



FOR IMMEDIATE RELEASE

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Media enquiries: Felicity Porritt, Head of Communications, UCL Institute of Health Equity
Email: felicity.porritt@gmail.com Tel: 07739 419219

MINIMUM PRICE WILL ONLY WORK IF ACCOMPANIED BY ACTION ON SDH

Responding to the Coalition Government's Alcohol Strategy, Director of the UCL Institute of Health Equity, Professor Sir Michael Marmot, said:

'A minimum price of 40p per unit of alcohol is a welcome important step forward. Any policy aimed at reducing alcohol misuse should have two aims: to reduce the level of alcohol consumption in society, and; to address the fact that harm from misuse clearly follows the social gradient ie the lower position on the social ladder, the greater the harm from alcohol. This may relate to the pattern of drinking eg binge drinking, or to the differences in susceptibility to alcohol misuse arising from an individual's social circumstances, which determines his or her state of health (social determinants of health).

The most effective way to tackle alcohol misuse is therefore through action on the social determinants. It is of vital importance that the Government gives priority to creating the conditions for people having control over their lives. And that requires better early years provision, quality education and housing, fair and good employment alongside safer and greener communities.'

Editor's Notes

What is the Institute of Health Equity www.instituteofhealthequity.org?

The UCL Institute of Health Equity works to embed a social determinants approach to reducing health inequities through policy and practice locally, nationally and internationally. The IHE was launched in November 2011, headed up by the eminent public health specialist, Professor Sir Michael Marmot.

Everyone deserves an equal opportunity to live a full and healthy life, not just the very wealthy. The IHE initiates research and collects evidence to promote social policy and action needed to reduce avoidable injustice by improving educational achievement, increasing access to fair and good work, preventing ill health and reducing premature death.

There is a popular misconception that health inequalities are unavoidable and only apply to the very poor, and they are dependent on access to healthcare services. Everyone, apart from the very wealthy, suffer proportionately because of this unnecessary injustice.

Long-term good health is affected by an individual's social circumstances, with access to healthcare services being only one of the causal factors. Others include access to quality early years programmes, education, training, fair and good employment – the so-called 'Social Determinants of Health'.

Groundbreaking research spearheaded by Professor Sir Michael Marmot shows the higher up the social hierarchy you are, the longer you are likely to live, in better health. A long-term project tracking the health of British civil servants (Whitehall Study



<http://www.ucl.ac.uk/whitehallIII/history>) shows there is a sliding scale, or a social gradient, according to employment position, with the most senior living longer, in better health, regardless of the stress associated with the position.

The study concludes the more control an individual has over his or her life, the more likely he or she is to live in good health for longer. And the IHE shows this evidence can be applied to all circumstances, inside and outside the work environment, globally. The key, therefore, to ensuring that a population enjoys equal chances of living a long and healthy life, lies in empowering individuals to have control over their lives.

What the IHE does to reduce the unequal opportunity to live a long and healthy life

The Institute of Health Equity, headed up by Professor Sir Michael Marmot, initiates, collects and publishes the very latest robust evidence on improving health equally for everyone. Sir Michael chaired a World Health Organization commission that published the global evidence in 2008 'Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health'

(http://www.who.int/social_determinants/thecommission/finalreport/en/index.html). The Review led a WHO global conference dedicated to reducing inequities through action the social determinants of health (<http://www.who.int/sdhconference/en/>), which produced the Rio Political Declaration <http://www.who.int/sdhconference/declaration/en/index.html>, with all WHO Member States signing up to agreed action.

Sir Michael was commissioned to review health inequalities post 2010 in England – 'Fair Society, Healthy Lives' (<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>) lays out action needed to reduce avoidable ill health. Since the Review's launch the IHE has been working with a number of local authorities across England (<http://www.instituteofhealthequity.org/Institute-work/uk>). And in 2011 to mark one year on from the launch of the Review, the IHE published a number of key indicators for measuring health inequalities in the 150 local authorities due to take over the role of public health from the NHS in April 2013. The IHE publishes updates to these indicators annually <http://www.instituteofhealthequity.org/media/press-releases/two-years-on-data>.

The IHE is working with an increasing number of partners across the social determinants, including children's organisations, employment and educational establishments and health services (primary, secondary care and the workforce) to ensure social policy impacts positively on population health.

And the IHE is currently overseeing a review of health inequalities across Europe for Regional Director of WHO Euro, the final report for which is to be published in the Autumn of 2012 (<http://www.instituteofhealthequity.org/Institute-work/european>).