

ACTION ON ALCOHOL HARM



Priorities for policymakers



Drugs,
Alcohol
& Justice

THE ALL-PARTY PARLIAMENTARY GROUP

This report was produced by **Waythrough, Via** and **With You**

Introduction

The harms caused by alcohol are widespread, growing, and increasingly hard to ignore.

In 2023, there were 10,473 alcohol-specific deaths registered in the UK,¹ including 8,855 in England and Wales² – the highest numbers on record. But this figure only tells part of the story – alcohol played a contributory role in an estimated 22,644 deaths in England and 683 in Wales that same year.³

Wider data paints a stark picture of inequality. People living in our most deprived communities are twice as likely to die from alcohol-related causes compared to those in the least deprived. The Covid-19 pandemic saw a sharp rise in alcohol-related deaths – a trend that shows no sign of reversing.

Alcohol misuse is estimated to cost the NHS **£3.5 billion per year**

Alcohol leads to **over one million** alcohol-related hospital admissions in England every year.⁴ Beyond the human cost, it is estimated to cost England **£21 billion** every year, **£3.5 billion** of which is borne by the NHS.⁵ These harms have been clearly evidenced in a series of powerful reports, including the Alcohol Charter (2018), the Commission on Alcohol Harm's final report (2020), the Public Accounts Committee's report on alcohol treatment services (2023), and the Alcohol Health Alliance's *Pouring Over Public Opinion: Alcohol Policies in the UK report* (2023). Yet, despite the strength of this evidence, there has been no national Alcohol Strategy since 2012.

We know what works. Drawing on the expertise of its supporting charities and the 2018 Charter, this short report highlights the role of treatment and recovery for people with alcohol problems. Treatment is not only effective – it's life-changing. It delivers a social return of £3 for every £1 invested over 10 years,⁶ and more importantly, treatment and recovery are rebuilding lives, families and communities stricken by alcohol harm right now.

As a society we also have a wide range of evidence-based policies, including re-linking alcohol duty to inflation, improving labelling, and recognising public health (including alcohol) as a licensing objective for local authorities, which could significantly reduce the misery caused by alcohol.

With the right political leadership, funding and focus, much more could be achieved. As Professor Sir Ian Gilmore, Chair of the Alcohol Health Alliance UK, rightly states: "Addressing alcohol harm...requires a cross-government effort to turn the tide on this public-health crisis."

We agree. The time to act is now.

Grahame Morris MP
Chair
Drugs, Alcohol & Justice APPG



1. Alcohol-specific deaths in the UK (2025) Office for National Statistics
2. Alcohol-specific deaths in England and Wales by local authority (2025) Office for National Statistics
3. Alcohol Statistics (2025) Alcohol Change UK
4. Local Alcohol Profiles for England (2023) GOV.UK
5. Health matters: harmful drinking and alcohol dependence (2016) GOV.UK
6. Alcohol and drug prevention, treatment and recovery: why invest? (2018) GOV.UK

Our call for action

A national, cross-government **Alcohol Strategy** is required to commit the Government to reducing alcohol-related harm and to outline the practical steps it will take to do so. The strategy should be informed by current thinking on health inequalities, aim to strengthen family and community resilience, and foster a healthier, more informed relationship with alcohol across the UK. Crucially, it must recognise the potency of treatment and recovery in meeting the needs of people with alcohol problems, and adequately fund support.

The strategy should:

1. Expand and improve support for those in need

Despite a significant and welcome recent rise in the number of people accessing and completing treatment, the majority of dependent drinkers still do not receive the support they need. Current estimates show only 22.4% are in treatment.⁷ This constitutes a missed opportunity, given the consistent strength of evidence that shows how treatment and recovery can deliver real impact. With record levels of alcohol-related harm across the UK, expanding access to – and improving the capacity of – alcohol treatment and recovery services is essential to reducing this burden.

Long-term, protected investment for drug and alcohol treatment and recovery services

- Continued commitment to sustained multi-year funding in drug and alcohol services, ending the reliance on short-term funding cycles that undermine service continuity and workforce stability
- Establish clear, inter-departmental political leadership at a ministerial level to ensure that reducing alcohol harm remains a national policy priority
- Require local authorities to protect funding for drug and alcohol treatment services, with clear expectations for meeting the needs of local people affected by alcohol issues through targeted support, early intervention, and prevention programmes

Improved access to community alcohol support

- Require local strategic partnerships, including Health and Wellbeing Boards and Combating Drugs Partnerships, to ensure there are clear joined-up routes into alcohol support and appropriate coordination with mental health, housing, domestic abuse, and social care services
- Ensure front-line professionals across health and social care, including social workers, A&E staff, and paramedics, are trained to provide effective early identification and onward referrals into alcohol services
- Invest in and embed Lived Experience Recovery Organisations (LEROs) as a core component of the local alcohol support system, ensuring they have access to accessible and sustainable funding

A targeted approach and specialist support for groups, including those most at risk of alcohol-related harm

- Require all local authorities to develop and maintain robust, evidence-based local plans to reduce alcohol harm, responding to the needs of those most at risk and specific population groups who face multiple barriers to accessing treatment, including older people, women, and minority ethnic communities
- Require all local authorities to develop effective pathways for people facing the greatest challenges in accessing support, including those with both mental health and alcohol needs, and people experiencing multiple disadvantage



7. National Drug Treatment Monitoring System, Office of Health Improvement and Disparities

2. Protect public health

We know enough about who drinks – and where harms occur – to act effectively. Investing in and politically supporting the move towards prevention through effective public health interventions can prevent people developing alcohol problems in the first place.

Reduce alcohol harm to deliver the commitment of tackling the social determinants of health and narrowing the gap in healthy life expectancy

- Prioritise all action on alcohol harm according to levels of deprivation, focusing on communities where rates are disproportionately high
- Include alcohol harm within wider health-inequality approaches, given its role as both a consequence and a driver of poor mental health, unemployment, physical health – including multiple types of cancer – and other social determinants, and support the development of ‘Marmot Places’

Develop a full public health-informed approach to alcohol and reducing its harm

- Follow the example of Scotland and Wales by expanding Minimum Unit Pricing across the UK, recognising the disproportionate burden of alcohol-related harm in deprived communities
- Strengthen restrictions on alcohol marketing for children and young people, ensuring this is subject to evidence-based regulation free of alcohol industry influence
- Develop statutory minimum requirements for labelling alcohol products, including health warnings, ingredients and nutritional information

3. Address broader alcohol-related harm

Alcohol plays a significant role in both individual and public safety harms, estimated to contribute to 39% of violent incidents in England and 49% in Wales.⁸ Similarly, alcohol-related incidents are estimated to take up over half of police time, according to frontline officers.⁹

However, alcohol’s relationship with crime and harm is complex. Addressing it requires more than a criminal justice response. Only a joined-up, public health-led approach that tackles the underlying causes of problematic alcohol use, and the inequalities they are part of, will succeed.

Invest in and expand alcohol-related diversion schemes

- Scale up police and court-led diversion programmes that redirect people from the criminal justice system into treatment and recovery
- Expand the use of liaison and diversion, in line with the *Independent Sentencing Review* (2025), and widen access to alcohol education courses for people who commit low-level alcohol-related offences

Promote wider use of Community Sentence Treatment Requirements (CSTRs) by investing in high-quality treatment options for people with alcohol needs

- As recommended by the *Independent Sentencing Review*, effective delivery of CSTRs relies on increased investment in treatment providers to ensure that people receive high-quality, tailored support that addresses the complex health issues that often underpin offending. Fully funded services can strengthen sentencer confidence in CSTRs and help reduce the use of short prison sentences for those with alcohol-related needs.

Strengthen access to alcohol treatment and recovery in prisons, and improve continuity of post-release care

- Improve access to – and otherwise incentivise – alcohol treatment and recovery in prisons, as outlined by Dame Carol Black in her *Drug Treatment in Prisons Review* (2024), and strengthen collaboration with community services to ensure consistent care and support after release



8. Crime Survey for England and Wales (2017) Office for National Statistics
9. Alcohol’s impact on emergency services (2015) Institute of Alcohol Studies

About the Drugs, Alcohol & Justice All-Party Parliamentary Group

The Group provides a policy forum for frontline drug and alcohol treatment sector providers and interested parliamentarians with a focus on evidence-based harm reduction, treatment and recovery.

**We believe in evidence, not prejudice, in policy.
And treatment, not punishment, in practice.**

The Group is supported by the national charities Via, Waythrough and WithYou, Chaired by Grahame Morris MP and co-ordinated by Solidarity Consulting.

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