



**Lundbeck submission to the Home Office consultation on the Alcohol Strategy
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Lundbeck is an ethical research-based pharmaceutical company specialising in central nervous system (CNS) disorders, such as depression and anxiety, bipolar disorder, schizophrenia, Alzheimer's and Parkinson's disease. We also have an interest in alcohol policy.

Consultation question 1: Do you agree that this MUP level would achieve these aims?

There are 2.9 million harmful drinkers and 7.6 million hazardous drinkers in England.¹ There are significant health harms from harmful and hazardous drinking. Evidence also shows the risk of liver disease increases 3 times if a person drinks 3 units a day and 7 times if a person drinks 6 units a day.² The risk of developing hypertension is increased by 26%³ by consuming one drink a day, whilst two drinks a day can increase the risk of developing diabetes by 82%.⁴

The purpose of minimum unit pricing (MUP) is to reduce excessive alcohol consumption, particularly by the most hazardous and harmful drinkers who tend to show a preference for the cheapest alcohol products. Lundbeck welcomes measures to reduce harmful and excessive alcohol consumption, including the Alcohol Strategy's recognition that "Health considerations and agencies also have an important part to play in tackling alcohol related harms."

Lundbeck notes that the majority (71%) of alcohol-attributable healthcare burden is caused by alcohol dependence, with 60% of social costs attributable to alcohol are due to alcohol dependence.⁵ In the United Kingdom, 9.3% of men and 3.6% of women are dependent on alcohol.⁶ Alcohol dependence is therefore a significant cause of harm to individuals and society.

Addressing alcohol dependence would lead to health benefits for the individual and savings to society due to less hospitalisation, fewer days off work and improved lives of families and relatives.¹ Research has shown that investing £1 in specialist alcohol treatment services saves £5 on health, welfare and crime costs.¹ It is also important to note that alcohol dependence rose by 24% between 2000 and 2007 in England.⁷

Lundbeck acknowledges the aim of MUP is to tackle harmful and hazardous drinking and its associated harms. However, given the burden of alcohol dependence on individuals and society, we would urge the Government to implement a range of measures across both national government (the Department of Health and the Home Office) and local government levels to tackle excessive drinking and improve treatment services for alcohol dependence. A number of these measures have been highlighted in the Government's Alcohol Strategy (section 5.16 to 5.23)⁸ and the Department of Health's response to the Health Select Committee Inquiry (section 74 to 85).⁷ Measures include the addition of alcohol identification and brief advice within the NHS Health Check for adults from age 40 to 75, supporting better local commissioning of alcohol treatment services and Alcohol Liaison Nurses.^{7,8} It is vital that the Government employs a range of measures to prevent alcohol-related harm and provide access to alcohol services when needed.



¹ Alcohol Concern, Making alcohol a health priority - Opportunities to reduce alcohol harms and rising costs, 2011, available here: <http://www.alcoholconcern.org.uk/publications/policy-reports/making-alcohol-a-health-priority>

² 2020Health, From one too many, October 2011, available here:

<http://www.2020health.org/2020health/Publication/Wellbeing-and-Public-Health/From-one-to-many.html>

³ Sesso HD, Cook NR, Buring JE et al (2008) *Alcohol consumption and the risk of hypertension in men and women*: Hypertension 51: 1080-1087

⁴ Kao WH, Puddey IB, Bland LL, Watson RL, Bracanti FL. (2001) *Alcohol consumption and the risk of type 2 diabetes mellitus: atherosclerosis risk in communities study*: AM J Epidemiol 154: 748-57

⁵ Rehm J et al., Interventions for alcohol dependence in Europe: a missed opportunity to improve public health, 2012, p11, available here: <http://www.interventionsforalcoholdependenceineuropepolicysummary.eu/>

⁶ Rehm J et al., Interventions for alcohol dependence in Europe: a missed opportunity to improve public health, 2012, p22, available here: <http://www.interventionsforalcoholdependenceineuropepolicysummary.eu/>

⁷ Health Select Committee, Written evidence from the Department of Health, 2012, available here:

<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm>

⁸ Home Office, The Government's Alcohol Strategy, 2012, p24-26 , available here:

<http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Binary>