ALCOHOL IN THE NORTH EAST. ARE WE KIDDING OURSELVES?
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The Big Picture

Alcohol is the most popular legal drug in the UK. Almost nine in every 10 adults in the North East of England admit to drinking. Amid the many bad news stories about alcohol, the good news is that most of this drinking takes place at low risk levels, that is below the weekly low risk guideline of 14 units of alcohol a week, equivalent to around six standard pints of beer or six standard glasses of wine.

Yet the fact remains that few people – whether they are sticking below 14 units or drinking well above this level - are aware what constitutes low risk drinking. Awareness of the risks of drinking above the weekly 14 units low risk guideline level introduced by the UK’s Chief Medical Officers three years ago is dangerously low. Most people are also unaware of the links to heart disease, stroke, dementia, diabetes or cancer – unless they are prompted.

All of this is not surprising when you consider that expert advice to Government to communicate with the public about the guidelines and the risks of exceeding them has been largely ignored. To make matters worse, sections of the alcohol industry have tried to undermine the scientific evidence under-pinning the guidelines and most, if not all, major alcohol brands are refusing to feature them on their products. Unlike tobacco, people will not see health warnings on the product and so drinkers are deliberately being kept in the dark.

The result is that we estimate there are over 467,000 adults in the North East drinking above the weekly guidelines who consider themselves to be “light or moderate drinkers”. Around 123,000 of those are drinking at least double the recommended weekly amount for a low risk drinker. The worrying conclusion is that people are risking an early death from alcohol without the necessary basic information that they have a right to know.

This may sound bleak for the North East – and it is. Yet the fact remains that more is being done to tackle this issue in the region than anywhere else in England. Awareness levels of alcohol’s link to cancer are higher than elsewhere and while we still have the highest rate of alcohol related hospital admissions in the country, the gap between the North East and the England average has reduced in recent years.

But we cannot do this alone. Just as smoking has been addressed through legislation and a series of national commitments, we need help in the form of a new national alcohol strategy which follows the evidence base and addresses the drivers of harm – namely the affordability, availability and widespread promotion of alcohol.

Our latest public opinion figures are clear: If the Government provided leadership by introducing a minimum unit price for alcohol; restricting the industry’s ability to market their products; and forcing alcohol companies to put the drinking guidelines and health warning labels on their products, it would have the support of most people in the North East.
Methodology

The data informing this report was collected through an online survey of 800 people living across the North East. 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 or under-represented in the survey and that the findings accurately represent public opinion across the region.

How much is too much?

Almost nine in 10 adults in the North East consume alcohol. Whilst this might not seem surprising, it is higher than the average for the UK, where 78 per cent consumed alcohol in the past 12 months.

According to this survey, the region has a greater proportion of drinkers consuming at risky levels compared to the country as a whole. Over one in four NE adults (26%) admit to drinking above the low risk guidelines compared to one in five (20%) across the UK.

To keep risks from alcohol low you should not regularly drink more than 14 units per week, spread over three or more days.

This is what 14 units looks like:

- 14 single 25ml of 40% ABV spirits
- 6 medium (175ml) glasses of 13% ABV wine
- 6 pints of regular 4% ABV beer/larger/cide

1 UNIT IS 8G OF PURE ALCOHOL

1/2 glass of wine
1/2 pint of beer
25ml of a spirit

PUBLIC OPINIONS REPORT 2019
Nearly one in 10 (8%) of NE adults - estimated at over 169,000 North East adults – are drinking more than twice the weekly low risk guidelines, putting themselves at greater danger of over 200 alcohol-linked disease conditions and injuries, including heart disease, stroke, early onset dementia and at least seven different types of cancer.

Who is drinking the most?

While we have seen concern expressed in recent years about consumption levels amongst women, it is men who continue to drink the most. Around one-third (34%) of men in the North East drink above the low risk guidelines of 14 units a week, whereas the figure for women is 19 per cent. Whilst there is no difference between genders in the proportion of non-drinkers, women are more likely than men to drink under 15 units a week. And two thirds of women classify themselves as light drinkers, compared to half of men.

But perhaps the most surprising figures relate to age. In an era dominated by media coverage of drunken young people in towns and cities, it is actually middle aged people who are most likely to be exceeding the weekly units with 35% of 45-54 year olds drinking over 14 units a week. One in four people aged 45-54 are drinking between 15-28 units a week, compared to 1 in 5 people aged 18-24. And 11% of 45-54 year-olds are drinking more than 29 units a week, compared to just 4% of 18-24 year olds.
When it comes to understanding units it is clear that many people find it a challenge.

Almost all of those questioned said they had heard of measuring alcohol in units. However, when asked what they thought the weekly low risk guidelines were, only around one in four chose between 11 and 15 units (the guidelines stipulate no more than 14 units a week to keep risks low). A further 23 per cent admitted they didn’t know the figure and while most of the rest chose a figure below 14 units, this is more likely to reflect the fact that they were unsure of the true figure.

The fact that drinkers are unsure of the low risk drinking guidelines is hardly surprising. Since they were introduced in January 2016, little has been done to promote them with the general public. What’s more, in September last year, over two years after their introduction, Balance and colleagues from the Alcohol Health Alliance carried out an audit of 320 alcohol products in 12 different locations around the country and could find only 24 which featured the current drinking guidelines recommended by the UK’s Chief Medical Officers. Indeed, the alcohol industry funded Portman Group has weakened its recommendations on alcohol labelling to remove the requirement for the guidelines to appear on the product.

This lack of awareness could in part account for the fact that many people drinking above the guidelines do not consider themselves to be drinking at risky levels. The vast majority of adults drinking above the weekly guidelines (85%) consider themselves to be either light or moderate drinkers, perhaps because they relate their drinking to the people around them or the images they see in marketing and via the media. That amounts to almost 467,000 people in the region. A worry is that too many people are dismissing the risks because they perceive themselves to be “drinking responsibly”, to coin a well-used if meaningless alcohol industry term.
More worrying still, of those who admit to drinking more than double the low risk weekly guideline, three in four believe they are a light or moderate drinker - that’s an estimated 123,000 people in the North East.

Of those who admit to drinking double the low risk guideline

3 in 4 believe they are a “light or moderate drinker”

Only 16 per cent of respondents said they were concerned about how much they are drinking. While the level of concern increased with consumption, fewer than one in two drinking 29 or more units a week said they were concerned. It is clear that we need to find a way to re-calibrate our understanding of what constitutes moderate drinking.

Level of concern over personal alcohol consumption.

<table>
<thead>
<tr>
<th></th>
<th>NE</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very</td>
<td>52%</td>
<td>57%</td>
</tr>
<tr>
<td>Fairly</td>
<td>31%</td>
<td>28%</td>
</tr>
<tr>
<td>Not very</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Not at all</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UK

13%

31%

12%

28%
The harm to health

Alcohol is linked to over 200 medical conditions and injuries. It increases the risk of heart disease, stroke, early onset dementia and seven types of cancer. Yet all too often drinkers are either unaware of this fact, under-estimate the risks, or assume it couldn’t happen to them because they consider themselves to drink at moderate levels – often mistakenly.

Balance’s latest survey indicated that, unprompted, over 6 in 10 associated alcohol with liver disease, which perhaps is not surprising. However, 41% spontaneously mentioned cancer and, while that is significantly higher than the figure in the 2017 report ‘How We Drink, What We Think’, it still suggests large numbers of drinkers are unaware that alcohol can cause cancer.

More worrying still is the fact that, given the choice of a range of cancers, people responding to the survey were as likely to choose cancers not associated with alcohol as they were breast cancer, for example. On a more positive note, more drinkers in the NE (35%) thought alcohol was associated with breast cancer than people elsewhere in the UK (23%).

Cancer was the second highest condition mentioned as being associated with drinking alcohol. Many other conditions did not fare so well. For example, fewer than one in four mentioned that heart disease can result from drinking alcohol, yet recent figures published by NHS Digital indicate that over half of all alcohol related hospital admissions in 2017/18 were for cardio-vascular disease.

Awareness levels for other alcohol related conditions such as depression, obesity, type 2 diabetes, high blood pressure and dementia were even smaller.

Which, if any, health conditions do you think can result from drinking too much alcohol? UNPROMPTED

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>64%</td>
</tr>
<tr>
<td>Cancer</td>
<td>41%</td>
</tr>
<tr>
<td>Heart</td>
<td>22%</td>
</tr>
<tr>
<td>Depression</td>
<td>11%</td>
</tr>
<tr>
<td>Overweight</td>
<td>10%</td>
</tr>
<tr>
<td>Kidney problems</td>
<td>10%</td>
</tr>
<tr>
<td>Type 2</td>
<td>8%</td>
</tr>
<tr>
<td>Stroke</td>
<td>5%</td>
</tr>
<tr>
<td>Addiction (general)</td>
<td>4%</td>
</tr>
<tr>
<td>High blood</td>
<td>4%</td>
</tr>
<tr>
<td>Dementia</td>
<td>4%</td>
</tr>
<tr>
<td>Brain damage</td>
<td>3%</td>
</tr>
<tr>
<td>Stomach problems</td>
<td>2%</td>
</tr>
<tr>
<td>Blood conditions</td>
<td>2%</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>2%</td>
</tr>
<tr>
<td>Lung</td>
<td>2%</td>
</tr>
<tr>
<td>Fertility</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>No answer</td>
<td>10%</td>
</tr>
</tbody>
</table>
When you provide a list of conditions associated with drinking alcohol, people in the NE are more likely to pick out cancer, heart disease and stroke than people in the rest of the country.

![Graph showing the percentage of people in NE and UK who believe drinking alcohol increases the risk of developing various conditions.]

Nevertheless it is clear that more needs to be done to educate people of the consequences of drinking alcohol, especially above the low risk guidelines of 14 units a week for both men and women. People have a right to know.

**What needs to change?**

While drinkers in the NE are not always very self-aware when it comes to their own alcohol consumption and the associated risk, the majority do recognise that, as a society, we have a problem with alcohol. Seven in 10 believe the UK has an unhealthy relationship with alcohol, with 56 per cent saying more needs to be done to tackle alcohol problems at the societal level. At a time when Government appears reluctant to proactively tackle the damage being done by alcohol it is significant that only 7 per cent of respondents think the Government is doing too much to tackle alcohol harm.
As you might expect, people drinking below the 14 unit per week low risk guideline are most likely to think the UK has an alcohol problem. However, even the majority of those drinking twice the weekly low risk guideline would agree (52%) that a more proactive approach is required.

7 in 10 believe the UK has an unhealthy relationship with alcohol
With 56% saying more needs to be done to tackle alcohol problems at the societal level.

A number of social problems are associated with alcohol use by the majority of North Easterners, ranging from child abuse and neglect (57%), through ill health (72%), to anti-social behaviour (81%).

Social problems associated with alcohol.
People in the North East are significantly more likely to associate alcohol with child abuse, sexual assault, ill health and violent crime than people in the rest of the country.

Respondents believe the Government (60%), alcohol producers (59%) and healthcare professionals (57%) all have a responsibility for communicating the harms associated with consuming alcohol, yet many working in this field would argue that the Government and alcohol producers in particular are not meeting their responsibilities.

The survey also asked whether alcohol producers and retailers have a duty to pay towards the costs of the harm caused by alcohol. These costs are considerable. In 2012 the UK Government estimated alcohol harm to cost in the region of £21 billion a year, while an evidence review published in The Lancet in 2016 said the figure could be between £27 billion and £52 billion a year. Whichever figure you take, the income from alcohol duty, forecast to be £11.6 billion in 2018/19, does not cover the cost of harm.

Interestingly, we have seen successive cuts and freezes in alcohol duty in recent years, which will result in a loss to The Treasury of £9.1 billion by 2024.

Around four in 10 people surveyed in the North East believe alcohol producers and retailers have a duty to pay towards the costs of harm caused by drinking alcohol, while a similar proportion believes it is not their responsibility.
What should government do?

The measures required to reduce alcohol harm are clear and have been known for some time. If the UK is committed to reducing the harm caused by alcohol - harm which disproportionately affects the most vulnerable in society - it needs to introduce an evidence-based, multi-strand alcohol strategy. At its core the strategy should set out measures to address the increasing affordability, availability and desirability of alcohol. It should support increased investment in treatment services for those dependent on alcohol. And it needs to mandate the NHS and others to introduce programmes which ensure patients are routinely asked and advised about their alcohol consumption.

One reason often stated for not introducing further regulation into the alcohol market place is that it would be unpopular with the public. We wanted to test that assumption in the survey.

“...combining alcohol policies may create a critical mass effect, changing social norms around drinking to increase the impact on alcohol-related harm”

Burton. R et al, The Lancet

Alcohol price - taxation

Increasing taxes is never popular. In fact, the assumption is that it is a vote-loser for Governments. However, our survey indicated that people in the North East were as likely to say that alcohol taxes should be increased (23%) as they were to say they should be reduced (21%). As you might expect, increasing taxes was least popular amongst heavier drinkers. However, even amongst those drinking twice the weekly low risk guidelines or more, there was not an overall majority for a reduction in alcohol duty, with 41% saying they should be reduced.

Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement.

The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review
Those figures change significantly when you ask North Easterners whether they would support or oppose tax increases if the revenue collected went into funding public services such as the NHS and the police who are impacted by alcohol use. If tax collected went to public services, support increases to 49%.

Alcohol price - minimum unit price (MUP)

In May 2018 Scotland introduced a minimum unit price for alcohol to tackle high levels of alcohol harm. It effectively increased the price of the cheapest products most commonly consumed by people drinking at very heavy levels. In that way it is much more targeted than increases in alcohol duty. While it is too early to see its effect in Scotland, there is significant evidence that it will save lives, cut crime and reduce pressure on our public services. The Welsh Government plans to introduce MUP later in 2019 and the Irish Government has also passed a law to do so.

Again, there is an assumption, fuelled by the alcohol industry, that this measure is extremely unpopular with the public. This is not reflected in our survey. Over half of North East respondents (53%) said they would support its introduction, with only one in five (21%) expressing their opposition. Interestingly, supporters of every major political party in England would support its introduction. As you might expect, the measure is less popular amongst heavier drinkers.
Over half of North East respondents (53%) said they would support its introduction.
On the label

We have already heard that awareness of the health harms caused by alcohol is generally low, not helped by the fact that alcohol producers are excluded from the EU’s food and drink labelling regulations. In practice, that means that you will find more product information on a bottle of milk than a bottle of wine.

The survey asked people whether they would support laws requiring more health and product information on labels. The answer was clear. There was strong support across the board, including for unit information (84%) and weekly guidelines (52%); drink drive warnings (80%); warnings not to drink when pregnant (74%); cancer warnings (65%); information on under-age drinking (64%); and calorie information (56%). People believe they have a right to know what they are drinking and the risks associated with the product.

### Product labelling - support for:

<table>
<thead>
<tr>
<th>Information Provided</th>
<th>NE (%)</th>
<th>UK (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Info on how many units the drink contains</td>
<td>84</td>
<td>87</td>
</tr>
<tr>
<td>A warning not to drink and drive</td>
<td>80</td>
<td>77</td>
</tr>
<tr>
<td>Warning exceeding guidelines can damage your health</td>
<td>75</td>
<td>70</td>
</tr>
<tr>
<td>Warning not to drink when pregnant or trying to conceive</td>
<td>74</td>
<td>67</td>
</tr>
<tr>
<td>Product ingredients</td>
<td>65</td>
<td>74</td>
</tr>
<tr>
<td>Warning alcohol can increase risk of cancer</td>
<td>65</td>
<td>55</td>
</tr>
<tr>
<td>Info on under-age drinking</td>
<td>64</td>
<td>55</td>
</tr>
<tr>
<td>Nutritional info, including calorie content</td>
<td>56</td>
<td>62</td>
</tr>
<tr>
<td>Weekly low risk drinking guidelines</td>
<td>52</td>
<td>47</td>
</tr>
</tbody>
</table>
Conclusion

Significant numbers of people in the North East continue to drink at risky levels. More worryingly, many of us drinking above those guidelines consider ourselves to be moderate drinkers and remain oblivious to the risks we are taking. As individuals we seem to be comfortable with our drinking if we remain in control and can point to others who consume more.

There is clearly an information deficit when it comes to the Chief Medical Officers’ low risk drinking guidelines and the consequences of exceeding them on a weekly basis. This is hardly surprising when you consider that, despite advice from the scientific experts advising the CMOs, the Government has chosen not to actively promote them. This has been exacerbated by sections of the alcohol industry attempting to publicly undermine the science underpinning them.

Much more also needs to be done to communicate the links between alcohol and a range of medical conditions, including heart disease, stroke, obesity, diabetes, early onset dementia and a range of cancers. Without a reason to cut down it is unlikely people will change their behaviour.

Despite that information deficit, people can see the influence alcohol has on wider society - and they don’t like it. Irrespective of their political allegiance, they are likely to support a range of measures which evidence tells us would help to reduce alcohol related harm, from health warning labels on products through to the introduction of a minimum unit price.

The UK Government is currently reviewing its approach to alcohol harm reduction and a new national alcohol strategy has been promised for the coming months. It comes at a time when alcohol harms continues to increase and falls in consumption in recent years appear to have stalled. The Government needs to take heed that the public in the North East and elsewhere recognise the problems with alcohol and would be willing to support an approach which has policy regulation at its heart.