people about the effects of alcohol, particularly young people; this includes looking at the effect of advertising
- The supply of alcohol: the industry are key partners in reducing harm
- Effective help to prevent, identify and treat problems
- Preventing alcohol-related crime and disorder and dealing with it where it occurs

In all these areas there is much good practice to build on. But experience shows that interventions work best as part of a package. A strategy with clear objectives and indicators is needed to make the best of the good work already going on.

INTRODUCTION

Alcohol plays an important part in our society. The majority of people drink sensibly the majority of the time. Alcohol is a major part of our economy. It is against this wider context that the Strategy Unit has been asked to look at the harms caused by alcohol and ways of reducing them. This report therefore focuses on analysing the harms associated with alcohol misuse.

As a nation we are drinking less than we did a century ago, but the trend has been steadily up over the last fifty years. In terms of the total amount of alcohol drunk, the UK has been a relatively moderate consumer compared with other Western European countries. Historically, the heaviest drinking countries have been the wine-producers. However, in recent years, consumption has fallen in most of these countries, and tended to stabilise elsewhere in Western Europe. In the UK, by contrast, consumption is still rising. If present trends continue, the UK would rise to near the top of the consumption league within the next ten years.

Over half the population drink less than 14/21 units a week. 6.4m drink up to twice that much in a week and a further 1.8m more than twice. Nearly 6m drink more than twice the daily guidelines. We define two harmful patterns of drinking:

- binge drinking: this is based on intake of double the daily guidelines. However since alcohol will affect different people in different ways, there is no fixed relationship between the amount drunk and its consequences. So although many people understand "bingeing" to mean deliberately drinking to excess, or drinking to get drunk, not everyone drinking over 6/8 units in a single day will fit this category. Similarly many people who are drinking to get drunk will drink far more;
- chronic drinking: a general term to refer to sustained drinking above the previous weekly guidelines which is having or likely to lead to risk of harm.

As a population we are drinking more, and more often: men still drink more than women but women are catching up fast. We have particularly high levels of binge drinking amongst 16-24 year olds, and British teenagers are some of the heaviest teenage drinkers in Europe. Most young drinkers reduce their levels spontaneously, but a significant minority continues to drink at high levels.

Heavy drinking matters because it leads to an increased risk of harm, both immediately and in later life. Not all heavy drinkers suffer harm. But their risk of encountering a range of harm is much higher and they can harm not only themselves, but also families, friends, employers and society.

ALCOHOL AND ITS EFFECTS

- The harms and their costs

There are four broad areas of harm associated with alcohol misuse:

- Health – up to £1.7bn in costs to the NHS
- Crime and public disorder – up to £7.3bn (and a further £4.7bn in human and emotional costs of alcohol related crime.)
- Productivity at work – up to £6.4bn in lost productivity
- Family and social networks – there are no reliable estimates. This reflects the difficulty of defining the role of alcohol compared to other factors in

complex problems; and lack of reliable data on a problem which by definition is often hidden.

- Those who are affected

Binge drinkers - defined as drinking over twice the daily guidelines (8+ for men/6+ for women): predominantly but not exclusively between 16 and 24. Both men and women are at greater risk of accidents and alcohol poisoning; young men in this group are far more likely than women both to commit and to experience alcohol-related violence between strangers and acquaintances, whilst young women are at increased risk of sexual assault and domestic violence. Both genders are likely to have lower earnings and higher unemployment than other drinkers are.

Chronic drinkers - sustained drinking above previous weekly guidelines: men over 40 and, to a lesser extent, women are likely to suffer chronic diseases and to die earlier (although for men over 40 and post-menopausal women this has to be offset against lower risk of heart disease). They are less likely than binge drinkers to commit crimes. Up to a point they prosper at work;

Chaotic drinkers: very vulnerable with multiple problems - for example, rough sleepers.

Families of drinkers: suffer as their health, productivity and ability to cope decline: between 0.78 and 1.3m children are affected by parental drinking.

Society as a whole: there are an estimated 1.2m alcohol-related violent incidents every year, and a quarter of the population see drunk and rowdy behaviour as a problem in their neighbourhood.

- The numbers affected

  - » alcohol dependence syndrome accounts for over 30,000 hospital admissions per year;
  - » 150,000 hospital admissions as a consequence of alcohol;
  - » around 20,000 people die prematurely, about a fifth of those because of acute problems;
  - » there are an estimated 1.2m alcohol-related violent incidents every year;
  - » around 480 deaths as a consequence of drink-driving;
  - » up to 17m days lost from alcohol-related absence and up to 20m due to alcohol-related reduced employment activity;
  - » between 0.78 and 1.3m children affected by family drinking; and up to 20,000 street drinkers.

PROBLEM DRINKERS

- Broadly, the relationship between drinking and harm is shaped by the interaction of risk factors at three levels:

  - » alcohol (frequency/volume of consumption);
  - » individual (e.g. personality, genetics, physiology); and
  - » environment (e.g. price, supply, beverage type, brand, social/cultural factors)

- These factors interact in a variety of ways to determine drinking behaviour and therefore risk of harm.

- The interaction of the factors is as important as the factors themselves. For example, a young man may drink heavily without causing harm; his friend may drink the same amount but commit a violent offence because of other factors such as his personality and drinking environment; another friend may end up in hospital with alcohol poisoning because of peer pressure to drink and inability to cope with the amount consumed.

- It is important to emphasise that there is no such thing as a typical heavy drinker. We cannot pick out specific individuals at risk of harm.

- However, those with a mix of the factors described above are most likely to drink heavily and therefore to experience or cause problems. The highest risks lie with young unskilled males who take risks, have less stable family backgrounds, early experience of drinking, live in a heavy drinking culture and are influenced by alcohol promoted at low prices.

- The most powerful determinant of drinking pattern is age. Those aged 16-24 drink heavily and often. As they reach their late twenties, the majority reduces drinking levels. A minority continues to experience and cause harm.

ADDRESSING HARMS

- The current UK system covers a wide range of approaches. There is a lot of very good practice and innovation at a local level by providers, both statutory and voluntary. But from an individual's perspective the system is complex, confusing to enter and to navigate around with little referral from one part to another, and often perceived as running at full capacity. And from a service provider perspective funding and accountability are complex; mechanisms for co-ordination are patchy; and there are few shared objectives or indicators. So there is little incentive - or often capacity - to tackle harm coherently.

- The strategy will therefore need to build on and support local good practice, allowing maximum flexibility to meet local need and co-ordinate delivery against a clear framework of objectives and indicators.

- Interventions designed to address alcohol related harm fall into four broad categories:

  - *Education, information and communication* – education is important to impart information, but cannot change behaviour in isolation;

  - *Supply and pricing* – price and availability are important levers on overall consumption but the evidence is less able to demonstrate the likely impact of specific measures, and the interplay with other factors is crucial in determining overall behaviour.

  - *Health and Treatment Services* – different categories of drinker are likely to take different courses through the system and provision needs to reflect this. Supporting motivation may be crucial to success of treatment.

- » *Community safety* – planning ahead and prevention make a major contribution to minimising harm. The alcohol industry is a key partner and there are examples of excellent practice. However public drunkenness remains widely tolerated, and some reoffend repeatedly. Drink-drive policies are delivering good results though there is no room for complacency.

- A successful strategy to reduce the harm caused by alcohol will:

  - » include a variety of approaches spanning both the need to prevent harm from occurring and to deal with the consequences of harm;
  - » recognise that changing behaviour and attitudes is a long-term process requiring a package of measures;
  - » work with the attitudes and culture in seeking to change behaviour;
  - » ensure best use of resources, particularly in seeking to prevent harm;
  - » draw on best practice and what works; and
  - » recognise that responsibility is shared between individuals, the alcohol industry and Government.