



# PASSIVE DRINKING: THE COLLATERAL DAMAGE FROM ALCOHOL

The many people who drink regularly to excess cause damage far beyond their own bodies. Directly and indirectly they affect the well-being and way of life of millions of others.

## KEY POINTS

- Drinking alcohol is a deeply ingrained part of our society; each year, the average intake per adult is equivalent to 120 bottles of wine.
- Since 1970, alcohol consumption has fallen in many European countries but has increased by 40% in England.
- The consequences of drinking go far beyond the individual drinker's health and well-being. They include harm to the unborn fetus, acts of drunken violence, vandalism, sexual assault and child abuse, and a huge health burden carried by both the NHS and friends and family who care for those damaged by alcohol.
- Success on another big public health killer – tobacco – continues to require multifactorial action, but a key element has been raising awareness about the impact of passive smoking.
- There is no similar awareness or concern about 'passive drinking' – the consequences of one person's drinking on another's well-being. It is not recognised as a concept or a rationale for action.
- There is no stated national consensus that as a country we should substantially reduce overall alcohol consumption, but such a reduction would benefit the health of many who drink – and those affected by passive drinking.
- The price and availability of alcohol affects its consumption and the damage that it causes.

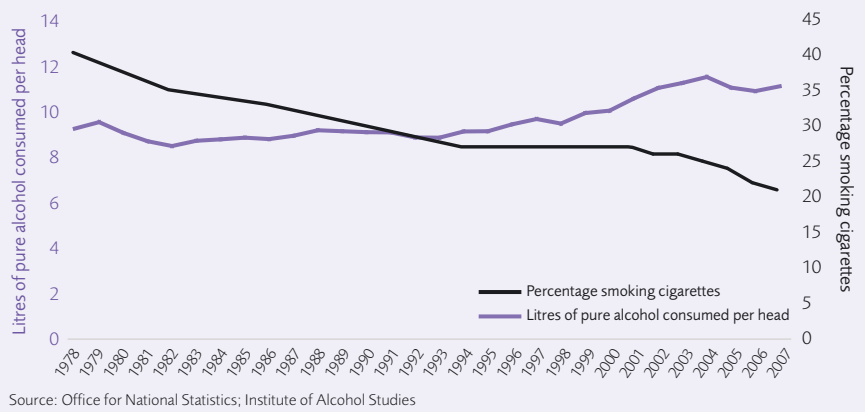
Every week, two-thirds of adults in England drink alcohol. The average adult drinks the equivalent of 120 bottles of wine every year. Since 1970, alcohol consumption has fallen in many European countries. In France and Italy it has fallen by more than 40%. In England it has risen by more than 40%. Drinking alcohol is a deeply ingrained part of English culture.

Though widely accepted, alcohol is immensely harmful. In 2006, 16,236 people died from alcohol-related causes. The number of deaths from alcohol-related liver disease has almost doubled in the last decade. Alcohol has a major impact on individual drinkers' health: it causes cancers of the liver, bowel, breast, throat, mouth, larynx and oesophagus; it causes osteoporosis; and it reduces fertility.

Some point to the potential benefits of alcohol, but these tend to be greatly overstated. Above the age of 40 years, drinking a small amount of alcohol may reduce the risk of heart disease and stroke. For those who drink beyond this low level, and for those under 40 years who drink any amount, alcohol increases the risk of these diseases. For those of any age, drinking any amount of alcohol increases the risk of cancer – there is no safe limit. Across England, alcohol results in over 13 people being admitted to hospital for every one that it prevents.

Despite its known harms, one-quarter of the adult population – about 10 million people – now drink above the recommended low-risk levels.

**Figure 1: Since 1978, smoking has fallen and alcohol consumption has risen**



### Smoking: a different story

In contrast to the rise in alcohol consumption, there has been considerable recent success in combating smoking. The number of people who smoke tobacco has fallen considerably over the last 30 years (see **Figure 1**).

1 July 2007 was a landmark day for public health, as England's public places and workplaces became smoke-free. I first recommended this action in my 2002 Annual Report. At the time, this call received a good deal of support from some, but it also met with significant hostility. In the intervening years, England has undergone a fundamental shift in its collective attitude to smoking. The smoke-free legislation represented the greatest single public health improvement for a generation and, when it came, was widely welcomed. The country adapted to it well – more than 75% of people approved. The change represented a widespread agreement that others should not suffer ill effects when people choose to smoke.

It is less than two years since the change came into effect. In this short time, society's collective attitude has shifted still further. Breathing clean and healthy air has become the expectation. Just as many people can no longer recall the days when smoking was permitted on trains and aeroplanes, so it will seem an absurdity to the next generation to contemplate that people once routinely socialised in environments known to be such a hazard to human health.

When I made the call for passive smoking to be taken seriously, it was because I realised that common knowledge was not being translated into a common will. The dangers of passive smoking were well known, but this was prompting little action. There was a high level of awareness that passive smoking causes lung cancer, heart disease and asthma attacks, yet passive smoking, in certain environments at least, was simply the expectation, the social norm.

One key aim of the smoke-free legislation was to reduce markedly the extent to which people have to breathe in second-hand smoke. The positive impact goes well beyond this. It was hoped, for example, that the legislation would create a supportive environment for smokers who wish to stop. One year on from the legislation there has been a 20% increase in demand for NHS Stop Smoking Services. It was also envisaged that the legislation would reduce the acceptability of smoking: a 10% increase in the number of people who forbid smoking in their home provides some evidence of this.

England's recent success in reducing the harms of smoking illustrates that complex public health problems can be tackled very effectively. Success came when a crucial realisation dawned – that smoking is not simply a problem for those who smoke, it is a wider problem for society.



**Passive drinking: a concept whose time has come**

In contrast to smoking, alcohol is too often viewed as a problem for individuals rather than for society. This is not the case. The second-hand effects of alcohol consumption – which I collectively term ‘passive drinking’ – are more complex in their causation than those of passive smoking, and more wide-ranging in their impact.

For some, the effects of passive drinking start even before birth. Every year more than 6,000 babies in Britain are born with fetal

**Imagine a country in which...**

- nobody is physically or sexually assaulted because of alcohol
- nobody dies in an accident caused by alcohol
- no child has to cower in the corner while its mother is beaten by a drunken partner
- the streets are welcoming for all on Saturday night
- the streets are free of urine and vomit on Sunday morning
- people who want to stop drinking or to drink less are guaranteed the support of their peers to do so
- nobody has to see their father, husband, sister or daughter die young as a result of drinking too much alcohol.

Like smoking tobacco, drinking alcohol affects both the individual drinker and other people

SMOKING TOBACCO		DRINKING ALCOHOL
<b>For the individual</b>		
Causes cancers of the lung, lips, tongue, throat, larynx, oesophagus, kidney, pancreas and bladder	Cancer	Causes cancers of the liver, bowel, throat, mouth, larynx, breast and oesophagus – there is no safe alcohol limit
Doubles the risk of death from heart disease and doubles the risk of stroke	Heart disease and stroke	Above the recommended limits, increases the risk of heart disease and stroke – small amounts of alcohol may offer limited protection
Causes osteoporosis	Bones	Causes osteoporosis
Reduces fertility	Fertility	Reduces fertility
<b>For others</b>		
In pregnancy, increases the risk of miscarriage, premature birth and stillbirth	Unborn child	In pregnancy, increases the risk of miscarriage, premature birth and stillbirth and causes fetal alcohol spectrum disorder
Second-hand smoke causes asthma attacks and chest infections	Children	Second-hand family drinking causes behavioural and emotional problems and underperformance at school
Produces unpleasant and unhealthy air	Society	Produces intimidating and dangerous public places

alcohol spectrum disorder. It can cause brain damage, memory deficits, facial abnormalities and problems with physical and emotional development. The disorder is caused by one thing – women who drink substantial amounts of alcohol while pregnant. Drinking alcohol while pregnant is also associated with miscarriage, premature birth and stillbirth. Over 7,000 women are admitted to hospital every year for miscarriages resulting from alcohol. Drinking alcohol in pregnancy may also increase the risk of sudden infant death syndrome (cot death).

The effects of passive drinking continue through childhood. Up to 1.3 million children are adversely affected by family drinking and around a quarter of child protection cases involve alcohol. Children of problem drinkers are more likely to have behavioural difficulties and emotional problems and to underperform at school.

In 2006, 660 children were killed or injured in road accidents caused by alcohol. In total, over 7,000 people were injured, not including the drink-drivers themselves, and 560 people died due to drink-driving.



The effects of passive drinking continue into adulthood. Living with somebody who misuses alcohol can be a horrendous ordeal. Alcohol can make a partner's behaviour unpredictable, aggressive and erratic. Marriages in which one or both partners have an alcohol problem are twice as likely to end in divorce. British Crime Survey figures for 2007/08 suggest that 125,000 alcohol-related instances of domestic violence occurred over this one-year period. Alcohol-related crime affects both children and adults. Aggressive behaviour resulting from alcohol misuse, in particular binge drinking, is a major cause of street violence. The British Crime Survey found that almost half of the 2 million victims of violence thought that their attacker was under the influence of alcohol, with 39,000 reports of serious sexual assault also being associated with alcohol consumption.

Alcohol-related crime has a particular effect on those at the front line of public services. Half of all assaults on staff in hospital emergency departments are committed by those under the influence of alcohol. Those delivering services in communities also risk alcohol-related assaults. There are over 8,000 alcohol-related assaults on police officers every year. This makes it difficult to deliver community services in areas where staff feel threatened. It demoralises front-line healthcare and other professionals. In 2008, there were 1.25 million instances of alcohol-related vandalism. This damage to cars, parks, streets and public transport costs millions of pounds to repair and

makes communities less attractive places in which to live.

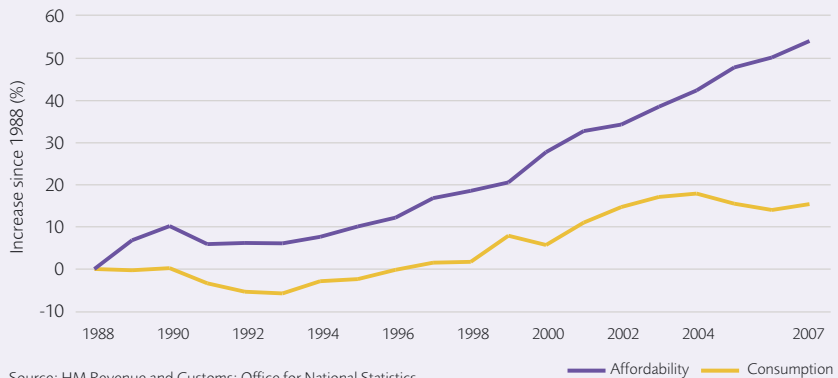
The effects of crime extend beyond those who are directly attacked, creating an environment of fear. Drunkenness also creates an unpleasant social environment. A survey of 30,000 adults in the North West of England in 2008 found that 45% avoid town centres at night because of others' drunken behaviour.

Crime and antisocial behaviour associated with alcohol result in major costs to the emergency services and the criminal justice system, as well as costs incurred because of victims requiring time off work. Together, these costs are estimated to total £7.3 billion per year.

When one individual is ill due to alcohol, his or her family bears the burden. My 2001 Annual Report drew attention to the major upturn in the incidence of chronic liver disease and cirrhosis related to alcohol misuse. The chronic, debilitating illness that alcohol misuse can cause does not affect just the individual. Friends and family often act as carers, giving up their time, energy or even employment. The whole of society bears the burden of alcohol-related disease. Within the NHS, every hour a doctor or nurse spends with somebody who has become ill or injured due to alcohol is an hour that could be spent with another patient. Each year, there are 800,000 admissions to hospital due wholly or in part to alcohol. One in every four accident and emergency attendances is related to alcohol. From general practitioners to ambulance services to sexual health clinics, few parts of the NHS are spared from the effects of alcohol. The total cost to the NHS is estimated to be £2.7 billion per year.

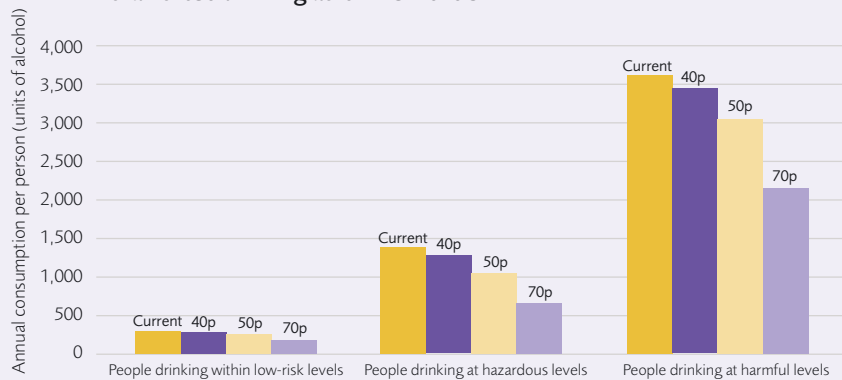
Alcohol causes problems in the streets, in the home and in hospitals. It also has an impact at work. At least 14 million working days are lost per year. A 2007 survey covering a two-year period found that 50% of employers had to discipline employees for

**Figure 2: As the affordability of alcohol has increased over the last 20 years, so has consumption**



Source: HM Revenue and Customs; Office for National Statistics

**Figure 3: Setting a minimum price per unit impacts heavier drinkers far more than those drinking at low-risk levels**



Source: Independent review of the effects of alcohol pricing and promotions, University of Sheffield, 2008

alcohol misuse at work, and that 31% had dismissed at least one employee because of an alcohol problem. Alcohol misuse causes unemployment, absenteeism and reduced productivity at work. These effects cost the economy up to £6.4 billion per year.

The tangible harms of alcohol – such as hospital admissions, crime and reduced productivity – are relatively straightforward to measure. But the collateral damage from drinking goes beyond this. It is difficult to assign a financial cost to the experience of living with somebody who is dependent on alcohol, or of losing a child to drink-driving. The intangible costs of passive drinking – the total human misery that it causes – are difficult to quantify. We do not currently know the true total cost of passive drinking and consequently it is too easily underestimated or ignored.

### Alcohol policy: recent developments

There have been important recent developments in the government's alcohol policy.

The Know Your Limits campaign aims to increase awareness of recommended low-risk drinking levels (not more than 3–4 units per day for men, or 2–3 units for women) and the unit content of alcoholic drinks. Prior to 1996, the government's recommended levels were stated as 'per week'. The change to 'per day' levels reflects the fact that health is not just affected by the volume of alcohol consumed in a week, but by the pattern in which it is consumed. The same is true for

many of the effects of passive drinking: in particular, binge drinking and crime are closely related. The United Kingdom is now ranked third highest in Europe for the number of drinks consumed in one sitting.

The Department for Transport is currently consulting on means to reduce the harm of drink-driving. The legal blood alcohol concentration for driving is currently set at 80mg/dl, the second highest limit in Europe. The Department for Transport is considering whether reducing this would be an effective policy. In my 2007 Annual Report, I recommended that the legal blood alcohol limit for drivers aged between 17 and 20 years should be reduced to zero.

In December 2008, the Home Secretary and the Health Secretary announced proposals to tighten licensing laws. They propose to ban promotional offers in bars which encourage excessive consumption, and that customers should be able to see the unit content of all alcohol when they buy it. These are useful developments that help individuals moderate their own drinking. The licensing of establishments that serve alcohol is a function performed by local authorities, which have the power to fine licensees or to amend or revoke licences if conditions are not met. When licences are granted and reviewed, there is currently little consideration of the establishment's impact on the population's health. The effects of passive drinking need to be directly examined when premises are licensed.

### The price we pay

Over the last 20 years, the country's disposable income has risen faster than alcohol taxation. Alcohol has become ever more affordable and consumption has risen (see Figure 2).

In 2008, the government commissioned research by a team at Sheffield University to examine how changes in alcohol prices would affect its consumption and related harms. The team analysed the likely impact of pricing changes on the population as a whole. They also specifically examined the impact on three groups of particular concern – drinkers aged under 18 years,

#### Effects of a minimum price of 50p per unit

##### Bottle of wine



A 750ml bottle of wine (12% alcohol by volume) could not be sold for less than £4.50

##### Bottle of whisky



A 700ml bottle of whisky (40% alcohol by volume) could not be sold for less than £14

##### Six pack of lager



Six 500ml cans of lager (4% alcohol by volume) could not be sold for less than £6

##### Large bottle of cider



A 2 litre bottle of cider (5.5% alcohol by volume) could not be sold for less than £5.50

**Figure 4: The effect of a 50p minimum price per unit**

Every year there could be...

- 3,393 fewer deaths
- 97,900 fewer hospital admissions
- 45,800 fewer crimes
- 296,900 fewer sick days
- A total benefit of over £1 billion

Substantial effects would be seen immediately. The full effect would be seen by 2019 if the policy is introduced in 2009. Predictions are based on data for alcohol consumption and related ill health available when modelling was undertaken.

Source: Independent review of the effects of alcohol pricing and promotions, University of Sheffield, 2008

18–24-year-old binge drinkers, and harmful drinkers (women drinking more than 35 units per week and men drinking more than 50 units per week).

There is a clear relationship between price and consumption of alcohol. As price increases consumption decreases, although not equally across all drinkers. Price increases generally reduce heavy drinkers' consumption by a greater proportion than they reduce moderate drinkers' consumption. The specific means of increasing prices can be targeted further to minimise the impact on those who drink at low-risk levels while significantly decreasing the consumption of those who drink above these levels. This is possible because those who drink more tend to choose cheaper drinks. Introducing a minimum price per unit of alcohol would therefore affect heavier drinkers far more than those who drink in moderation.



If the minimum price per unit were set to 50p, for example, this would decrease consumption by high-risk drinkers by 10.3%, while consumption by low-risk drinkers would fall by only 3.5% (see **Figure 3**). For some high-risk drinkers, such a decrease would be sufficient to bring them out of the high-risk category and would benefit drinkers' own health. However, decreasing consumption of alcohol in this way would also substantially reduce the impact of passive drinking in England.

The Sheffield University team examined the impact of various potential pricing policies on health, crime and the wider economy. They concluded that positive benefits would be seen as soon as a pricing policy was implemented and that decreases in violent crime and workplace absence would be among the first effects. Other effects would take years to reach their maximum level as the benefits of decreased drinking accumulated.

These effects are worth waiting for. After 10 years, a 50p minimum price per unit would be expected to reduce the annual number of deaths from alcohol-related causes by over one-quarter (see **Figure 4**). It would reduce the annual number of crimes by almost 46,000 and hospital admissions by nearly 100,000. It would significantly reduce absenteeism and unemployment. Implementing this particular pricing policy would save an estimated £1 billion every year.

The work by Sheffield University provided a number of alternative solutions, including different minimum prices in on-trade and off-trade settings. For example, off-trade prices (applicable in off-licences and supermarkets) could be set to a minimum of 40p per unit. On-trade prices (at restaurants, bars and pubs) could be set to a minimum of £1 per unit. This policy also has an estimated benefit of nearly £1 billion per year.

Establishing minimum pricing requires government action. Supermarkets are particularly liable to sell alcohol at low prices. Currently, no single supermarket chain would increase its prices and risk losing customers to competitors, and Competition Commission rules prevent supermarkets working together to set prices. A minimum price per unit would overcome this problem and help reduce the harms caused by selling alcohol sometimes for as little as 11p a unit.

This recent research provides strong evidence for a clear and effective way in which the government can act to tackle the country's alcohol problem. It is vital that such action is taken urgently to improve the health of those who drink and to protect those whose health and well-being suffer because of the drinking of others.

## Conclusions

Passive drinking kills. It causes family breakdown and violent crime. It costs the economy billions of pounds. It causes misery. It affects many spheres of life and leaves no communities untouched.

Quite simply, England is drinking far too much. England has an alcohol problem. Alcohol is harming society. Alcohol is not simply a problem for the minority who are dependent on it – it is a problem for everybody.

# ACTION RECOMMENDED



"Implementing this minimum price-per-unit policy would save an estimated £1 billion every year, impact high-risk drinkers more than others and eliminate cheap supermarket drink that young people binge on."

- There should be a national consensus, prompted by government, that as a country we should substantially reduce alcohol consumption.
- Passive drinking should be acknowledged as a key issue. It should present a consolidated rationale for action and be the basis of a national campaign.
- The total impact of passive drinking should be calculated by means of a national study including a full economic analysis.
- Licensing laws should reflect the full impact of passive drinking, making public health considerations central to licensing.
- As an immediate priority, the government should introduce minimum pricing per unit as a means of reducing the consumption of alcohol and its associated problems. Consideration should be given to setting the minimum price per unit at 50 pence.