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Cite this as: *BMJ* 2025;388:r38
http://doi.org/10.1136/bmj.r38

UK needs national strategy to tackle alcohol related harms

Sustained funding is needed for screening and care, but industry must also shoulder costs

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Alcohol is widely available and drunk by around 80% of adults in the UK. No safe level of alcohol consumption has been established,[1] and the physical and mental health harms increase (at different rates) with the amount consumed.[2] Alcohol is well recognised as a leading preventable cause of cancer.[3]

The health and social harms of alcohol are higher in socially disadvantaged groups[4] despite lower rates of use than in more advantaged groups. This "alcohol harm paradox" means that alcohol consumption has the greatest detrimental effect on the most vulnerable in society and is a significant contributor to health inequalities and premature death.[5-7]

The challenges faced during the covid-19 pandemic[8 9] resulted in an increase in the number of people drinking alcohol at increased and higher risk levels.[10 11] Deaths from alcohol specific causes in England also rose by 42.2% between 2019 and 2023, the highest number on record, most of them from alcohol related liver disease.[12 13]

Successive government budget cuts since enactment of the Health and Social Care Act in 2013 have led to reduced provision and quality of alcohol treatment.[14] In 2020-21, fewer than 1% of people being treated for alcohol dependence in England and Wales received treatment in a residential rehabilitation setting, compared with the European average of 11%.[15] Currently, only 15-18% of people who are alcohol dependent access alcohol services.[16] This is low compared with other illnesses (eg, 70% of people with diabetes access care),[17] and 21-43% of people affected by alcohol dependence say that shame would stop them seeking support.[9]

As the quality and quantity of specialist alcohol treatment has decreased, unscheduled admissions to acute hospitals for alcohol withdrawal have increased substantially, highlighting missed opportunities to intervene early and save NHS resources.[18 19] In Scotland, 94% of detoxification treatments in 2021-22 were unplanned after admission to non-specialist acute hospital services.[19]

Achieving system change

A national strategy to tackle the harms caused by alcohol is long overdue, and important for reducing health inequalities. Universal screening for higher risk alcohol consumption should take place in primary care, acute hospitals, and mental health services. This would enable clinicians to identify and manage patients earlier and pick up alcohol related harms (eg, liver disease). Earlier intervention would improve outcomes and better target treatment where it is most effective. Screening would also generate systematic data to facilitate quality improvements. Without an overarching strategy, attempts at universal screening to date have been patchy and short lived.[20]

Sustained funding is needed to develop and deliver integrated alcohol care pathways across health and social care, to tackle the UK's inadequate treatment services and absent secondary prevention. Currently, 71% of adults and 48% of young people entering alcohol treatment services require mental health treatment.[21 22] Between 2010 and 2020, 48% of people who died by suicide while under the care of mental health services had a history of problematic alcohol use.[23] Despite numerous policy recommendations[24] few mental health trusts have a crisis care pathway in place to respond to the needs of suicidal people who are also alcohol dependent. In 2019, the NHS long term plan committed to "optimise" alcohol care teams in 25% of acute hospitals with greatest clinical need.[25] However, this was not joined up with screening or pathways into other NHS physical or mental health services, and the programme was deprioritised in March 2024. Many teams are now being dismantled, having barely become established.

The alcohol lobby continues to frame the problem of overconsumption (and its solutions) as one of individual responsibility rather than confronting its role in marketing of alcohol and downplaying the associated harms.[26] Whereas the gambling industry is subject to a "polluter pays" levy for associated health and social harms,[27] alcohol producers have received a decade of cuts or freezes to alcohol duty, widening rather than limiting their market. A national strategy would help frame a more consistent response to the tobacco, gambling, and alcohol industries.

Finally, we need to resist the normalisation of alcohol consumption in society. This is reflected in the ambivalence of health professionals towards asking people about their alcohol use and contributes to the stigma and shame experienced by people with alcohol related harm. The recovery community's input to the design and delivery of training and service provision may help tackle this.[28 29]

Scotland's 2009 alcohol strategy, refreshed in 2018, established national data systems on admissions to hospital for alcohol harm by levels of deprivation, introduced public health measures (including a minimum unit pricing),[30] and required an evaluation of its impact.[31]

We need a national strategy to implement wide-ranging, evidence-based policies that together would reduce alcohol related harms. The costs of alcohol harms to individuals and society are well documented, at over £27bn in England alone.[32] But as the progress made in Scotland shows,[13] much can be done when there is the government will to do it.

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Competing interests: We have read and understood BMJ policy on declaration of interests and declare the following: SM has received advisory and speaker's fees from Norgine and is national lead for alcohol of the British Society of Gastroenterology. IG is chair of the Alcohol Health Alliance UK.

Provenance and peer review: Commissioned, based on an idea from the authors; externally peer reviewed.

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