

**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 Lundbeck Ltd – ASM 20 / Tystiolaeth gan Lundbeck Ltd –
ASM 20**

**National Assembly for Wales Health and Social Care Committee inquiry
into alcohol and substance misuse**

Submission from Andy Hockey, Head of Policy and Access, Lundbeck.

On behalf of Lundbeck Ltd.

**Lundbeck welcomes the opportunity to respond to the National
Assembly for Wales' Health and Social Care Committee's call for
evidence into alcohol and substance misuse as part of its inquiry.**

1. Introduction to Lundbeck

- 1.1 Lundbeck is an ethical research-based pharmaceutical company dedicated to becoming a world leader in the development of pharmaceuticals for psychiatric and neurological diseases. The company is unique in that it focuses entirely on finding new and effective therapies for central nervous system (CNS) disorders. This strategic focus allows Lundbeck to establish strong links with academics, clinicians and patient organisations with interests in CNS disorders, such as depression and anxiety, schizophrenia, Alzheimer's, Parkinson's disease and alcohol dependence.**
- 1.2 The Lundbeck Foundation owns approximately 70% of Lundbeck's shares. It was established in 1954 by the widow of the company's founder, Hans Lundbeck, and is one of the largest private contributors to natural science research. As a result, each year Lundbeck invests around 20% of its revenue in R&D and the development of new, innovative drugs; substantially above the industry average of around 15%. This has allowed the company to develop novel therapies in a variety of areas including alcohol dependence.**

- 1.3 In May 2013, Lundbeck launched Selincro®▼ (nalmefene) in the UK. This is the first and only medicine approved for the reduction of alcohol consumption in certain patients with alcohol dependence and has been accepted for use by the Scottish Medicines Consortium¹ and the All Wales Medicines Strategy Group within its licensed indication.²
 - 1.4 In November 2014 the National Institute for Health and Care excellence (NICE) recommended nalmefene within its licensed indication in its technology appraisal guidance TA325.³
 - 1.5 Selincro is indicated for the reduction of alcohol consumption in adult patients with alcohol dependence who have a high drinking risk level, without physical withdrawal symptoms and who do not require immediate detoxification. It should only be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption; and should be initiated only in patients who continue to have a high drinking risk level two weeks after initial assessment.
2. The impacts of alcohol and substance misuse on people in Wales, including young people and university students; older people; homeless people; and people in police custody or prisons
 - 2.1. The estimated health service cost in Wales of alcohol related chronic disease and alcohol related acute incidents is between £70 million and £85 million each year.⁴
 - 2.2. Alcohol is toxic to most organs of the body and is a causal factor in more than 60 types of disease and injury⁵
 - 2.3. Alcohol misuse has been linked to disorders including high blood pressure, heart disease, liver disease, stroke, depression and some cancers. Cancer Research UK has noted that the more alcohol a person drinks, “the higher the risk of developing cancer and other diseases.”⁶
 - 2.4. The harmful use of alcohol in Wales is far more widespread than that of illegal drugs and other substances, to the extent that few individuals, families and communities in Wales are exempt from the effects in one way or another.⁴
 - 2.5. More people die from alcohol related causes than from breast cancer, cervical cancer, and MRSA infection combined.⁷ Excessive alcohol consumption is a major cause of serious liver disease, which is often fatal. In addition, alcohol is a major contributing factor to the risk of dementia and acquired brain injury, cancer of

the breast, mouth, gullet, stomach, liver, pancreas, colon and rectum,⁸ even, in some cases, at levels of consumption within recommended limits.⁹

- 2.6. Alcohol-related harms place a significant burden on the health of people in Wales and on NHS Wales. More broadly, the consequences of excessive alcohol consumption in Wales place a significant burden on public services, including the policing and criminal justice systems, and on society as a whole. Alcohol misuse represents a significant health challenge in the workplace, and can place a serious burden on both the health and mental wellbeing of employees, and also in terms of other organisational outcomes; including increased levels of absenteeism and presenteeism.
 - 2.7. Nearly 40 per cent of adults in Wales admit to consuming more than the recommended limits and 20 per cent admit to binge drinking.¹⁰
 - 2.8. The comparison of alcohol sales with the reported alcohol use also suggests that people are consuming more alcohol than they think they are.¹¹
 - 2.9. This burden has been recognised in the Welsh Government's 2008 strategy for tackling harms associated with substance misuse (including alcohol).
 - 2.10. Alcoholic liver disease is responsible for around 1,600 hospital admissions per year.⁴
 - 2.11. Over 54,000 incidents of violent crime in Wales in 2006-07 were linked to the consumption of alcohol.⁴
 - 2.12. 30,000 bed days are related to the consequence of alcohol consumption.⁴
3. The effectiveness of current Welsh Government policies on tackling alcohol and substance misuse and any further action that may be required
 - 3.1. The Substance Misuse Strategy for Wales outlines the following: "There is a clear consensus that this strategy should have a much greater focus on tackling the problems caused by hazardous and harmful consumption of alcohol. We need to focus more of our efforts on preventing longer term health damage, including that from the use of alcohol in combination with illegal drugs such as cannabis and cocaine. We need to intervene earlier with those at most risk, to prevent drug and alcohol misuse from developing

and becoming entrenched. We also need to do more to educate people about the significant health risks associated with exceeding safe limits of drinking”.⁴

- 3.2. The Healthcare cost burden of dealing with alcohol misuse is continuing to increase across the UK. In Wales this increasing burden is exacerbated by the fact that the current service provision is primarily focused on specialist Tier 3 and 4 treatment services for those with moderate to severe dependence on alcohol. Based on the NICE CG115 costing report, over 80% of alcohol dependent drinkers suffer from mild dependence¹² and we believe may have limited access to treatment in Wales currently, given the focus on specialist services.
 - 3.3. A radical redesign of alcohol treatment services is needed to ensure provision of service for patients at all levels of severity of alcohol dependence. Provision of identification/screening, brief interventions and treatment for those who are drinking hazardously or harmfully and are mildly dependent, particularly within the primary care setting is necessary.
 - 3.4. The introduction of effective identification/screening programs in primary care will help ensure problems are identified before people become moderately to severely dependent on alcohol. Treatment should involve ongoing psychosocial support (i.e. talking based therapy) and pharmacological therapy, where appropriate.
-
4. The capacity and availability of local services across Wales to raise awareness and deal with the impact of the harms associated with alcohol and substance misuse
 - 4.1. Alcohol dependence creates a huge burden and Lundbeck urge the Department of Health & Social Care and Health Boards to take an ‘invest to save’ approach by increasing funding for alcohol treatment services, particularly in primary care.
 - 4.2. Lundbeck believe that commissioners should ensure effective identification/screening for alcohol misuse in all settings and ensure that frontline staff can deliver brief advice and are aware of local referral pathways to specialist support; identifying problems early, before people become more severely dependent. This should take place in every GP practice and at all other available ‘gateways’ where alcohol misuse can be identified.

4.3. Lundbeck has committed to local project funding and the provision of an online psychosocial support service in Wales, and is also investing in the training and support for both primary care professionals and addiction specialists in a number of the Health Boards.

¹http://www.scottishmedicines.org.uk/SMC_Advice/Advice/917_13_nalmefene_Selincro/nalmefene_Selincro

² All Wales Medicines Strategy Group. Final Appraisal Recommendation – 0414: Nalmefene (Selincro®) 18 mg film-coated tablets. January 2014.

³ <http://www.nice.org.uk/guidance/TA325>

⁴ Working Together to Reduce Harm. The Substance Misuse Strategy for Wales 2008-2018.

<http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Good%20Practice/welshstrategy.pdf>

⁵ World Health Organisation, Global Status Report on Alcohol and Health 2011

⁶ Cancer Research UK, Alcohol and Cancer. Accessible online at:

<http://www.cancerresearchuk.org/cancer-info/healthyliving/alcohol/>

⁷ GILMORE I and SHERON N. (2007) Reducing the harms of alcohol in the UK. British Medical Journal, 2007, 335: pp 1271-1272.

⁸ NATIONAL PUBLIC HEALTH SERVICE FOR WALES. Alcohol and health in Wales: A major public health issue. Cardiff: National Public Health Service for Wales, 2006.

⁹ WORLD CANCER RESEARCH FUND. Food, nutrition, physical activity and the prevention of cancer: a global perspective. London: WCRF, 2007.

¹⁰ WELSH ASSEMBLY GOVERNMENT. Welsh Health Survey 2005-06. Cardiff: Welsh Assembly Government, 2007.

¹¹ HM GOVERNMENT. Safe Sensible Social. The next steps in the National Alcohol Strategy. London: HM Government, 2007.

¹² National Institute for Health and Clinical Excellence. Alcohol-use disorders: alcohol dependence. CG115 Costing Report. 2011.