IAS Institute of Alcohol Studies

A HEALTHIER FUTURE

A long-term vision to tackle alcohol harm in the UK

Executive summary

Alcohol harm is a serious and growing concern in the UK, impacting people's health and wellbeing, the NHS, social services, criminal justice, and our economy. These impacts are felt most by people on low incomes or who live in deprived areas.

With the last UK alcohol strategy published in 2012 and alcohol deaths at an all-time high, **the time for meaningful, evidence-based policy action is now.** The limited commitments to prevent alcohol harm in the 10 Year Health Plan is driving calls for a standalone strategy to get to grips with the alcohol emergency. This document, developed by a broad range of experts in alcohol policy, research, and treatment, offers a blueprint for achieving long-term progress.

Our vision is for a society where alcohol harm is rare and equal opportunities for good health and wellbeing exist for all.

Key targets for the next decade:

1. Halve the prevalence of risky drinking from **1 in 3** UK adults to **1 in 6.**

2. Increase the proportion of people with alcohol dependence accessing specialist alcohol treatment to **50% within 5 years**, and build capacity in the system for **80% of people** with alcohol dependence to have access to treatment within **10 years.**

3. Reverse the trend of alcohol-specific deaths, returning to the pre-pandemic rate **within 5 years,** and subsequently to 2012 levels **within 10 years.**

Policy priority recommendations:

Introduce minimum unit pricing at 65p per unit in England and increase regularly in line with inflation.

Reinstate the alcohol duty escalator at a minimum of 2% above inflation.

Introduce restrictions on alcohol marketing, as a minimum equal to those applied for unhealthy food and drink.

Empower local authorities to **regulate hours of sale and online deliveries of alcohol**.

Provide increased and sustained investment in alcohol harm prevention and treatment services.

Introduce mandatory alcohol product labels that include clear health warnings, ingredients and nutritional information, and the UK low risk drinking guidelines.

Lower the drink-driving limit across all UK nations.

Introduce guidelines to manage government interactions with the alcohol industry.

Public support for these measures is high and growing. Progress requires cross-sector action and political leadership to create a healthier, more equitable society.

Background

Alcohol harm presents a growing problem across society, with far reaching impacts on our country's health, crime rates, social services, and economic productivity. The COVID-19 pandemic exacerbated existing trends, with sharp increases in higher-risk drinking, hospitalisations and alcohol-specific deaths.[1] Research shows that if consumption rates do not return to pre-pandemic levels, England will see an additional 147,000 cases of alcohol-related disease and 9,900 extra premature deaths by 2035, with the less well-off experiencing the greatest impact.[2] Alcohol harm rates remain alarmingly high with a total cost to society in England exceeding £27.4 billion each year, equivalent to £485 per head of population.[3] This figure excludes the costs to the economy linked to premature deaths: in 2023 in England there were approximately 153,000 working years of life lost due to premature deaths from alcohol among individuals aged 16-64.[4]

Despite these worrying trends, meaningful policy progress has been lacking. The last alcohol strategy from a UK Government was published over a decade ago in 2012, with many of its most effective proposed policies shelved before implementation.[5] While Scotland and Wales have made progress with pricing and promotion measures where devolved powers allow, central leadership from Westminster is lagging. The recently published 10 Year Health Plan for England omitted key primary prevention measures with the strongest evidence of effectiveness of reducing alcohol harm.

A poorly regulated market means the increasing affordability, availability, and promotion of alcohol, identified by the World Health Organization as the three key drivers of alcohol harm.[6] Alcohol is now 91% more affordable today than in 1987,[7] and the number of licensed premises in the UK increased by 11% between 2000 and 2022.[8] The alcohol industry spends heavily to promote consumption, market products and widen its customer base.[9]

Alcohol harm is closely linked to health inequalities. Alcohol-specific mortality rates are twice as high in England's most deprived areas compared to the most affluent.[10] Incidents of liver disease, which alcohol consumption is a major contributor to, are around five times higher in the most deprived areas compared to the most affluent.[11] Politicians urgently need to prioritise public health over profits to prevent further avoidable injustice.

Polling shows strong public appetite for leadership with 74% of people wanting government policies to prioritise the public's health over business growth, and public health policies are popular across the political spectrum.[12] Furthermore, tackling alcohol harm will better enable the government to meet its core missions of economic growth, safer streets, and building an NHS fit for the future.[13]

This project convened a group of leading independent experts in alcohol policy, research, and treatment, using the Delphi method, to develop a long-term vision for tackling alcohol harm and identify key policy actions required to arrive there.

Our vision

Our vision is for a society where alcohol harm is rare and equal opportunities for good health and wellbeing exist for all.

We envision a society where harms from alcohol are rare and every individual has an equal opportunity to live a healthy life. To achieve this future, we must reshape the environments, norms, and systems that shape and influence individual choice. This means tackling the drivers of harm, from the increased affordability, availability, and marketing of alcohol to the structural inequalities that exacerbate risk.

We need to prevent future generations experiencing alcohol harm while also protecting and supporting people with alcohol dependence in their recovery journey. A societal shift is needed that will protect children from harm and enable people wanting to cut down or avoid alcohol to live their lives free of stigma and/or pressure to drink more.

The benefits of change will ripple throughout society: stronger families, healthier communities, reduced pressure on health and public services, safer streets, and a more productive economy. For those who do need help, person-centred, accessible, and well-integrated support must be in place. All these benefits are clearly aligned with the current UK Government core missions and demonstrate how tackling alcohol harm must be a priority.

Our vision is for a society where alcohol harm is rare and equal opportunities for good health and wellbeing exist for all.

5-year targets

- Increase the proportion of people **with alcohol dependence accessing alcohol treatment to 50%.**
- Reverse the trend of alcohol-specific deaths, returning to the pre-pandemic rate.

10-year targets

- Halve the prevalence of risky drinking from **1 in 3 UK adults** to **1 in 6.**
- Build capacity in the system for **80%** of people with alcohol dependence to have **access to treatment.**
- Return to the 2012 rate of alcohol-specific deaths - **the lowest in the 21st century.**

This will mean...

- Less burden on public services.
- A healthier workforce.
- Fewer health inequalities.
- More revenue for the public purse.

Higher standards for alcohol marketing to **protect children** and **people impacted by alcohol harm**

Earlier intervention, better treatment options, and fewer children living with parental alcohol problems

Local authorities **empowered to manage the availability of alcohol** according to local needs

Better public awareness from **clear and mandatory alcohol labelling**

Revenue raised for public services with alcohol duty

A lower drink-driving limit to save lives

Fewer cheap, high-strength products that cause the most harm with minimum unit pricing

GYM

Shop

Our targets

Our experts identified three ambitious but realistic targets to measure progress towards this vision.

1

Halve the prevalence of risky drinking over the next 10 years from 1 in 3 UK adults to 1 in 6

Almost one in three UK adults drink at risky levels, as measured by the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C).[14] Halving this number over the next decade would dramatically improve the health and wellbeing of millions, boost workplace productivity and ease pressure on our NHS and public services.

2

Increase the proportion of people with alcohol dependence accessing specialist alcohol treatment to 50% within 5 years and build capacity in the system for 80% of people with alcohol dependence to have access to treatment within 10 years.

This target must be supported by improving the response to alcohol harm in the wider health and care system with a priority on effective pathways between primary health care, acute hospitals and specialist treatment and support. Several needs assessments in the UK have shown a considerable unmet need for alcohol treatment and support services with at best one in four people with alcohol dependence who want treatment in contact with services.[15] This does not include the needs of people who don't meet criteria for dependence but are experiencing alcohol related harm. In both England and Scotland there have been substantial changes in the numbers of people accessing services withimprovements at times of investment and strategic leadership and declines when the focus on alcohol services has been lost.[16,17]

The move of alcohol detoxification admissions from specialist addiction units to acute hospitals in England has shifted work to non-specialist settings, resulting in a pattern of unplanned care with admissions of short duration.[18] Commissioners should design specialist alcohol services to meet the needs of the broad population requiring alcohol treatment and support. Alcohol services should be explicitly designed to be attractive and readily accessible to all age groups, all genders and all backgrounds.

In the NHS, primary care and acute hospitals should be supported to develop systems to identify people with risky and harmful alcohol consumption and have robust commissioned pathways with specialist alcohol services.

3 Reverse the trend of alcohol-specific deaths, returning to the pre-pandemic rate within 5 years, and subsequently to 2012 levels within 10 years.

This would bring the alcohol-specific death rate down from 15.9 per 100,000 to 11.8 per 100,000 over five years and then sustain progress by securing a further reduction to 11.1 per 100,000. Meeting this target would represent a 30% reduction of alcohol-specific death rates across the UK, and a return to the lowest rates seen so far in the 21st century.[19]

Measuring alcohol-specific deaths over time provides the best indicator of trends. In contrast, alcohol-related deaths is the best measure of the full burden of deaths caused by alcohol, including the proportion of cancers, heart disease, accidents and injuries caused by alcohol. Developing science and other factors informing the estimation of alcohol-related deaths makes consistent trends over timeharder to show by this measure. Nonetheless, a reduction in the trend of alcohol-specific deaths would be accompanied by a decline in alcohol-related deaths.

How do we get there?

Our experts rated alcohol policy options on their effectiveness, cost-effectiveness, and ease of implementation. Based on their assessment, the top recommendations are:

Introduce minimum unit pricing at 65p per unit in England and increase regularly in line with inflation.

Re-introduce the alcohol duty escalator at a minimum of 2% above inflation.

Introduce restrictions on alcohol marketing, as a minimum equal to those applied to unhealthy food and drink.

Empower local authorities to regulate hours of sale and online deliveries of alcohol.

Provide increased and sustained investment in alcohol harm prevention and treatment services.

Introduce mandatory alcohol product labels that include clear health warnings, ingredients and nutritional information and the UK low risk drinking guidelines.

Lower the legal blood alcohol content (BAC) limit for driving to 20mg/100ml (0.02%) for new and commercial drivers, and **50mg/100ml (0.05%)** for all other drivers, with the ambition to reach 20mg/100ml for all drivers as soon as possible.

Introduce national and local government guidelines on managing conflicts of interest and navigating interactions with alcohol industry representatives (intended or unintended).

We developed a theory of change including these high-impact policies to support people in drinking less and help us reach our 10-year targets, which is available in the accompanying technical report.[20]

A comprehensive set of policy measures is required to effectively address alcohol harm because no single intervention can tackle the complex and wide-ranging drivers, which span pricing, availability, marketing, and social norms. Evidence consistently shows that population-level approaches—when implemented together—deliver the greatest impact in reducing consumption, preventing harm, and narrowing health inequalities. These high-impact policies are the responsibility of multiple government departments, therefore cross-government working will be fundamental to the success of any national alcohol strategy. Engagement with civil society organisations and experts by experience will also be essential to ensure policies are relevant, effective and responsive to the needs of people affected by alcohol harm.

We recognise that other interventions can help support shifts in alcohol harm, however these high-impact policies were identified as priority actions necessary to achieve the agreed targets. More details about the range of policy interventions discussed and how they were prioritised can be found in the accompanying technical report.[21]

Public support is strong

45%

45% of the public support a 65p minimum unit price (far higher than the 29% who oppose it).[22] Comparative polling indicates that support for MUP is **higher in Scotland** (where it is already in place) compared to England,[23] and public attitudes to MUP became **more favourable over time** after the policy was implemented in 2018.[24]

47%

Ahead of the Autumn budget in 2024, **47% said that increasing alcohol duty should be a priority** to support public finances (only corporation tax had more support for an increase).[25]

74%

Almost three quarters (74%) want stronger measures to limit children's exposure to alcohol advertising.[26]

55%

More than half (55%) support restricting alcohol sales in shops to between 10am-10pm, and 72% think public health should be considered when licence applications are made for alcohol outlets.[27]

93%

93% believe everyone needing support for alcohol problems should be able to access it.[28]

72%

72% are in favour of full ingredient and nutritional information on alcohol labels, and 62% want mandatory health warnings.[29]

68%

Over two thirds (68%) support a zero-tolerance approach to drink driving.[30]

70%

70% support protecting Government policy from alcohol industry influence.[31]

Progress in other public health areas also indicates that support will only continue to grow: public support for **smokefree legislation increased from 51% in 2004 to 82% in 2014.**[32]

Our experts also identified key barriers and facilitators that are included in the theory of change. A key challenge frequently cited by participants was the influence of the alcohol industry. Evidence shows that alcohol industry activities have defeated, delayed or weakened the design, implementation and evaluation of policies designed to reduce alcohol harm, which is why it is essential that public policymaking be protected from vested commercial interests.[33] As progress is made, the barriers will decrease in impact, while external factors such as public support, political interest, and public sector resources, will shift to facilitate further change.

Action on alcohol harm is urgently needed, and requires political leadership to create a healthier, more equitable society.

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