

# Reducing Alcohol Harm

A blueprint for national action



**BALANCE**  
Reducing alcohol harm



@BalanceNE

# **Balance is currently the UK's only regional alcohol prevention programme**

Since 2009, Balance and partners in the North East have been striving to reduce the impact of alcohol harms in the region. We have established ourselves as a ground-breaking and award-winning programme working at international, national, regional and local levels. Thanks to the vision and commitment of our local authority funders and partnership working within the region, we have made significant progress; however, it is clear that we can only achieve so much as a system without national policies. We advocate for these as a member of the Alcohol Health Alliance. Our sister programme, Fresh, focuses on reducing smoking. To find out more visit [www.fresh-balance.co.uk](http://www.fresh-balance.co.uk)

**This is Balance's blueprint for national action. Endorsees for launch are:**

**Directors of Public Health for our seven commissioning local authorities**

**(Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside, Sunderland, County Durham)**

**Kim McGuinness, Mayor of the North East Combined Authority**

**Neil O'Brien (Chief Medical Officer of the NHS Integrated Care Board for the North East and North Cumbria)**

**Sam Allen (Chief Executive of the NHS Integrated Care Board for the North East and North Cumbria)**

**Joy Allen (Durham Police and Crime Commissioner)**

**Susan Dungworth (Northumbria Police and Crime Commissioner)**

# The case for action

The **North East of England** suffers **disproportionately from alcohol harms**, with the worst rates of alcohol deaths and hospital admissions and an overall alcohol-related cost of around **£1.5bn – or £562 per capita in the region [1]**. This is not a problem of a few.

Around one million people in the North East drink at levels which raise their risk of alcohol-related illness; and although the alcohol industry positions itself as a 'responsible' partner in tackling alcohol harms - like the tobacco industry - **its profits depend upon driving ill health..**

Taking action on alcohol harms should **not be a party political issue** - it should be a cornerstone of building a **safer, stronger, healthier and more economically productive country** and as part of a **wider drive to combat unhealthy commodities**.

The ambition to achieve a smokefree future must be accompanied by action on alcohol, given the co-dependencies between tobacco and alcohol use. Balance is calling on the new Government to commit to action, with the **development of an evidence-based national strategy, free from alcohol industry influence**.

- Four out of five people in the North East see alcohol as a big problem, regionally and nationally
- Alcohol harms cost the North East £1.5bn every year – equivalent to £562 for every person in the region
- 1 million people in the region drink alcohol at levels which increase their risk of health harms
- At the same time, there are green shoots - for example, 62% of drinkers in the region are taking steps to cut down - now we need national action to support this positive trend.

**78%**

of all alcohol consumed in the UK is by people drinking at harmful and hazardous levels.

**82%**

of people in the region believe that alcohol is a 'big societal problem' (2) and this is why the North East has to be at the forefront of calling for action on alcohol harm.

[1] Balance cost profiles – 2021

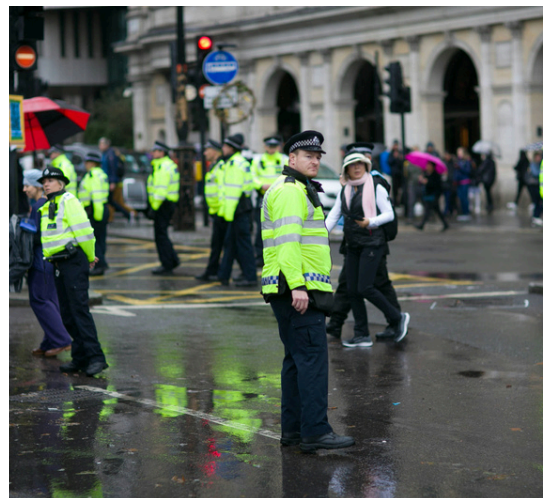
[2] Balance public perceptions survey 2024



# Why do we need action?

The last few years have been challenging. Alcohol harms have reached record levels and the North East suffers disproportionately. Alcohol is **a major driver of long-term conditions**, including cancer, cardiovascular diseases and liver disease – alongside almost two million people in England smoking and drinking at levels which pose a risk to health.

**The burden on the NHS is unsustainable** – with almost one million hospital admissions a year, one in three A&E attendances linked to alcohol [3] and £4.9bn in healthcare costs every year [4] - enough to pay the salaries of almost half the nurses in England.



The impact on crime and disorder is equally stark, with annual costs of £812.4m [5] in the North East alone and over **700,000 alcohol-related violent incidents a year**. [6] Concerningly, **40% of secondary school-age children have been involved in some form of violence** because of alcohol. [7] In relation to road safety, almost one fifth of all road deaths are caused by drink driving.

**Like tobacco, alcohol harms are rooted in inequalities and fuel them further.** People living in the 20% most deprived local authorities are more than **5 times more likely to die due to alcohol** than those in the least deprived. Alcohol harms affect all public services and with harms at record levels, the time for action is long overdue.



(3) NHS Digital (2022). Statistics on Alcohol, England 2021

(4) OHID (2021). Balance cost profiles 2021

(5) Balance cost profiles 2021

(6) Crime Survey for England and Wales

(7) <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-crime-and-disorder>



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**“I am not surprised to see alcohol illness and deaths spiralling, especially among women when alcohol is so insidious – it’s everywhere. It looks really glamorous with the pink drinks and wine o clock. The reality I know and witness on a daily basis is the exact opposite. I see pain, misery, broken families, children neglected,, crime, violence, and abuse.”**

### **Karen Slater**

Author and person  
with lived experience of  
alcohol harm





# Alcohol is a class one carcinogen and worsens the cancer risk from tobacco and obesity

(8) <https://www.eurekalert.org/news-releases/951911>

There is no safe level of regular drinking. Alcohol is a **group one carcinogen**, like tobacco and asbestos, and a **direct cause of at least seven types of cancer**. However, public awareness of health harms associated with alcohol is low. The risk of cancer increases even more if you smoke and drink, with almost **two million people in England smoking and drinking at levels that pose a risk to health**.

Alcohol also puts people who are living with obesity at higher risk of an alcohol-related cancer. Research has found **drinkers who are living with obesity are three times more likely to develop an alcohol-related cancer** [8]. Given the growing health crisis facing the nation, action on alcohol has never been so important.

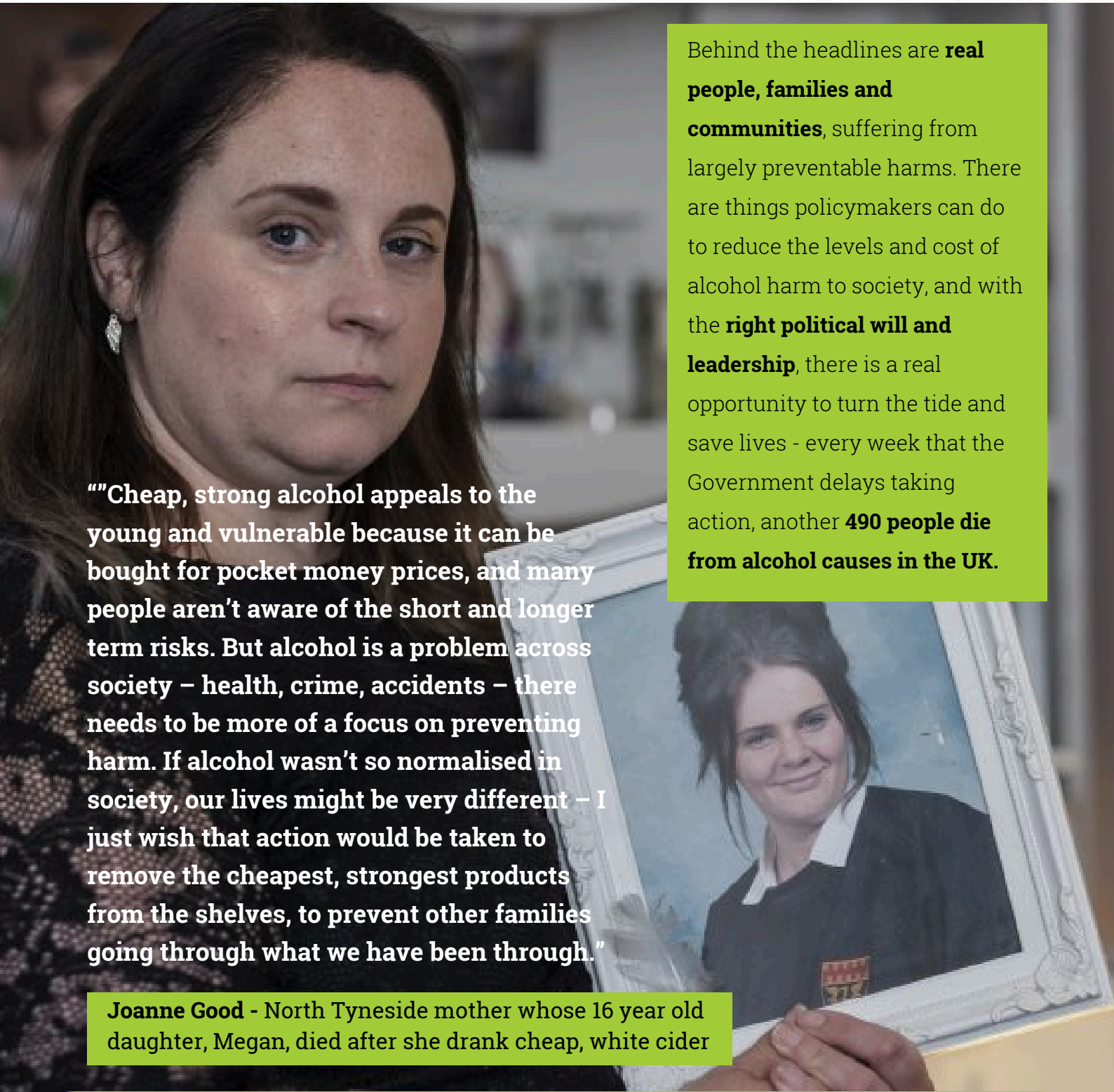
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With breast cancer, I think a lot of women will be shocked by the fact that 1 in 10 diagnoses is due to alcohol. People never forget the words “you have cancer”. It’s like handing over a grenade – lives just implode.

Caroline Tweedie - Breast cancer nurse specialist



# The alcohol crisis is preventable



“Cheap, strong alcohol appeals to the young and vulnerable because it can be bought for pocket money prices, and many people aren’t aware of the short and longer term risks. But alcohol is a problem across society – health, crime, accidents – there needs to be more of a focus on preventing harm. If alcohol wasn’t so normalised in society, our lives might be very different – I just wish that action would be taken to remove the cheapest, strongest products from the shelves, to prevent other families going through what we have been through.”

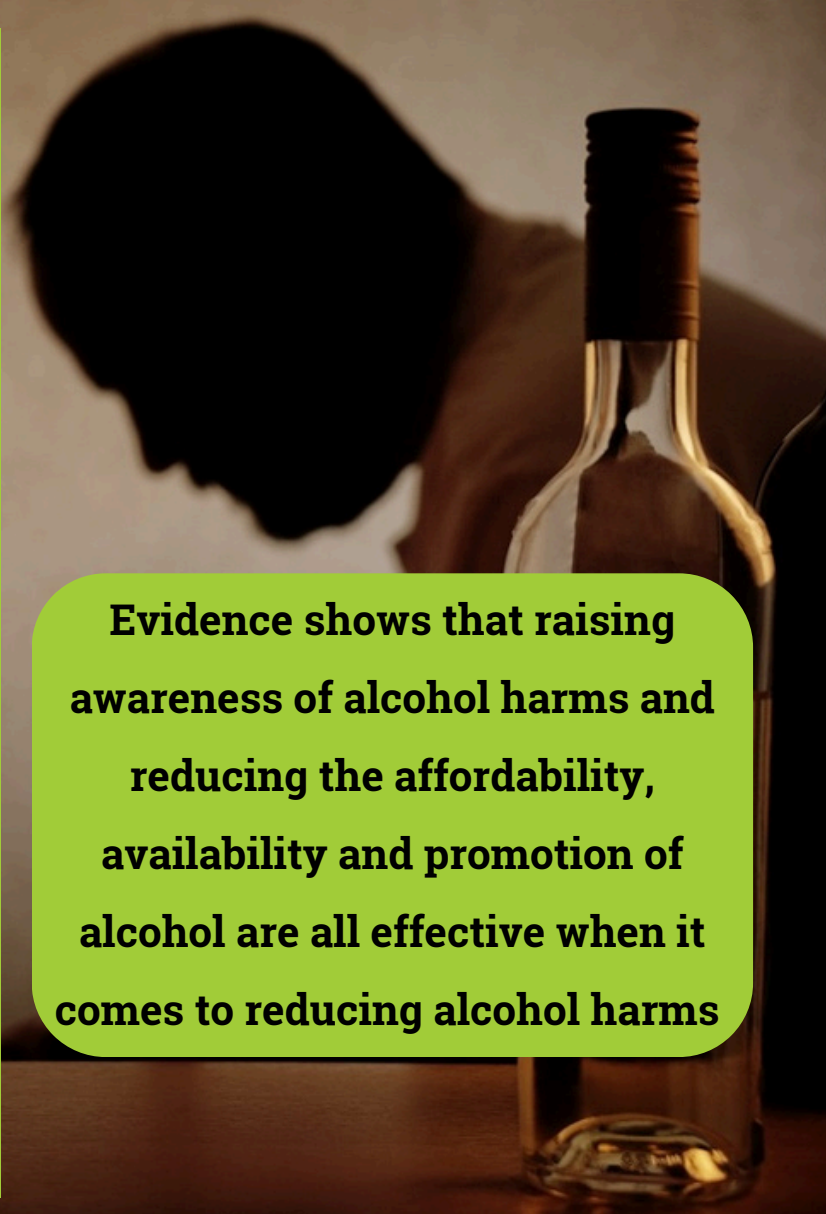
**Joanne Good** - North Tyneside mother whose 16 year old daughter, Megan, died after she drank cheap, white cider

Behind the headlines are **real people, families and communities**, suffering from largely preventable harms. There are things policymakers can do to reduce the levels and cost of alcohol harm to society, and with the **right political will and leadership**, there is a real opportunity to turn the tide and save lives - every week that the Government delays taking action, another **490 people die from alcohol causes in the UK.**

# The most effective solutions

In addition to learning from the tobacco agenda, the World Health Organisation (WHO) and Public Health England Evidence Review 2016 have demonstrated what works in relation to alcohol harm reduction.

A new national alcohol strategy for England must prioritise interventions which **raise awareness of alcohol harms and which reduce the affordability, availability and promotion of alcohol**. Evidence from other jurisdictions, including Scotland and Ireland, have shown that these are the most effective and cost effective measures in terms of reducing harms at a population level. They must be accompanied by more tailored interventions, such as provision of evidence-based alcohol treatment services, which support the most at risk drinkers.



**Evidence shows that raising awareness of alcohol harms and reducing the affordability, availability and promotion of alcohol are all effective when it comes to reducing alcohol harms**



# Support for policy interventions

Support for evidence-based interventions is extremely high in the North East and beyond – regardless of political affiliation. **This gives politicians from all political parties a strong mandate for action.** For example, a survey of North East residents carried out by Balance in April 2024 showed that:

45%

felt that the Government was 'not doing enough' to tackle alcohol harms, compared to 5% that felt it was doing 'too much'.

83%

supported measures to limit children and young people's exposure to alcohol advertising, compared to 4% who opposed.

67%

agreed that "the government has a responsibility to try and protect people from alcohol harms by raising awareness of alcohol harms" compared to 7% who disagreed.

60%

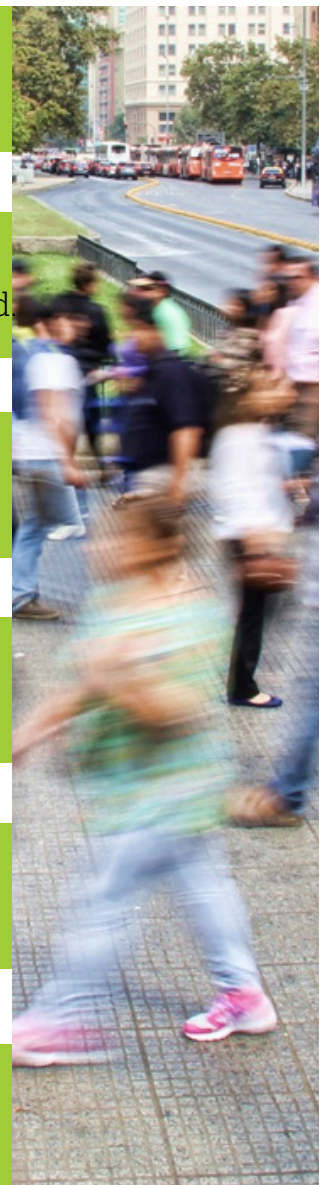
agreed that there should be a mandatory cancer warning on alcohol products, with 71% supporting a mandatory general health warning.

59%

agreed that "the government has a responsibility to protect people from alcohol harms by introducing legislation" compared to 13% who disagreed.

48%

supported the introduction of a Minimum Unit Price in England, compared to 22% that opposed the measure.



# What are we asking for?

We are calling on the new Government to carry out the following actions:

- 1. Commit to the introduction of an evidence-based national alcohol strategy for England, free from alcohol industry influence.**
- 2. Take steps to raise awareness of alcohol harms, via:**
  - The delivery of public education campaigns such as Balance's 'Alcohol is Toxic' campaign.
  - The introduction of mandatory health warnings and nutritional / unit information on alcohol labels.
- 3. Introduce pricing policies which improve public health and protect the public purse, including:**
  - A minimum unit price (MUP) for alcohol in England.
  - A fairer alcohol duty system which at least keeps pace with inflation.
- 4. Introduce restrictions on alcohol marketing to protect children and vulnerable people.**
- 5. Introduce a 'public health objective' in England and Wales and consideration of a wider overhaul of the Licensing Act.**
- 6. Invest in prevention and early intervention and improving access to specialist support for at-risk drinkers.**
- 7. Ensure that the alcohol industry is prohibited from involvement in the development of public policy.**

## Annex 1

# Raising awareness of harms - public education campaigns and alcohol labelling

Alcohol is a class 1 carcinogen, yet awareness of alcohol health harms remains worryingly low. Current product labels are failing consumers, with the alcohol industry keeping people in the dark about the health risks of its products. This is despite alcohol being linked to over 200 illnesses including liver and heart disease, stroke and at least 7 types of cancer.

People have a right to know that alcohol is harmful and public education campaigns run in the North East are effective at raising awareness of harms and changing behaviour. Over half of those who recalled Balance's recent 'Alcohol is Toxic' campaign changed their behaviour as a result, including 30% of drinkers who cut down how often they drank and 22% who cut down how much they drank.[9]

There is also strong evidence to demonstrate that running health harms campaigns as part of a broader strategy has been pivotal in reducing smoking prevalence across the country.

Consumers have the right to know that alcohol is harmful - all alcohol labels should display the Chief Medical Officers' low-risk drinking guidelines; a prominent health / cancer 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. [10]

## We recommend:

- Delivering evidence-based national alcohol public education campaigns, aimed at increasing understanding of alcohol health harms and reducing consumption.
- Introducing mandatory alcohol product labelling that provides consumers with information relating to ingredients, calories, units, Chief Medical Officers' guidelines, and health risks such as alcohol during pregnancy and cancer.

(9) Balance, Evaluation (2022).

(10) Alcohol Health Alliance UK (2022). Alcohol labelling.

# Pricing policies – improving public health and protecting the public purse

At a time of extreme pressure on public finances, all avoidable costs should be minimised. Alcohol harm is estimated to cost **£27.4 billion each year in England, including costs linked to health, crime, social care and lost productivity in the workplace. The UK government can save lives, raise revenue and reduce alcohol harm** in a cost-effective way by introducing prevention policies such as minimum unit pricing (MUP) and a fairer tax system that ensures the highest strength products are taxed more.

Evidence shows that since MUP was introduced in Scotland in 2018 alcohol specific deaths fell by 13% and hospitalisations fell by 4%. Similarly, when alcohol duty in the UK kept pace with inflation, deaths from alcohol-related liver disease fell. As the English region which suffers from the greatest alcohol harms, the North East would benefit the most from the introduction of evidence-based pricing policies.

Alcohol harm is estimated to cost the English economy

**£27.4 billion**

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## We recommend:

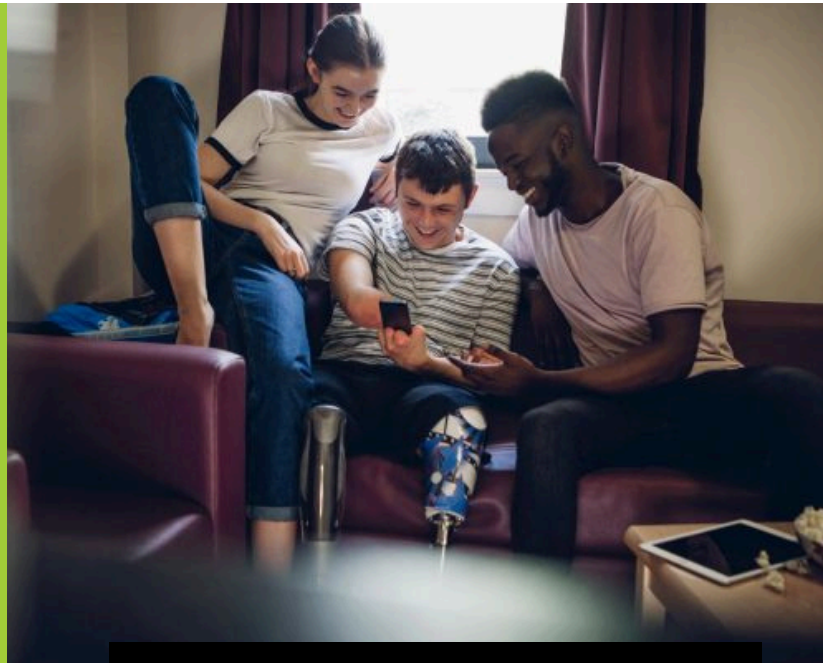
- The introduction of minimum unit pricing (MUP) for alcohol in England, to prevent the sale of cheap high strength drinks that lead to the greatest health harms and social costs.
- Ensuring that alcohol duty at least keeps pace with inflation and that all stronger products are taxed at a higher rate than lower strength products.



# Alcohol marketing - protecting the vulnerable and building healthier communities

Children have the right to grow up and live in a safe, nurturing, and healthy environment, free from exposure to harmful marketing. However, the alcohol industry frequently places its adverts near to schools, on television before 9pm, on websites accessed by children and on social media. This normalises alcohol consumption and encourages **children to drink at earlier ages and in greater quantities**. [11] At the same time, alcohol marketing can prolong people's dependence and undermine their treatment and recovery.

The self-regulatory system of alcohol marketing does not work. By introducing higher standards we can provide children and people impacted by alcohol harm – including those in recovery – with a better chance of leading healthier, happier, more productive lives. Ultimately, the WHO recommends **comprehensive marketing restrictions** as most effective to reduce alcohol harm and protect children and vulnerable people.



## We recommend:

- The inclusion of alcohol in the definition of 'unhealthy products' under the marketing regulations for products high in fat, sugar and salt.
- Appointing an independent body with no links to the alcohol or advertising industries to ensure that the alcohol industry adheres to higher advertising standards.

(11) Jernigan et al. (2016). Alcohol marketing and youth alcohol consumption. Addiction.

# Availability – restricting availability and protecting local communities

The availability of alcohol directly correlates with levels of harm and alcohol-related hospital admissions, deaths, and crime rates are all closely associated with the density of licensed premises, particularly in more deprived areas. (12)

As it stands, the Licensing Act 2003 is heavily weighted in favour of the trade, with the '**presumption to grant**' alcohol licenses making it extremely difficult to challenge new applications without strong evidence relating to the stated licensing objectives.

Local Authorities should be given powers to better control the availability of alcohol in their areas. Making **public health a licensing objective** would be a first step in supporting public health bodies' position as a responsible authority in reducing alcohol harms. (13)



## We recommend:

- Introducing 'public health' as a licensing objective in England and Wales so that local licensing bodies have to consider local alcohol harm data when making their decisions.
- Considering a wider overhaul of the Licensing Act 2003, including a review of the 'presumption to grant.'

(12) Alcohol Focus Scotland (2018). Alcohol outlet availability and harm in Scotland.

(13) Public Health England (2017). Findings from the pilot of the analytical support package for alcohol licensing.

# Investing in prevention, early intervention and effective treatment

The NHS has been providing world-class care for 75 years and we all want a service that will meet our needs in the future. Alcohol is responsible for nearly **1 million hospitalisations every year, and costs health services in the NE £290 million** every year.

Alcohol thus places an enormous - but largely preventable - strain on our NHS and frontline services. By investing in **prevention, early intervention, and effective alcohol treatment services**, we can save lives and reduce pressure on the NHS, in both the short and long term. Evidence shows that every £1 invested in treatment yields £3 of social return in its first year, increasing to £26 over ten years.

## We recommend:

- Commit to long-term funding of proven and cost-effective early interventions and treatment across the UK, and deliver better coordination between alcohol treatment and other services such as mental health, domestic abuse, and housing support.
- Bring forward an effective cross-government strategy to reduce health inequalities, recognising the key role that alcohol plays in driving these inequalities.

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# Alcohol industry involvement

Engagement with the alcohol industry has an impact on how governments choose to reduce alcohol harm. The **conflict of interests between commercial and public health goals** means that the alcohol industry cannot be a legitimate partner in reducing alcohol harms – its profitability depends on recruiting and maintaining heavy drinking populations. [14]

Excluding the alcohol industry from policy making is extremely popular amongst the public, with **70% being supportive of protecting Government policy** from the influence of the alcohol industry and its representatives. This support is significant irrespective of political affiliation. [15]

## We recommend:

The Government develops principles of engagement to ensure that the alcohol industry is prohibited from involvement in the development of public policy in the future.

**70%**

of the population is supportive of protecting Government policy from the influence of the alcohol industry and its representatives

(14) Bhattacharya, A. et al. (2018). How dependent is the alcohol industry on heavy drinking in England? Addiction

(15) Pouring over public opinion: Alcohol Policies in the UK (2023) Alcohol Health Alliance Pouring over public opinion Alcohol Policies in the UK - Final2.pdf