

Briefing on NHS Report: Burden of Disease Attributable to Alcohol Consumption

February 2018

The true burden of alcohol-related harm is now clearer: the report published by NHS Health Scotland on alcohol's contribution to the burden of disease in Scotland provides a more accurate picture of the extent to which alcohol is damaging our health.

In order to tackle the wide-ranging health harm cause by alcohol, we must implement the most effective and cost-effective measures as highlighted by the World Health Organization. This includes **tackling the price and restricting the marketing of alcohol**.

Consumers also have the right to know the health risks associated with drinking, and so alcohol producers should **label alcohol drinks clearly with health warnings** and the Chief Medical Officers' **low risk guidelines**.

The refresh of the Scottish Government's **alcohol strategy** is due in Spring.

Alcohol harm

What we already know

From currently available statistics and evidence, it is clear that alcohol harm is widespread and that Scotland has an alcohol problem:

- 1 in 4 Scots are drinking dangerously/harmfully.¹
- People living in the most deprived areas are 8 times more likely to need hospital treatment and 6 times more likely to die specifically because of alcohol (this does not include alcohol-related conditions, such as cancer).²
- More than half of violent crimes involve alcohol.³
- 51,000 children live with a parent who has an alcohol problem.⁴
- Alcohol harm costs Scotland at least £3.6 billion every year; £900 for every adult. This includes an estimated £230 million of social care costs due to alcohol misuse and £727 million for alcohol-specific offences and crimes.⁵
- Alcohol causes more than 60 conditions including breast and bowel cancers, liver disease, cardiovascular disease and mental health problems.

Measuring alcohol-related harm

Annual statistics on **alcohol deaths** are reported by National Records of Scotland. Last year, it was reported that 1,265 people in Scotland died specifically from alcohol in 2016, 54% higher than in England and Wales⁶ and an **increase of 10% from the year before**.⁷

This doesn't give us the full picture of deaths caused by alcohol as it uses a **narrow definition**, which only counts deaths from conditions **specifically caused by alcohol**, such as alcohol-related liver disease and alcohol poisoning.

What the NHS Health Scotland report tells us

The [NHS Health Scotland report](#) provides us with a **fuller picture of the harm caused by alcohol** as it uses a **wide definition**. This quantifies the harm connected to alcohol in a broad sense by **including conditions for which alcohol consumption accounts for a proportion of the disease or death**. For example, cancer, heart disease, unintentional injury, etc.

NHS Health Scotland have quantified the contribution of alcohol to the development of health conditions through ‘**alcohol-attributable fractions**’ (calculated by looking at the relative risk of alcohol contributing to a condition, the levels of alcohol consumption in the population, and the Scottish data from hospital records, etc.)

In the report, **the alcohol-attributable burden** takes account of conditions deemed **wholly attributable to alcohol** (i.e. where the cause of disease or death is, by definition, 100% attributable to alcohol) **and** those deemed **partially attributable to alcohol** (i.e. where alcohol consumption accounts for only a proportion of disease or deaths).

This is evidence we have not seen since 2009⁸ although this report uses real Scottish data for the first time. Effective policies to tackle mortality rates are more likely to follow when governments and public health agencies have this fuller picture.

From this report, we are now more aware of the significant impact that alcohol is having on our health, and our health service:

- Alcohol was a factor in **3705 deaths** in Scotland in 2015
 - This includes **1,048 from cancer, 544 from heart conditions and strokes, and 357 deaths from unintentional injuries**
 - This is **6.5% of the deaths for the whole of Scotland** in 2015 (57,327), or around **1 in 15 deaths** related to alcohol in Scotland⁹
 - This is **almost 3 times the number of deaths** reported annually using the narrow definition
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- At least **41,161 patients were admitted to hospital due to alcohol** in 2015
 - 25% - unintentional injuries, e.g. falls (11,068)
 - 20% - mental ill health and behavioural disorders (8,509)
 - 19% - heart conditions and strokes (7,704)
 - 10% - liver disease and pancreatitis (4,291)
 - 7.5% - cancer (3,123)

The need for effective policy

In order to tackle the wide-ranging health harm cause by alcohol, we must implement the most effective and cost-effective measures as highlighted by the World Health Organization. This includes **tackling the price and restricting the marketing of alcohol**. Consumers also have the right to know the health risks associated with drinking, and so alcohol producers should **label alcohol drinks clearly with health warnings** and the Chief Medical Officers’ **low risk guidelines**.

The refresh of the Scottish Government’s **alcohol strategy** is due in Spring. Joint recommendations from AFS, BMA Scotland, Scottish Health Action on Alcohol Problems and Scottish Families affected by Alcohol and Drugs for the alcohol strategy refresh are available [here](#).

There is a clear link between price, consumption and harm

As alcohol has become more affordable, consumption and harm have increased. This has been driven by supermarkets and corner shops selling cheap alcohol (particularly ciders and spirits) for as little as 18p per unit. A minimum unit price of 50p targets these drinks which are most often consumed by the heaviest drinkers and would save 58 lives in the first year. Minimum pricing is due to be implemented from 1 May 2018. [Read our briefing on minimum unit pricing.](#)

Alongside minimum pricing, tax increases are needed to counter the trend of increasing affordability. Those that sell alcohol should also be subject to a levy or a public health supplement, based on volume of sales, to offset the costs of dealing with alcohol harm. Read our response to the recent consultation on MUP regulations.

Alcohol marketing positions alcohol as an ordinary commodity, rather than a substance that causes substantial health and social harm.

The current regulatory system is failing to prevent our children growing up surrounded by positive messages about drinking.

Exposure to alcohol marketing increases the likelihood that young people will start to drink, and to drink more if they are already drinking. The UN Convention on the Rights of the Child urges action to regulate or prohibit information on, and marketing of, alcohol.

More than half of MSPs from all parties plus many national organisations support our campaign: **“I believe that alcohol marketing has no place in childhood”**. Interventions are needed to reduce the appeal of, and children’s exposure to, alcohol marketing, as well as a robust regulatory framework which protects children and young people. The report of the expert group on alcohol marketing published by AFS in 2017 is available [here](#).

Consumers have a right to know the risks of drinking alcohol

It is ironic that the special status of alcohol as a carcinogenic and addictive substance actually results in less information being required on a bottle of wine than on a pint of milk. It is now two years since the UK CMOs updated the low-risk drinking guidelines, so it is disappointing to know that the vast majority of current alcohol labels are failing to communicate the alcohol guidelines and the harms associated with alcohol.¹⁰

Most people don’t understand the health risk associated with alcohol consumption, particularly cancer. For example, **only around 1 in 10 people link cancer as a potential health condition from drinking too much alcohol.**¹¹ The introduction of mandatory health warnings on alcohol products would go some way towards ensuring that the public are aware of the health risks associated with alcohol consumption in order to make informed choices about their drinking.

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- ¹ Brown, L. et al. (2016). *The Scottish Health Survey 2015 Edition, Volume 1, Main Report*. Edinburgh: Scottish Government.
- ² Giles, L., & Robinson, M. (2017). *Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2017*. Edinburgh: NHS Health Scotland. http://www.healthscotland.scot/media/1449/mesas-final-report_english1.pdf
- ³ Scottish Government (2016). *Scottish Crime and Justice Survey 2014/15: Main Findings*. Edinburgh: National Statistics Publication for Scotland.
- ⁴ Scottish Government (2012). *Final Business and Regulatory Impact Assessment for Minimum Price per Unit of Alcohol as Contained in Alcohol (Minimum Pricing) (Scotland) Bill*. Edinburgh: Scottish Government www.scotland.gov.uk/Resource/0039/00395549.pdf
- ⁵ York Health Economics Consortium, University of York (2010). *The Societal Cost of Alcohol Misuse in Scotland for 2007*. Edinburgh: Scottish Government Social Research
- ⁶ Giles, L., & Robinson, M. (2017). *Monitoring and Evaluating Scotland's Alcohol Strategy: Monitoring Report 2017*. Edinburgh: NHS Health Scotland http://www.healthscotland.scot/media/1449/mesas-final-report_english1.pdf
- ⁷ National Records of Scotland (2017). *Alcohol-Related Deaths in Scotland, 1970-2016*. Edinburgh: National Records of Scotland. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths>
- ⁸ NHS National Services Scotland (2009). *Alcohol attributable mortality and morbidity: alcohol population attributable fractions for Scotland*. Edinburgh: ISD Scotland Publications. http://www.scotpho.org.uk/downloads/scotphoreports/scotpho090630_alcoholfractions_rep.pdf
- ⁹ National Records of Scotland (2016). *2015 Births, Deaths and Other Vital Events - Preliminary Annual Figures*. Edinburgh: National Records of Scotland. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/births-deaths-and-other-vital-events-preliminary-annual-figures/2015>
- ¹⁰ Alcohol Health Alliance (2017). *Right to Know: Are alcohol labels giving consumers the information they need?* London: Alcohol Health Alliance.
- ¹¹ Buykx, P., Li, J., Gavens, L., Lovatt, M., Gomes de Matos, E., Holmes, J., Hooper, L. & Meier, P. (2015). *An investigation of public knowledge of the link between alcohol and cancer*. University of Sheffield and Cancer Research UK https://www.cancerresearchuk.org/sites/default/files/an_investigation_of_public_knowledge_of_the_link_between_alcohol_and_cancer_buykx_et_al.pdf

