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RCN response for Alcohol Health Alliance UK (AHA) to the Commission on Alcohol Harm call for evidence.

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Introduction

The RCN supports the aims of the Commission on Alcohol Harm and welcomes this opportunity to submit evidence for the Alcohol Health Alliance (AHA).

In recognition of the significant and detrimental impacts of alcohol on health and wellbeing and on the health and care services, it is imperative that the Government takes further action to reduce the harm caused by alcohol. We support the AHA in calling for the Government to introduce a comprehensive new strategy as part of this.

While we welcomed the Government's recently published Prevention Green Paper¹, it did not include any significant policy actions to address the issue of alcohol, such as reducing the affordability of alcohol through the introduction of minimum unit pricing, restrictions on alcohol marketing or strengthening alcohol addiction treatment services in the community.

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The NHS Long Term Plan (2019)² included a commitment to support hospitals with the highest rate of alcohol dependence-related admissions to fully establish Alcohol Care Teams using funding from their Clinical Commissioning Groups (CCGs) health inequalities funding supplement, working in partnership with Local Authority commissioners of drug and alcohol services. This is a positive step, but will necessitate effective nursing involvement and support, and adequate funding.

Given that the nursing workforce is in crisis, with at least 44,000 nursing vacancies in the NHS in England alone.³ Action is needed to ensure that there are sufficient numbers of nurses and other health and care staff in place to ensure the safety and effectiveness of these services both now, and in the future. Action must include investment in the supply of registered nurses through the higher education route; the introduction of a costed and funded health and care workforce strategy with short- and long-term solutions for supply, recruitment and retention; and clear legal duties and accountability for all those who contribute to workforce supply and planning.⁴

Furthermore, investment in hospital-based services should be accompanied by investment in alcohol and drugs support services in the community. This will require increased and sustained investment at Local Authority level to provide these services.

Below are our responses to the questions asked by the commission.

1. What evidence has emerged since 2012 on alcohol's impact on:

- **Physical health?**
- **Mental health?**

There is a wealth of evidence demonstrating the impact of alcohol on both physical and mental health and on the health and care system.

NHS data⁵ highlights the significant impact of alcohol consumption on health. In 2017/18 there were 338,000 estimated NHS hospital admissions where the main reason for admission was attributable to alcohol. There were also 1.2 million estimated hospital admissions where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol, which was 3% higher than 2016/17.

This concern is reiterated by data⁶ on alcohol specific death rates: the 2018 rate for the UK was 11.9 deaths per 100,000 people. There is some variation on this across the UK with Scotland having the highest rate of; 20.8 followed by Wales, 13.1 and England, 10.7.

Alcohol is one of the top 5 risk factors identified by the Global Burden of Disease (GBD) study of risk factors that cause premature deaths in England⁷. The National Association for Children of Alcoholics also revealed there are 2.6 million children in the UK living with an alcohol-dependent parent⁸.

A recent comparative risk assessment study looking at national, regional and global burdens of disease considered the risks associated with alcohol and disease (Shield et.al, 2020) provides a comprehensive table of alcohol attributable burden, DALYS, & deaths. Alcohol use and increasing consumption was identified as a major risk factor for communicable, maternal, perinatal, and nutritional diseases, non-

communicable diseases, and injury as well as the risk of foetal alcohol syndrome (FAS)⁹.

Angus et al (2016)¹⁰ looked at the trends in alcohol consumption and estimated that between 2015 and 2035 alcohol consumption in England is estimated to cause: 253,000 deaths, including 135,000 cancer deaths. 17.5 million hospital admissions, including 1.2 million for cancer and £53 billion in costs to the NHS, including £2 billion in cancer costs

There have been numerous studies into alcohol and wider mental health issues such as anxiety and depression (Ehlers, C. L. et. al. 2018)¹¹. But it has been argued that in reality, the data probably underestimates the true picture for the contribution of alcohol to disease (Stockwell, T. et. al. 2018)¹².

2. What impact does alcohol have on the NHS and other public services?

Alcohol has a major impact on the day to day work of those working in health and care and other services, as described in case studies in the Alcohol Focus Scotland¹³. The key services affected include Accident and Emergency and ambulance services (both in terms of appropriate necessary use and inappropriate use), domestic abuse, arrests and imprisonment, alongside increases in crime generally. The impact is however, seen across the health and care system.

3. What challenges do alcohol treatment services currently face in supporting people impacted by alcohol harm?

The NHS estimates that the cost of alcohol treatment runs to £3.5bn a year and that the social and economic costs of alcohol related harm amount to £21.5bn. Yet alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years¹⁴.

As already stated, there are some key challenges related to the funding of services – successive years of cuts to Local Authority public health (the core public health grant has fallen by 25 per cent per person since 2014/15¹⁵) and cuts to broader Local Authority budgets have impacted on their capacity to deliver drug and alcohol and other essential public health services. Fragmentation within the public health system stemming from the commissioning arrangements is also an issue¹⁶. Within the wider health and care system, it is crucial that staff have sufficient time, capacity and training to provide effective and appropriate support to people with addiction needs, including access to specialist services and support. However, severe staff shortages are affecting the capacity of nursing staff to deliver safe and effective care and result in essential care left undone. Shortages are also likely to limit the capacity of staff to provide support for alcohol-related issues.

4. What recent evidence is there of impacts caused by alcohol consumption on family life, relationships and sexual behaviour?

The testimonials from Alcohol Focus Scotland clearly identify the significant detrimental impact of alcohol on people's lives, relationships and opportunities to work and study¹⁷.

The Parliamentary Office of Science and Technology's (2018) *Impact of parental drinking on children* identified the significant burden of Parental Alcohol Misuse (PAM) and the impact of this for children.

Evidence also shows that young adults whose parents have moderate or high-risk alcohol consumption are more likely to consume alcohol than those with parents with lower alcohol consumption (Mahedy, L. et. al. 2018)¹⁸.

5. What data exists to show alcohol's current impact on different demographic groups, including age, sex and social class?

The Institute of Alcohol Studies (IAS) recent report¹⁹ identified that those in poorest areas and children were most affected by alcohol. Data highlights complex demographic trends, but that in general the consumption is an underestimation; that binge drinking is more likely in younger age groups; and that men overall report to drinking more than women²⁰.

6. What impact does alcohol have on economic productivity and is there evidence of this changing since 2012?

Taking absenteeism, presenteeism, unemployment and premature death as measures of economic productivity, the estimated cost of to the UK workplace is £8-11 billion²¹. A recent study also confirmed an association between high alcohol consumption and sickness absence, job loss and unemployment (Jorgensen et al. 2019)²². A systematic review in 2019 examined the association between alcohol consumption and impaired work performance (presenteeism) (Thorrisen et al. 2019)²³.

The Institute of Alcohol Studies report in 2017 suggested that investment in alcohol services would be of economic benefit. In the UK, there has been a focus on workplace interventions for alcohol misuse since 2012. This focus suggests that employers are interested in steps to decrease the cost of alcohol to the workplace, although the efficacy of such interventions varies (Khadjesari et al. 2014)²⁴.

7. What current evidence is there of links between alcohol and violent behaviour and other crime?

There is evidence that alcohol consumption increases likelihood of certain risky behaviour including; hangover, blackout, risky sex, fights and injury (Labhart, et. al. 2018)²⁵.

8. What recent evidence is there of links between alcohol and other addictive behaviours (such as smoking, drug use and gambling)?

There is increasing concern about gambling and other addictions which would appear to be increased risks linked to alcohol. For example, there is a correlation between underage gambling and other addictions including alcohol (Molinaro, S et al. 2018)²⁶.

9. What effect does the current approach to alcohol marketing and licensing have on alcohol harm?

There is evidence from Scotland that restricting marketing of alcohol to children has had a positive impact on reducing consumption²⁷. There is also evidence highlighting the dependence of the alcohol industry on heavy drinking, and the potential financial impacts on the industry if consumers were to drink alcohol within guideline levels²⁸.

10. What policy changes would help to reduce the level of harm caused by alcohol? Are there policy responses from other governments (including within the UK) that have been successful in reducing harms caused by alcohol that could be implemented in the UK?

Workforce

Urgent and meaningful action is required to address the nursing workforce crisis in England. This must include investment in increasing the supply of nurses through the higher education route, the introduction of a costed and funded health and care workforce strategy with short- and long-term solutions for supply, recruitment and retention; and clear legal duties and accountability for all those who contribute to workforce supply and planning.²⁹

Greater support and training for all health and care staff to be able to identify alcohol issues and provide effective support or where relevant to signpost to appropriate support services would be beneficial. The following could support this:

- The RSPH 2019 Update: Impact Pathways for Alcohol³⁰ would support brief interventions on alcohol and the impact to individuals but also service providers across all health and social care.
- The PHE Guidance on Alcohol: Applying All Our Health³¹ could support all health care professionals to have greater understanding of the effects of alcohol on health and the actions they can take to support people to drink less.

Funding

The welcome investment in hospital-based alcohol treatment services stated in the NHS Long Term Plan must be accompanied by investment in alcohol and drugs support services in the community. This will require investment at Local Authority level to provide these services, including the introduction of an increased, long-term,

and sustainable funding settlement for public health which is based on an assessment of population needs.

Other action

The Communities in Charge of Alcohol RSPH³² approach to reducing alcohol harm for Local Authorities through recruitment and training of locally engaged and RSPH accredited 'Alcohol Health Champions' is a measure to support, as is action to reduce the serving size of alcoholic beverages in the UK which appears to lead to a reduction in alcohol consumption within a single drinking occasion (Kersbergen. et. al. 2018)³³.

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