



DEBATE PACK

Number CDP 2020/0059, 16 March 2020

Tackling alcohol harm

This pack has been prepared ahead of the debate to be held in Westminster Hall on Tuesday 17th March 2020 at 9.30am on tackling alcohol harm. The subject for the debate has been selected by the Backbench Business Committee and the debate will be opened by Fiona Bruce MP.

A Commons Library Briefing Paper on [Alcohol: Minimum Pricing](#) may also be of interest.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

Bukky Balogun
Nikki Sutherland

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1. Backbench Business Committee

An application for a debate on alcohol harm was made to the Backbench Business Committee (BBC) by Kelvin Hopkins, and Fiona Bruce who noted:

We are supported by colleagues from four different parties. I will make three points. First, there has not been a substantive debate on this issue for a considerable time. The last time it was spoken about at any length was in June 2018, when I presented a ten-minute rule Bill on minimum unit pricing, which was unopposed.

Secondly, the Government's recent prevention Green Paper was, quite frankly, a travesty of what ought to have been an opportunity to address this issue. Although the Government acknowledge that there are about 10 million people drinking at levels that put their health at risk, the only answer in the Green Paper appears to be to change the definition of what constitutes an alcohol-free drink and to say that the Government will work with the drinks industry more closely. There is no sign of the long-awaited alcohol strategy, which we desperately need. At the same time, it has been proven that regulation has worked to reduce smoking levels.

Thirdly, there is the report that was published the week before last on the success of Scotland's MUP [minimum unit pricing] introduction in 2018. Evidence shows that sales of alcohol there have fallen to a 24-year low while they continue to rise in England. Strong white cider sales have fallen dramatically; as we know, that is what causes the most damage, particularly to young people. Implementation was smooth and the evidence is therefore compelling and clear that MUP would save lives, reduce illness and cut crime.

The last thing I would like to say, which we always say on occasions like this, is that we are concerned about harmful drinking. None of us are opposed to enjoying a drink.¹

2. Tackling alcohol harm

Alcohol harm encompasses a broad range of health, social, and financial impacts that can affect individuals, families and society as a whole.

Public Health England (PHE) published its [review on the evidence on the public health burden of alcohol in England](#) in December 2016. This reported that "*among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability and the fifth leading risk factor for ill-health across all age groups.*"²

Many indicators of alcohol-related harm have increased in recent years, and those dying from alcohol related disease die over 20 years earlier than the average age of death:

In recent years, many indicators of alcohol-related harm have increased. There are now over 1 million hospital admissions

¹ [Representations: Backbench debates](#), Backbench Business Committee, 8 October 2019

² PHE, [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review](#), December 2016

relating to alcohol each year, half of which occur in the lowest three socioeconomic deciles. Alcohol-related mortality has also increased, particularly for liver disease which has seen a 400% increase since 1970, and this trend is in stark contrast to much of Western Europe. In England, the average age at death of those dying from an alcohol-specific cause is 54.3 years. The average age of death from all causes is 77.6 years. More working years of life are lost in England as a result of alcohol-related deaths than from cancer of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate, combined.

Despite this burden of harm, some positive trends have emerged over this period, particularly indicators which relate to alcohol consumption among those aged less than 18 years, and there have been steady reductions in alcohol-related road traffic crashes.³

The report highlights the wide-ranging impacts of alcohol use- this can affect the individual themselves, their family and children, the local community and wider society. Poorer communities seem to be disproportionately affected by alcohol harm.

A [report](#) produced by the All-Party Parliamentary Group (APPG) on Alcohol Harm highlighted the impacts of alcohol harm on the emergency services. It reported that over 50% of police officers say that alcohol related incidents make up most of their workload, and over 70% of attendances at A&E on a weekend are alcohol related.⁴

The PHE review reported that the economic burden of alcohol is substantial. Estimates show that the annual cost is between 1.3% and 2.7% of GDP.⁵ It also reports on the difficulties in accurately assessing the impacts of the wide variety of costs- for example there are few studies produced on the costs to people other than the drinker.

The review proposes a number of local and national policies to tackle alcohol harm. These include controls on prices of alcohol, marketing restrictions and regulating availability.

Statistics on alcohol use are available from [PHE Local alcohol profiles](#)⁶ and [NHS Digital: Statistics on alcohol 2020](#).⁷

³ PHE, [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review](#), December 2016

⁴ APPG on Alcohol harm, [The Frontline Battle An Inquiry into the Impact of Alcohol on Emergency Services by the All-Party Parliamentary Group on Alcohol Harm](#), December 2016

⁵ PHE, [The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review](#), December 2016

⁶ [Local Alcohol Profiles for England](#), PHE, [accessed 16 March 2020]

⁷ [Statistics on Alcohol, England 2020](#), NHS Digital, 4 February 2020

3. Government policy

An October 2019 [Parliamentary Question](#) response from the then Parliamentary Under-Secretary for the Department of Health and Social Care Baroness Blackwood provided an overview of Government policy aimed at preventing alcohol related harm:

The Government is committed to tackling health harms from alcohol and to support the most vulnerable at risk from alcohol misuse. The Prevention Green Paper *Advancing our health: prevention in the 2020s* outlines how we will help people moderate their drinking by working with industry to deliver a significant increase in the availability of alcohol-free and low-alcohol products by 2025. The Government will engage with industry and other stakeholders around delivering this objective.

Lower socioeconomic status is associated with higher mortality for alcohol-attributable causes, despite lower socioeconomic groups often reporting lower levels of consumption. As part of the NHS Long Term Plan, we are establishing specialist Alcohol Care Teams in hospitals with the highest rates of alcohol harm. It is estimated that this will prevent 50,000 admissions over five years. Local authorities will also receive over £3 billion in 2019/20 to be used exclusively on public health including alcohol treatment services. Public Health England is supporting NHS England's tobacco and alcohol commissioning for quality and innovation scheme, which encourages hospitals to screen all inpatients about their alcohol use and offer appropriate interventions.

The UK Chief Medical Officers issued Low Risk Drinking Guidelines in 2016 so that people could make informed choices about their own drinking and the Government has worked with industry to ensure information on the health harms of alcohol are printed clearly on the labelling of alcoholic drinks.

The Government has also made funding of £6 million available to support children who live with an alcohol dependent parent which will address the inequalities facing this vulnerable group.⁸

In October 2019, PHE [reported](#) that it was working in partnership with the Department of Health and Social Care (DHSC), and the Scottish, Welsh and Northern Ireland governments, to produce UK-wide clinical guidelines for alcohol treatment to provide support for alcohol treatment practice.⁹

PHE said that this guidance would provide an equivalent for alcohol to the UK drug misuse treatment guidelines, and that its main aim is to “develop a clear consensus on good practice and help services to implement interventions for alcohol use disorders that are recommended by the National Institute for Health and Care Excellence (NICE)”.¹⁰ PHE stated an intention to publish the guidelines by the end of 2020.

In a July 2019 Green Paper, [Advancing our health: prevention in the 2020s](#), the Government outlined a number of measures to reduce

⁸ [PO HL99](#), 15 October 2019

⁹ [UK alcohol clinical guidelines development begins](#), PHE, 18 October 2019

¹⁰ [UK alcohol clinical guidelines development begins](#), PHE, 18 October 2019

alcohol related harm.¹¹ These included; increasing the availability of alcohol-free and low-alcohol products, closer working between alcohol treatment and children's services and ensuring people are aware of the health risks through the [One You](#) campaign.

The [NHS Long Term Plan](#), published in January 2019, highlighted the role of alcohol misuse in health inequality and commits funds for evidence-based NHS prevention programmes to limit alcohol-related A&E admissions.¹²

The alcohol strategy

The current alcohol strategy was published in 2012¹³ and focused on targeting binge drinking culture and alcohol related violence. It committed to a consultation on minimum unit pricing (MUP) on alcohol and to look at a number of other measures to tackle excessive drinking and alcohol-related crime. [The Government response to the 2012-2013 consultation on alcohol](#) advised that the Government would keep MUP under consideration but would not take it forward at the time.

Other measures set out in the 2012 strategy included making the mandatory licensing conditions more effective, particularly those regulating irresponsible sales and promotions. More information is provided in the Government webpages on [alcohol policy \(2010-15\)](#) and [licencing](#).

In July 2018, the then Parliamentary Under Secretary for the Department of Health and Social Care Steve Brine [said](#) that the Government was working on an alcohol strategy that was being led by the Home Office.¹⁴ In response to a May 2019 [Parliamentary Question](#) asking when the Government would publish its new alcohol strategy, Parliamentary Under Secretary of State at the Home Office Victoria Atkins said that the Government was "considering the precise timing of next steps across Government".¹⁵

PHE inquiry into the fall in numbers of people in alcohol treatment

In November 2018, PHE published the results of an [inquiry into the fall in numbers of people in alcohol treatment](#) following a fall in numbers of people in treatment for alcohol dependence in England.¹⁶ PHE reported that factors such as financial pressures and service reconfiguration had affected alcohol treatment numbers more than treatment numbers for other substances. PHE said that the main motivation for service re-configuration was reduced local substance misuse budgets. PHE also reported that a number of areas had engaged new service providers and were already addressing some of the issues that had been identified. PHE also discussed a number of factors that had contributed to

¹¹ [Advancing our health: prevention in the 2020s- consultation document](#), Cabinet Office & DHSC, 22 Jul 2019

¹² [The NHS Long Term Plan](#), NHS, 7 January 2019

¹³ [The Government's Alcohol Strategy](#), HM Government, 2012

¹⁴ [Alcohol dependency](#), HC Deb, 24 July 2018

¹⁵ [PO 247661](#), 1 May 2019

¹⁶ [PHE inquiry into the fall in numbers of people in alcohol treatment: findings](#), PHE, 1 November 2018

increases in alcohol treatment numbers, such as commitments from local authority leadership to alcohol harm reduction. Following the inquiry, PHE made a number of commitments:

National level work

1. PHE will use the findings of the inquiry to inform its work with other government departments and organisations and the PHE-hosted Alcohol Leadership Board and will highlight treatment need and the importance of adequate resources, strategic partnerships and aligned commissioning between the NHS and local authorities.
2. PHE will use the findings of the inquiry to inform the proposed government alcohol strategy due in 2019.
3. PHE has advised NHS England that the NHS long-term plan should include the development of alcohol care teams in every hospital.
4. PHE will continue to produce local and national alcohol dependence prevalence estimates and estimates of unmet need, to support local planning and commissioning.
5. PHE and the Department of Health and Social Care (DHSC) will review how services are supported to put in place evidence-based interventions recommended by the National Institute for Health and Care Excellence (NICE), including the possible need for further evidence-based guidelines.
6. PHE has published [guidance to help improve referral pathways between hospitals, and community substance misuse services](#), and will support its implementation.
7. PHE will engage with the senior managers and clinicians of the larger NHS and voluntary sector service providers to explore actions to address the fall in numbers.

Alcohol policy from the devolved nations

A Scottish Government webpage, [Alcohol and drugs](#), outlines a number of actions the Scottish Government is taking to prevent and reduce alcohol and drug-related harm. These include delivering the actions set out in its 2018 [alcohol and drug treatment strategy](#)¹⁷ and taking forward 20 key measures in its [Alcohol Framework 2018](#)¹⁸ which set out the national prevention aims.

Information about alcohol policy in Northern Ireland is provided on a Department of Health [webpage](#).

The Welsh Government's [Substance Misuse Delivery Plan 2019-2022](#) advises on the Welsh Government's plans to reduce alcohol related harm.¹⁹

¹⁷ [Rights, respect and recovery: alcohol and drug treatment strategy](#), Scottish Government, 28 November 2018

¹⁸ [Alcohol framework 2018](#), Scottish Government, 20 November 2018

¹⁹ [Substance misuse delivery plan 2019-2022](#), Welsh Government, 23 October 2019

4. Minimum Unit Pricing

The debate about a minimum price for alcohol has been prompted by concerns about high levels of drinking, its effect on public health and public order, and a widespread belief that most of the alcohol that contributes to drunken behaviour is irresponsibly priced and sold. One policy option is to set a minimum price per unit of alcohol (MUP). Another is to ban the sale of alcohol below cost price (the level of alcohol duty plus VAT).

Licensing policy in Scotland

Alcohol licensing is a devolved matter. The Alcohol (Minimum Pricing) Scotland Act 2012 paved the way for the introduction of MUP. The Scottish Whisky Association unsuccessfully challenged the legislation in the European and Scottish courts. A minimum unit price of 50p per unit was introduced on 1 May 2018.

NHS Health Scotland published an October 2019 report [evaluating the impacts of minimum unit pricing for alcohol on the alcoholic drinks industry in Scotland](#).²⁰ The report considered that the short-term economic impacts of MUP over the first nine months had been modest. A second wave of the study is due to take place in 2022.

Licensing policy in England and Wales

A ban on selling alcohol below the level of alcohol duty plus VAT has been in place since 28 May 2014. This was introduced through the Licensing Act 2003 (Mandatory Conditions) Order 2014. In March 2020, the Government said there were “no plans for the introduction of MUP in England” although it would continue to monitor the progress of MUP in Scotland and consider the evidence of its impact.²¹

Public health policy in Wales

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 enabled the introduction of MUP on public health grounds, an area within the Welsh Assembly’s legislative competence. A minimum unit price of 50p was introduced from 2 March 2020

For more information on minimum unit pricing, the Library briefing paper [Alcohol: minimum pricing](#) (11 March 2020), may be of interest.

²⁰ [Evaluating the impacts of minimum unit pricing for alcohol on the alcoholic drinks industry in Scotland](#), NHS Health Scotland, 2 October 2019

²¹ [HL1749](#), 6 March 2020

5. News items

Irish Times

Government, NI Executive under pressure over alcohol pricing

4 March 2020

<https://www.irishtimes.com/news/health/government-ni-executive-under-pressure-over-alcohol-pricing-1.4193023>

BBC News Online

Alcohol: Wales minimum pricing law comes into force

2 March 2020

<https://www.bbc.co.uk/news/uk-wales-51674263>

Guardian

Higher alcohol taxes to fund NHS would benefit poor – study

18 February 2020

<https://www.theguardian.com/society/2020/feb/18/higher-alcohol-taxes-to-fund-nhs-would-benefit-poor-study>

Independent

Alcohol-related hospital admissions rise 60% over decade, NHS figures show

5 February 2020

<https://www.independent.co.uk/news/health/nhs-alcohol-hospital-admissions-patients-figures-a9318131.html>

Herald

Scots buying less alcohol following introduction of minimum unit pricing

28 January 2020

<https://www.heraldscotland.com/news/18190665.scots-buying-less-alcohol-following-introduction-minimum-unit-pricing/>

BBC News Online

'More research needed' on underage drinkers and minimum

23 January 2020

<https://www.bbc.co.uk/news/uk-scotland-51209927>

Guardian

Study suggests rate of foetal alcohol syndrome disorder higher than thought

30 November 2018

<https://www.theguardian.com/society/2018/nov/30/study-suggests-rate-of-foetal-alcohol-syndrome-disorder-higher-than-thought>

6. Press releases

Institute of Alcohol Studies

Budget 2020: Alcohol duty frozen, again

11 March 2020

Alcohol duties were frozen for the second year running, making 2020's spring *Budget* the seventh year out of the last eight that alcohol duties failed to keep up with inflation.

According to the Office for Budget Responsibility's costings, the freeze in alcohol duties – a cut, in real terms – are estimated to cost just over £1bn to the year 2024–25.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Exchequer impact	-30	-190	-195	-200	-205	-210

Exchequer's impact of alcohol duty changes on HM Treasury revenue (£million)

In his [statement to parliament](#), Chancellor of the Exchequer Rishi Sunak also promised to lobby the United States Government to remove tariffs on Scotch Whisky imports, and to help small pubs by increasing their business rates discount fivefold (from £1,000 to £5,000) for the coming fiscal year.

Further [alcohol-related policy actions from HM Treasury](#) include the publication of its review into Small Brewers Relief in the spring, and launching a call for evidence of potential reforms to the duty system after the United Kingdom's transition period for leaving the European Union (EU) by the summer.

Responding to the announcements, IAS Chief Executive Katherine Severi said:

It is disappointing that the chancellor has cut alcohol duty in real terms in today's Budget. It is a short-sighted move that will cost the public purse another £1 billion over the next five years, on top of the £6 billion it was already set to lose due to previous duty cuts. That is money that could have been used to relieve pressure on an NHS facing record numbers of alcohol-related admissions every year.

This decision calls into question this government's commitment to supporting our health and social care services as they continue to struggle with the consequences of cheap alcohol. It also represents a step backwards in tackling health inequalities: people from disadvantaged backgrounds are over-represented among the estimated 2,000 additional alcohol-related deaths resulting from recent duty cuts.

We will continue to press the government to put an end to the harms linked to the ultra-cheap alcohol that blights some of our poorest and most vulnerable communities.

Welsh Government

Wales calls time on low cost, high strength alcohol

2 March 2020

A new law comes into force today (Monday 2 March) setting a minimum price for alcohol in Wales.

This means alcohol can't be sold or supplied for less than 50p a unit.

You won't notice a change in the price of most alcoholic drinks, but high-strength, low-cost products like white cider will be significantly more expensive.

The policy, introduced through the Welsh Government's Public Health (Minimum Price for Alcohol) (Wales) Act 2018, aims to reduce hazardous and harmful levels of drinking.

Around 10 people die every week in Wales from alcohol related causes. Alcohol causes harm to societies as well as individuals, with taxpayers picking up the bill. Every year, alcohol leads to nearly 60,000 hospital admissions in Wales and costs NHS Wales an estimated £159 million.

Health Minister Vaughan Gething visited an alcohol care team in Newport's Royal Gwent Hospital which aims to support people admitted to hospital with alcohol misuse disorders.

He said: "We know when alcohol is cheap and readily available, harmful drinking increases. The minimum price won't affect moderate drinkers who may be worried about the price of a pint going up. The aim of this legislation is to reduce the harm being done by those most at risk of alcohol abuse."

Dr Sarah Aitken, Director of Public Health for Aneurin Bevan University Health Board, said:

"We see the effects of excessive alcohol consumption on people's health every day. Aside from damaging the liver, alcohol affects the heart, kidneys and brain. It impacts on hospital services, and on people's lives more generally. The intervention of minimum pricing will reduce the harm done by alcohol, it's an important step and will hopefully make people think about their relationship with alcohol."

In Scotland, where a minimum price was introduced in May 2018, early indicators are encouraging, with a reduction in the annual volume of pure alcohol in drinks sold, and a fall in the volume of alcohol sold at very low prices.

University of Sheffield

New research shows alcohol minimum unit price could save almost 8,000 lives in north of England

28 February 2020

- High risk drinkers would cut their consumption by the equivalent of 14 bottles of vodka a year
- Evidence from the University of Sheffield's Alcohol Research Group shows a minimum unit price (MUP) would cut drinking by nearly twice the national average in the North of England
- Introduction of a MUP could also save almost 8000 lives in the North over the next 20 years, almost half of the lives that could be saved as a whole in England
- The call comes only weeks after the NHS in England saw record numbers of hospital admissions due to alcohol

Civic leaders are calling for the urgent introduction of a minimum unit price (MUP) for alcohol in England after new evidence from the [University of Sheffield's Alcohol Research Group](#) revealed that it could save almost 8,000 lives across the North over the next 20 years.

The call comes just days before MUP is introduced in Wales; almost two years since its arrival in Scotland; and weeks after England saw hospital admissions caused by alcohol reach record levels.

The research from the University of Sheffield reveals that a 50p MUP in England would see alcohol consumption in some areas in the North falling by almost twice the national average, leading to greater reductions in alcohol attributable deaths, hospital admissions and crimes.

Almost half of the deaths and hospital admissions prevented and 39 per cent of the crimes avoided would come from the three Northern regions – the North West, North East and Yorkshire and the Humber.

Professor Alan Brennan from the University of Sheffield's School of Health and Related Research who led the research team said:

This research is built on a wealth of evidence which shows that the amount we consume is closely linked to the affordability of alcohol. MUP is linked to the strength of the product and works by setting a floor price below which a product cannot be sold. In that way, it increases the price of the cheapest drinks which are most typically consumed by increasing, and higher risk drinkers.

The North of England has some of the highest levels of alcohol harm in the country and, as we discovered, some of the cheapest prices, so it was no surprise that it would be particularly effective in those areas.

Alcohol harm is particularly acute in areas of deprivation even if consumption is no higher – something known as the alcohol harm paradox. The research indicates that the benefits of MUP would be particularly felt in these areas and so would help reduce health inequalities.

Key findings from the research indicate that in the North:

- An estimated 7,816 deaths attributable to alcohol would be prevented over the next 20 years, 48 per cent of the total for England

- Alcohol consumption would fall by 6 per cent in the North of England, with by far the biggest reductions coming amongst the heaviest drinkers. High risk drinkers would cut their consumption by the equivalent of around 14 bottles of vodka a year, while the average moderate drinker would reduce their drinking by less than half a bottle of vodka a year
- Alcohol attributable hospital admissions would reduce by an estimated 13,820, reducing pressure on the NHS, with people from the poorest communities seeing the biggest falls
- The criminal justice system would also benefit, with crimes falling by 21,128 a year
- Researchers estimate that cost savings to the NHS in the North alone would amount to £37m a year

The Association of Directors of Public Health (ADPH) has welcomed the research, with Alice Wiseman, Director of Public Health for Gateshead and ADPH Alcohol Policy Lead, commenting:

This research provides the most detailed picture yet of the effect of MUP in parts of England. Risky drinkers in England consume more than two-thirds of all the alcohol sold and evidence shows a strong link between consumption and affordability. A measure like MUP will have the biggest impact on the heaviest at-risk drinkers, while leaving the average moderate drinker virtually untouched.

It would also have a huge impact in the North, which has some of the highest levels of alcohol harm in the country, with rates of alcohol-attributable hospital admissions being higher in many places than those found in Wales, where MUP is scheduled to be introduced next week.

It would play an important role in reducing health inequalities, including by closing the health gap between the North and South. This is a measure whose time has come and it should be introduced in England without delay.

David Parr, the Chief Executive of Halton Borough Council, which has been calling for MUP, said:

It is clear from the University of Sheffield's work that the North of England has much to gain from the introduction of MUP in England. It would save lives, cut crime and reduce the pressure on overstretched public services. Critically, it would improve the health in our most vulnerable communities at a time when they are struggling. If this measure is good enough for our neighbours in Scotland and Wales, it is good enough for the North of England. Further delay simply puts more lives at risk and we urge the Government to introduce it without delay.

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

As a liver physician based in Liverpool I have seen the increasing harm caused in northern England by the widespread availability of cheap alcohol. MUP targets those products typically bought by those people who end up in our hospital wards.

This research provides yet more evidence that MUP is an effective and targeted measure which will reduce harm and reduce the pressure on the NHS. Its introduction would undoubtedly be good

news for the North, but it would also save lives in communities across England and I urge the Government to introduce it as soon as possible.

Additional information

- Introduced in Scotland in May 2018, Minimum Unit Price (MUP) is a measure that targets the cheapest, strongest alcohol typically consumed by heavy drinkers. It does that by setting a threshold price below which alcohol cannot be sold.
- Risky drinking is defined as those people above the low risk guideline level of 14 units of alcohol a week for men and women.

Institute of Alcohol Studies

Alcohol admissions in England at highest ever level, once more

04 February 2020

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's also released their latest *Statistics on 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 Health Alliance

CMO guidelines missing from two-thirds of alcohol labels

February 2020

New research from the Alcohol Health Alliance has found that updated CMO guidelines are still absent from 70 per cent of alcohol containers across the UK – four years after they were introduced. In addition, nearly a quarter contained misleading, out-of-date health information.

[Read our findings in full](#)

Professor Sir Ian Gilmore, Chair of the Alcohol Health Alliance said:

The alcohol industry has been dragging its heels for four years in updating product labelling to display current CMO drinking guidelines. It is simply outrageous that the vast majority of products still fail to include up-to-date health guidelines. The message is clear: the alcohol industry is not taking the nation's health seriously and cannot be trusted to regulate itself.

It is time for the government to introduce mandatory labelling on all alcohol products with prominent health warnings, information on ingredients, nutrition and calories. We all have a right to know what we are drinking and mandatory labelling will help consumers make informed decisions about their health.

Lucy Holmes, Director of Research and Policy at Alcohol Change UK said:

Alcohol is the third biggest risk factor to health behind tobacco and high blood pressure and has been linked directly to seven forms of cancer. The best way to reduce the harm caused by alcohol is for us to drink less. Yet our research has found that alcohol manufacturers have largely failed on their commitment to include drinking guidelines on labels, leaving consumers in the dark.

In order to make healthy choices drinkers need easy access to the right information and consumers have a right to know what health experts advise. The guidelines should be plain to see on every alcohol container, and in a colour and size that most people can easily read without a magnifying glass.

Katherine Severi, Chief Executive of the Institute of Alcohol Studies said:

Alcohol creates a huge burden for our NHS, with alcohol-related hospital admissions at record highs. Providing consumers with accurate information about the health risks linked to drinking is a very basic first step in starting to tackle this major public health problem. However, these new data show alcohol companies continue to keep the public in the dark. At worst, this can lead to drinkers unknowingly raising their chances of cancer, heart disease and many more conditions.

As consumers we all have a right to be fully informed about what we put in our bodies, and any associated official medical advice. This is why the British public needs the government to make accurate labelling of alcoholic beverages compulsory.

Scottish Government

Alcohol sales fall to 25 year low

19 Jun 2019

Signs of impact of minimum unit pricing on alcohol sales.

The volume of alcohol sold per adult in Scotland in 2018 has fallen to its lowest level since 1994.

The first expert analysis of data, just over a year since Scotland became the first country in the world to introduce minimum unit pricing, shows a 3% fall in alcohol sales per adult in Scotland from the previous year.

The volume of alcohol sold per adult in Scotland, compared to England and Wales, represented the smallest gap since 2002.

Results of the NHS Health Scotland Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) programme found that the volume of alcohol sold per adult in Scotland was 9% higher than in England and Wales, where 9.1 litres was sold per adult.

On 1 May 2018 Scotland brought into force legislation setting a minimum 50 pence per unit price to tackle the harm caused by cheap, high strength alcohol.

Health Secretary Jeane Freeman said:

This is a promising start following our world-leading action to introduce minimum unit pricing, and with this 3% fall we are moving in the right direction.

There are, on average, 22 alcohol-specific deaths every week in Scotland, and 683 hospital admissions, and behind every one of these statistics is a person, a family, and a community badly affected by alcohol harm.

Given the clear and proven link between consumption and harm, minimum unit pricing is the most effective and efficient way to tackle the cheap, high strength alcohol that causes so much harm to so many families.

Background

The volume of alcohol sold per adult in Scotland is measured in terms of ethanol content

The volume of pure alcohol sold per adult in Scotland in 2018 fell to its lowest level since 1994 – 9.9 litres of pure alcohol per adult in 2018.

This is equivalent to 19.0 units of alcohol per adult per week.

This research provides a more balanced picture than previously available as it examines the amount of pure alcohol sold across all products per adult, and a comparison with data from England and Wales where minimum pricing is not in place.

NHS Health Scotland leads the extensive independent monitoring and evaluation programme for minimum unit pricing (MESAS). The MESAS report is published by NHS Health Scotland.

Modelling shows MUP is estimated to save 392 lives in the first five years of implementation.

[Minimum Unit Pricing](#) was implemented in May 2018.

Alcohol Health Alliance

Alcohol needs to be included in advertising restrictions to protect children

18 March 2019:

Responding to the Government's consultation on further restrictions for advertising of high fat, salt and sugar foods to reduce childhood obesity launched today, Professor Sir Ian Gilmore, Chair of the Alcohol Health Alliance, said:

We welcome the Government's consultation on the restrictions for advertising of high fat, salt and sugar foods to reduce childhood obesity, but strongly believe that alcohol should be included in the restrictions in order to protect children from alcohol related harms. Alcohol marketing is all around us and the evidence shows that the more young people are exposed to alcohol marketing, the more likely they are to drink at an earlier age and drink more.

Like high fat, salt and sugar foods, alcohol is harmful to children. The Chief Medical Officer recommends that an alcohol-free childhood is the healthiest and best option for young people and it is vital that people are aware of the risks children can face if they drink. Alcohol can damage children's developing brains, liver, bones and hormones, affect their mood, their mental health and risk them falling behind at school.

Public Health England has [reviewed evidence](#) that shows the current regulatory framework for alcohol marketing is ineffective and fails to protect vulnerable groups. Alcohol marketing needs to be more independently regulated and taken out of the hands of the alcohol industry and its 'self-policing' model.

We're urging the Government to include alcohol in the restrictions and to introduce tighter regulations on alcohol marketing for TV, radio, online, social media, and apps, including a watershed to protect children.

University of Bristol

First UK estimates of children who could have conditions caused by drinking in pregnancy revealed

30 November 2018

Up to 17 per cent of children could have symptoms consistent with fetal alcohol spectrum disorder (FASD) according to new research published today [Friday 30 November] in Preventative Medicine.

The UK has the fourth highest level of prenatal alcohol use in the world, but no estimates existed from a population-based study on how many people may have FASD. FASD is a group of lifelong conditions caused by exposure to alcohol in pregnancy that affect learning and behaviour and can cause physical abnormalities.

FASD is considered to be a relatively hidden disability because most individuals with it do not show physical features. It is thought to be under-diagnosed with only one specialist clinic in England.

Researchers from the [University of Bristol](#) and [Cardiff University](#) worked with clinicians to assess a wide range of information on mothers' drinking in pregnancy and studied the development of 13,495 children from Bristol's Children of the 90s study.

They applied a screening tool and found that up to 79 per cent of children in the sample were exposed to alcohol in pregnancy and that up to 17 per cent screened positive for symptoms of FASD. A positive FASD screen was defined as problems with at least three different areas of learning or behaviour, with or without physical anomalies (growth deficiency and distinctive facial features, which include a smooth philtrum, thin upper lip and small eye openings).

[Dr Cheryl McQuire](#), researcher in epidemiology and alcohol-related outcomes at the University of Bristol, led the research and said:

Our results showed that a significant number of children screened positive for features consistent with FASD. The results are based on a screening tool, which is not the same as a formal diagnosis. Nevertheless, the high rates of prenatal alcohol use and FASD-relevant symptoms that we found in our study suggest that FASD is likely to be a significant public health concern in the UK.

These results are important because without UK estimates of FASD prevalence, awareness will remain low and children, teenagers and adults will continue to find it difficult to seek diagnosis and to access the support they may need.

Although information on prenatal alcohol use was collected several years ago and guidance on drinking during pregnancy has since changed, rates of prenatal alcohol exposure in the UK have remained high. Recent estimates suggest that three quarters of women drink some alcohol during pregnancy, with one third at binge levels. This suggests that many individuals in our population today could also have symptoms of FASD.

The most up-to-date guidance states that the safest approach is not to drink alcohol at all if you are pregnant, or if you think you may become pregnant. It is important that people are aware of the risks so that they can make an informed decision about drinking in pregnancy.

The next steps should include follow-up studies to further clarify the current number of people in the UK with FASD. Some countries, such as the USA, Canada and Italy have used in-school screening and have concluded that up to 10 per cent of children in the general population are affected, with rates as high as 30 per cent among children in care.

[Dr Raja Mukherjee](#) runs a diagnostic clinic for [FASD at Surrey and Borders Partnership NHS Foundation Trust](#) and contributed towards the research. He said:

These are really important results that show there are likely to be many individuals with this disorder already out there who are being missed. There seems to be a disconnect between these findings and what many clinicians often report as a rare condition.

It shows that it is a disorder that is seemingly hidden in plain sight that we need to pay attention to. Unless we start looking for it we will continue to miss it. If we fail to diagnose it then those affected individuals will continue to be affected by a lack of support and have subsequent impact on them and wider service. These results can be the first step in helping us in the UK to realise it is no longer a condition we can ignore

Chief Executive of [NO-FAS UK](#) Sandra Butcher added:

This study shines light on a staggeringly widespread and largely avoidable public health crisis. No policy maker who cares about the mental and physical health of the most vulnerable in our society should rest easy until we have in place UK-wide comprehensive action and training on FASD prevention, diagnosis and support that extends across the individual's lifespan. Babies with FASD grow into adults with FASD and more support is needed on every level.

Advice updated in January 2016 from the Chief Medical Officer states that if you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep all risks to your baby to a minimum. It also states that the risk of harm is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

The guidance advises that if you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. It also states that it is unlikely in most cases that your baby has been affected and you are worried about alcohol use during pregnancy to talk to your doctor or midwife.

Further information

[Screening prevalence of fetal alcohol spectrum disorders in a region of the United Kingdom: a population-based birth-cohort study](#) by Cheryl McQuire, Raja Mukherjee, Lisa Hurt, Andrea Higgins, Giles Greene, Daniel Farewell, Alison Kemp, Shantini Paranjothy.

This study uses a screening test which is not the same as a diagnosis and acts to seek out potential indicators of disease by looking at at-risk individuals. Screening tests usually indicate a suspicion of disease that merits further investigation.

The screening prevalence estimates reported in this study indicate that up to 17% of children were exposed to alcohol prenatally and also had evidence of significant impairment in at least three areas of learning and behaviour. Our study provides a starting point, however additional research is needed to further clarify the current prevalence of FASD in the UK population.

This study does not show that up to 17% of the sample have a diagnosis of fetal alcohol spectrum disorder (FASD). Rather, it presents estimates of the screening prevalence of FASD. Expert clinical judgement was incorporated in our screening algorithm specification and validation process, however it was not feasible to conduct individualised assessments of FASD to determine diagnosis.

The national clinic for Fetal Alcohol Spectrum disorders (FASD) is the only specialist clinic in the UK for assessing and treating children and adults with FASD, including Alcohol related Neurodevelopmental Disorder and Fetal Alcohol Syndrome.

The clinic is led by Dr Raja Mukherjee, Consultant Psychiatrist, and hosted by Surrey and Borders Partnership NHS Foundation Trust from its base in Redhill, Surrey. More information at <https://www.fasdclinic.com/>

Based at the University of Bristol, Children of the 90s, also known as the Avon Longitudinal Study of Parents and Children (ALSPAC), is a long-term health-research project that enrolled more than 14,000 pregnant women in 1991 and 1992. It has been following the health and development of the parents and their children in detail ever since and is currently recruiting the children and the siblings of the original children into the study. It receives core funding from the Medical Research Council, the Wellcome Trust and the University of Bristol. Find out more at www.childrenofthe90s.ac.uk.

NO FAS-UK (The National Organisation for Foetal* Alcohol Syndrome-UK) is dedicated to supporting people affected by Foetal Alcohol Spectrum Disorders (FASD), their families and communities. It promotes education for professionals and public awareness about the risks of alcohol consumption during pregnancy. NOFAS-UK is a source for information on FASD to the public, press and to medical and educational professionals. <http://www.nofas-uk.org>

The [current guidelines](#) from the Chief Medical Officer.

Other sources of support and advice are:

- [The UK & European Birth Mum Network](#) (FASD)
The network is a place where women can share their experience, support each
- NHS choices provides information on [fetal alcohol syndrome](#)

7. Parliamentary material

Debate

Commons debate: Alcohol Harm

HC Deb 02 February 2017 | Vol 620 c450WH

<http://bit.ly/2EiBiVJ>

PQs

[Alcoholic Drinks: Misuse](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to help reduce the number of people being admitted into hospital as a result of consumption of alcohol.

Answering member: Jo Churchill | Department: Department of Health and Social Care

The Government has an existing programme of work at both national and local levels to reduce the health harms from alcohol and to help reduce the number of people being admitted to hospital. Our overall aim is to see joined up services ensuring people can be directed to the appropriate service wherever and whenever they look for help. As part of our NHS Long Term Plan, alcohol care teams will be introduced in hospitals with the highest number of alcohol-related admissions and we expect this to prevent 50,000 admissions from alcohol related harm over five years.

HC Deb 06 March 2020 | PQ 21262

[Alcoholic Drinks: Minimum Prices](#)

Asked by: Lord Hunt of Kings Heath

To ask Her Majesty's Government what plans they have to introduce minimum unit pricing for sales of alcohol in England.

Answering member: Lord Bethell | Department: Department of Health and Social Care

No formal assessment has been made of the report by NHS Health Scotland on minimum unit pricing (MUP) of alcohol. The Scottish Government is taking forward a comprehensive evaluation of the impact of introducing MUP. The Scottish legislation also includes a sunset clause and the Scottish Government are required to present a

report on the impact of MUP to their Parliament five years after implementation which will be published in 2023.

There are no plans for the introduction of MUP in England. The Government will continue to monitor the progress of MUP in Scotland and will consider available evidence of its impact, **including the report by NHS Scotland.**

HL Deb 06 March 2020 | PQ HL1749

Lords exchange of questions Health: Alcohol Abuse

Asked by: Lord Brooke of Alverthorpe

To ask Her Majesty's Government what plans they have to produce an effective strategy for dealing with alcohol abuse in 2020.

The Minister of State, Home Office (Baroness Williams of Trafford)

My Lords, we are working to reduce alcohol-related harms with the NHS long-term plan, the prevention Green Paper, support for children of alcohol-dependent parents and action to tackle alcohol-related violent crime. Together, this work constitutes an effective package to address alcohol abuse. We are not planning a stand-alone strategy.

Lord Brooke of Alverthorpe

My Lords, I am grateful for the reply but not its content. It is very disappointing. Last year the Government were moved to produce a strategy on drugs, which hopefully will be effective. However, the problems with drugs are minimal compared to the problems with alcohol. Does the Minister recall that in 2011, the coalition Government produced a widely welcomed strategy on alcohol? It fell apart in 2015, primarily because the Government could not carry the drinks industry with them. We had a responsible deal which proved to be irresponsible. Are we not going to face the same problems again? Unless the Government bring the threads together to produce a strategy with real teeth, nothing will change.

Baroness Williams of Trafford

We now have in place a wide-ranging approach that negates the need for a separate, stand-alone alcohol strategy. We have announced a new addictions strategy and will roll out the electronic monitoring of alcohol abstinence requirements for those whose offending is fuelled by alcohol.

Baroness Hollins (CB)

My Lords, research conducted by the University of Sheffield estimated that reintroducing the alcohol duty escalator, which increases alcohol duty annually by 2% above inflation, would save 4,710 lives and prevent more than 260,000 crimes in England by 2032. Would the Minister consider discussing the wider impacts of alcohol duty with the Chancellor before the March Budget?

Baroness Williams of Trafford

Public Health England is monitoring how minimum-unit pricing has worked in Scotland and considering the impact of such a policy, which is similar to what the noble Baroness is talking about.

Baroness Jenkin of Kennington (Con)

My Lords, all the evidence shows that when people have the right information, they make better choices. Most people are not aware, for example, that a slice of cake has the same number of calories as a glass of wine. All food and drink products except alcohol must have nutritional information on the packaging. Given that these are empty calories, and given the rise in obesity and related diseases, do the Government have any proposals to change this?

Baroness Williams of Trafford

Under EU regulations, companies do not have to put the calorie content on any drinks with an alcohol volume above 1.2%. I utterly agree with my noble friend that, if people knew how many calories they were consuming in just a glass of wine, they might think twice about how many glasses of wine or other drinks to have. A fact for today is that some canned cocktails contain the equivalent of six Krispy Kreme doughnuts' worth of calories.

Lord Rosser (Lab)

My Lords, 20 people a day die as a direct result of alcohol and 24,000 a year die where alcohol was a factor. Does the fact that the Home Office is responding to this Question about an effective strategy for dealing with alcohol abuse mean that the Government regard this as a matter for which the Home Office is the lead department, rather than it being a health issue for which the Department of Health and Social Care should take the lead? Why is the Home Office responding to this Question, rather than the Department of Health?

Baroness Williams of Trafford

The noble Lord makes a valid point. Alcohol harm has a cross-government response, involving departments such as health, education and the Home Office. If we do not work together, we will diminish our responsibilities as a Government. In the troubled families programme, which is led by MHCLG, alcohol and substance abuse contribute to an awful lot of the problems in some of the families it deals with.

Lord Paddick (LD)

My Lords, I was going to ask almost exactly the same question. Misuse of alcohol and drugs is often the result of suffering and hurt in people's lives, which is an issue of health and welfare, not of Home Office enforcement. What are the Government doing to improve people's well-being, tackle poverty and discrimination, and address the causes of substance misuse, rather than simply the symptoms?

Baroness Williams of Trafford

I will try to answer the question differently. The noble Lord points to the wide variety of harms that alcohol causes—the economic cost is something like £21 billion a year. We can see the involvement of alcohol abuse when looking at domestic violence—later this year, we will be considering the domestic abuse Bill—and the effect it has on children. The children of alcoholic parents must suffer terribly, and of course poverty is one of the effects of alcohol.

Lord Hogan-Howe (CB)

My Lords, I am pleased that the sobriety scheme is being rolled out, but it would help to hear a timeline for it. People may be aware of one benefit of the sobriety scheme. It came from South Dakota in America, where district attorneys, sick of seeing people die on the roads, introduced compulsory testing every day for a year. It led to a huge reduction in the number of people killed on the roads, but also the amount of domestic violence because, when the drunk drivers got home, they had been assaulting their partners. We experimented with this in the Met and it worked well, but I am concerned that the certainty of outcome is not as clear in our scheme because, should someone fail the test, we move them to the courts rather than insist on one day's imprisonment. Will the Minister update us on the scheme and say whether we are prepared to look again at the penalty imposed at the conclusion of a positive test?

Baroness Williams of Trafford

I am afraid that I do not have an update on the scheme for the noble Lord, but I concur with everything he said. I will write to him with an update and place a copy of the letter in the Library.

HL Deb 21 January 2020 | Vol 801 c1043-

[Alcoholic Drinks: Misuse](#)

Asked by: Baroness Hayter of Kentish Town

To ask Her Majesty's Government when the new Alcohol Strategy will be published.

Answering member: Baroness Williams of Trafford | Department: Home Office

We are considering the next steps on alcohol policy.

We continue to take action to improve local intelligence, establish effective local partnerships and equip police and local authorities with the right powers to take effective action against alcohol-related crime and harms in the night time economy. Current action to tackle alcohol-related harms includes working to address alcohol related domestic abuse through a training package for frontline professionals with the charity Against Violence and Abuse.

HL Deb 05 November 2019 | PQ HL100

[Alcoholic Drinks: Misuse](#)

Asked by: Baroness Hayter of Kentish Town

To ask Her Majesty's Government what assessment they have made of the impact of alcohol on health, and health inequalities; and what plans they have to prevent alcohol harm.

**Answering member: Baroness Blackwood of North Oxford |
Department: Department of Health and Social Care**

The Government is committed to tackling health harms from alcohol and to support the most vulnerable at risk from alcohol misuse. The Prevention Green Paper *Advancing our health: prevention in the 2020s* outlines how we will help people moderate their drinking by working with industry to deliver a significant increase in the availability of alcohol-free and low-alcohol products by 2025. The Government will engage with industry and other stakeholders around delivering this objective.

Lower socioeconomic status is associated with higher mortality for alcohol-attributable causes, despite lower socioeconomic groups often reporting lower levels of consumption. As part of the NHS Long Term Plan, we are establishing specialist Alcohol Care Teams in hospitals with the highest rates of alcohol harm. It is estimated that this will prevent 50,000 admissions over five years. Local authorities will also receive over £3 billion in 2019/20 to be used exclusively on public health including alcohol treatment services. Public Health England is supporting NHS England's tobacco and alcohol commissioning for quality and innovation scheme, which encourages hospitals to screen all inpatients about their alcohol use and offer appropriate interventions.

The UK Chief Medical Officers issued Low Risk Drinking Guidelines in 2016 so that people could make informed choices about their own drinking and the Government has worked with industry to ensure information on the health harms of alcohol are printed clearly on the labelling of alcoholic drinks.

The Government has also made funding of £6 million available to support children who live with an alcohol dependent parent which will address the inequalities facing this vulnerable group.

HL Deb 29 October 2019 | PQ HL99

[Alcoholic Drinks: Excise Duties](#)

Asked by: Shannon, Jim

To ask the Chancellor of the Exchequer, what assessment he has made of the potential effect of a two per cent increase on alcohol duty on (a) the amount of additional revenue that would be raised for the public purse and (b) reducing alcohol-related harm.

Answering member: Mr Simon Clarke | Department: Treasury

HMRC's tax ready reckoner publication outlines the impact of illustrative tax changes. A one percent increase to beer and cider duties is

estimated to raise around £30m per year. A two percent increase will have around double the impact. No assessment has been made of the alcohol-related harm of such a policy.

HC Deb 09 September 2019 | PQ 286233

[Alcoholic Drinks: Misuse](#)

Asked by: Ruane, Chris

To ask the Secretary of State for Health and Social Care, what policies his Department has implemented to tackle alcohol harm caused by social inequalities since 2010.

Answering member: Seema Kennedy | Department: Department of Health and Social Care

Lower socioeconomic status is associated with higher mortality for alcohol-attributable causes, despite lower socioeconomic groups often reporting lower levels of consumption. The Government is committed to tackling harms from alcohol. As part of the NHS Long Term Plan, we are establishing specialist Alcohol Care Teams in hospitals with the highest rates of alcohol harm. It is estimated that this will prevent 50,000 admissions over five years. Local authorities will also receive over £3 billion in 2019/20 to be used exclusively on public health including alcohol treatment services. Public Health England is supporting NHS England's tobacco and alcohol commissioning for quality and innovation scheme, which encourages hospitals to screen all inpatients about their alcohol use and offer appropriate interventions.

Additionally, funding of £6 million has been allocated to support children who live with an alcohol dependent parent which will address the inequalities facing this vulnerable group.

HC Deb 15 July 2019 | PQ 275121

[Alcoholic Drinks: Misuse](#)

Asked by: Cunningham, Mr Jim

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to fund at least one alcohol care team or specialist in every hospital.

Answering member: Seema Kennedy | Department: Department of Health and Social Care

As part of the NHS Long Term Plan, we are establishing specialist Alcohol Care Teams (ACTs) in hospitals with the highest rates of alcohol harm. It is estimated that this will prevent 50,000 admissions over five years.

All clinical commissioning groups (CCGs) have been allocated a Health Inequalities Funding Supplement contribution to their indicative baselines. NHS England and NHS Improvement, through the Long Term Plan, have highlighted the evidence base for ACTs and indicated that

where required, commissioners should utilise monies from this funding supplement to close health inequality gaps associated with alcohol dependence.

Additionally, for those areas with the highest levels of demand, additional targeted monies will be invested directly to ensure the provision of optimal ACTs starting from 2020/21.

Local authorities will also receive over £3 billion in 2019/20 to be used exclusively on public health including alcohol treatment services.

HC Deb 10 July 2019 | PQ 273736

[Alcoholic Drinks: Minimum Prices](#)

Asked by: Williams, Dr Paul

To ask the Secretary of State for the Department of Health and Social Care, pursuant to the Answer of 3 September 2018 to Question 169474 on Alcoholic Drinks: minimum unit pricing, when Public Health England's review into the impact of minimum unit pricing of alcohol will be published.

Answering member: Seema Kennedy | Department: Department of Health and Social Care

The Government takes the harms associated with alcohol abuse very seriously and overall consumption of alcohol in England and Wales is on the decline.

There are currently no plans to implement minimum unit pricing in England. However, we will keep this under review as evidence emerges from Scotland.

HC Deb 08 July 2019 | PQ 272937

[Alcoholic Drinks: Misuse](#)

Asked by: Ruane, Chris

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the level of alcohol-related mortality rates in each National Statistics Socio economic classification in the most recent period for which figures are available.

Answering member: Seema Kennedy | Department: Department of Health and Social Care

Public Health England's evidence review 'The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies' highlighted that in the English population, rates of alcohol-specific and related mortality increase as levels of deprivation increase and alcohol-related liver disease is strongly related to the socioeconomic gradient.

The NHS Long Term Plan signalled our support for improving treatment for patients in deprived areas with expert Alcohol Care Teams working

in the 25% worst affected parts of the country supporting patients and their families who have issues with alcohol misuse. It is estimated that these new measures could prevent 50,000 admissions and almost 250,000 bed days over the next five years. The Government will continue to be mindful of social inequalities whilst developing policies to tackle alcohol harms.

HC Deb 01 July 2019 | PQ 269652

[Alcoholic Drinks: Crime](#)

Asked by: Bruce, Fiona

To ask the Secretary of State for the Home Department, what steps he is taking to reduce alcohol-related crime.

Answering member: Victoria Atkins | Department: Home Office

Since 2009/10, the annual number of alcohol-related violent incidents has significantly declined – it is now down by 44%. We have seen declines in the number of Penalty Notices for Disorder issued for being drunk and disorderly, and fewer adults perceive people being drunk or rowdy in their area as a problem than ten years ago.

We continue to take action to improve local intelligence, establish effective local partnerships and equip police and local authorities with the right powers to take effective action against alcohol-related crime and harms in the night time economy. Current action to tackle alcohol-related harms includes building on our Local Alcohol Action Area programme, considering how to tackle drunk and disorderly passengers at airports, and identifying new work to address alcohol related domestic abuse and sexual violence.

HC Deb 13 June 2019 | PQ 262342

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