**The UK needs a** **national strategy to tackle alcohol related harms**

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*Funding is needed for screening and care, but industry must also shoulder costs*

Alcohol is widely available and drunk by approximately 80% of adults in the UK. No ’safe’ level of alcohol consumption has been established,1 the physical and mental health harms caused by alcohol increase (at different rates) with the amount consumed, and it is now well-established as a leading preventable cause of cancer.2,3

The “alcohol harm paradox,” whereby health and social harms are higher in socially disadvantaged groups4 (despite lower rates of use) than in more advantaged groups, means that alcohol consumption has the greatest detrimental impact on the most vulnerable in society, and is a significant contributor to health inequalities and premature death.5–7

The challenges faced during the covid-19 pandemic8,9 resulted in an increase in the number of people drinking alcohol at increased and higher-risk levels,10,11  and a 42.2% rise in alcohol specific deaths between 2019 and 2023 in England from alcohol-specific causes, the highest number on record, most of them from alcohol related liver disease.12,13

Successive government budget cuts have led to reduced provision and quality of alcohol treatment since the Health and Social Care Act 2013.14 In 2020/21, less than 1% of people in treatment for alcohol dependence in England and Wales received treatment in a residential rehabilitation setting, in comparison with the European average of 11%.15 Currently, only 15-18% of people who are alcohol dependent access alcohol services.16  This is low compared with other illnesses (eg, 70% of those living with diabetes access care) 17, and 21-43% of people affected by alcohol dependence say that shame would stop them seeking support.9

As the quality and quantity of specialist alcohol treatment has decreased, there has been a significant increase in unscheduled care admissions to acute hospitals for alcohol withdrawal, representing a missed opportunity for early intervention, and saving NHS resources.18,19 In Scotland, of the ‘detoxes’ undertaken in 2021/22, 94% were unplanned following admission to non-specialist acute hospital services.19

We are long overdue a national strategy to tackle the harms caused by alcohol. This needs to set out a vision to mitigate the health harms, so important in tackling health inequalities:

Universal screening for higher-risk alcohol consumption should take place in primary care, acute hospitals, and mental health services. This would enable clinicians to identify and manage patients at an earlier stage and pick up alcohol related harms (eg, liver disease). Earlier intervention would improve outcomes and better target treatment where it is most effective. Screening would also generate systematic data to facilitate quality improvements. Without an overarching strategy, attempts at universal screening to date have been patchy and short-lived.21

Sustained funding is needed to develop and deliver integrated alcohol care pathways across health and social care, to tackle the UK’s inadequate treatment services and absent secondary prevention. Currently, 71% of adults and 48% of young people entering alcohol treatment services require mental health treatment.22,23 Between 2010 and 2020, 48% of people who died by suicide while under the care of mental health services had a history of problematic alcohol use.24 Despite numerous policy recommendations 25 few mental health trusts have a crisis care pathway in place to respond to the needs of suicidal people who are also alcohol dependent. In 2019, the NHS Long Term Plan committed to ‘optimise’ alcohol care teams in 25% of acute hospitals with greatest clinical need.26 However, this was not joined up with screening, or pathways into other NHS physical or mental health services, and the programme was deprioritised in March 2024, with many teams now being dismantled having barely become established.

As we have recently seen with the gambling industry,27 the alcohol industry lobby needs stronger challenge. It continues to frame the problem of over consumption (and its solutions) as one of individual responsibility rather than confronting its own role in marketing of alcohol and downplaying the associated harms. 28 The gambling industry is subject to a ‘polluter pays’ levy for associated health and social harms. However, alcohol producers have received the opposite: a decade in the UK of cuts or freezes to alcohol duty, widening rather than limiting their market. A national strategy would help frame a more consistent response to the tobacco, gambling and alcohol industries.

Finally, we need to resist the normalisation of alcohol consumption in society. This is reflected in the ambivalence of health professionals asking people about their alcohol use and contributes to the stigma enacted towards and felt by people with alcohol related harm. The recovery community’s input to the design and delivery of training and service provision may help address this 29,30

Scotland’s alcohol strategy, established in 2009 and refreshed in 2018, **established** [OK?] national data systems on admissions to hospital for alcohol harm by levels of deprivation, introduced public health measures (including a minimum unit pricing)31 and evaluated its impact.32

We need a national strategy to implement wide ranging, evidence-based policies which together would synergistically address alcohol related harms. The costs to individual and society are well documented at over £27bn in England alone, 33 and yet as the progress made in Scotland shows,13 much can be done when there is the government will to do it.

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*Steven Masson has received Advisory and Speaker’s Fees from Norgine within the last 12 months*

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**References**

1. World Health Organization. No level of alcohol consumption is safe for our health [Internet]. 2023 [cited 2024 Aug 19]. Available from: https://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health

2. Rehm J, Gmel GE, Gmel G, Hasan OSM, Imtiaz S, Popova S, et al. The relationship between different dimensions of alcohol use and the burden of disease—an update. Addiction. 2017 Jun 1;112(6):968–1001.

3. Office of the Surgeon General. Alcohol and Cancer Risk 2025. 2025 Jan.

4. Institute of Alcohol Studies. Alcohol and health inequalities [Internet]. 2020 Oct [cited 2024 Aug 11]. Available from: https://www.ias.org.uk/wp-content/uploads/2020/12/Alcohol-and-health-inequalities.pdf

5. Public Health England. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review 2 About Public Health England. 2016.

6. Boyd J, Bambra C, Purshouse RC, Holmes J. Beyond behaviour: How health inequality theory can enhance our understanding of the ‘alcohol-harm paradox.’ Vol. 18, International Journal of Environmental Research and Public Health. MDPI; 2021.

7. Probst C, Kilian C, Sanchez S, Lange S, Rehm J. The role of alcohol use and drinking patterns in socioeconomic inequalities in mortality: a systematic review. Lancet Public Health. 2020;5(6):e324–32.

8. Finlay I, Gilmore I. Covid-19 and alcohol-a dangerous cocktail. Vol. 369, The BMJ. BMJ Publishing Group; 2020.

9. Taking Action on Addicton. New poll reveals toll of addiction across the UK. https://takingactiononaddiction.org.uk/news/new-poll-reveals-toll-of-addiction-across-the-uk. 2024.

10. Alcohol Toolkit Study. Monthly Tracking KPI - Graphs - Alcohol in England [Internet]. 2024 [cited 2024 Aug 12]. Available from: https://www.alcoholinengland.info/graphs/monthly-tracking-kpi

11. Department of Health and Social Care. Local Alcohol Profiles | Fingertips [Internet]. 2024 [cited 2024 Sep 16]. Available from: https://fingertips.phe.org.uk/profile/local-alcohol-profiles

12. Office for National Statistics. Alcohol-specific deaths in the UK registered in 2022 [Internet]. 2024 [cited 2024 Aug 6]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2022

13. Angus C. New alcohol mortality data presents a bleak picture for England [Internet]. 2024 [cited 2024 Dec 19]. Available from: https://www.ias.org.uk/2024/12/16/new-alcohol-mortality-data-presents-a-bleak-picture-for-england/

14. Public Health England. PHE inquiry into the fall in numbers of people in alcohol treatment: findings [Internet]. 2018 [cited 2024 Aug 6]. Available from: https://www.gov.uk/government/publications/alcohol-treatment-inquiry-summary-of-findings/phe-inquiry-into-the-fall-in-numbers-of-people-in-alcohol-treatment-findings#introduction

15. Phoenix Futures. Making rehab work: Mapping the route to make specialist care for people with complex needs accessible [Internet]. 2021 [cited 2024 Oct 3]. Available from: https://www.phoenix-futures.org.uk/files/b417f2b855a31a9c2228a1d1253b5b27.pdf

16. National Audit Office. Alcohol treatment services [Internet]. 2023 Feb [cited 2024 Aug 9]. Available from: https://www.nao.org.uk/wp-content/uploads/2023/02/alcohol-treatment-services.pdf

17. National Diabetes Audit 2021-22, Type 1 Diabetes - Overview - NHS England Digital [Internet]. [cited 2024 Oct 3]. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit-type-1-diabetes/nda-type-1-2021-22-overview

18. Phillips T, Huang C, Roberts E, Drummond C. Specialist alcohol inpatient treatment admissions and non-specialist hospital admissions for alcohol withdrawal in England: An inverse relationship. Alcohol and Alcoholism. 2021 Jan 1;56(1):28–33.

19. Public Health Scotland. Alcohol related hospital statistics - Scotland financial year 2021 to 2022 [Internet]. 2023 [cited 2024 Oct 4]. Available from: https://publichealthscotland.scot/publications/alcohol-related-hospital-statistics/alcohol-related-hospital-statistics-scotland-financial-year-2021-to-2022/

20. World Health Organization. Empowering public health advocates  to navigate alcohol policy challenges. 2024 Nov.

21. Public Health England. Medicine technicians provide IBA to all hospital inpatients - Case study - GOV.UK [Internet]. 2017 [cited 2024 Nov 18]. Available from: https://www.gov.uk/government/case-studies/medicine-technicians-deliver-iba-to-all-hospital-inpatients

22. Office for Health Improvement & Disparities. Adult substance misuse treatment statistics 2022 to 2023: report [Internet]. 2023 [cited 2024 Oct 3]. Available from: https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2022-to-2023/adult-substance-misuse-treatment-statistics-2022-to-2023-report#mentalhealth

23. Office for Health Improvement & Disparities. Young people’s substance misuse treatment statistics 2022 to 2023: report [Internet]. 2024 [cited 2024 Oct 3]. Available from: https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-2022-to-2023/young-peoples-substance-misuse-treatment-statistics-2022-to-2023-report

24. The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Annual Report: UK patient and general population data, 2010-2020 [Internet]. 2023 [cited 2024 Aug 8]. Available from: https://documents.manchester.ac.uk/display.aspx?DocID=66829

25. Office for Health Improvement & Disparities. UK clinical guidelines for alcohol trea...elements of alcohol treatment core elements of alcohol treatment [Internet]. 2023 Oct [cited 2024 Aug 7]. Available from: https://www.gov.uk/government/consultations/uk-clinical-guidelines-for-alcohol-treatment/uk-clinical-guidelines-for-alcohol-treatment-core-elements-of-alcohol-treatment

26. NHS England. NHS England » Alcohol dependency programme [Internet]. [cited 2024 Aug 8]. Available from: https://www.england.nhs.uk/ourwork/prevention/alcohol-dependency-programme/

27. Department for Culture M& S. Government response to the consultation on the structure, distribution and governance of the statutory levy on gambling operators [Internet]. 2024 [cited 2024 Dec 19]. Available from: https://www.gov.uk/government/consultations/consultation-on-the-statutory-levy-on-gambling-operators/outcome/government-response-to-the-consultation-on-the-structure-distribution-and-governance-of-the-statutory-levy-on-gambling-operators

28. Petticrew M, Maani N, Pettigrew L, Rutter H, Van Schalkwyk MC. Dark Nudges and Sludge in Big Alcohol: Behavioral Economics, Cognitive Biases, and Alcohol Industry Corporate Social Responsibility. Milbank Quarterly. 2020 Dec 1;98(4):1290–328.

29. Stack E, Hildebran C, Leichtling G, Waddell EN, Leahy JM, Martin E, et al. Peer Recovery Support Services Across the Continuum: In Community, Hospital, Corrections, and Treatment and Recovery Agency Settings – A narrative review. J Addict Med [Internet]. 2022 Jan 1 [cited 2024 Dec 19];16(1):93. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8339174/

30. Office for Health Improvement & Disparities. Part 1: introducing recovery, peer support and lived experience initiatives [Internet]. 2024 [cited 2024 Dec 19]. Available from: https://www.gov.uk/government/publications/recovery-support-services-and-lived-experience-initiatives/part-1-introducing-recovery-peer-support-and-lived-experience-initiatives#how-recovery-oriented-systems-of-care-support-recovery

31. Scottish Government. Alcohol Framework 2018: Preventing Harm - next steps on changing our relationship with alcohol [Internet]. 2018 Nov [cited 2024 Dec 19]. Available from: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/11/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/documents/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/govscot%3Adocument/00543214.pdf

32. Wyper GMA, Mackay DF, Fraser C, Lewsey J, Robinson M, Beeston C, et al. Evaluating the impact of alcohol minimum unit pricing on deaths and hospitalisations in Scotland: a controlled interrupted time series study. The Lancet [Internet]. 2023 Apr 22 [cited 2024 Dec 19];401(10385):1361–70. Available from: http://www.thelancet.com/article/S014067362300497X/fulltext

33. Institute of Alcohol Studies. The costs of alcohol to society [Internet]. 2020 [cited 2024 Jul 25]. Available from: https://www.ias.org.uk/report/the-costs-of-alcohol-to-society/