

ALCOHOL IN THE NORTH EAST.



**HOW WE
DRINK
WHAT WE
THINK**

BALANCE
Getting the
measure of alcohol

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The Big Picture

The North East of England is doing more than any region in England to tackle the harms caused by alcohol consumption. Our rates of awareness for cancer are higher than elsewhere, we have the nation's highest rates of sign up to Dry January, and we are the only region that has seen a decline in alcohol related hospital admissions. But while progress is being made, significant problems remain.

The latest regional alcohol public opinion survey, carried out by Balance, the North East Alcohol Office, points to some of the reasons why.

People are not being given the information they need to make informed decisions about how much they drink. Only 16% are aware of the new drinking guidelines and 17% are aware of the links between alcohol and a range of cancers. More than 1 in 4 are drinking above the low risk guidelines and, worryingly, most of those people drinking at increasing or high risk levels consider themselves to be 'light' or 'moderate' drinkers.

Results from the survey also indicate a great deal of confusion about the advice parents should give to children in relation to alcohol. Myths about 'teaching children to drink responsibly' are pervasive, with increasing and higher risk drinkers more likely to think it is responsible to introduce children to alcohol at a young age, when evidence shows drinking alcohol can damage a child's health and is associated with risky behaviour.

It's not all bad news. It is clear that the public in the North East believe the Government should be doing more, particularly in relation to getting rid of cheap alcohol, discouraging drink driving, providing health information, and protecting children from alcohol marketing.

What's more, there are signs that the work being carried out in the region is paying dividends. People in the North East are better informed about the harms alcohol can cause and more supportive of evidence based policy change than people in the rest of the country.

The message to Government is clear – if it was to take the lead in tackling alcohol harm in an evidence-based way, it would have the support of most of the people in the North East.

Methodology

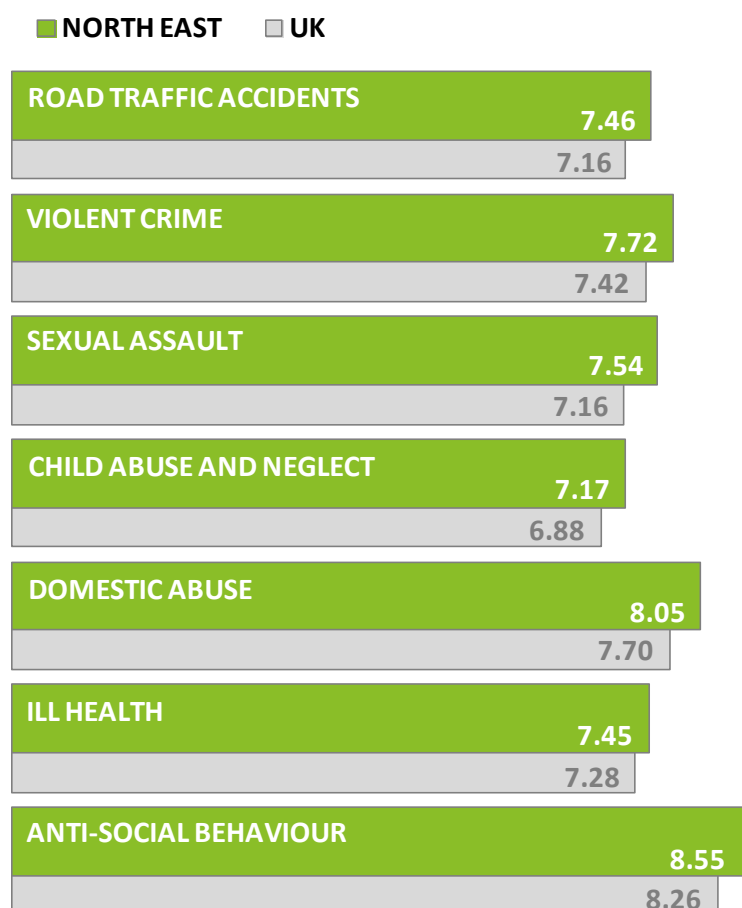
The findings in this report were collected through an online survey of 2,083 people living within the different local authorities that make up the North East region. Before undertaking any data analysis the survey responses were statistically weighted by age, gender, socio-economic status and local authority of residence. This ensures that no particular demographic group is over-represented in the survey and that the findings accurately represent public opinion across the region.

Alcohol & Society

Eight in 10 North Easterners would describe the UK's relationship with alcohol as 'unhealthy', a result found even amongst those drinking at higher risk levels.

The breadth of harm caused to society by alcohol is widely recognised. Alcohol is strongly associated in people's minds with a range of problems, including road accidents, violent crime, sexual assault, child abuse and neglect, domestic abuse, ill health and anti-social behaviour.

North Easterners are most likely to link anti-social behaviour and domestic abuse to alcohol and make significantly stronger associations than the UK average across a range of social issues.



*To what extent do you associate the following social problems with alcohol?
Mean score shown where 0 = 'not at all related' and 10 = 'very strongly related'*

Are we doing enough?

The majority of people do not believe enough is being done to tackle the harm alcohol causes. More than half of those questioned (58%) believe the Government is not doing enough to tackle the problems that society has with alcohol, while a similar figure (57%) believe that the Government needs to do more to provide support in the form of treatment for those who are dependent on or have problems with alcohol.

In spite of frequent complaints in the media about the 'nanny state', 71% of people in the region believe the Government should be responsible for communicating the health risks and harms associated with alcohol, though this figure falls to 59% amongst higher risk drinkers. Interestingly, 67% of the public also thinks that the alcohol industry should be communicating about the health risks and harms of the products they produce and sell. This comes at a time when a recent audit of 300 alcohol products by members of the Alcohol Health Alliance, including Balance, revealed only one contained the new drinking guidelines and the industry-funded Portman Group are recommending that producers do not need to include the new guidelines on their labels.

NORTH EAST vs UK, ALCOHOL & SOCIETY:

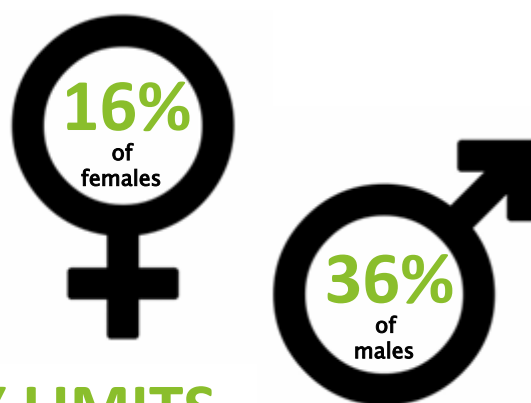
- People in the region are more likely to say that the country has an unhealthy relationship with alcohol than their counterparts elsewhere in the country.
- They are also more likely to think the Government is not doing enough to tackle society's problems with the drug or to provide help to those most in need.
- The region also more closely associates a whole range of health issues and crime with alcohol use.

Awareness & Behaviours

Consumption and Concern – what is moderate drinking?

Over one in four drinkers in the region (26%) are drinking above the new Chief Medical Officers' (CMO) drinking guidelines. Those guidelines say that both men and women should drink no more than 14 units of alcohol a week in order to keep health risks from alcohol to a low level. Thirty six per cent of men are drinking above those guidelines, while the figure for women is 16 per cent.

**26% OF ALL DRINKERS
IN THE NORTH EAST
DRINK MORE THAN THE
RECOMMENDED WEEKLY LIMITS**



Interestingly, it appears that younger groups are less likely to be exceeding the low risk guidelines. While one in five (20%) of 18–34 year olds are drinking over 14 units a week, that figure increases to 30% amongst 45–54 year olds.

Worryingly, 84% of those drinking more than 14 units a week consider themselves to be 'light' or 'moderate' drinkers, a figure which is fairly consistent across gender, age groups and social class.

CHIEF MEDICAL OFFICER GUIDELINES:

Chief Medical Officer Guidelines advise that to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.

More worrying still is the fact that the majority of people in our region still believe there is such a thing as a safe drink. Six in 10 North Easterners believe that alcohol, if drunk in moderation, poses no risk to health. That figure rises to 67% amongst increasing and higher risk drinkers. Clearly, many people drinking at risky levels both think they are moderate drinkers and that they are not at risk from a range of health harms. Those harms include breast and mouth and throat cancer where the risk increases from the very first drink of alcohol.

It is not surprising, therefore, that only 22% of drinkers are concerned, at least to some extent, about their levels of consumption. It is worth noting, however, that levels of concern rise to 41% amongst increasing risk drinkers and 66% amongst higher risk drinkers. Those concerns are most likely to revolve around long-term health harms (58%) and weight gain (55%).

NORTH EAST vs UK, ALCOHOL CONSUMPTION:

When it comes to consumption levels the figures between the NE and the UK as a whole are similar, with 25% of UK residents drinking above 14 units and 22% concerned about how much they consume.

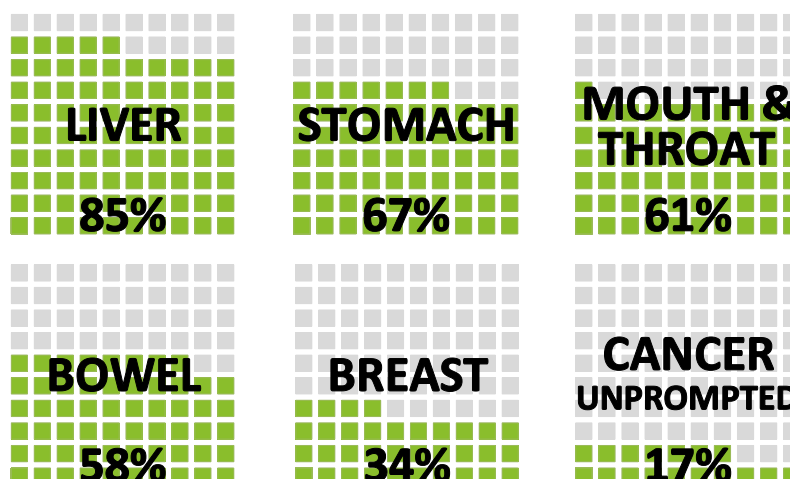
Awareness – units, guidelines and links to cancer

Most of the region's drinkers are aware that drinks can be measured in units, with 91% having heard of the term. However, only 16% were able to correctly identify the unit guidelines for men and women of 14 units a week. Respondents were much more likely to know the guidelines for drinking when pregnant, with 48% recognising the advice that it is safest to avoid drinking when pregnant or thinking of getting pregnant.

The survey also examined people's awareness of the health harms associated with drinking alcohol. The results indicated that, without prompting, only 17% of the population were aware that alcohol increased the risk of cancer. Even when given a list of conditions to choose from, only 34% identified breast cancer as being linked to drinking alcohol. Indeed, it seems like respondents were almost as likely to tick cancers which aren't linked with alcohol (bladder cancer at 58%) as those that are (bowel cancer, also at 58%).

AWARE OF THE LINKS BETWEEN ALCOHOL AND CANCER

Figures shown for prompted awareness unless otherwise stated



When prompted, people's awareness of a number of other alcohol-related conditions was higher, with figures ranging from 96% for liver conditions to 67% for strokes.

Forty-two per cent of people answering the survey had heard of foetal alcohol syndrome (FAS) or foetal alcohol spectrum disorder (FASD), conditions which can affect babies exposed to alcohol during pregnancy. As you would expect, awareness levels were higher amongst women at 60% and also higher amongst 18-44 year olds at 51%. Just under half of respondents – 48% – were able to correctly identify the Chief Medical Officers' guidelines for drinking while pregnant or trying to conceive, namely that it is safest not to drink alcohol at all.

NORTH EAST vs UK, AWARENESS OF ALCOHOL & CANCER:

- People in the region are more likely to be aware of the harms caused by alcohol than people across the rest of the UK.
- Unprompted, 17% of people in the North East are aware of the link between alcohol and cancer, whereas the figure is only 10% in the UK.
- Prompted awareness for the link with a range of cancers, including breast, mouth and throat, bowel and liver are also higher in the region than elsewhere, meaning more people are making more informed decisions about alcohol consumption.
- People in the North East were also much more likely to be aware of the CMO guidance for drinking during pregnancy with only 34% of people in the UK as a whole correctly identifying the advice.

Alcohol, Children and Childhood

Are we teaching our children to drink?

Recent consumption figures from NHS Digital's 2016 'Smoking, Drinking and Drug Use Survey' show a continued downward trend in the percentage of children choosing to drink alcohol from a peak back in 2001. This is a very encouraging trend given that drinking in childhood is associated with short term risky behaviour and longer term health harms. However, considerable numbers of children in the North East continue to drink with an estimated 16,000 11–15 year olds drinking alcohol every week, while 9,000 plus have been drunk once or twice in the last four weeks.

A number of questions were asked to help understand adult awareness and behaviour in relation to alcohol and children.

Only five per cent of respondents were able to correctly state the English Chief Medical Officer's advice that children should not drink alcohol at all before the age of 15. Worryingly, adults were much more familiar with the kind of myths which are associated with children and alcohol. For example, almost one in two (49%) agreed that providing children with small amounts of alcohol from a young age will make them less curious when they get older. That figure leapt to 70% amongst higher risk drinkers. This was a pattern repeated for a number of other myths.

CHIEF MEDICAL OFFICER GUIDELINES FOR UNDER 15s:

Chief Medical Officer guidelines published in 2009 advised parents that an alcohol-free childhood is the healthiest and best option. Alcohol use during the teenage years is related to a wide range of health and social problems, and young people who begin drinking before the age of 15 are more likely to experience problems related to their alcohol use. However, if children drink alcohol, it should not be until at least the age of 15 years.

Fifty-four per cent agreed with another myth, that providing children with alcohol in a supervised situation will ensure they know how to handle drinking when they are older. The figure for higher risk drinkers was 72%.

Amongst higher risk drinkers, 71% thought that children who drink in moderation with their family are less likely to binge on their own. The figure for all respondents was 54%.

The survey also asked a number of questions relating to parental behaviour and children's drinking. Respondents said that parents should first talk to their child about alcohol between the ages of 11 and 12. When it comes to providing a child with the first sip of alcohol, the average response was just over 14 years of age, though amongst higher risk drinkers it was just over 13. It is worth reminding ourselves that the CMO advice is that children should not drink alcohol at all before the age of 15.

On average, people thought it was acceptable to provide alcohol to be consumed under supervision at home or at a friend's home from between 15 and 16 years of age. Again, the figure for higher risk drinkers was lower at under 15 years. Most people thought that unsupervised drinking should not occur until the child is 17 or more.

NORTH EAST vs UK, ALCOHOL AND CHILDREN:

People in the North East are less permissive when it comes to providing alcohol to children. For example, 49% agreed that providing small amounts of alcohol from a young age would make them less curious when older, whereas the UK figure was 55%.

AT WHAT AGE SHOULD PARENTS:

first talk to their
children about
alcohol consumption?

11.5yrs

allow their child to
have a sip of/taste
alcohol?

14.3yrs

AT WHAT AGE IS IT ACCEPTABLE FOR PARENTS TO PROVIDE THEIR CHILD WITH ALCOHOL:

to consume
SUPERVISED at home
or a friend's home?

15.6yrs

to consume
UNSUPERVISED at
home or a friend's
home?

17.3yrs

to consume wherever
they please?

17.7yrs

Alcohol Policy

Affordability

Results from the survey make it clear that people in the North East would support a range of measures which independent evidence makes clear would reduce levels of alcohol related harm. The most effective way to reduce harm is to increase the price of the cheapest alcohol and over half of those surveyed – 54% – said they would support the introduction of a minimum unit price (MUP) for alcohol with only 19% of respondents objecting.



Levels of support were higher amongst women than men and, unsurprisingly, higher amongst non-drinkers and low risk drinkers compared to those who admitted to drinking at increasing and higher risk levels.

Perhaps even more surprisingly, the public were not totally against tax rises on alcohol with 22% saying they should be increased and 18% saying they should be decreased.

When it was suggested that the revenue from tax increases could be directed to helping the NHS and other public services deal with the harm caused by alcohol, levels of support increased to 55% whereas opposition remained largely unchanged. Even those drinking at increasing and higher risk levels were more likely to support than oppose tax increases if the revenue went to the emergency services.

Currently it is possible to buy three litres of strong cider – containing the equivalent of 22 shots of vodka – for less than £4, according to a price-check survey carried out by the Alcohol Health Alliance. As a result it is often the drink of choice for the homeless, heavy drinkers and even children who have started drinking at an early age. Sixty-five per cent of the public in the region would support tax increases for strong white cider. In fact, support for tax increases outstripped opposition irrespective of gender, age or how much people drink.

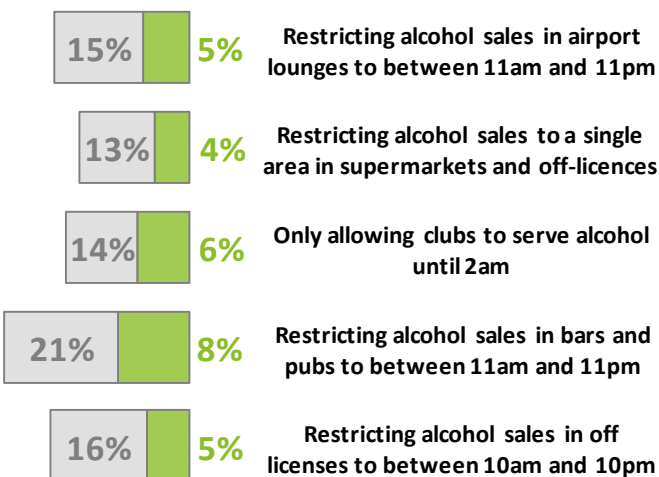
Availability

The increasing availability of alcohol also leads to increased harm and the results of the survey indicate more people believe there are too many places selling alcohol than too few. The current licensing act makes it difficult to prevent the granting of new licenses to sell alcohol and almost impossible to reduce the number of outlets in a locality. The survey reveals that the majority of the public believe it should be possible to take into account things such as the number of premises in an area and the health of the local population when considering whether new alcohol licenses should be granted. They are also more likely to believe that the final decision on the granting of licenses should rest with the police, local council and the residents themselves rather than the alcohol industry. However, less than 1 in 4 respondents would know where to go to influence a licensing decision.

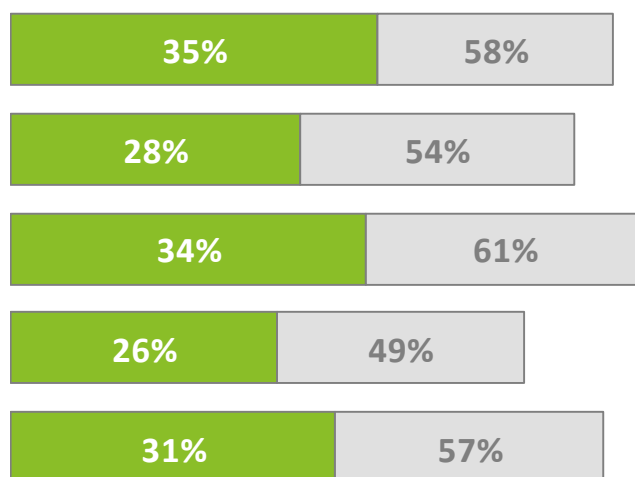
Respondents to the survey would also like to see restrictions to opening hours, particularly for alcohol sold at airports.

ALCOHOL AVAILABILITY POLICIES

OVERALL OBJECT STRONGLY OBJECT



OVERALL SUPPORT STRONGLY SUPPORT



Advertising

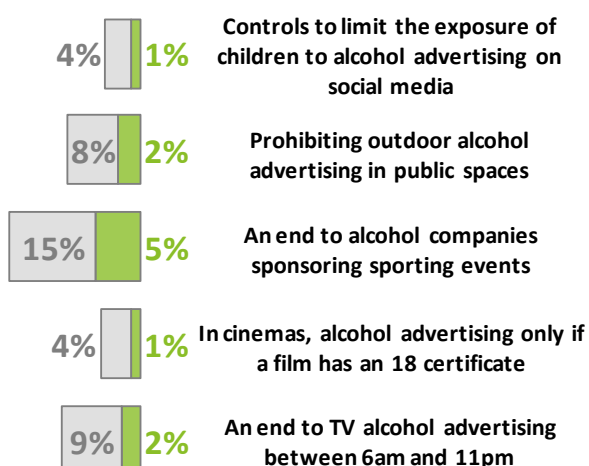
The alcohol industry spend millions in promoting their products and the evidence tells us this particularly affects our children, encouraging them to drink at a younger age and, once drinking, to consume more.

Fifty-eight per cent of respondents agreed that the advertising and marketing of alcohol products appealed to under 18s with 67% agreeing that children should be protected from such exposure. The public were strongly supportive of a range of measures to reduce children's exposure to alcohol marketing.

ALCOHOL ADVERTISING POLICIES

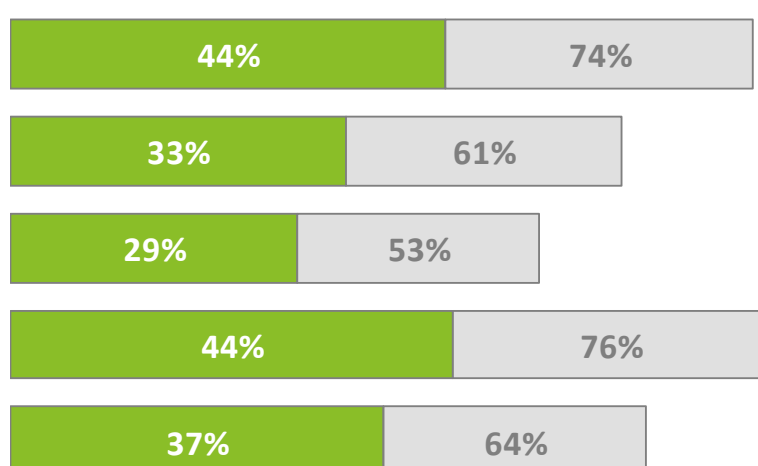
OVERALL OBJECT

STRONGLY OBJECT



OVERALL SUPPORT

STRONGLY SUPPORT



Drink driving

There is strong support in the region for reductions in the drink drive limit, with 75% supporting a move to the same limit that now applies in Scotland. Again, support is strong across the board, with 62% of higher risk drinkers supporting the change.

Alcohol Health Labelling – a right to know

It is clear from the survey that people want to know the risks associated with drinking and they believe that both the Government and the alcohol producers have a responsibility to provide that information. People believe they have a right to make an informed choice about their alcohol consumption.

Fifty-three per cent of respondents would expect to see health information and advice on alcohol labels, for example, and 83% would support measures which forced alcohol companies to provide clear, legible alcohol consumption guidelines.

Warning labels on product also attract support, with over 80% of people in favour of warnings highlighting the links between alcohol and cancer, heart disease and high blood pressure. Almost 8 in 10 would also like to see calorie information on products.

MEASURES THAT FORCE ALCOHOL COMPANIES INTO PROVIDING:

Clear, legible alcohol
consumption
guidelines

83%

SUPPORT

Warnings that
exceeding guidelines
can damage your
health

82%

SUPPORT

Information on
calorie content in
drinks

77%

SUPPORT

WARNING LABELS ON ALCOHOL CONTAINERS:

"Alcohol can increase
your risk of cancer"

81%

SUPPORT

"Alcohol can increase
your risk of heart
disease"

82%

SUPPORT

"Alcohol can increase
your risk of having
high blood pressure"

82%

SUPPORT

Political Support

Sections of the mainstream media are quick to scream ‘nanny state’ when increased regulation is proposed to protect people from alcohol harm. Yet, the survey indicates there is widespread support for policy intervention from across the political divide.

As part of the survey, people were asked their voting intentions. The data shows a majority of supporters of all major parties – including those who would vote Conservative – believe the current Government is not doing enough to tackle alcohol harm. There is majority support for minimum unit price from Conservative, Labour, Liberal Democrat, Green, and UKIP voters. Voters of all parties but UKIP are more likely to support increases than decreases in alcohol taxes and all those who intend to vote would support an increase in duty on white ciders.

Similarly, there is support from voters of all parties for restrictions on alcohol advertising and marketing in order to protect our children and there is very strong cross-party support for health warning labels on alcohol products and a reduction in the drink drive limit. This sends a clear message that the Government needs to do more and, if it did, there would be widespread support from engaged members of the general public in the North East.

NORTH EAST vs UK, POLICY SUPPORT:

- The North East is more supportive than the rest of the UK for a number of policy interventions, including MUP, advertising and marketing restrictions, drink driving and health warning labels on products.
- For example, 51% support the introduction of MUP in the UK as a whole, 3% lower than the NE. Similarly, the support for a lowering of the drink drive limit is 7% higher in the NE than the rest of the UK.

The Role of Industry

The survey also attempted to understand people's views on the alcohol industry, their role in the harm caused by alcohol consumption and what they should be expected to do to prevent it happening.

The majority of respondents (55%) believe that alcohol producers and suppliers target their products at under 18s while 56% believe the industry has too much influence with governments.

More than 6 in 10 believed that the industry should pay for reducing alcohol harm while 64% believed that governments should not be able to accept donations from producers and suppliers. While 67% of respondents believed that the alcohol industry has a role in communicating health harms and risks, 40% would not trust the advice provided by them.

Conclusion

This first ever State of the Region report paints an interesting picture of our relationship with alcohol in the North East. We are better informed of the harms of alcohol than the country as a whole; yet many of us under-estimate the risks we are taking by drinking above the recommended weekly drinking guidelines. We recognise that the country has a problem with alcohol; yet we don't see that it is our personal problem. We want to do the best by our children; yet we are potentially putting them at risk by providing them with alcohol at an early age.

Clearly the central role that alcohol plays in our lives – and the way it is priced and promoted by the alcohol industry – heavily influences the report's findings. But those findings also point to a lack of meaningful action from the Government in terms of promoting the adult and children's drinking guidelines and the consequences of exceeding them. We cannot expect people to make the right decisions about their relationship with alcohol if fewer than one in five know the recommended drinking guidelines. We cannot expect people to make the right choices for their children if only one in 20 are aware that children under the age of 15 should never be given alcohol and that an alcohol free childhood is the healthiest and safest option.

The people surveyed want the Government to do more to tackle alcohol harm and they would support a range of measures – from health warning labels on bottles to the introduction of a minimum unit price – to tackle the issue. It is time the Government stepped up and introduced a comprehensive, evidence-based strategy with the intention of making alcohol less affordable, less available and less desirable. At the very least, the Government must promote the Chief Medical Officers' drinking guidelines for adults and children as a matter of urgency.