

Local government public health briefings

Alcohol

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Introduction

This briefing summarises NICE's recommendations for local authorities and their partner organisations on how to reduce the harm caused by alcohol. It supports local government in its public health role, including its leadership of health and wellbeing boards. The briefing also supports local authorities in their duty to commission alcohol misuse prevention and treatment interventions.

Data submitted by the Department of Health to the Health Select Committee ([Government's alcohol strategy. Third report of session 2012–13](#)) estimate the costs of alcohol misuse as follows:

- NHS in England – £3.5 billion per year (at 2009/10 costs).
- Crime in England – £11 billion per year (at 2010/11 costs).
- Lost productivity in the UK – £7.3 billion per year (at 2009/10 costs).

The submission estimates that the total cost to society is about £21 billion per year. (This does not include the impact of alcohol misuse on families and communities.)

Local authorities, in collaboration with their local partners:

- can influence where and when alcohol is consumed or sold

- can enforce laws on underage sales
- have an important role in ensuring licensed premises operate responsibly and collaborate to reduce alcohol-related harm
- have a role in promoting and advising people about sensible drinking
- have responsibility for commissioning alcohol prevention and specialist treatment
- have responsibility for [Health Check](#) which, from April 2013 will include an assessment of how much alcohol someone drinks (NHS Health Check assessments are carried out nationwide on eligible adults aged 40–74).

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation providing guidance on the promotion of good health and the prevention and treatment of ill health.

For further information on how to use this briefing and how it was developed, see [About this briefing](#).

What can local authorities achieve by tackling alcohol misuse?

Reduce costs

Improve local productivity and economic performance

A report on alcohol-related harm in Leeds (population 650,000) concluded that alcohol misuse cost the Leeds economy an estimated £438 million in 2008/09 ([The economic and social costs of alcohol-related harm in Leeds](#)). This was broken down as follows:

- £56.8 million – health and social care services
- £127.5 million – crime, including costs to the criminal justice system
- £118.2 million – lost productivity (including 'presenteeism', for example, when someone is in work but not being effective because they have a hangover)
- £135.2 million – wider social costs.

Reduce sickness absence

It has been estimated that up to 430,000 working days are lost in Leeds due to alcohol-related absenteeism, with associated costs of £52.5 million ([The economic and social costs of alcohol-related harm in Leeds](#)).

In the UK, up to 14 million working days are lost annually through absences caused by drinking ([Don't mix it. A guide for employers on alcohol at work](#)).

Protect people from harm

Reduce crime

In 2006/07, alcohol was associated with over 500,000 recorded crimes in England ([Indications of public health in the English regions 8: alcohol](#)). It is a contributory factor in up to 1 million assaults and is associated with 125,000 instances of domestic violence.

Reduce drinking among children and young people

A survey of nearly 10,000 young drinkers aged 15–16 years in north west England reported that 28% had experienced violence when drunk, 13% had regretted alcohol-related sex and 45% had forgotten things after drinking. (See [Teenage drinking, alcohol availability and pricing: a cross-sectional study of risk and protective factors for alcohol-related harms in school children](#).)

Half a million children in England between the ages of 11 and 15 will have been drunk in the past 4 weeks ([CMO guidance on the consumption of alcohol by children and young people](#)).

Thirteen thousand children and young people aged under 18 are admitted to hospital each year as a result of drinking alcohol ([Statistics on alcohol: England 2012](#)).

Tackle health inequalities

Compared with those living in more affluent areas, people in the most deprived fifth of the country are:

- 2–3 times more likely to die, in part, as a result of alcohol

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- 3–5 times more likely to die of an alcohol-specific cause
 - 2–5 times more likely to be admitted to hospital because of an alcohol-use disorder

([Indications of public health in the English regions 8: alcohol](#)).

Improve the population's health

Reduce risky consumption and dependence among adults

Alcohol misuse is the third greatest overall contributor to ill health, after smoking and raised blood pressure ([Global health risks](#)).

Nearly 7 million adults are drinking at levels that increase the risk of harming their health. The same number report 'binge' drinking which, in addition, increases their risk of accidents and anti-social behaviour ([General lifestyle survey, 2010](#)). Just over 1.5 million adults show some signs of alcohol dependence ([Adult psychiatric morbidity in England, 2007](#)).

Annually, over 1 million admissions to hospital are alcohol-related. This includes treatment for over 40 conditions which are alcohol-related ([Statistics on alcohol: England, 2012](#)).

Encourage a sensible drinking culture

Reducing alcohol-related harm, by encouraging a more sensible drinking culture, will help local authorities meet their statutory duty to achieve the indicators outlined in [A public health outcomes framework for England, 2013–2016](#). These include reducing the number of:

- people killed or seriously injured on England's roads
- alcohol-related admissions to hospital
- falls and injuries among the over-65s
- deaths from cardiovascular disease (including heart disease and stroke), cancer and liver disease
- low birthweight babies
- violent crimes (including sexual violence) and domestic abuse

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- pupil absences
 - chlamydia diagnoses among young people aged 15–24 years.

Support national strategy

The government's [alcohol strategy](#) supports stronger enforcement by licensing authorities and their local partners of existing powers to refuse or revoke a licence. This could happen, for example, where alcohol has been sold to someone who is underage or drunk.

In addition, the strategy calls for greater use of evidence-based health interventions to reduce harm and improve people's health.

What NICE says

NICE recommendations

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

Following all of NICE's recommendations on reducing alcohol-related harm will help you make the best and most efficient use of resources to improve the health of people in your area. Details of new guidance that NICE is developing are on our [website](#).

A two-pronged approach

NICE recommends a combination of interventions aimed at:

- the whole population

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- individuals.

Approaches aimed at the **whole population** are important because they can help create an environment where lower-risk drinking behaviour is the norm.

Such interventions benefit society as a whole. They also benefit people who are not in regular contact with the relevant services and those who have been specifically advised to reduce their alcohol intake.

Interventions aimed at **individuals** can help make people aware of the potential risks they are taking (or harm they may be doing) at an early stage.

Strategy and policy

Advertising

Ensure children and young people are protected from alcohol advertising as much as possible.

Education programmes

- Maintain and develop local partnerships to support alcohol education in schools.
- Provide community-based programmes that educate parents and children together about alcohol and the harm it can cause (programmes for parents-only are effective, but less so than when children are also involved). These should start early, before the child reaches 13, because it is important to establish a strong message in the early years of a child's life.
- Ensure programmes complement the personal, social, health and economic (PSHE) education provided in schools and other education settings.

For details see [school partnerships](#) on NICE's 'Alcohol-use disorders' pathway.

Licensing and enforcement

- Using local health, crime and related trauma data, map the extent of alcohol-related problems locally before developing or reviewing a licensing policy. If an area has a lot of licensed premises, and the evidence suggests that additional premises may affect the licensing objectives, adopt a cumulative impact policy. This can be used to ensure an area

offers a wide range of leisure and cultural-based activities, rather than just providing alcohol-related entertainment.

- Ensure sufficient resources are available to prevent under-age sales (including proxy sales), sales to those who are intoxicated, non-compliance with any other alcohol licence condition, irresponsible drinks promotions and illegal imports of alcohol.
- Ensure sanctions are fully applied to businesses that break the law.

For details see [licensing](#) on NICE's 'Alcohol-use disorders' pathway.

Price

Making alcohol less affordable (based on a minimum price per unit) is a highly effective way of reducing alcohol-related harm. (Note: the government's [alcohol strategy](#) includes a commitment to introduce a minimum unit price for alcohol.)

For details see [price](#) on NICE's 'Alcohol-use disorders' pathway.

Prevention and screening

Commissioning services for people with alcohol-use disorders

Working with clinical commissioning groups and health and wellbeing boards, local authorities should prioritise activities to prevent alcohol-related illnesses as an 'invest to save' measure. They should provide joined-up alcohol screening, referral and advice services.

Screening children

Professionals with a safeguarding responsibility for children and young people aged 10–15 years who are thought to be at risk of drinking alcohol should determine an appropriate course of action:

- In some cases, it may be sufficient to empathise and give an opinion about the significance of drinking alcohol and other related issues that may arise.
- In other cases, more intensive counselling and support may be needed.

Screening young people and adults

Professionals who regularly come into contact with young people (aged 16–17 years) and adults who may be at risk of harm from the amount of alcohol they drink should:

- Routinely carry out alcohol screening as an integral part of practice.
- Focus on groups that may be at an increased risk of harm from alcohol and people who already have alcohol-related problems.

For details see [prevention and screening for young people and adults](#) on NICE's 'Alcohol-use disorders' pathway.

Providing advice

Appropriately trained local authority staff should:

- Provide brief and extended, evidence-based interventions for people at risk of an alcohol-related problem and those whose health is being damaged by alcohol.
- Consider making a referral to specialist treatment for people who have not benefited from structured brief advice and an extended brief intervention and who wish to receive further help for an alcohol problem.

For details see [prevention and screening](#) on NICE's 'Alcohol-use disorders' pathway.

In addition, for details on the principles to follow when helping people to change their behaviour see NICE's guidance on [behaviour change](#).

Addressing alcohol-related problems

Local authorities should work with local commissioning groups to ensure prevention and screening activities are coordinated with clinical pathways set out in NICE's guidance on alcohol-related problems among people aged 10 years and older. (See [Alcohol-use disorders: physical complications](#) and [Alcohol dependence and harmful alcohol use](#)).

Examples of practice

Examples of how NICE's advice on alcohol harm-reduction has been put into practice can be found on our [shared learning database](#). These include:

[Improving the quality of care through implementing the NICE 'alcohol-use disorders' guidelines](#).

Note that the examples of practice included in this database aim to share learning among NHS and partner organisations. They do not replace the guidance.

Developing an action plan

The table below poses a range of questions which could be asked when developing a comprehensive plan to help reduce the harm caused by alcohol.

Question	Links to NICE recommendations
1. Have the issues raised in this briefing paper been taken into account during the annual local strategic assessment of crime and disorder?	School partnerships Licensing
2. Are families (parents or carers, children and young people) consulted about initiatives to reduce alcohol use and are they involved in those initiatives?	School partnerships and consulting with families
3. Is there a local licensing policy and strategy? Are local crime and related trauma data used to map the extent of alcohol-related problems before developing or reviewing a licensing policy?	Licensing
4. Are alcohol-related issues dealt with by the community safety partnership in its strategic assessments and delivery plans?	Licensing
5. Are sufficient resources available to prevent under-age sales and sales to people who are intoxicated?	Licensing

<p>6. Do commissioning strategies and local policies support services to prevent alcohol-related harm (that is, 'joined-up' screening, brief interventions and advice services)?</p> <p>Are alcohol interventions formally evaluated?</p>	<p>Resources for screening and brief interventions</p>
<p>7. Do professionals who work with people who may be at risk from alcohol carry out routine alcohol screening? Do they focus on key groups that may be at an increased risk of alcohol-related harm?</p>	<p>Screening adults</p> <p>Screening young people aged 16 and 17 years</p>
<p>8. Do referral routes to specialist support services exist for people with an alcohol problem?</p>	<p>Referral to specialist services</p>
<p>9. Are specialist alcohol treatment services commissioned to meet the needs of harmful drinkers, those who are dependent on alcohol and those who are dependent and have other complex needs?</p>	<p>Alcohol-use disorders: physical complications</p> <p>Alcohol dependence and harmful alcohol use</p>

Costs and savings

Reducing the harm caused by alcohol can lead to the following savings.

- The benefits of setting a minimum price of £0.40 per unit of alcohol were calculated in an [economic modelling report](#) produced for NICE in 2009. It estimated that national savings of £100 million would be achieved after 1 year by the NHS, criminal justice system and employers, as follows:
 - £80.3 million (NHS)
 - £6.8 million (criminal justice system)
 - £13.2 million (employers).

The costs that would result from implementing a minimum price were not calculated, but are likely to include expenses incurred by trading standards and local licensing agencies.

- The report also estimated that screening for, and giving people brief advice on, alcohol problems could save social services and the NHS more than £124.3 million in care and treatment services over a 30-year period.

Facts and figures

Below are facts and figures on harmful drinking:

- In Britain, the amount of pure alcohol sold per adult rose from 9.53 litres in 1986/87 to a peak of 11.78 litres in 2004/05, before dropping to 10.7 litres in 2008/09 ([Alcohol consumption in the UK](#)). This approximates to 20.5 units per week for everyone over the age of 15.
- It is estimated that a quarter of adults in England drink a hazardous or harmful amount of alcohol. In 2009, more than 15,000 deaths are estimated to have been partly or wholly caused by alcohol consumption ([Statistics on alcohol: England 2012](#)).
- In 2010, purchases of alcohol for consumption in the home had increased by 45% (at 760 ml per person per week) compared with 1992 ([Statistics on alcohol: England 2012](#)).
- Young people's drinking behaviour can be strongly influenced by parental drinking and children with parents who are problem drinkers are more likely to develop alcohol problems ([CMO guidance on the consumption of alcohol by children and young people](#)).
- UK government guidelines recommend that:
 - men should not regularly drink more than 3–4 units of alcohol per day (equivalent to 1.5 pints of 4% beer)
 - women should not regularly drink more than 2–3 units of alcohol per day (equivalent to a 175 ml glass of wine)
 - pregnant women, or women trying for a baby, should avoid alcohol altogether (during the first 3 months of pregnancy there is an increased risk of miscarriage). If they choose to drink thereafter it should be no more than 1–2 units, once or twice a week ([NHS guidelines – the risks of drinking too much](#))
 - an alcohol-free childhood is the healthiest and best option ([CMO guidance on the consumption of alcohol by children and young people](#)).

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- Lower-risk drinking (also known as 'sensible' or 'responsible' drinking) is defined as regularly consuming less than the recommended daily limits. The risk of harm from drinking above these levels increases the more that someone drinks ([NHS guidelines – the risks of drinking too much](#)).
 - 'Binge drinking' (consuming more than double the recognised lower-risk daily limits) over a short period of time has immediate and short-term risks ([NHS guidelines – the risks of drinking too much](#)).

Support for planning, review and scrutiny

A range of support tools are available via [Into practice](#) on NICE's website. They can help you identify local needs. They can also help with planning and scrutiny activities.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- The Alcohol Learning Centre provides examples of [local alcohol harm-reduction projects](#) and an [e-learning module](#) on identification and brief advice.
- Alcohol Concern's [Alcohol harm map](#) can help estimate the health impact and cost of alcohol misuse in any given area.
- The Department of Health's [How much is too much?](#) booklet provides advice and information on the effects of alcohol and guidance on recommended limits.
- The Department of Health's [Every contact counts](#) web-based tool provides anyone who works with the public with the knowledge, skills and confidence to help people who may be drinking too much.
- National and local data on alcohol consumption are available from a variety of sources including:
 - [Local Alcohol Profiles for England](#) website.
 - [The European School Survey project on alcohol and other drugs](#) website.

- The World Health Organization's [Social determinants of health and well-being among young people](#).

- The World Health Organization also provides an [Alcohol use disorders identification test](#).

About this briefing

This briefing is based on NICE guidance published up to July 2012 on alcohol harm-reduction. It was written with advice from NICE's Local Government Reference Group, and using feedback from council officers, councillors and directors of public health.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health, and commissioners and directors of adult social care and children's services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support development of the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

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