

# WHERE NEXT FOR PUBLIC HEALTH AND ALCOHOL?

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# PUBLIC HEALTH IS ABOUT POPULATIONS

## Royal Society for Public Health

- “RSPH exists to improve and protect *the public’s* health”

## The Faculty of Public Health

- “Our role is to improve the health and wellbeing of *local communities* and *national populations*”

## Association of Directors of Public Health

- “ADPH seeks to improve and protect the health of *the population...*”

## Public Health England

- “We exist to protect and improve *the nation’s* health and wellbeing, and reduce health inequalities”

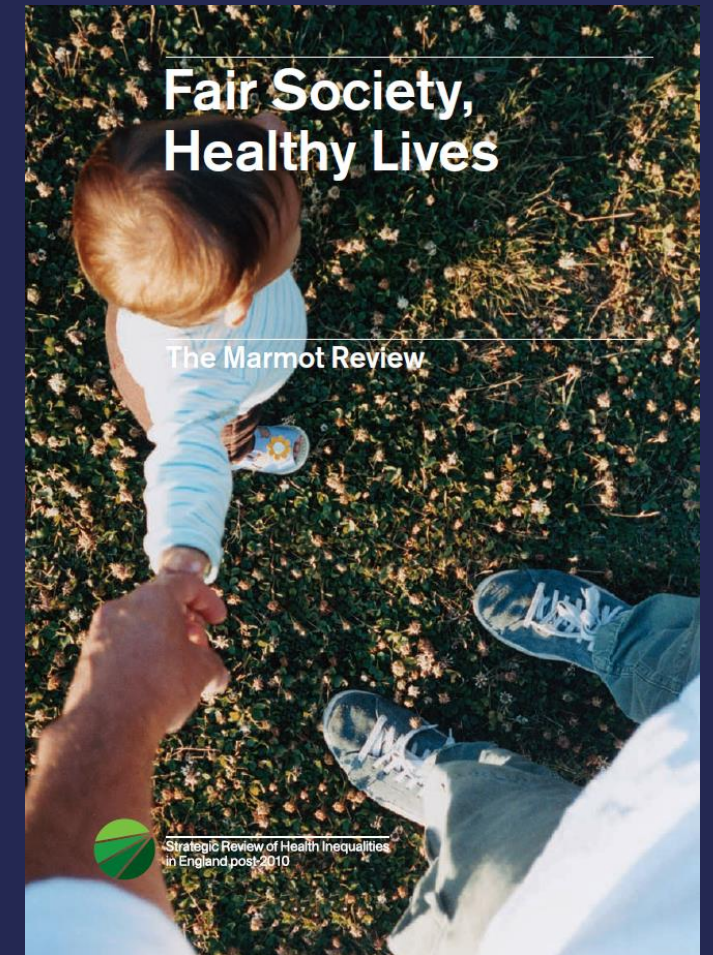
# PUBLIC HEALTH IS ABOUT INEQUALITIES

“Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently.

“To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

“We call this **proportionate universalism.**”

*Fair Society, Healthy Lives: The Marmot Review*  
(2010)



# WHAT DOES PUBLIC HEALTH MEAN IN ALCOHOL POLICY TODAY?

## National policies

- Regulations regarding price and availability
- Population-level prevention

## Local policies / activities

- Substance misuse treatment services
- Health improvement services
- Hospital admissions
- Prevention in local communities
- Safeguarding
- Licensing

## Context

- Political challenges
- Structural upheaval (Sustainability & Transformation Plans, Integrated Care Systems)
- Limited (and diminishing) resources

AGREE OR DISAGREE?

Green = Agree

Pink = Disagree

# QUESTIONS FOR DISCUSSION

- Can industry play a role in public health messaging?
- Should prevention be across the life-course?
- Should public health messaging be targeted at the most at risk?
- Are the Chief Medical Officers guidelines an effective way of communicating alcohol risks?

WHAT NEXT?