**The Drinkaware Trust response to the Department of Health Prevention Green Paper consultation: *Advancing our health: prevention in the 2020s***

**October 2019**

The Drinkaware Trust is an independent UK-wide alcohol education charity, funded largely by voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets. The Trust is governed independently and works in partnership with others to help reduce alcohol-related harm.

Drinkaware is providing its response based on its evidence and insights into drinking behaviour and attitudes, and our experience of delivering interventions to help reduce alcohol harm. We welcome the access of our research and evaluations to further contribute to policy development.

**Q1: Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?**

The persistence of the ‘alcohol harm paradox’ (Bellis et al, 2016) would necessitate the need to revisit work and policy on reducing alcohol consumption and alcohol-related harm in poorer communities. While those in lower socioeconomic groups often report lower or similar levels of consumption to those in higher socioeconomic groups, they experience higher levels of alcohol-related harm and mortality. Therefore, policies should be reviewed to address this important health inequality.

We believe that tackling the complexity of alcohol harm more generally, and specifically in groups who are excluded, requires multiagency, evidence-based approaches that are sustained over a period of time, and fully evaluated. Today, Drinkaware is in the process of facilitating such an approach in partnership with Derby City Council, which is committed to delivering a broad community-based intervention across the city, given the prevalence of alcohol harm, other poor public health outcomes and deprivation. In collaboration with partners (including Derby City Council, Public Health, local retailers and local employers), the Project will evaluate whether concentrating alcohol harm reduction efforts in a single local area over the course of three years can be effective in reducing harmful alcohol consumption and improve outcomes. Interim findings and ongoing learning from the Project will be published and could help inform more localised interventions at a local authority level, with the potential for wider consideration in relation to harm-reduction policy and guidelines by the Department of Health and Social Care.

**Intelligent health checks**

**Q2: Do you have any ideas for how the NHS Health Checks programme could be improved?**

NHS Health Checks provide an ideal setting for embedding a preventative alcohol care pathway in primary care, as they reach broad sectors of the population over 40 years of age, who as individuals are more likely to exceed the Chief Medical Officers’ low risk drinking guidelines. Health Survey for England data demonstrates that men and women in the 45-74 age groups are more likely than other age groups to exceed the recommended guidelines. As such, Health Checks provide an opportunity to deliver Identification and Brief Advice (i.e. IBA or alcohol screening and brief advice). Meta-analyses consistently demonstrate the effectiveness of IBA in reducing hazardous and harmful consumption (Burton, Robyn et al., 2017). Moreover, a question on alcohol intake already occurs in the Health Check; incorporating the delivery of IBA (e.g. AUDIT-C) in place of a simple question could aid in reducing alcohol consumption among this audience. In addition, as Health Checks are offered every five years, there is an opportunity for the routine screening and collection of data on alcohol use which could enable identification of problematic trends and associated alcohol-related conditions. However, Drinkaware’s contact with health professionals suggests the level of alcohol advice and support in a health check is inconsistent. There is a key training opportunity with the new role of social prescribing link workers to ensure they are equipped with tools, advice and signposting. Drinkaware would be keen to input into this training and share resources and insight.

**Supporting smokers to quit**

**Q3: What ideas should the government consider to raise funds for helping people stop smoking?**

Smoking cessation is important to reducing alcohol use amongst groups whose combination of alcohol use and smoking creates even greater risks for health. In our Drinkaware Monitor segmentation, Segment 8 is the heaviest drinking profile and most likely to regularly exceed the CMO’s Low Risk Drinking Guidelines; 44% of this group also smoke.

**Eating a healthy diet**

**Q4: How can we do more to support mothers to breastfeed?**

While the Chief Medical Officers’ low risk drinking guidelines caution women not to drink during pregnancy, advice on what to do while breastfeeding is not as clear. Breastfeeding mothers can be supported by more effectively embedding information about alcohol into conversations with midwives and Health Visitors, ensuring they have the information they need to make informed choices. Changing attitudes and improving knowledge of the effects of alcohol while breastfeeding (such as evidence that babies consume approximately 20% less milk if there’s alcohol present, and the dangers around alcohol consumption and co-sleeping), has the potential to change health behaviour. However, it is important that midwives support women in their choices by answering questions in a non-judgemental way and based on the evidence.

**Q5 - How can we better support families with children aged 0 to 5 years to eat well?**

No answer.

**Support for individuals to achieve and maintain a healthy weight**

**Q6: How else can we help people reach and stay at a healthier weight?**

Among UK adults who drink, it is estimated 10% of their daily calorie intake comes from alcohol (Bates & Lennox, 2009). Yet, alcohol has an energy content (7.1kcal/g) almost as high as pure fat (9kcal/g) meaning it can contribute to weight gain and obesity. Moreover, evidence suggests that when consumed, calories from alcohol tend to be additive to that from other dietary sources, rather than compensatory, leading to short-term passive over-consumption, or long-term over-consumption if drinking regularly (Yeomans, 2010; Kwok et al. 2019). In addition, most of the UK population are either unaware, or underestimate, the number of calories in alcoholic drinks (RSPH, 2014). As such, raising awareness of the link between regular drinking and weight gain can support individuals to reach and stay a healthier weight.

Drinkaware has witnessed increasing consumer interest in the calorie content of drinks, evidenced by online search data: in 2018, there were 107,000 unique visits to our ‘calories in alcohol’ page and more than 1.2m users of our unit/ calorie calculator. In response, Drinkaware launched *What’s in My Drink?,* a searchable drinks database containing information on nutrition, energy and units. Tools such as the Drinkaware unit/ calorie calculator help individuals calculate and visualise the number of calories and units of alcohol consumed using descriptive analogies, such as how many burgers an individuals’ drinking equates to.

Furthermore, in 2018 Drinkaware partnered with Public Health England to deliver weight reduction messages as part of the ‘*Drink Free Days’* campaign, targeting midlife men and women aged 40-64.

**Q7 - Have you got examples or ideas that would help people to do more strength and balance exercises?**

No answer.

**Q8 - Can you give any examples of any local schemes that help people to do more strength and balance exercises?**

No answer.

**Taking care of our mental health**

**Q9: How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?**

It is important to raise awareness of the impact alcohol can have on mental health and mental wellbeing. Indeed, alcohol cuts across a whole range of mental health and wellbeing issues, from stress and anxiety to depression.

It is important to consider that such issues not only result from drinking too much alcohol but can also cause people to drink too much. Our own segmentation analysis of the UK drinking population demonstrates that as many as 58% of drinkers drink alcohol primarily for reasons associated with coping. Alcohol also disrupts sleep patterns, which can exacerbate mental health and wellbeing issues further. As such, it is important to raise awareness of the effect of alcohol on mental health and wellbeing. Including content on alcohol in mental health training, especially through workplace health and wellbeing training programmes with support for managers, could be an important channel. Similarly, alcohol education in schools should include information on mental health and vice versa. it is important to ensure those without work, and those who are retired, also receive advice and support. We would suggest ensuring alcohol advice is included in support provided by employment services and include alcohol advice as part of pre-retirement advice and planning Drinkaware would be keen to support with this.

**Q10: Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?**

In 2018 Drinkaware launched DrinkChat – an online tool connecting people seeking information and advice directly with trained alcohol advisers from DrinkLine, the National Drinking Helpline commissioned by PHE. Confidential data from this service (not yet published) indicate that the number of online ‘chats’ each month is in the region of 65% of the number of telephone calls to the Drinkline Helpline number, indicating an unmet need for online information and signposting to local services. Nearly half (46%) of chats are initiated by people concerned about others’ drinking, or indeed are from those for whom alcohol has been a factor in the loss of a loved one. We believe that an online chat offering provides a vital channel for younger adult drinkers (or children concerned about a parent) to access help and advice, with data indicating they do not feel comfortable phoning a helpline service.

We would be keen to explore scope for further signposting to local sources of support on the Drinkaware website and through *DrinkChat*.

**Sleep**

**Q11: We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?**

While there are multiple reasons why individuals are not getting enough sleep, such as sleep disorders, use of certain over-the-counter medications, and lifestyle factors such as work stress, or long or irregular working hours, the consumption of alcohol is also an important contributor. While alcohol may help individuals fall asleep as it depresses the central nervous system, its metabolism significantly disrupts the sleep cycle—specifically the more restorative Rapid Eye Movement stage of sleep (Roehrs & Roth, 2001; Ebrahim et al., 2013. Dispelling the myth that alcohol can support sleep, raising awareness of the detrimental impact of alcohol on sleep, and encouraging individuals to reduce their alcohol consumption (such as taking ‘Drink Free Days’) can form an important part of improving individuals sleep pattern. Indeed, we believe it is vitally important that alcohol education and advice is provided to patients accessing support for sleep deprivation though NHS sleep clinics or as part of GP referral initiatives such as the Sleepstation online programme.

**Prevention in the NHS**

**Q12: Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?**

Community pharmacies are ideal local settings to promote health and could be utilised more to deliver health messaging and advice around alcohol consumption. In 2016, Drinkaware identified community pharmacies as feasible and appropriate settings for the delivery of identification and Brief Advice (IBA) to communities (report available [here](https://www.drinkaware.co.uk/research/our-research-and-evaluation-reports/review-of-alcohol-iba-and-pharmacy-as-a-setting-for-delivery/)). IBAs are useful and effective in getting individuals to recognise their level of alcohol consumption, the potential impact of that level of consumption, the benefits of cutting down, and how they can take steps to start cutting down. We tested the feasibility of this in 2017 along with the feasibility of IBA delivery in a supermarket setting. Findings highlighted benefits in delivering IBA across a range of different community settings, in facilitating a more inclusive engagement. Delivery staff felt their respective settings were appropriate for the delivery of the intervention and they had proactively engaged members of the public with varying levels of risky drinking and readiness for behaviour change (Hall et al., 2019). Interestingly, in the pharmacy setting, the lack of ambient noise acted as a barrier to conversations about alcohol. While this does not mean pharmacy staff should not have these conversations, it may be that this setting is more appropriate for signposting individuals to additional resources. As such, ensuring pharmacy staff have the resources and information to answer any questions individuals may have (through information leaflets, posters signposting to additional information etc.) could be an important step in enabling community pharmacies to further promote health.

**Q13 - What should the role of water companies be in water fluoridation schemes?**

No answer.

**Q14 - What would you like to see included in a call for evidence on musculoskeletal (MSK) health?**

No answer.

**Creating healthy spaces**

**Q15: What could the government do to help people live more healthily: in homes and neighbourhoods; when going somewhere; in workplaces; in communities?**

**When going somewhere**

Drinkaware Crew was developed following an initial pilot carried out in Nottingham in 2014 as part of our Drunken Nights Out campaign. Crew was developed to reduce sexual harassment and alcohol related harm in the night-time economy.

The programme consists of face to face training and eLearning centred around five areas; Club Crew (dedicated members of venue staff), Lead Crew (managers and supervisors), Support Crew (e-learning package), Festival Crew (dedicated staff at festivals) and OnStreet Crew (dedicated volunteers on the street at night). Course content covers areas such as what vulnerability means and what makes a person vulnerable to harm, how to spot harassment and help customers who have experienced harassment, general advice for staff and how to act in situations involving vulnerable people (scenario based).

The Crew programme ensures that staff are trained to support customer welfare, raising their awareness levels and understanding of how alcohol can increase someone’s vulnerability. By equipping staff with the ability to identify alcohol related vulnerability and take steps to help prevent customers from coming to harm, it plays a key role in helping individuals remain healthy and safe. Drinkaware Crew has been successfully deployed across numerous regions and individual venues within the UK. We would be keen to support the further adoption of Drinkaware Crew as industry best practice.

**In workplaces**

The effects of the overconsumption of alcohol are often felt in the workplace through absenteeism and lost productivity through presenteeism (estimated to cost the UK £1.4 billion a year; IAS, 2019). Moreover, our 2019 Drinkaware Monitor, which focused on peer pressure, identified work colleagues as the second most impactful influencer on pressure to drink alcohol. As such, the workplace is an ideal place to identify alcohol problems and create a culture (whether employer led/formal, employee led/informal) conducive to moderate drinking (for example, one that does not involve alcohol during client meetings or use alcohol for team rewards). We offer a CPD accredited workplace alcohol awareness programme, *Drinkaware at Work*, which provides employees with the facts about how alcohol might be affecting their behaviour, safety and performance both in and out of work. This includes face-to-face training and/or e-learning that features factual information presented in a digestible, engaging format; and signposting for further support.

Drinkaware is keen to support the widespread adoption and delivery of workplace training and for this to be available to SMEs as well as larger employers. In Scotland, Drinkaware at Work training was funded for smaller SMEs who would not have been able to access this support, and Drinkaware would be keen to ensure SMEs could benefit from this in England through potential partnerships.

**In communities**

Drinkaware has evaluated strategies for health interventions in two community settings: in supermarkets (in partnership with Asda Supermarkets) and in community football club health interventions delivered in England (with Derby County FC Community Trust) and Scotland.

Drinkaware worked with ASDA to deliver an intervention engaging Asda customers in a conversation about their drinking. The in-store activity, which took place in the alcohol aisles of 100 Asda stores, involved Drinkaware-trained staff delivering alcohol awareness messaging (including the alcohol brief intervention AUDIT- C questionnaire) and giveaway resources to help customers cut back. There was also information for parents on how to talk to children about alcohol. Customers responded to familiar brand ambassadors prompting a conversation about alcohol in a non-judgemental way. An independent evaluation by Sunderland University, published in [*BMC Health Services Research*](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3796-0)), found that the community intervention facilitated a more inclusive engagement to proactively engage members of the public with varying levels of risky drinking and readiness for behaviour change.

In 2019 the initiative engaged 7,061 Asda customers in 100 stores over a two-day period. The project shows the value of non-clinical settings for conversations encouraging healthier lifestyles, and could, we believe, be combined with the promotion of alcohol-free products as a substitute for alcoholic drinks and as a viable moderation strategy. Drinkaware is keen to work with other retailers to deliver similar interventions and the support of the DHSC would encourage and facilitate this.

Drinkaware has worked with Derby County Football Club to provide alcohol education resources to participants in its Community Trust health programmes and help participants learn more about the health effects of alcohol. New members joining the 12-month programme from January 2018 were provided with a range of resources, tools and training around reducing harmful drinking. At the beginning of the programme participants were asked to complete an AUDIT-C tool, which acted as a baseline measure of their drinking behaviour. This tool was repeated every three-months to assess any change over the course of the 12-month programme. The project has shown significant reductions in levels of harmful drinking after 12 months follow up data.

Drinkaware is also now working in partnership with the Scottish Football Association to support Walking Football Scotland with its aim to improve, maintain and promote the physical, mental and social wellbeing of older adults. Through the partnership, Drinkaware are gathering vital information from participants on their health and alcohol consumption and are monitoring participants’ drinking habits to try to improve them. Drinkaware are also distributing information on drinking and its effects on health to participants in order to educate them on the dangers or excessive alcohol consumption and the benefits of regular exercise.

Drinkaware is keen to work with sporting organisations to deliver sports-based health interventions to targeted groups and discuss how the DHSC (and Department for DCM&S) could support and facilitate this.

**Active Ageing**

Q16: What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

**Support people with staying in work**

Alcohol is estimated to cost the UK economy £7 billion in lost productivity through unemployment and sickness (PHE, 2016). As such, greater support is required to help people stay in work. In addition to our *Drinkaware at Work (DaW) programme*, which aims to provide employees with the facts about alcohol, our national campaigns Drink Free Days target individuals aged 45-64 to reduce their alcohol consumption. This age group has the highest level of alcohol consumption (ONS, 2018) and is also an age where alcohol-related health issues may start appearing. As such, encouraging this age group to reduce their alcohol consumption now, at a point where they could reduce or mitigate their risk of further alcohol-related harm could contribute to this age-group achieving a longer healthy lifespan.

**Value for Money**

**Q18: How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?**

Alcohol use is associated with a large number of chronic health conditions, including cancer, and must be considered as a central theme of any strategy to prevent ill-health. We are concerned that alcohol is not sufficiently prominent in the Green Paper and indeed ought to be a consistent theme throughout given its association with a number of chronic physical and mental health conditions.

As an organisation, Drinkaware is seriously concerned that alcohol education and information is given proper prominence; Drinkaware is a small organisation and although we have been exceptionally successful in expanding the reach of our website and campaigns, we cannot alone be expected to carry the burden of public education about alcohol harms at scale. We would like to see more, and more consistent, information about alcohol given to patients through NHS Health Checks; national screening programmes for bowel, breast and cervical cancer; in digital interventions provided through the NHS App Library and as part of national programmes such as the NHS Diabetes Prevention Programme.

**Local action**

**Q19: What more can we do to help local authorities and NHS bodies work well together?**

As stated Drinkaware is in the process of facilitating a partnership approach to tackling alcohol related harm, incorporating public health, local authority and an array of wider stakeholders across the Derby area. The Project is committed to delivering a broad community-based intervention across the city, given the prevalence of alcohol harm, other poor public health outcomes and deprivation. The Project will evaluate whether greater co-ordination between key stakeholders and concentrating alcohol harm reduction efforts in a single local area over the course of three years can be effective in reducing harmful alcohol consumption and improving outcomes. Interim findings and ongoing learning from the Project will be published and could help inform more localised interventions at a local authority level, with the potential for wider consideration in relation to harm-reduction policy, partnership working and guidelines by the Department of Health and Social Care.

**Sexual and reproductive health**

**Q20: What are the top 3 things you’d like to see covered in a future strategy on sexual and reproductive health?**

More action on preventing Foetal Alcohol Syndrome (FAS) and FAS Disorders (FASD).

Foetal Alcohol Syndrome (FAS) and FAS disorder (FASD) are wholly attributable to alcohol consumption, and as such, should be 100% preventable. The UK has the fourth highest rate of drinking during pregnancy, and the first UK prevalence study of FASD estimated that more than 6% of the UK population may be affected (McQuire et al., 2019). There is substantial cost in not addressing this issue as part of a prevention initiative, as individuals affected will require additional support. As such, greater effort to educate women planning to have children on the impact of alcohol and FASD is needed, as well as greater resources and training to help midwives, GPs, and community nurses have conversations about alcohol and deliver advice to women in a non-judgemental way.

**Next steps**

**Q21: What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?**

More needs to be done to target and support those people who drink harmful amounts of alcohol, and the green paper lacks specific measures to do this. As such, our concern is whether real impact can be achieved to reduce health harms as a result of risky drinking. Drinkaware will continue to invest in campaigns, such as Drink Free Days, that specifically target harmful drinkers to help them cut down in order to help reduce alcohol harm.

We would welcome a continuation of, and shared investment in, our joint Drink Free Days Campaign with Public Health England which in both ours and PHE’s independent evaluation, was proved to increase knowledge of alcohol harm and to increase intention to reduce drinking amongst at-risk groups.

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