Association of Directors of Public Health North East

Position Statement on Commercial Determinants of Health

March 2024

Appendix 1 – Alcohol

The scale of the problem	Alcohol is a causal factor in more than 200 disease and injury conditions[1]. As well as direct health impacts, there are also harms to others, including children, family members and wider communities. Alcohol-related harm is estimated to cost UK society £21-£52 billion per year. Alcohol dependency is the leading risk factor for early mortality, ill health and disability among 15 to 49 year olds in England[2].
Inequalities[3]	• In 2021, there were 20,970 alcohol-related deaths in England, equating to a rate of 38.5 per 100,000 population. The mortality rate was highest in the North East region (50.4 per 100,000 population). • Whilst the North East rate of admission episodes for under 18s for alcohol-specific conditions has come down over the last 20 years, it remains significantly higher than the England average. • The potential years of life lost due to alcohol-related conditions in the North East remains significantly higher than the England rate, and for women it has increased. • Mortality from chronic liver disease (3 year range) has also increased in more in the North East in recent years, widening the gap with the England average. • In 2020, 1 in 3 of all alcohol specific deaths occurred in the most deprived 20% of the population, widening health inequalities[2]. • A higher proportion of men (28%) than women (15%) drank at increasing or higher risk levels (over 14 units in the last week for both men and women)[4]. • Alcohol outlet density has been found to be higher in the most deprived neighbourhoods of England[5] • Alcohol use is strongly associated with gambling participation and gambling at elevated levels of risk[6] • It is estimated that 478,000 children are living with an alcohol or drug dependant patent, putting them at greater risk of adverse outcomes[7]
Examples of alcohol industry tactics	The alcohol industry relies enormously on high-risk drinking, with the heaviest 4% of the population contributing 23% of all industry revenue[8]. Due to the harmful nature of alcohol, it is inappropriate for the industry to be involved in policy-making when there is an inherent conflict of interest. Any industry involvement should require a careful risk assessment process to identify and mitigate risks, and ensure there are net public benefits from any partnerships. We would recommend the statutory use

	of guidelines such as Public Health England's 'Principles for engaging with industry stakeholders[9]. The alcohol industry also uses the following tactics: • Prolific marketing and advertising across multiple forms of media • Corporate social responsibility – including gendered alcohol marketing tied into charity/awareness events • Sports and events partnership – including football tournaments, Olympic Games, Formula 1, Six Nations Rugby Championship, music festivals • Product placement in tv shows and films • 'Dark' nudges – changes to choice architecture that affect consumer behaviour against their best interests[10] • Funding youth education programmes that normalise moderate consumption and underplaying the health risks of alcohol
Supporting evidence	A nationally representative cross-sectional survey funded by Cancer Research UK found that[11]: • 82% of 11-17-year-olds in the UK had seen alcohol marketing in the past month • 59% of 11-17-year-olds reported seeing alcohol adverts on TV in the last month • 42% of young people had seen alcohol adverts on social media platforms, such as YouTube, Facebook, Snapchat, Instagram or others in the past month • 49% of underage adolescents had further seen alcohol advertising on billboards in the street in the last month • 49% of 11-17-yearolds recalled seeing alcohol sponsorship for sports or events at least monthly A review of alcohol industry-funded, school-based youth education programmes found that they focused on personal responsibility and 'poor choices', normalisation of drinking alcohol and promotion of moderate consumption[12]. A recent survey by the Alcohol Health Alliance revealed that[13]: • 70% of people wanted government policy to be protected from alcohol industry influence • Over half would welcome improved marketing regulations
Public perceptions	Balance carries out a regular public perceptions survey of North East drinking habits and attitudes. The 2022 survey[14] showed that: • Awareness of Chief Medical Officer 'low risk guidelines' is low – only 11% of women and 13% of men could correctly identify 14 units per week. • 47% of the NE population fall into the increasing and higher risk categories (weighted to the demographics of the region and based on AUDIT C) – this equates to 59% of men and 36% of women. • However, only 1 in 8 people are concerned about their drinking – 86% of people believe that they "drink responsibly".

	• Three quarters (74%) agree that alcohol is a big problem for UK society. • 44% would support the introduction of Minimum Unit Price in England, compared to only 21% who would oppose it. • Three quarters (75%) would support the introduction of measures to limit children's exposure to alcohol advertising.
What works to reduce alcohol harms	The following interventions are cost-effective and recommended by the World Health Organization for reducing alcohol-related harm[15]: • The affordability of alcohol is directly linked to alcohol harm, with heavier drinkers tending to consume products that are both cheaper and stronger on average.[16] Alcohol taxation and pricing policies are some of the most effective and cost-effective alcohol control measures.[17] • A review of minimum unit pricing for alcohol in Scotland revealed a 13% significant reduction in wholly attributable deaths and 4% reduction in wholly attributable hospital admissions[18]. • Alcohol marketing normalises alcohol consumption and exposes children and vulnerable people to alcohol products, leading people to drink more and at an earlier age.[19] • The current self-regulatory system governing alcohol marketing does not work: despite existing codes prohibiting the targeting of alcohol adverts to children, more than 80% see alcohol marketing monthly, most are aware of various alcohol brands, and children as young as nine can accurately describe alcohol brands' logos and colours[11]. • The WHO recommends comprehensive marketing restrictions as most effective to reduce alcohol harm and protect children and vulnerable people. • The availability of alcohol directly correlates with levels of harm: Alcohol-related hospital admissions, deaths, and crime rates are closely associated with the density of licensed premises[20]. • Local Authorities need to be able to better control the availability of alcohol in their areas. Making public health a licensing objective can support public health bodies' position as a responsible authority in reducing health harms[21]. • As alcohol outlet density tends to rise with increasing neighbourhood deprivation (and both being linked to higher rates of alcohol-related hospitalisations and deaths), limiting availability could have benefits for reducing inequalities of alcohol harm[5]. • To raise public awareness about alcohol harm so consumers can make informed choices about what and how much they drink, all alcohol labels should display relevant information. This should include: the Chief Medical Officers' low-risk drinking guidelines; a prominent health warning; a pregnancy warning; a drink-driving warning; an age warning; the units provided in the whole container and a typical serving; a list of ingredients and full nutritional information including calorie and sugar content[22]. • Mass media campaigns are also an effective means of raising awareness. Evaluation of the TV-led "Alcohol Causes Cancer"

	campaign in the North East found that 68% of those who recalled the campaign said it made them stop and think. Crucially, 17% of drinkers said they cut down how often they drank as a result, and 13% cut down how much they drank[23].
Alcohol principles	1. The alcohol industry and the organisations it funds should not influence health policy, health services or education/awareness-raising initiatives, particularly those aimed at young people. 2. Children and young people and people from lower socio-economic groups are priority groups to protect from the tactics of the alcohol industry. 3. Alcohol industry marketing drives harmful consumption and health inequalities and needs to be tackled 4. Reframing the narrative from personal responsibility to the actions of the alcohol industry and alcohol as a harmful product is a legitimate intervention

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References

[1] World Health Organization (2022). *Alcohol*. Available from: https://www.who.int/news-room/fact-sheets/detail/alcohol

[2] NHS England (no date). *Alcohol dependency programme*. Available from: https://www.england.nhs.uk/ourwork/prevention/alcohol-dependency-programme/

[3] Office for Health Improvement and Disparities (2023). *Local Alcohol Profiles for England: short statistical commentary, March 2023.* Available from: https://www.gov.uk/government/statistics/local-alcohol-profiles-for-england-lape-march-2023-update

[4] NHS Digital (2022). *Health Survey for England, 2021 part 1.* Available from: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england

[5] Angus, C., Holmes, J., Maheswaran, R., Green, MA., Meier, P. & Brennan, A. (2017*). Mapping Patterns and Trends in the Spatial Availability of Alcohol Using Low-Level Geographic Data: A Case Study in England 2003–2013*. Available from: https://www.mdpi.com/1660-4601/14/4/406

[6] Public Health England (2021) *Gambling-related harms: evidence review.* Available from: https://www.gov.uk/government/publications/gambling-related-harms-evidence-review

[7] Public Health England (2021) *Parents with alcohol and drug problems: adult treatment and children and family services*. Available from: https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-guidance-for-adult-treatment-and-children-and-family-services

[8] Bhattacharya, A. et al. (2018). *How dependent is the alcohol industry on heavy drinking in England?* Available from: https://doi.org/10.1111/add.14386

[9] Public Health England. (2019). *Principles for engaging with industry stakeholders*. Available from: https://www.gov.uk/government/publications/principles-for-engaging-with-industry-stakeholders/principles-for-engaging-with-industry-stakeholders

[10] Pettigrew, M., Maani, N., Pettigrew, L., Rutter, H. & van Schalkwyk, M. (2020). *Dark Nudges and Sludge in Big Alcohol: Behavioral Economics, Cognitive Biases, and Alcohol Industry Corporate Social Responsibility*. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/1468-0009.12475

[11] Alcohol Health Alliance (2021). *No escape: How alcohol advertising preys on children and vulnerable people*. Available from: https://ahauk.org/wp-content/uploads/2021/11/MarketingReport-FINAL.pdf

[12] van Schalkwyk, M., Pettigrew, M., Maani, N., Hawkins, B., Bonell, C., Vittal Katikireddi, S. & Knai, C. (2022). *Distilling the curriculum: An analysis of alcohol industry-funded school-based youth education programmes*. Available from: https://doi.org/10.1371/journal.pone.0259560.

[13] Alcohol Health Alliance (2023) *Pouring over public opinion: Alcohol Policies in the UK*. Available from: https://ahauk.org/wp-content/uploads/2023/07/Pouring-over-public-opinion-Alcohol-Policies-in-the-UK-FINAL.pdf

[14] Balance (2022). *North East Alcohol Perceptions Research*.

[15] World Health Organization (2018). *The SAFER initiative.* Available from: https://www.who.int/initiatives/SAFER

[16] Griffith R, O'Connell M, Smith K. (2017). *Tax design in the alcohol market*. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3086137

[17] World Health Organization (2018). *SAFER: Raise prices on alcohol through excise taxes and pricing policies*. Available from: https://www.who.int/initiatives/SAFER/pricing-policies

[18] Public Health Scotland (2023). *Evaluating the impact of minimum unit pricing for alcohol in Scotland: final report*. Available from: https://publichealthscotland.scot/publications/evaluating-the-impact-of-minimum-unit-pricing-for-alcohol-in-scotland-a-synthesis-of-the-evidence/

[19] Jernigan et al. (2016). Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/add.13591

[20] Alcohol Focus Scotland (2018). *Alcohol outlet availability and harm in Scotland*. Available from: https://www.alcohol-focus-scotland.org.uk/media/310762/alcohol-outlet-availability-and-harm-in-scotland.pdf

[21] Public Health England (2017). *Findings from the pilot of the analytical support package for alcohol licensing*. Available from: https://www.gov.uk/government/publications/alcohol-licensing-pilot-of-analytical-support-package/findings-from-the-pilot-of-the-analytical-support-package-for-alcohol-licensing

[22] Alcohol Health Alliance UK (2022). *Alcohol labelling.* Available from: https://ahauk.org/what-we-do/our-priorities/alcohol-labelling/

[23] Balance (2022) *Evaluation 2022*