7 January 2015

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

The Alcohol Health Alliance UK (AHA) is a group of 43 organisations whose mission is to reduce the damage caused to health by alcohol misuse. The AHA works together to:

- highlight the rising levels of alcohol-related health harm
- propose evidence-based solutions to reduce this harm
- influence decision makers to take positive action to address the damage caused by alcohol misuse.

The AHA is pleased to endorse both Alcohol Concern Cymru a copy of which is attached. The AHA also endorses the response submitted by the Royal College of Physicians Wales.

In addition to these two responses, the AHA would also recommend that action is taken on five key areas:

- **Action on price**
  In the long term it is not the price but the affordability of alcohol that shapes consumer behaviour. Over the last 30 years the affordability of alcohol in the UK has increased despite rises in alcohol taxes[1]. In 2010, alcohol was 48% more affordable than in 1980[2] – the heaviest drinkers currently pay only 33p/unit of alcohol, with some high-strength ciders costing the equivalent of only 6p/unit.[3] The Alcohol Health Alliance Strongly supports a minimum unit price for alcohol. International evidence demonstrates that this is an effective and cost effective intervention. In Canada it has been shown that a 10% increase in average price results in approximate an 8% reduction in consumption, a 9% reduction in hospital admissions and a 32% reduction in deaths which are wholly attributable to alcohol.[4] Research from the AHA demonstrates that the majority of people in Wales (52%) support minimum unit pricing[5]. However when further information was given about the impact of alcohol misuse on hospital admissions and alcohol-related crime, this figure rose to 59%.

[1] Gilmore, I., Anderson, W., Bauld, L., Bellis, M., Brown, K., & Drummond, C. (2013). Health First: an evidence-based alcohol strategy for the UK. *Stirling: University of Stirling*.
[2] University of Stirling. Health First: An evidence based alcohol strategy for the UK. March 2013.
[3] Sheron, N, Eisenstein, K. Minimum unit price — how the evidence stacks up. BMJ 2004;348:g67
[4] Stockwell, T. Is alcohol too cheap in the UK? The case for setting a Minimum Unit Price for alcohol. British Colombia, 2013.
[5] The AHA commissioned a survey of UK residents to obtain information on alcohol behaviour, attitudes and perceptions. Fieldwork was undertaken between the 23rd October and the 9th November 2014, with a final sample of 3077 respondents. All

- **Restrictions on alcohol advertising**
  There is significant evidence demonstrating a link between advertising and consumption. Alcohol advertising increases the likelihood that young people will start to use alcohol and will drink more if they are already using alcohol.[6] Current regulation is failing to adequately curb the activities of the alcohol industry both in terms of the volume of young people's exposure to alcohol advertising and the appeal of content. No regulation exists to tackle the volume of advertising to which audiences are exposed; the weak wording of the self-regulated codes and a failure by the Advertising Standards Authority to apply the codes in full, including the spirit behind the codes, means content frequently makes associations with prohibited themes. Evidence from the AHA shows that the people of Wales overwhelmingly support restrictions on alcohol advertising. 83% of people in Wales support a ban on alcohol advertising before the 9pm watershed and 84% of people in Wales support alcohol advertising only being shown in the cinema during films rated 18. 58% of people in Wales support restrictions on alcohol companies sponsoring sporting events. This climbed to 68% after participants were provided with information on the number of alcohol adverts children under the age of 18 watched during the 2014 FIFA World Cup.[7]

- **Restrictions on the availability of alcohol**
  The number of premises licensed to sell alcohol in the UK doubled between the 1950s and the beginning of the 21st century[8]; over the same period, the British population grew by only a fifth. Any increase in the availability of alcohol leads to an increase in alcohol consumption and subsequent increases in alcohol-related harm. Conversely, when the availability of alcohol is restricted, consumption and its associated harms decrease.[9] 72% of people in Wales believe that licensing decisions should take into account the quality of life for residents living locally.[10]

- **Reduction in the drink-drive limit**
  Wales, along with England, has one of the highest blood alcohol limits for driving in the world at 80mg of alcohol per 100ml of blood. Drivers with a blood alcohol level between 50mg and 80mg are 2 to 2½ times more likely to crash than those with no alcohol in their blood, and up to 6 times more likely to be involved in a fatal collision.[11] There is international evidence that a reduction in such limits is

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UK countries were represented and data was weighted by age, gender and socio-economic classification and is representative of the resident population.

[6] Anderson P, de Bruijn A., Angus K., Gordon R., and Hastings G. (2009b) *Impact of alcohol advertising and media exposure on adolescent alcohol use: Systematic review of longitudinal studies, Alcohol and Alcoholism* 44, pp229-43.
[7] AHA public opinion survey (2014)
[8] British Medical Association Board of Science (2008) Alcohol Misuse: tackling the UK epidemic. London: British Medical Association.
[9] Anderson, P., & Baumberg, B. (2006). Alcohol in Europe: a public health persepctive. A report for the European Commission. *Alcohol in Europe: a public health persepctive. A report for the European Commission*.
[10] AHA public opinion survey (2014)
[11] Royal Society for the Prevention of Acccidents (2012) *Drinking and driving*, online, available at: http://www.rospa.com/roadsafety/info/drinking_and_driving.pdf [accessed 4 September 2013].

accompanied by major falls in road fatalities.[12] The AHA believes that the blood alcohol limit for driving in England and Wales should be reduced from 80mg/100ml to 50mg/100ml as soon as possible to fall in line with most of the European Union and Scotland.

- **Reduce the stigma associated with alcohol related problems**
  Alcohol can affect personal health and wellbeing in numerous ways ranging from anxiety and depression to severe and potentially life-threatening conditions such as liver disease, cardiovascular disease, cancer and neurological disease. It is not unusual for alcohol to cause multiple problems in the same individual, affecting both mental health and physical health.[13] At a population level, most alcohol-related problems are attributable to hazardous and harmful drinking rather than to alcohol dependence[1]. Yet few people who drink more than the recommended low risk levels of alcohol consumption seek professional help for their drinking. Often people are unaware of the long-term dangers to their health of their drinking and, when they develop alcohol dependence, they may take a long time to seek help. However, many will still encounter doctors or other health and social care professionals either because of acute alcohol-related problems or for reasons unrelated to their alcohol consumption. Such encounters provide an opportunity for professionals to identify risky drinking and respond appropriately.

Further information and evidence for each of these proposals can be found in 'Health First: An evidence-based alcohol strategy for the UK', published by the University of Stirling in 2013 and supported by the Alcohol Health Alliance. The document is accessible at: http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf

Submission made by:-

Paul Jordan
Policy & Communications Officer
Alcohol Health Alliance
[redacted]

[12] Bailey, J. et al. (2011) *Achieving positive change in the drinking culture of Wales*, London, Alcohol Concern, online, available at: http://www.alcoholconcern.org.uk/assets/files/Publications/Wales%20publications/Achieving-positive-change-final.pdf [accessed 6 August 2013].
[13] Kaner, E.F.S., Newbury-Birch, D., Heather, N. (2009) Brief Intervention. In: Miller, P.M. (Ed.) Evidence-Based Addiction Treatment. Burlington, MA: Academic Press; pp 189-213.