



## **IHPE Position Statement: Alcohol**

### **KEY INFORMATION**

#### **1. Sensible drinking**

Alcoholic beverages consumed in moderation are enjoyed by many people. They have long been an integral part of society, dating back thousands of years. Sensible drinking is seen as a pleasurable, stress-relieving, social activity used to facilitate social bonding and with evidence of some beneficial health effects.

#### **2. International disease burden**

Although socially accepted, alcohol can be an addictive drug. Globally a large proportion of disease is attributed to excessive alcohol consumption. Alcohol is a significant cause of mortality, morbidity, and disability internationally.

- Around 200 disease and injury conditions are attributed to the harmful use of alcohol, with WHO figures showing a disease burden of 7.1% and 2.2% for males and females respectively.
- There are 3 million deaths annually, 5.3% of all deaths globally, due to harmful use of alcohol.
- Alcohol accounts for 13.5% of deaths in 20–39-year-olds and is the leading risk factor for premature mortality and disability.
- The Global Burden of Disease provided an estimate that 1.34 billion people consumed harmful amounts of alcohol in 2020.
- Excessive alcohol consumption is a causal factor in cancers, liver disease, mental and behavioural disorders, and other non-communicable conditions such as cardiovascular disease, type 2 diabetes, and injuries.
- There is emerging evidence which relates alcohol with cognitive decline and dementia.

#### **3. Health inequalities**

There is a substantial evidence base identifying links between alcohol and health inequalities. Within a given society, adverse health impacts and social harm are greater for certain individuals and communities.

There is a disproportionate level of health inequalities experienced by those individuals within the justice system. Addressing alcohol harm in prisons can potentially reduce the risk of reoffending whilst tackling health inequalities.

Undiagnosed ADHD and/or autism are strongly related to alcohol problems.

Alcohol misuse is both a cause and effect of homelessness. High levels of alcohol consumption present a major health risk for individuals who are homeless.

Excessive alcohol consumption can exacerbate health and social inequalities between genders, social classes, and communities.

#### **4. Social impact**

Harmful alcohol use increases the risk of accidents, antisocial behaviour, child neglect, crime, violence, domestic abuse, sexual abuse, and family break up.

For example, in the UK alcohol-related crime makes up a substantial portion of violent offences and demand for accident and emergency services.

Drink-driving is a significant public health problem that affects not only the alcohol user but also, in many cases, other individuals such as passengers and pedestrians.

#### **5. Children and young people**

The majority of children learn about alcohol from an early age in families and social situations such as celebrations. It should be noted that there are some large cultural and religious differences between communities.

A significant number of children and young people live with a parent who has a serious drink problem. These children and young people are more likely to

- experience difficulties at school,
- witness domestic violence,
- develop an eating problem,
- consider suicide,
- be in trouble with the police,
- develop alcoholism or addiction.

#### **6. Economic costs**

The economic burden of alcohol is substantial. Alcohol harm affects individuals, families, and society. It incurs significant economic losses relating to costs in the health service, justice sector, lost workforce productivity, and unemployment.

#### **7. Factors affecting alcohol consumption**

A complex array of factors affects the levels and patterns of alcohol consumption and the magnitude of alcohol-related problems in a community. The box below highlights some of the factors.

<b>Societal factors</b>	*Availability of alcohol *Culture *Social norms - influenced by advertising, marketing, and social media *Implementation and enforcement of alcohol policies
<b>Individual factors</b>	*Age *Gender *Family circumstances *Socio-economic status

Families and the home environment, and peers, can have major influences on adolescent and young adult drinking.

The more vulnerabilities a person has, the more likely the person is to develop alcohol-related problems.

## **8. Alcohol industry**

The production of alcoholic drinks has become increasingly concentrated and globalised in recent decades. The production, sale, and consumption of alcoholic beverages is an important element of economies such as China, the US, Japan, the UK, India, Brazil and Nigeria.

One of the biggest changes in recent years to the promotion of alcohol is the use of sophisticated online marketing that can be used to cross country borders.

Those that produce, advertise, and sell alcohol beverages have important roles to play in encouraging sensible drinking.

## **9. Effective approaches**

The health, economic, and social burden attributable to alcohol consumption is largely preventable. Effective approaches are known at a one-to-one level, group level (e.g., in schools) and population level.

For example, there is robust evidence indicating that alcohol brief interventions (ABIs) are effective in reducing alcohol consumption among at-risk drinkers in healthcare settings.

However, importantly, comprehensive action is needed rather than relying on one potential “silver bullet”. It is crucial that we empower individuals and communities and not just encourage some individuals to switch from one harmful emotional support to another.

In addition, our aim is to tackle alcohol misuse rather than target those who enjoy drinking alcohol sensibly.

In the UK, for example, sensible drinking is informed by the Chief Medical Officers’ guidance including:

- Not drinking regularly more than 14 units per week.
- Spreading intake evenly, and not binge drinking.
- Reducing risk by not drinking on a regular basis.
- Encouraging several drink-free days, as a way of cutting down drinking.

**Overall, we should be creating supportive environments and providing information, education for health, and enhancing life skills. This would include targeted support for disadvantaged individuals which is tailored to their specific needs.**

# STATEMENT

## **1. National strategy**

Countries should develop multi-faceted national strategies aimed at promoting sensible attitudes to drinking and reducing alcohol harm. These should be based on a whole-system approach and include health promotion, prevention of alcohol misuse, and recovery in specialist care. Action at a national level needs to be supported by multi-sector implementation at a local level.

At a local level coordinated working with partners such as schools, the health service, housing, licensees, the media, the police, and mental health services is key. In the UK for example, directors of public health and their teams would lead this work.

For national strategies to be effective, more collaboration between countries is needed.

## **2. A positive approach**

Health promoting environments should be created so that it is easier for individuals and groups to make healthy choices. Targeted support as required, for example, to reduce alcohol harm, should form part of broader health promotion activity.

Low alcohol and non-alcoholic drinks should be made more available and more socially acceptable. Free drinking water should be made more accessible in different venues. The provision of food can also help to create safer drinking.

IHPE supports the promotion of empowerment and positive evidence-based messaging rather than fear-based approaches. Our aim is to enable people to increase control over, and to improve, their health.

## **3. Advertising**

Governments should reduce children's exposure to alcohol advertising.

## **4. Mandatory labelling**

Unobtrusive labelling should include information about calorific content.

## **5. Fiscal measures**

The availability of cheap alcohol should be reduced. Highly discounted promotions in stores should not be permitted.

## **6. Education**

Schools should be supported to provide high quality personal, social, health, and economic education. Primary and secondary schools need a linked spiral curriculum matched to the children's needs.

Pupils should be provided with situationally based alcohol related decision-making skills as well as key information. Evidence-based education about sensible drinking, and the potential harms of alcohol use should form part of the curriculum.

It is important that the culture of schools should provide healthy settings, and include the whole school community, addressing myths and providing supporting materials to parents.

Higher education should also create healthy environments, with messaging about sensible drinking, the harms of alcohol and methods for reducing excessive consumption. Freshers' weeks should be used as an opportunity for promoting sensible attitudes.

## **7. Health professionals**

Those in hospitals and primary care are ideally placed to raise awareness about alcohol issues and to provide support and referral as needed. However, so too are professionals in other key settings such as prisons and workplaces.

Dentists have roles in screening for oral cancer and periodontal disease, both of which have a causal link to excessive alcohol consumption.

Prescribers, including pharmacists, are ideally placed to raise awareness of the risks of taking alcohol with prescribed medicines, such as exacerbation of the disease being treated, reduced effectiveness, increased side effects, and the prevention of falls and other accidents.

Health professionals should be trained and empowered to feel comfortable to support their patients on alcohol issues.

## **8. Workplaces**

Workplaces should aim to be healthy settings and, for example, provide alternatives to alcohol at social events. They should also provide non-judgemental support for employees in need.

## **9. Justice System**

IHPE supports continued investment in addressing the root causes of alcohol-related crime, and a trauma-informed approach to rehabilitation.

## **10. Sufficient resources**

Investment in public health must be increased so that it is adequate for local and national population health needs.

In relation to the UK for example, this applies to national and local levels. Directors of public health need to be given the resources so that they can drive forward local strategies.

Training of key professionals needs to be increased. In some cases, multi-professional courses are recommended.

Interventions to reduce health inequalities are likely to have an influence on a range of risk factors and health behaviours, including those in relation to alcohol. Resources need to be targeted at reducing inequalities.

## Resources

Alcohol Education Trust Report (2022). The Alcohol Education Trust Progress on Strategic Goals and Impact Report 2022.

[https://alcoholeducationtrust.org/wp-content/uploads/2023/01/2022\\_progress\\_report\\_final.pdf](https://alcoholeducationtrust.org/wp-content/uploads/2023/01/2022_progress_report_final.pdf)

British Medical Association, Board of Science (2008). Alcohol misuse: tackling the UK epidemic.

[https://www.drugsandalcohol.ie/11945/1/BMA\\_Alcohol\\_misuse\\_tcm41-147192.pdf](https://www.drugsandalcohol.ie/11945/1/BMA_Alcohol_misuse_tcm41-147192.pdf)

Dunbar R I M, Launay J, Wlodarski R, et al. (2017). Functional Benefits of (Modest) Alcohol Consumption. *Adaptive Human Behavior and Physiology* 3, 118–133.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7010365/>

French B, Daley D, Groom M, & Cassidy S. (2023). Risks Associated with Undiagnosed ADHD and/or Autism: A Mixed-Method Systematic Review. *Journal of Attention Disorders*, 0(0).

<https://journals.sagepub.com/doi/10.1177/10870547231176862>

GBD 2020 Alcohol Collaborators. (2022) Population-level risks of alcohol consumption by amount, geography, age, sex, and year: a systematic analysis for the Global Burden of Disease Study 2020. *Lancet* 2022; 400: 185–23.

[https://www.thelancet.com/article/S0140-6736\(22\)00847-9/full#%20](https://www.thelancet.com/article/S0140-6736(22)00847-9/full#%20)

Mewton L, Visontay R, Hoy N, Lipnicki D M, Sunderland M, Lipton R B, et al., (2022). The relationship between alcohol use and dementia in adults aged more than 60 years: a combined analysis of prospective, individual-participant data from 15 international studies. *Addiction* 118(3).

<https://onlinelibrary.wiley.com/doi/full/10.1111/add.16035>

Sargent J D, Babor T F (2020). The relationship between exposure to alcohol marketing and underage drinking is causal. *J Stud Alcohol Drugs*. s19:113–24. doi:10.15288/jsads.2020.s19.113.

<https://www.jsad.com/doi/10.15288/jsads.2020.s19.113>

Tian Y, Liu J, Zhao Y, Jiang N, Liu X, Zhao G, et al. (2023). Alcohol consumption and all-cause and cause-specific mortality among US adults: prospective cohort study. *BMC Medicine*, 21(1), 208. doi: 10.1186/s12916-023-02907-6.

<https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-023-02907-6>

Topiwala A, Allan C L, Valkanova V, Zsoldos E, Filippini N, Sexton C et al. (2017) Moderate alcohol consumption as risk factor for adverse brain outcomes and cognitive decline: longitudinal cohort study *BMJ* 2017; 357 :j2353 doi:10.1136/bmj.j2353

<https://www.bmj.com/content/357/bmj.j2353>

UK Chief Medical Officers' (2016). UK Chief Medical Officers' Alcohol Guidelines Review.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489795/summary.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf)

Van Beemen O. (2019) Heineken in Africa. A Multinational Unleashed. London: Hurst & Company.

Watson M C, Lloyd J (2015). Alcohol—who is paying the price? BMJ Rapid Response 17 June 2015.

<https://www.bmj.com/content/350/bmj.h2974/rr-1>

Watson M C, Lloyd J. (2019) Alcohol excess: time for a new positive and multifaceted strategy BMJ 2019; 365 :l4300 doi:10.1136/bmj.l4300

<https://www.bmj.com/content/365/bmj.l4300.full>

Watson M C, Tilford S and Lloyd J (2021) IHPE Position Statement: Health Promotion. Lichfield, Institute of Health Promotion and Education.

<https://ihpe.org.uk/resources/position-papers/>

Watson M C, Tilford S, Neil K E (2022) IHPE Position Statement: Ethics and Health Promotion. Altrincham: Institute of Health Promotion and Education.

<https://ihpe.org.uk/resources/position-papers/>

WHO (2020). Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

<https://www.who.int/publications/m/item/political-declaration-of-the-third-high-level-meeting-of-the-general-assembly-on-the-prevention-and-control-of-non-communicable-diseases>

WHO (2022). Alcohol. Key facts.

<https://www.who.int/news-room/fact-sheets/detail/alcohol>

## **Key Organisations (examples)**

Alcohol Education Trust: resources for supporting young people. UK.

<https://alcholeducationtrust.org/about-aet/>

Alcohol Health Alliance. UK.

<https://ahauk.org/>

The Asia Pacific Alcohol Policy Alliance (APAPA).

<https://sites.google.com/view/apalcoholpolicyalliance/home>

Australian Institute of Health and Welfare.

<https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol>

Centers for Disease Control and Prevention, USA.

<https://www.cdc.gov/alcohol/index.htm>

European Alcohol Policy Alliance (Eurocare).

<https://www.eurocare.org/>

Global Alcohol Policy Alliance (GAPA).

<https://globalgapa.org/>

Harvard T. H. Chan. School of Public Health, Boston, USA.  
<https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/drinks-to-consume-in-moderation/alcohol-full-story/>

Healthy Caribbean Coalition (HCC).  
<https://www.healthycaribbean.org/>

Institute of Alcohol Studies. London, UK.  
<https://www.ias.org.uk/>

Mental Health Foundation. UK.  
<https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/alcohol-and-mental-health>

National Health Service. UK.  
<https://www.nhs.uk/search/results?q=alcohol&page=0>

National Institute for Health and Care Excellence, London, UK.  
<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol>

Southern African Alcohol Policy Alliance (SAAPA).  
<https://saapa.africa/>

West African Alcohol Policy Alliance (WAAPA).  
<https://waapalliance.org/>

World Health Organisation.  
[https://www.who.int/health-topics/alcohol#tab=tab\\_1](https://www.who.int/health-topics/alcohol#tab=tab_1)

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