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National Assembly for Wales / Cynulliad Cenedlaethol Cymru [Health and Social Care Committee](#) / [Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[Inquiry into alcohol and substance misuse](#) / [Ymchwiliad i gamddefnyddio alcohol a sylweddau](#)

Evidence from BMA Cymru Wales – ASM 16 / Tystiolaeth gan BMA Cymru Wales – ASM 16

ALCOHOL AND SUBSTANCE MISUSE

Inquiry by the National Assembly for Wales' Health and Social Care Committee

Response from BMA Cymru Wales

9 January 2015

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the inquiry by the National Assembly for Wales' Health and Social Care Committee into alcohol and substance misuse.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

In the experience of BMA Cymru Wales members, current drug and alcohol services in Wales are overwhelmed and have long waiting times. As a result, interventions by relevant service professionals are

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not provided at an optimal time in too many cases. This often leads to individuals suffering a worsening of their problems in the interim.

In our view, greater resources should be devoted to health education around the dangers of both alcohol and substance abuse. We believe that the dangers of addiction, and the resultant potential for loss of employment, should be stressed. Sporting associations, in particular, should be made aware of the increasing problems that individuals can face from the abuse of anabolic steroids. Risk and harm reduction should, in our view, be at the centre of any campaign.

We consider that citizens need to be sufficiently educated regarding the adverse impacts of drugs and alcohol to better equip them to take control of their own destiny. We also feel that the media should cease what can at times come across as a glamorisation of drugs and alcohol consumption – often portrayed as the benefits of a successful lifestyle.

It is important that any education campaigns that might be employed are effective. We would note that increased knowledge does not always in itself translate into altered behaviour from those who might benefit most, and that awareness programmes can vary in their effectiveness.^{1,2} There is also a role for brief interventions which are aimed at modifying behaviour in both primary³ and secondary⁴ care settings.

We observe that alcohol and drugs are contributing increasingly to crime and accidents of all types. Alcohol consumption, in particular, is adversely affecting hospital accident and emergency departments to a significant extent – especially at weekends and evenings. This is manifesting itself through an increased prevalence of unacceptable and threatening behaviour towards staff (if not actual physical assault) in addition to the enhanced workload that is generated from accidents, assaults and incidences of severe intoxication linked to excess alcohol consumption and drug taking.

The culture of binge drinking also appears to be escalating. We observe that alcohol-related liver disease is increasing, and is affecting more people at a younger age than ever before. Recent figures from drug and alcohol charity CAIS have shown that 80% of its referrals are now related to alcohol addiction, whereas five years ago those seeking its assistance were evenly balanced between those related to alcohol addiction and those related to drug addiction.⁵

In line with BMA policy at UK level, BMA Cymru Wales supports the introduction of minimum unit pricing for alcohol as a key first step in reducing excessive alcohol consumption.⁶ Modelling produced for the Scottish Government using the Sheffield Alcohol Policy Model⁷ would indicate the effectiveness of such an approach.

We consider that a current price of 50p per unit should be regarded as the minimum that will have a sufficient impact, but this should be kept under review once introduced to ensure that that alcohol does

¹ Ferri M, Allara E, Bo A, Gasparrini A & Faggiano F (2013) *Media campaigns for the prevention of illicit drug use in young people (review)*. Cochrane Drugs and Alcohol Group. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009287.pub2/abstract>

² Faggiano F, Minozzi S, Versino E & Buscemi D (2014) *Universal school-based prevention for illicit drug use*. Cochrane Drugs and Alcohol Group. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003020.pub3/abstract>

³ Kaner EF, Dickinson HO, Beyer FR, Campbell F, Schlesinger C, Heather N, Saunders JB, Burnand B & Pienaar ED (2007) *Effectiveness of brief alcohol interventions in primary care populations (review)*. Cochrane Drugs and Alcohol Group. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004148.pub3/abstract>

⁴ McQueen J, Howe TE, Allan L, Mains D & Hardy V (2011) *Brief interventions for heavy alcohol users admitted to general hospital wards (review)*. Cochrane Drugs and Alcohol Group. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005191.pub3/abstract>

⁵ <http://www.bbc.co.uk/news/uk-wales-30518021>

⁶ <http://bma.org.uk/-/media/files/pdfs/working%20for%20change/alcoholreducingaffordability.pdf>

⁷ <http://www.shef.ac.uk/scharr/sections/ph/research/alpol/research/completed/scotland>

not return to becoming more affordable over time. We would observe that a minimum unit price at this level will have little economic impact on the average drinker in a public house and would mainly impact on off-trade sales, such as from supermarkets.

Any increased tax revenue obtained as a result of higher alcohol prices should, in our view, be invested in the prevention of alcohol misuse as well as in the rehabilitation of alcohol abusers.

We believe that a restriction in licensing hours and more stringent licensing regulations could give governments within the UK greater control over the availability of intoxicants. We also consider that current alcohol supply regulations should also be more effectively enforced (e.g. refusing to supply further alcohol to someone already deemed to be drunk). Additionally, we would advocate a total ban on the advertising of alcohol, as well as a ban on “happy hours”.

In line with the recent policy change in Scotland, the BMA further believes that the drink driving safe limit should be reduced in the rest of the UK from 80 mg to 50mg of alcohol in 100ml of blood – thereby bringing us into line with the majority of European countries. Modelling studies have predicted that lowering the limit to 50mg/100ml would reduce serious and fatal crashes, and could expect to save 65 lives and prevent 250 serious injuries per year in the UK.⁸

In a number of regards, we note that Scotland has been leading the way in reforms to alcohol policy. We consider that such reforms should be applied throughout the UK, including within Wales. If such uniformity of alcohol regulation is not achieved, then we would be concerned that a problem of “alcohol tourism” might ensue.

Whilst our response to this inquiry mostly concentrates on issues relating to alcohol abuse, we would also note that the complex issue of substance abuse needs a public debate in order to develop a consensus approach.

In relation to new psychoactive substances (so-called “legal highs”), we consider that the focus should be on understanding the risks associated with their use, as well as on educating against risk behaviour.

Further information concerning the BMA’s view on substance misuse can be found in a 2013 report produced by the BMA’s Board of Science, entitled ‘*Drugs of dependence – the role of medical professionals*’.⁹

Conclusions and key recommendations

BMA Cymru Wales welcomes this Health and Social Care Committee inquiry which is highlighting two key related issues that are having an increasingly adverse impact on Welsh society.

We call for:

- Greater resources to be devoted to education concerning the dangers of both alcohol and substance abuse.
- The introduction of minimum unit pricing for alcohol, set initially at 50p per unit.
- A restriction in licensing hours, more stringent licensing regulations and more effective enforcement of existing alcohol supply regulations.
- A total ban on the advertising of alcohol.
- A ban on “happy hours”.
- A reduction in the drink driving safe limit from 80 mg to 50 mg of alcohol in 100 ml of blood.

⁸ Allsop R E (2005) *Some reasons for lowering the legal drink-drive limit in Britain*. London: Centre for Transport Studies, University College London. Available at: http://discovery.ucl.ac.uk/1425/1/REA_WP051.pdf

⁹ British Medical Association (2013) *Drugs of dependence – the role of medical professionals*. London: British Medical Association. Available at: <http://bma.org.uk/news-views-analysis/in-depth-drugs-of-dependence/full-report>