

Debate Pack

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Alcohol harm

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Summary

A debate on alcohol harm is due to take place in the Commons chamber on 25 November 2021 and will be led by Derek Thomas MP and Dan Carden MP. The subject for this debate has been nominated by the Backbench Business Committee.

Alcohol policy is devolved, this briefing provides information on alcohol harm in England.

1

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 a [review on the evidence on the public health burden of alcohol in England](#) in December 2016.¹ 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

The review sets out that many indicators of alcohol-related harm have increased in recent years. PHE reported at the time that there are now over 1 million hospital admissions relating to alcohol each year, half of which occur in the 30% poorest areas according to measures of socioeconomic deprivation.

PHE reported that alcohol-related mortality had increased, particularly in relation to liver disease:

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.³

Despite this, some positive trends had emerged over this period, such as indicators related to alcohol consumption among under 18s, as well as a reduction in alcohol-related road traffic crashes.⁴

¹ As part of a wider reorganisation of public health bodies England, Public Health England (PHE) was replaced by the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID) in 2021. OHID will address a range of public health issues including alcohol and tobacco.

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

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

⁴ PHE, [The Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies An evidence review](#), December 2016

1.1

Public Health England report on alcohol consumption during the Covid-19 pandemic

In July 2021, PHE published a report on [alcohol consumption and harm during the Covid-19 pandemic](#).⁵

The report collates data on alcohol consumption and related harm in England during the pandemic and compares it to data from previous years. The report's aim was to understand how indicators of alcohol consumption and harm changed while the social and physical restrictions to limit the spread of Covid-19 were in place. The report notes that these restrictions led to changes in the availability of alcohol, in particular the approximately 31-week closure of premises such as pubs and restaurants during national lockdowns.

PHE outlined changes in alcohol consumption before and during the pandemic:

The total volume of duty-paid alcohol for the year of the pandemic (2020 to 2021) was 1.2% less than the year before the pandemic (2019 to 2020). This is despite the closure of on-trade premises during national lockdowns.

In 2020 to 2021, duty-paid wine and spirits increased compared to 2019 to 2020 (+8.9% and +7.3% respectively), while cider and beer decreased (-16.7% and -14.0% respectively). The diverging trends likely relate to the fact that beer and cider are more often bought in on-trade settings, so are probably more affected by on-trade⁶ closures.

Data from a consumer purchasing panel that measures off-trade volume sales of alcohol shows that between 2019 and 2020 (before and during the pandemic), volume sales increased by 25.0%. This increase was consistent and sustained for most of 2020. We saw increases for all product types, with the largest relative increase for beer (+31.2%), followed by spirits (+26.2%), wine (+19.5%), and cider (+17.6%). It's worth noting that cider and beer saw the largest relative decreases when looking at the trends in duty-paid volume of alcohol.⁷

The report set out further detail on consumer behaviour, for example, grouping consumers by the volume of alcohol they normally buy. The overall total volume of off-trade sales increased:

To understand whether consumers who typically buy different volumes of alcohol showed different trends, we selected a subsample of buyers with

⁵ PHE, [Monitoring alcohol consumption and harm during the Covid-19 pandemic: report](#), 15 Jul 2021

⁶ 'On-trade' refers to alcohol sold for consumption on licensed premises, whilst 'off-trade' is used to describe alcohol sold for consumption away from the sale premises

⁷ PHE, [Monitoring alcohol consumption and harm during the Covid-19 pandemic: report](#), 15 Jul 2021

continuous data reporting. We then split these buyers into 5 equal sized groups (quintiles) based on the volume of alcohol they bought weekly in the 2 years before the first national lockdown.

For this subsample, between 2019 to 2020 and 2020 to 2021, total volume off-trade sales increased by 24.4%. In absolute terms, the heaviest buying quintile increased their purchasing by 5.3 million litres of alcohol (+14.3%). Of the 12,607,408 extra litres of alcohol bought in 2020 to 2021 compared to 2019 to 2020, the heaviest buying quintile accounted for 42% of the total increase. This proportion increased to 68.3% of the total increase when including the top 2 heaviest buying quintiles.⁸

The report summarised:

Taken together, all survey data measuring self-reported alcohol consumption suggests a polarisation in drinking. Most respondents reported drinking the same volume and the same frequency as they did before the pandemic. Roughly similar proportions of respondents reported drinking more or more frequently and drinking less or less frequently. Where surveys measured a respondent's drinking before the pandemic, they suggest that people who reported drinking more during the pandemic than before tended to be heavier drinkers.⁹

PHE do warn that the data is based on low quality surveys and polls and that reporting of methods varied but note that respondents were more likely to report increasing their alcohol consumption during the pandemic compared to previous years. Notably, PHE report that the data shows a step-change around the time the pandemic began, where the prevalence of increasing risk and higher risk drinking increased and then continued to be higher than previous years throughout the pandemic year.

PHE said that addressing alcohol consumption and harm “must be an essential part of the UK government's Covid-19 recovery plan, given that tackling geographic health disparities are part of the government's Build Back Better plans”.¹⁰ PHE identified long-term, sustained action to prevent and reduce liver disease as a priority for public health.

Changes to alcohol-specific morbidity and mortality

PHE report that in 2020 (during the pandemic), rates of unplanned admissions to hospital for alcohol specific causes decreased by 3.2% compared to 2019 (before the pandemic).

Alcohol related admissions to hospital can be split into a number of further categories, by disease, injury or condition.

⁸ PHE, [Monitoring alcohol consumption and harm during the Covid-19 pandemic: report](#), 15 Jul 2021

⁹ PHE, [Monitoring alcohol consumption and harm during the Covid-19 pandemic: report](#), 15 Jul 2021

¹⁰ PHE, [Monitoring alcohol consumption and harm during the Covid-19 pandemic: report](#), 15 Jul 2021

PHE suggested that the overall decrease in unplanned admissions for alcohol specific causes was likely to be related to reduced admissions for mental and behavioural disorders due to use of alcohol. The only alcohol specific unplanned admission to increase between 2019 and 2020 was unplanned admission for alcoholic liver disease. The report noted that there were rapid decreases in the rate of alcohol specific admissions that coincided with the start of the pandemic, but noted that this finding is not unique to alcohol, and that all unplanned admissions sharply decreased as the pandemic heightened. Possible causes for this, as suggested by PHE, include psychological factors where people reported avoiding hospitals to reduce pressure on the NHS.

PHE reported a 20% increase in total alcohol specific deaths compared to 2019, as well as increased deaths from mental and behavioural disorders due to alcohol, and deaths from alcohol poisoning.¹¹

1.2

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

In November 2018, PHE published the findings of [an inquiry into the fall in numbers of people in alcohol treatment](#) for dependence in England in the few years to 2018.¹² PHE reported that:

Analysis of data from the [National Drug Treatment Monitoring System \(NDTMS\)](#) shows that the numbers of people entering treatment who were only dependent on alcohol fell from 65,110 to 52,383 between the years 2013 to 2014 and 2016 to 2017. This is a 19% fall, compared with a 5% fall in the numbers of people entering treatment for all other substance groups, including those who were dependent on a combination of alcohol and non-opiate drugs.¹³

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 reconfiguration was reduced local substance misuse budgets. PHE also said that a number of areas had engaged new service providers and were already addressing some of the issues that had been identified.

Stakeholders in areas which had seen an increase in numbers described many common features, such as leadership commitment to alcohol treatment and

¹¹ PHE, [Monitoring alcohol consumption and harm during the Covid-19 pandemic: report](#), 15 Jul 2021

¹² PHE, [PHE inquiry into the fall in numbers of people in alcohol treatment: findings](#), 1 Nov 2018

¹³ PHE, [PHE inquiry into the fall in numbers of people in alcohol treatment: findings](#), 1 Nov 2018

a strategic approach by the local authority to alcohol harm reduction and a commitment to service improvement as opposed to just cost saving.

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.

2

Government policy on alcohol harm

The Government has said that it does not have plans to introduce a standalone alcohol strategy and that alcohol will be considered within a forthcoming UK wide cross-government addiction strategy.¹⁴

As part of a wider reorganisation of public health bodies England, Public Health England (PHE) was replaced by the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID) in 2021. OHID will address a range of public health issues including alcohol and tobacco.

2.1

Alcohol duty reform

In the [Autumn Budget and Spending Review 2021](#), the Government announced changes to the alcohol duty system, aimed at simplifying it.¹⁵

Under the new arrangements, the number of main rates would be cut from 15 to 6, and all products will be taxed in proportion to their alcohol content. This would ensure that alcohol will be taxed “in a progressive manner, ensuring higher strength products incur proportionately more duty, addressing the problem of harmful high-strength products being sold too cheaply”. New rates will be introduced for low strength drinks below 3.5% alcohol by volume (ABV), to encourage manufacturers to develop new products at lower ABVs, with all product categories set at the same rate. It is anticipated that these changes will take effect from February 2021.

The Government will also introduce a new small producer relief for cidemakers and other producers of lower ABV drinks. The Government has said that this will allow small producers to diversify their product range to other products below 8.5% ABV while still benefitting from reduced rates. The Government has launched a [consultation](#) on the proposed reforms to the structure of alcohol duty alongside the Autumn 2021 Budget.¹⁶ Responses are invited by 30 January 2022.

The Government said that the changes had been designed to support its public health objectives, and expected the changes to have a positive impact, with the potential to reduce alcohol-related hospitalisations and deaths, as well as providing other positive health outcomes.¹⁷

¹⁴ [PQ 41318](#), 7 Sep 201

¹⁵ HM Treasury, [Autumn Budget and Spending Review 2021](#), Oct 2021, para 2.178-82, and para 5.58-9

¹⁶ HM Treasury, [The new alcohol duty system: consultation](#), 27 Oct 2021

¹⁷ [HL3894](#), 22 Nov 2021

Further information about the Spending Review is available in a Library briefing, [Autumn Budget and Spending Review 2021: a summary](#).

2.2 Prevention Green Paper

In a July 2019 Green Paper, [Advancing our health: prevention in the 2020s](#), the Government outlined a number of measures to reduce alcohol related harm.¹⁸ 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.

2.3 NHS Long Term Plan

The [NHS Long Term Plan](#), published in January 2019, highlighted the role of alcohol misuse in health inequality.¹⁹ The Plan also highlighted the introduction of specialist Alcohol Care Teams (ACTs) at some hospitals and their success in reducing A&E attendance, bed days, readmissions and ambulance callouts. The Plan said that over the next five years, the hospitals with the highest rate of alcohol dependence-related admissions would be supported to fully establish ACTs using funding from their clinical commissioning groups health inequalities funding supplement, working in partnership with local authority commissioners of drug and alcohol services. If delivered in the 25% of worst affected hospitals, it was thought that this could prevent 50,000 admissions over five years.²⁰

2.4 The 2012 alcohol strategy

The most recent [alcohol strategy](#) was published in 2012 and focused on targeting binge drinking culture and alcohol related violence.²¹ 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.

Other measures set out in the 2012 strategy included making the mandatory licensing conditions more effective, particularly those regulating irresponsible

¹⁸ Cabinet Office and DHSC, [Advancing our health: prevention in the 2020s- consultation document](#), 22 Jul 2019

¹⁹ NHS, [Long Term Plan](#), 7 Jan 2019

²⁰ NHS, [Long Term Plan](#), 7 Jan 2019

²¹ Home Office, [Alcohol strategy](#), 23 Mar 2012

sales and promotions. More information is provided in the Government webpages on [alcohol policy \(2010-15\)](#) and [licencing](#).

The Government held a [consultation](#) between November 2012 and February 2013, seeking views on a number of measures set out in the alcohol strategy including introducing minimum-unit pricing.

Responding to the consultation, the Government said that it would keep minimum-unit pricing under consideration but would not implement it at the time.²²

2.5

Alcohol policy in 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 and taking forward 20 key measures in its Alcohol Framework 2018 which set out the national prevention aims.

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

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

²² Home Office, [Alcohol strategy consultation](#), published 28 Nov 2012

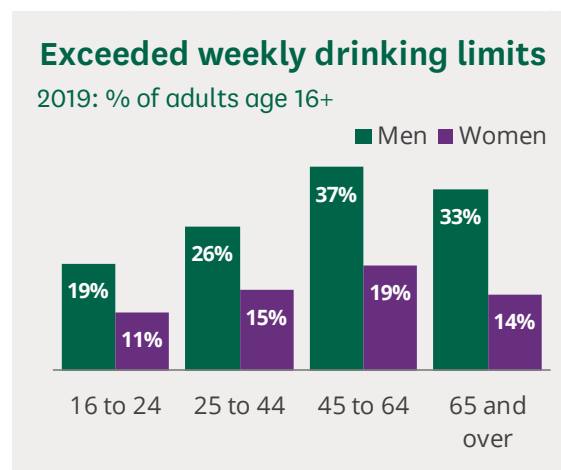
3

Statistics on alcohol consumption in England

In 2019, 54% of adults in England reported drinking alcohol in the last week²³.

Men were more likely to drink than women (59% of men and 50% of women drank alcohol during the previous week). Men also drank more frequently than women: 13% of men compared with 8% of women had drunk on at least five days in the previous week.

Adults aged 45-64 were more likely to exceed the weekly limits, with 37% of men and 19% of women drinking over 14 units of alcohol in a week. Younger adults, aged 16-24, were the least likely to drink in excess of 14 units per week (19% of men and 11% of women).



Source: [Health Survey for England 2019](#)

Alcohol-specific conditions were responsible for 347,761 hospital admissions in England in 2019/20, (2% of all admissions).²⁴

The male alcohol-specific death rate in England was 15.0 deaths per 100,000 in 2019, a 22% increase since 2001 when the rate was. Over the same period, the female rate increased by 25% from 5.6 in 2001 to 7.0 in 2021.²⁵

Further statistics on alcohol consumption and harm can be found in the Commons Library Briefing Paper [Statistics on Alcohol: England](#).

²³ NHS Digital [Health Survey for England 2019](#)

²⁴ [Local alcohol profiles data tool](#)

²⁵ ONS, [Alcohol-specific deaths in the UK: registered in 2019](#)

4 Alcohol pricing

Concerns about high levels of drinking and its effect on public health and public order have, for some time, led to calls for the introduction of a minimum price for alcohol.²⁶

One 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).

Alcohol charities, public health groups and others argue that a MUP would have more of an impact on alcohol-related harm than a ban on below cost selling.

A December 2016 [report](#) by Public Health England looked at MUP and said that “empirical evidence and modelling studies have shown that setting a minimum price for alcohol can reduce alcohol-related harm while saving health-care costs.”²⁷

Alcohol licensing is a devolved matter. The sections below explore the approach taken by the UK Government and devolved administrations.

Scotland: MUP

A minimum unit price of 50p has been in place in Scotland since 1 May 2018. This was introduced through the Alcohol (Minimum Pricing) Scotland Act 2012. For background, see the Library Paper, [Alcohol: minimum pricing](#) (11 March 2020).

The [Public Health Scotland website](#) includes a range of research material on the impact of MUP in different contexts. This includes:

- An [October 2021 study](#) assessing MUP’s impact on hazardous and harmful drinking and alcohol-related attendances in emergency departments.²⁸

²⁶ For example, in his 2008 [annual report](#), the then Chief Medical Officer for England, Sir Liam Donaldson, recommended setting a minimum price of 50p per unit. The report argued that this would target harmful “binge drinking”, while leaving the more moderate drinker unaffected.

²⁷ Public Health England, [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review](#), December 2016, p92

²⁸ So V et al, [Intended and unintended consequences of the implementation of minimum unit pricing of alcohol in Scotland: a natural experiment. Public Health Res 2021;9\(11\)](#). For an overview of the study see: [“Study of MUP’s impact on alcohol consumption and health services published”](#), Public Health Scotland news release, 25 October 2021

- A [June 2021 report](#) examining the impact of MUP on people who are dependent on alcohol and are accessing treatment services.²⁹

Wales: MUP

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.

In July 2021, the Welsh Government [published research](#) that it said would provide a baseline that could be used to monitor the impact of MUP in Wales.

England: ban on below cost sales

A ban on selling alcohol below a “permitted price” has been in place since 28 May 2014. This was introduced through the Licensing Act 2003 (Mandatory Conditions) Order 2014. The permitted price is defined as the level of alcohol duty plus VAT.

In June 2021, the Government said there were “no plans” to introduce MUP in England. However, it would continue to “monitor the impact of MUP in Scotland and Wales as it emerges”.³⁰

For further background, see the Library Paper, [Alcohol: minimum pricing](#).

²⁹

June 2021. For an overview of the study, see: “[Initial report published on the impact of MUP on people who are dependent on alcohol and accessing treatment](#)”, Public Health Scotland news release, 24 June 2021

³⁰ [PQ 19662 \[on MUP\]](#), answered 24 June 2021

5 Parliamentary material

5.1 Debates

Adjournment debate: [Alcohol Products: Labelling](#)

HC Deb 27 April 2021 | Vol 693 c332-

Lords Question for Short Debate: [Alcohol Harm Commission: Report 2020](#)

HL Deb 22 April 2021 | Vol 811 c375GC-

Westminster Hall Debate: [Alcohol Harm](#)

HC Deb 17 Mar 2020 | Vol 673 c255-

Westminster Hall Debate: [Alcohol Harm](#)

HC Deb 02 February 2017 | Vol 620 c407-

5.2 PQs

[Levelling Up White Paper](#)

Asked by: Baroness Finlay of Llandaff

I declare my role as chair of the Commission on Alcohol Harms. Have the Government included alcohol harm as the top priority in the levelling-up agenda, given that, regarding place, alcohol-related mortality is over 20% higher in the north-east of England than the English average? Alcohol-related violence is up to five and a half times more prevalent in lower socio-economic groups, and alcohol consumption is linked to poorer child development and poorer general well-being.

Answered by: Lord Greenhalgh

My Lords, I expected this Question to go in any number of directions. It is important to address the barriers for people getting on

in life. We are looking to spread opportunities and, of course, we need to address issues such as alcohol harm, which the noble Baroness has raised.

HL Deb 15 Nov 2021 | Vol 816 c3

[Alcohol Duties](#)

Asked by: **Baroness Finlay of Llandaff**

My Lords, I declare my interest, having chaired the Commission on Alcohol Harm. Our report published last year cited the data, then 10 years old, which showed that the cost from alcohol to the NHS was £3.5 billion a year, while the Home Office's own estimates were that the cost to society was £21 billion a year. In the decade since then, the number of alcohol-related hospital admissions has risen by 19%, and there has been a rise, too, in alcohol-related hospital admissions and deaths, which increased by 20% last year alone. Given the rising cost to the NHS, what contingency plans have the Government made should this drop in duty fail to decrease alcohol harms, and what other methods do the Government plan to use to decrease alcohol consumption?

Answered by: **Lord Kamall**

The Office for Health Improvement and Disparities, as well as many other bodies, will continue constantly to review the impact of this change in taxation. In addition, the Government remain committed to supporting those who are most vulnerable and most at risk from alcohol misuse. Alcohol is a cross-cutting issue affecting several government departments. A strong programme of work is under way to address alcohol-related harms and their impact on life chances, including an ambitious programme to establish specialist alcohol care teams in hospitals and support for children of alcohol-dependent parents. There are a number of other alcohol harm reduction strategies that are too numerous to list now, but I am happy to write to the noble Baroness.

HL Deb 02 November 2021 | Vol 815 c1114

[Alcohol Duties](#)

Asked by: Baroness Merron

My Lords, alcohol-misuse experts have warned that the Government's reforms of alcohol taxes are undermined by their failure to address the issue that alcohol from high-strength beverages may remain cheaper, in many cases, because the price per unit of alcohol is lower in many of those high-strength beverages. What plans do the Government have to introduce minimum alcohol pricing? Does the Minister share my concern that the Chancellor, in the Budget, appeared to be investing more in Prosecco than in the public

health budgets that we need to see to cover the cost to society of alcohol harm.

Answered by: Lord Kamall

The World Health Organization and a number of other organisations have criticised the current system of taxation of alcohol, and urged the Government—and the EU when we were a member of it—to move toward taxation based upon the volume of alcohol. To answer the noble Baroness's specific question, there are no current plans to implement minimum unit pricing in England, but the Government continue to monitor the impact of minimum unit pricing as evidence emerges from Scotland and Wales. It has been in place in Scotland for more than three years, and the Scottish Parliament will not consider its extension until April 2024. In all my conversations with various public health experts, one of the things that they make quite clear is that this has to be evidence-led, and we want to look at evidence from elsewhere.

HL Deb 02 Nov 2021 | Vol 815 c1115

Topical Questions

Asked by: Christian Wakeford

I commend the Chancellor for his announcement in the Budget introducing a simplified system of duty that taxes alcoholic drinks according to their strength. Although this change will not come into force until 2023, it represents a welcome improvement, geared toward promoting public health. Does he agree that the proposed changes to our alcohol duty system will encourage manufacturers to innovate and promote lower strength drinks, which will help to reduce health harm associated with alcohol? Will he meet me to discuss alcohol harm?

Answered by: Helen Whately | Department: Treasury

I sincerely agree with my hon. Friend and thank him for his support. We are overhauling the UK's outdated alcohol duty rules—the biggest simplification for 140 years—and taking a common-sense approach. Drinks will be taxed in accordance with their strength, encouraging responsible drinking, tackling the problems caused by cheap high-strength drinks, and supporting our pubs and our hospitality sector.

HC Deb 02 Nov 2021 | Vol 702 cc756

Alcoholic Drinks: Misuse

Asked by: David, Wayne

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications for his policies of the increasing trend in alcohol consumption and harm; and what steps his Department is taking to tackle that increase.

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

There is a programme of work underway to address alcohol-related health harms and their impact on life chances, including the establishment of specialist alcohol care teams in hospitals and support children of alcohol dependent parents.

The new Office for Health Improvement and Disparities will lead our efforts to improve treatment and support, with £80 million of new investment. We have also committed to publish a new United Kingdom-wide cross-Government addiction strategy which will consider a range of issues, including drugs, alcohol and problem gambling. We will consider the emerging evidence around increased alcohol harms during the pandemic and what further action is needed as we develop the strategy.

HC Deb 14 Sep 2021 | PQ 45048

Alcoholic Drinks: Misuse

Asked by: Carden, Dan

To ask the Secretary of State for Health and Social Care, what assessment he has made of the implications for his policies of the 19.6 per cent annual increase in alcohol specific deaths; and what steps he is taking to reduce alcohol harm.

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

There is a programme of work underway to address alcohol-related health harms and their impact on life chances, including the establishment of specialist alcohol care teams in hospitals and supporting children of alcohol dependent parents. The new Office for Health Improvement and Disparities will spearhead efforts to improve treatment and support and we have made the largest increase to drug and alcohol treatment funding for 15 years, with £80 million of new investment.

We have also committed to publish a new United Kingdom-wide cross-Government addiction strategy which will consider a range of issues, including drugs, alcohol and problem gambling.

HC Deb 08 Sep 2021 | PQ 42080

Alcoholic Drinks: Minimum Prices

Asked by: Carden, Dan

To ask the Secretary of State for the Home Department, what assessment she has made of evidence from the (a) Scottish and (b) Welsh Governments following the introduction of minimum unit pricing on (i) the consumption of alcohol and (ii) levels of alcohol harm.

Answering member: Kit Malthouse | Department: Home Office

There are no plans to introduce Minimum Unit Pricing (MUP) in England at this time. The Government continues to monitor the impact of MUP in Scotland and Wales as it emerges, including the recent report by Public Health Scotland. We have an existing agenda on tackling health harms from alcohol and are committed to supporting the most vulnerable at risk from alcohol misuse.

HC Deb 24 Jun 2021 | PQ 19662

Alcoholism: Health Services

Asked by: Bruce, Fiona

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that the Addictions Strategy will help reduce alcohol harm.

To ask the Secretary of State for Health and Social Care, what plans he has to protect funding for alcohol treatment in the Addictions Strategy.

To ask the Secretary of State for Health and Social Care, whether the Addictions Strategy will include measures to prevent as well as treat alcohol addiction.

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

The scope of the United Kingdom cross-Government addiction strategy is still being developed but will consider a range of issues including drugs, alcohol and problem gambling. The Department will consider the emerging evidence around increased alcohol harms during the COVID-19 pandemic and what further action is needed as we develop the strategy.

HC Deb 15 Apr 2021 | PQs 178548; 178547; 178546

Alcoholic Drinks: Misuse

Asked by: **Thomas, Derek**

To ask the Secretary of State for Health and Social Care, what steps he is taking to reduce the cost of alcohol to the NHS.

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

As part of the NHS Long Term Plan, we are supporting acute hospitals to establish or improve specialist Alcohol Care Teams (ACTs) in hospitals with highest rates of alcohol harm. It is estimated that, if implemented in the 25% of hospitals with the highest rates of alcohol-dependence-related admissions, fully optimised ACTs could prevent 50,000 admissions over five years.

HC Deb 22 Mar 2021 | PQ 155283

[Liver Diseases: Health Services](#)

Asked by: **Crouch, Tracey**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the geographical variation in (a) the provision and (b) delivery of liver care services in England; and what plans his Department has to (a) reduce that variation and (b) improve liver disease survival rates.

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure that comprehensive care pathways for liver patients are implemented by each Integrated Care System in England.

To ask the Secretary of State for Health and Social Care, what plans his Department has to include liver services in NHS covid-19 recovery plans.

To ask the Secretary of State for Health and Social Care, what estimate his Department has made of the number of covid-19 deaths of patients with liver failure as a proportion of all covid-19 deaths in the UK.

To ask the Secretary of State for Health and Social Care, what data his Department holds on the number of people with (a) liver cirrhosis, (b) liver failure and (c) liver cancer who have died as a result of a covid-19 infection.

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

It is not possible to disaggregate the number of people with liver cirrhosis, liver failure and liver cancer who have died as a result of COVID-19 infection, nor the number of COVID-19 deaths of patients with liver failure as a proportion of all COVID-19 deaths in the United Kingdom. This is due to the way data is collected

The NHS Long Term Plan recognises the importance of preventing avoidable liver disease through targeted policies to address alcohol consumption and obesity. As the NHS recovers from the impact of the pandemic, specialised commissioning teams will be refocusing their efforts on achieving the ambitions set out in the Long Term Plan and working with local systems and clinical networks to improve outcomes for people with preventable and complex conditions, including liver disease.

NHS England is developing liver networks in England, supported by the Hepatobiliary Clinical Reference Group, to enable quicker access to specialised liver services, as well as providing clinical advice on disease prevention and referral practice. To address geographical variation, NHS England and NHS Improvement, with support from Public Health England, are helping acute hospitals with the highest rates of alcohol harm to establish or improve specialist alcohol care teams. Areas at highest need will be supported by targeted national investment. To improve survival rates and support earlier detection of alcohol-related liver disease, NHS England and NHS Improvement are also developing a commissioning for quality and innovation scheme to incentivise increased cirrhosis and fibrosis tests for alcohol dependent patients in acute and mental health services.

HC Deb 18 Mar 2021 | PQs 166388; 166387; 166385; 166383; 166382

[Business of the House](#)

Asked by: Bruce, Fiona

Reports this week show a concerning rise in alcohol harm during the pandemic, including in death rates due to increased alcohol consumption. To help the many families sadly affected by this, can we have a debate on the need for sufficient addiction recovery programmes across the country to be available, on the benefits of reforming the alcohol duty system, and on the need for a revised Government alcohol strategy?

Answered by: Rees-Mogg, Jacob

The Government share the concerns about reports of increases in alcohol-related deaths and we are monitoring the situation closely. It is worth bearing in mind that for the vast majority of the country, drinking alcohol is convivial, has been central to our social lives for centuries and enjoyable in moderation. As Winston Churchill said:

“I have taken more out of alcohol than alcohol has taken out of me.”

But for some families, a small minority, abuse of alcohol has been hugely damaging. This is a cross-cutting issue affecting several Government Departments, and there is a strong programme of work under way to address alcohol-related health harms and impacts on life chances, including an

ambitious programme establishing specialist alcohol care teams in hospitals, and to support the children of alcohol-dependent parents.

The Government have committed to publish a new UK-wide cross-Government addiction strategy. This strategy will be informed by Dame Carol Black's continuing review of drugs, part 2 of which focuses on prevention, treatment and recovery. Taxpayers are providing £23 million funding this year for substance misuse treatment and recovery services for rough sleepers. This is a really difficult issue, because most people use alcohol well and enjoy it, but it is important to help and protect those who go to excess.

HC Deb 04 Feb 2021 | Vol 688 c1131

Liver Diseases

Asked by: Amess, Sir David

To ask the Secretary of State for Health and Social Care, what steps he is taking to help reduce the number of hospital admissions for alcohol-related liver disease.

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

As part of the NHS Long Term Plan, NHS England and NHS Improvement, with support from Public Health England (PHE), is helping acute hospitals with the highest rates of alcohol harm to establish or improve specialist alcohol care teams. PHE is supporting work to increase opportunities for the earlier detection of alcohol-related liver disease in people drinking at or above high-risk levels.

This includes a new commissioning for quality and innovation (CQUIN) scheme to incentivise increased cirrhosis and fibrosis tests for alcohol dependent patients in acute and mental health services. The 2020-21 CQUIN is available at the following link:

<https://www.england.nhs.uk/publication/commissioning-for-quality-and-innovation-cquin-guidance-for-2020-2021/>

HC Deb 27 Jan 2021 | PQ 140728

Alcoholic Drinks: Excise Duties

Asked by: **Baroness Hayter of Kentish Town**

To ask Her Majesty's Government what steps they are taking to ensure the new alcohol duty system (1) protects public health, and (2) helps to reduce alcohol harm.

Answering member: **Lord Agnew of Oulton** | **Department: Treasury**

The Treasury is conducting a review of the alcohol duty system. As part of this it is engaging with public health groups along with other interested stakeholders. However, while public health is an important factor, it is not the sole consideration, as the Government will also need to take account of the wider fiscal and economic implications of reform.

HL Deb 15 Dec 2020 | PQ 10968

[Alcoholic Drinks: Misuse](#)

Asked by: **Campbell, Sir Alan**

To ask the Secretary of State for Health and Social Care, with reference to the September 2020 report by the Commission on Alcohol Harm, whether she plans to publish a new alcohol strategy.

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

The Government is committed to tackling health harms from alcohol and supporting the most vulnerable at risk from alcohol misuse. Action on alcohol abuse continues through commitments in the Prevention Green Paper, the NHS Long Term Plan, funding to support children of alcohol dependent parents, and action to reduce alcohol-related crime. This wide-ranging approach negates the need for a separate stand-alone alcohol strategy.

HC Deb 10 Nov 2020 | PQ 96776

[Alcoholism: Rehabilitation](#)

Asked by: **Bristow, Paul**

To ask the Secretary of State for Health and Social Care, whether Clinical Commissioning Groups are encouraging GPs to identify heavy drinkers who would potentially benefit from a prescription for nalmefene in addition to psychosocial support.

To ask the Secretary of State for Health and Social Care, what steps Clinical Commissioning Groups has taken to challenge abstinence-only approaches to alcoholism by GPs.

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

National Institute for Health and Care Excellence guidance describe best practice and health and care commissioners are expected to take them fully into account. Current guidelines for general practitioners and other health

professionals to identify, assess and intervene for people misusing alcohol are available and can be viewed at the following link:

<https://www.nice.org.uk/guidance/cg115/chapter/1-guidance>

Staff responsible for assessing and managing assisted alcohol withdrawal should be competent in the diagnosis and assessment of alcohol dependence and withdrawal symptoms and the use of drug regimens appropriate to the settings (for example, inpatient or community) in which the withdrawal is managed.

The Government has taken a robust approach to tackling alcohol harms. Between 2016 and 2020/21 we are investing more than £16 billion in local government public health services. In 2019/20 over £3 billion is to be used exclusively on public health including alcohol treatment services.

HC Deb 20 Oct 2020 | PQs 103641; 103640

Alcoholism: Prescription Drugs

Asked by: **Bristow, Paul**

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that GPs and commissioners follow the latest NICE guidance on the prescription of drugs for alcohol dependence.

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

National Institute for Health and Care Excellence (NICE) guidance describe best practice and health and care commissioners are expected to take them fully into account. NICE guidance provides recommendations on best practice in terms of both the effectiveness and cost-effectiveness of interventions and services.

The Government has taken a robust approach to tackling alcohol harms. Between 2016 and 2020/21 we are investing more than £16 billion in local government public health services. In 2019/20 over £3 billion is to be used exclusively on public health including alcohol treatment services.

HC Deb 03 Aug 2020 | PQ 71168

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News items

Guardian

[Generation X are heavy, risky drinkers. Will anything ever persuade us to stop?](#)

22 September 2021

Telegraph

[Women began drinking at 'high-risk' levels during lockdown](#)

25 August 2021

The Times

[Alcohol deaths rose during Covid-19 lockdown](#)

18 August 2021

Independent

['Covid lockdowns' push alcohol deaths in Scotland to highest level in a decade](#)

17 August

Independent

[Mental health services 'unequipped to cope' as drink and drug referrals for older people surge during Covid](#)

29 May 2021

Guardian

[Any amount of alcohol consumption harmful to the brain, finds study](#)

18 May 2021

Alcohol harm

BBC News Online

[Alcohol deaths highest for 20 years in England and Wales](#)

May 2021

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Press releases and useful links

Alcohol Change UK

[Press release: Is your drinking putting your health and relationships at risk?](#)

November 2021

World Health Organisation

[New scientific research and writing mentorship initiative towards diversity in research on alcohol control policies](#)

8 November 2021

Institute of Alcohol Studies

[Report: Alcohol energy \(calorie\) labelling: Evidence, public support, alternatives, and wider labelling considerations](#)

November 2021

Institute of Alcohol Studies

[How did the Autumn 2021 Budget reform alcohol duty?](#)

27 October 2021

British Medical Association

[Reducing alcohol-related harm in England](#)

18 October 2021

Commons Library Briefing Paper

[Statistics on Alcohol: England](#)

28 July 2021

Public Health England

[Press release: Alcoholic liver deaths increased by 21% during year of the pandemic](#)

15 July 2021

Public Health England

[Report: Alcohol consumption and harm during the COVID-19 pandemic](#)

15 July 2021

Nuffield Trust

[Alcohol-related harm and drinking behaviour](#)

25 May 2021

Alcohol Education Trust

[Facts and figures – overview \(drinking amongst 11 – 15 year olds and young adults\)](#)

Royal College of Psychiatrists

[Addiction services not equipped to treat the 8 million people drinking at high risk during pandemic](#)

14 September 2020

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Further reading

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00052-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00052-9/fulltext)

<https://alcoholchange.org.uk/research-hub/research>

<https://www.ias.org.uk/uploads/pdf/HSR/TheFrontlineBattle.pdf>

<https://ahauk.org/resource/commission-on-alcohol-harm-report/>

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