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Dear Sirs

Re: National Alcohol Harm Reduction Strategy

Thank you for inviting the British Medical Association (BMA) to comment on the above strategy. The BMA has a long history of studying the harm caused by alcohol to the individual and to society. Substantial BMA policy has been developed on such matters and Appendix one attached to this letter sets out the resolutions of the BMA relating to alcohol and lists relevant reports that we have published over the last two decades.

Rather than respond to every question posed in your strategy consultation, we have elected to provide the following comments on areas where the BMA has specific policy.

General comments

Alcohol misuse is a UK problem which requires a UK strategy (the foreword talks only of England). The problem now extends to all sections of the community, in terms of age- and gender-related drinking and effects on the major conurbations, market towns and rural communities. Underage drinking in pubs now seems widespread and largely ignored by the authorities.

The BMA has suggested¹ that establishing a sensible drinking message is only a small part of controlling the harm caused by alcohol to the individual and society. Measures need to be taken to reduce the mean level on consumption within the UK, as it is clear that the lower the mean level of consumption the fewer the problems associated with alcohol, both for the individual and for society. A wide range of government departments need to take action to reduce the mean levels of drinking if the harm caused by alcohol is to be reduced.

There are existing competent definitions of excessive and harmful drinking that do not require reinvention by this group (see next page).

Effects of alcohol on health

Drinking above recommended limits poses a major threat to the health of individuals and significant threats to society such as drink driving, accidents and violence. The relationship between drinking and health damage is linear; the more one drinks the greater one's risk.

¹ Alcohol: Guidelines of Sensible Drinking (BMA 1995)

Alcohol consumption, both regular heavy consumption and 'binge drinking', is associated with:

- physical and mental health problems
- antisocial behaviour
- violence, including domestic violence
- accidents, injuries and road traffic accidents
- effects/after effects of alcohol on work capabilities including an increased risk of accidents in the workplace

Drinking too much on a regular basis increases the risk of damaging one's health, including liver damage, mouth and throat cancers and raised blood pressure².

The following message should be conveyed to the public under the heading of sensible drinking³:

- The risk of developing alcohol related disease is low if you drink no more than 2 units per day (women) or 3 units per day (men). The amount and type of alcoholic drink, and an individual's weight, sex, age and metabolism are all important. The quantity of alcohol in a half-pint of beer is approximately the same as in a pub measure of spirits or a pub measure of port/sherry or a small glass of wine. It is important to note that:
 - many beers and wines have a higher alcohol content than the average
 - drinks poured at home are usually more generous than pub measures
 - cocktails are especially potent; their high alcoholic content is often masked by the taste of fruit juice).
- If you drink more than these amounts, you progressively increase the risk of harm to your health, whereas drinking within these limits may actually reduce the risk of heart disease.
- Drinking that causes drunkenness is dangerous to yourself, your family and society.
- Drinking before and during work impairs judgement and effectiveness and is potentially dangerous.

Services

It would be helpful to standardise the process by which a health practitioner refers a patient for help. Existing difficulties are illustrated by the experience of one of our members who is based in Glasgow. She comments that in her area there are several services, many voluntary, and a few medical. All are oversubscribed and any referral requires several telephone calls to see who can help first. Also, most of these services can be accessed by many different sources, including district nurses, CPN, social services, GPs, hospital departments. A common pathway in which all patients are referred by their GP would make the system easier to understand and allow referrals to be tracked.

General practice has a key role to play in both identifying unsafe drinking and assisting with its management and referral. However, at present we suspect that GPs in most parts of the country are handicapped by the poor and patchy provision of other relevant services. The capacity of dedicated NHS support services for the families of problem drinkers needs to be improved significantly.

Accidents and drink driving

Patterns of drinking are important in determining the level and nature of risk to society and to the individual. Loss of control when driving remains a huge danger. Alcohol is an important factor in road traffic accidents, including accidents involving pedestrians, and in industrial and workplace accidents. Around ten people die in drink/drive accidents every week in the UK. About five percent of all casualties and 15 percent of road accident deaths are alcohol-related⁴.

² Alcohol and young people (BMA 1999)

³ Alcohol: Guidelines of Sensible Drinking (BMA 1995)

⁴ 'Road Accidents GB', 2000, TSO – Table 3a

While there is no definitive scientific answer to the question of what should be the permitted blood alcohol concentration (BAC) for driving, there is significant evidence that any level of detectable blood alcohol increases the relative risk of accidents. Permitted BACs should therefore be set at the lowest practical level: that is the level that is acceptable to public opinion, enforceable and that has been shown to be successful in reducing road traffic accidents. It would also seem appropriate to establish a limit that can be applied throughout the European Union. Based on these criteria and the available evidence, the BMA recommends that the legal BAC for driving in the UK should be reduced from 80mg/100ml to 50mg/100ml of blood, and supports the introduction of random breath testing⁵.

We have campaigned actively on road safety issues, including seat belts and drink driving, because we see and deal with the tragic consequences of avoidable accidents. The BMA believes that reducing blood alcohol concentrations will prevent deaths and reduce the number of lives ruined by drinking drivers.

Violence / disorder

The strategy needs to address acute drunkenness and the social nuisance, crime, disorder and injury that so often result. Alcohol is a problem associated particularly with younger males but increasingly with younger females. The strategy also needs to address chronic excess alcohol intake, with or without drunkenness, and its major health impact on individuals, their families and society.

Alcohol is also implicated in many forms of violence including domestic violence⁶ and legislative changes that affect patterns of drinking could have a major beneficial impact.

Young people

The strategy needs to address the impact on the drinkers and on those also affected, whether family or community. It also needs to understand and take account of the attitudes of younger people who may be affected by pricing as a disincentive to heavy drinking but do not respond well to what they regard as sanctimonious preaching by their elders. On the other hand many younger people now seem to be far more careful about drink driving than was the case for previous generations.

The BMA is also concerned that unhealthy patterns of drinking by teenagers may lead to an increased level of addiction and dependence on alcohol in adulthood. Young people are also at risk from abuse - including acute poisoning - and from alcohol related accidents.

Advertising

The BMA supports all measures and initiatives designed to reduce the advertising of alcohol to those under 18 years of age. There should be more publicity on alcohol abuse and information about how to gain access to medical and other supportive services.

Clear labelling of containers to show alcoholic content should indicate how many units are contained, alongside recommendations for the number of units that should not be exceeded in order to remain within the drink drive limit. Information could also be provided on the average length of time needed for alcohol to be eliminated from the body, and on the number of units which should not be exceeded each day by men and women (3 and 2 units respectively). Health warnings against excessive alcohol consumption should be incorporated in alcohol advertisements. Greater availability and use of low alcohol and non-alcoholic drinks⁷ could be promoted as a safer alternative to conventional alcoholic drinks.

⁵ Driving impairment through alcohol and other drugs (BMA 1996)

⁶ Domestic violence: a health care issue? (BMA 1998)

⁷ Alcohol: Guidelines of Sensible Drinking (BMA 1995)

Licensing

With regard to the proposed reform of the Liquor Licensing Act 1964 to allow 24-hour drinking, many argue that removing fixed opening hours in pubs will lead to more sensible drinking and discourage 'binge drinking' and the rush to drink as much as possible before 'closing time'. The Police hope that 24-hour drinking will avoid the public order problems that can occur at closing time when large numbers of people spill onto the streets at the same time. The BMA always attempts to derive its policy from evidence-based research and strongly urges that any change in the law should be monitored to see if these arguments are sustained.

Without doubt, the key current determinants of alcohol consumption are price, prevailing social culture and accessibility. All three are directly related to (positively correlated with) overall consumption. Thus the role of government is paramount, and fiscal and licensing interventions will be by far the most influential vehicles of change. You may wish to consider that alcohol has never been cheaper relative to income at any time over the last 50 years.

I hope the above comments are helpful. Enclosed for your information is a copy of our most recent publication, *Alcohol and young people*.

We are very interested to see how the work in this area develops and it would be appreciated if you can keep us informed of how the strategy progresses.

Yours sincerely

Dr Vivienne Nathanson
Director, Professional Activities
British Medical Association

APPENDIX 1

BMA Publications from the Board of Science and Education

1999 Alcohol and young people called on the government to take tough action to protect children from the dangers of alcohol. It included recommendations concerning regulation of the drinks industry, tougher advertising controls, 'test purchasing', licensee training and the need for review of the licensing laws. The report formed the basis of the BMA response to Alcohol Concern's alcohol strategy consultation document.

1996 Driving impairment through alcohol and other drugs reviewed the existing drink driving legislation. It identified a substantial body of evidence and suggested that a reduction in the permitted blood alcohol concentration for driving would be practicable and reduce accidents. The paper called for European harmonisation of drink driving regulations and broad legislation in terms of prevention, enforcement and rehabilitation.

1995 Alcohol: guidelines on sensible drinking was based upon the BMA's submission to the Government Review of the Sensible Drinking Message. It reviewed existing evidence and called for a comprehensive sensible drinking message that provided the public with guidelines on limits, along with concise statements about the evidence of benefits. It also recommended increasing the cost of drinking in light of evidence that education and health promotion have low efficacy in reducing the mean level of drinking.

1990 Living with risk was a pamphlet that reviewed the risks and trends of drinking alcohol.

1989 The British Medical Association Guide to Alcohol and Accidents followed on from the 1988 publication 'The Drinking Driver'. The guide provided information on alcohol as a cause of accidents and gave practical advice on ascertaining alcohol consumption by individuals attending casualty departments, diagnosing long-term alcohol abuse and managing the 'at risk' drinker.

1988 The Drinking Driver examined the scientific and epidemiological evidence relating to drink driving. It proposed a range of countermeasures aimed at persistent offenders who are likely to have an underlying drink problem and at social drinkers who offend.

1986 Young People and Alcohol examined the drinking practices of young people and reviewed the adverse consequences flowing from their use of alcohol. Countermeasure strategies were suggested based on prevention, minimisation of adverse consequences and management of problem drinkers.

BMA Policy

The BMA is a democratic body and the views of members are fed in by the representatives of local divisions or crafts. These representatives gather once a year at the BMA's Annual Representative Meeting (ARM) to debate and decide BMA policy on a wide range of professional, ethical and medico-political issues. The BMA maintains an active interest in the harm caused by alcohol to the individual and to society and has passed the following ARM resolutions:

Drinking and Driving

That this Meeting believes that police surgeons should be legally empowered to take blood samples for testing for alcohol and drug levels without consent from a driver without capacity after a road traffic accident and that testing should occur later only with the consent of the driver. (2001)

That, while recognising that alcohol is a major factor, this Meeting is concerned that an increasing number of road traffic accidents is due to drivers using illicit drugs and requests the Board of Science and Education to consider ways of supporting the police in their fight against "Drug Driving" by raising awareness and educating the public on the dangers. (2001)

That the BMA should put pressure on the Government to make it an offence to drive or attempt to drive, or be in charge of, a vehicle having consumed alcohol in such a quantity as to create a blood alcohol level in excess of 50mg/100ml instead of the present 80mg/100ml. (1990).

Alcohol and drugs

That this Meeting is concerned about the proliferation of sweetened, flavoured spirits sold in pre-dispensed shot glasses. (2002)

That the BMA should work to ensure that alcoholic drinks should not be advertised in cinemas, unless shown with a film having an "18" certificate. (1999).

That this Meeting calls for tough action to protect children from the dangers of alcohol. (1999).

That this Meeting is concerned that unacceptable levels of alcohol is present in some of the drinks which are aimed at the teenage market and believes that the deliberate targeting of this group by purveyors of alcohol should be made illegal. (1997).

That this Meeting notes with approval the consensus statement of the Medical Royal Colleges, produced at a meeting at the Royal College of Psychiatrists on 6 November 1987, entitled A Better Response to Alcohol-Related Problems and

- (i) endorses it as BMA policy, and
- (ii) calls upon Government to implement the steps outlined as a matter of urgency.(1988).

That this Meeting resolves that the BMA should support a policy of sensible drinking of alcohol, recognises that a total ban on alcohol advertising is impracticable, and urges government to require a health warning against excessive alcohol consumption to be incorporated into alcohol advertisements. (1986).

That the specific gravity of draught ales and beers should be declared, and indicated on the pump in all retail outlets. (1985).