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Annual Report **2020-2021**





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ANNUAL REPORT 2020-2021

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CHAIRMAN'S REPORT

In keeping with the theme of my last annual report, 2021 has continued through uncharted territory as a consequence of the Covid-19 pandemic. While clinical work in the addictions field has largely resumed after the national lockdown, we are now facing increased demand for alcohol treatment, partly due to an increase in harmful drinking and interruptions to service delivery over the last 18 months. We have a lot of catching up to do against a background, in England at least, of continuing cuts to the provision of alcohol services. The dismantling of Public Health England, which oversees the addiction treatment system in England, could not have come at a more inopportune time. This, combined with increased pressures on cash-strapped local authorities due to the pandemic and serial central government cuts to public health, the future of alcohol treatment services in England does not look particularly rosy. However, it was encouraging to see the emphasis on improving addiction treatment services in Dame Carol Black's recent report to government in England. One can only hope that this, together with new national alcohol treatment guidelines which are due for publication, will provide the needed impetus for service improvement.

Against that less than optimistic background, I am pleased to report that the MCA has continued to make progress, and I must thank Dr Dominique Florin, Ria Pearson and Clare Farrow for their forbearance and hard work during this challenging time. Our committees have continued to meet remotely, and continue to deliver an outstanding service to the organisation. Thanks are due to Drs Peter Rice and Iain Smith for their hard work in chairing the Journal and Education committees, and all the committee members who give their time so generously.

Our journal, *Alcohol and Alcoholism*, continues to be a leading academic journal in the field, and enormous thanks are due to the chief editors, Profs Jonathan Chick and Lorenzo Leggio, for their tireless work and dedication to the journal's success. We continue to enjoy a strong partnership with our publishers, Oxford University Press, and I would like to personally thank Paul Kidd who has made that relationship effective and positive. We wish him well with his future career as he leaves OUP for new pastures.

The education committee continues to provide excellent service and we are delighted with the number and quality of entries for the annual essay competition and the biennial NAAD competition. New initiatives are coming on stream, including a new Quality Improvement Prize aimed at trainee doctors, which aims to improve engagement with the next generation of medical professionals, as well as raise awareness of the MCA's work and the importance of alcohol care in medical practice.

This year's MCA annual symposium will be held exclusively online in view of the ongoing uncertainty around in-person events. We have an excellent line-up of speakers, and I look forward to welcoming Dr Peter Rice as our Max Glatt memorial lecturer. Peter has made many contributions to the alcohol field, not least his highly effective advisory and advocacy work on alcohol policy in Scotland.

Thanks are also due to our treasurer, Graham Warner, for his expertise and steady handling of our finances, and to Ed Shooter at Charles Stanley for managing our investments so expertly in challenging financial times. Our finances are as a consequence, in better shape than we had feared.

On a more sombre note, I must sadly inform you of the passing of our good friend and colleague, Professor Robin Touquet, who died on 16th July 2021. Robin was a long-standing and loyal supporter of the MCA and a fearless advocate for improving the care of people with alcohol problems, particularly in emergency departments. His no-nonsense approach, his amusing turn of phrase, and his willingness to speak up for people without an effective voice, were an inspiration to all who worked with him. He will be greatly missed, and our thoughts and good wishes go to Liz Touquet and his family.

I look forward to seeing MCA members and delegates at our 2021 symposium and AGM, and I hope that we are able to welcome you to an in-person meeting, and to our new premises in St Andrew's Place, when conditions allow.

Professor Colin Drummond, MBChB, MD, FRCP, FRCPsych, FFPH, FRCGP(Hon)
Chairman

MEDICAL DIRECTOR'S REPORT

The whole of the period covered by this report has taken place during the Covid-19 pandemic and the current situation in the UK and more widely remains uncertain.

The MCA office closed of course in March 2020, mid-move to new RCP premises. The MCA team successfully migrated to working from home and this remained the case throughout the next 12 months, though recently we have begun to once again work from our new offices.

The MCA has continued its work with the aim of reducing alcohol-related health harm, primarily through educational means. We work with health professionals in the alcohol and health harm arena including of course students, promoting education for this group; our Journal is highly regarded in the field; we support organisations which support health professionals themselves in difficulty with alcohol; and we remain committed to achieving evidence-based policy change through our links with the Alcohol Health Alliance and other organisations.

Among other regular educational projects are our student competitions. This year's excellent winning essay on Alcohol and Covid is published in this report. Perhaps because of the pandemic, we had a record number of entries and the judges were so impressed that there were five prizes awarded rather than the usual three. The biennial NAAD competition for an alcohol and health-related screen saver for students is still being judged, again with a high number of entries. The MCA is committed to developing new up to date digital alternatives to the much-loved Alcohol and Health handbook. This is proceeding in collaboration with the Society for the Study of Addiction with the aim of producing a range of web-based resources. We have also developed a new Quality Improvement prize aimed at post graduate doctors in training, which will be launched later this year. This is a professional group with which we would like to increase engagement.

Our excellent relationship with Oxford University Press, our Journal co-owners, and the dedication of the Chief Editors, are key to the on-going success of Alcohol and Alcoholism. The Journal is of course a major source of income for the MCA and at bi-annual Journal Committee meetings ways of continuing the Journal's success are discussed, including Special Issues on topics of particular importance, the challenges posed by the growth in open access publishing and maximising marketing opportunities. Fortunately, a feared possible decrease in income due to Covid has thus far not materialised. We must thank Paul Kidd, the senior publisher at OUP with whom we have worked for many years, who has recently announced his departure.

The planned 2020 MCA Symposium on Interventions and Recovery and Max Glatt lecture was cancelled due to Covid. In its place we held a webinar on Alcohol and Covid, immediately after our online AGM. This was a new departure for the MCA in response to circumstances but in the event it proved unexpectedly successful with a much higher attendance than normally achieved at our Symposia. Speakers included Peter Rice, Katherine Severi and Chris Daly and the event was chaired by MCA President Sir Ian Gilmore. The MCA team met the digital challenges and a good level of discussion was achieved. A recording of the webinar is available on the MCA website and has been viewed by many more than were able to attend on the day. The event was free to attend and to view on the website but was run at a minimal cost to the MCA. Very fortunately the Symposium programme planned for 2020 has been moved to 2021, together with the Max Glatt memorial lecture by Peter Rice. This will be a digital event but we hope to be back in person in 2022.

Our work is dependent on the time and energy of our Committee members and of course chairs Colin Drummond, Iain Smith and Peter Rice, our treasurer Graham Warner, our Journal Editors Jonathan Chick and Lorenzo Leggio and our Regional Advisors. Meetings on Zoom are of course the new normal, and as we slowly get back to the office, the increased engagement that this period has generated means that we will probably continue to use a hybrid model for meetings. The MCA office team comprised of Ria Pearson and Clare Farrow has risen to the challenges of the past year, keeping the MCA going in these new circumstances.

Dr Dominique Florin, MB BS, MA, MD, MRCP, FFPH
MCA Medical Director

EDUCATION COMMITTEE CHAIR'S REPORT

This is my report as Chair of the MCA Education Committee for 2020-2021. I continue to be supported by an excellent committee who assist the MCA in its goal of supporting alcohol education at all stages of the medical career.

The year of April 2020 through to March 2021 has been the most challenging of times. This more or less coincided with the period of lockdown due to COVID-19 and we had to move all of our activity online during this year. (The last committee we had in person was late February 2020 with growing awareness of the threat of the pandemic.) We have all quickly learned how to deal with virtual meetings. Much praise to the MCA staff in keeping the show on the road.

Our 2020 symposium had to be postponed but is now going ahead entirely online and unchanged, in November 2021. The programme for our now 2021 annual academic meeting, including a Max Glatt lecture from Dr Peter Rice, was in place in record time last year and we are lucky that all speakers were able to commit to speak a year later than was originally intended. The theme for the meeting is alcohol dependency treatment including biological and psychosocial approaches. This seems timely with Public Health England scheduled to complete its Alcohol Treatment Guideline in late 2021 or early 2022. Also there is a current need to help rebuild and redesign alcohol services to meet continuing and new challenges in the field of alcohol and addiction medicine

At relatively short notice in 2020 we were able to hold a brief online webinar on alcohol and COVID-19. This sat alongside our AGM and Regional Advisors Meeting. All meetings were conducted online. The webinar had a record attendance for an MCA academic meeting and reached a new audience. It was free of charge and showed the potential to boost numbers with such a platform. We will watch closely to see if we have large numbers again this November with a fee being charged to allow us to utilise the services of an online conference organiser, namely RCP. Already we are wondering about hybrid formats for future conferences to maximise our audiences.

Our Legacy essay competition during this year for undergraduates, 2020-2021, was on the topic of alcohol and COVID-19. We had a record number of entries and our three judges had their work cut out in marking these essays. The quality was high and as usual we reproduce the winning essay within this Annual Report. The top five entrants - we had three students in joint third place - will receive their prizes at the annual meeting.

Also in 2021 we are running the biannual NAAD competition. Again, we have had a very high number of entries for the design of an alcohol educational screen saver for University and College use and the winners should be known by the annual meeting.

A perennial remit is to keep our network of Regional Advisors active and engaged with the University Medical Schools in their area. We updated the RAs at our 2020 meeting on changes we are making to our educational material to bring it into line with new alcohol guidelines and to meet the increasing demand for electronic versions of our material. Our goals include developing a series of case-based discussions that dovetail with the material already available on other sites such as the Factsheets on the SSA site. With this in mind we began discussion with the SSA on how this might be taken forward and we have entered into a fruitful collaboration with the SSA.

We are hoping now to have two Regional Advisor meetings each year and to hold these online and separate from the busy annual meeting. Our next meeting is scheduled for 26 November 2021.

It has been a difficult year for the MCA. We look forward to helping to reinvigorate the work of the MCA which remains as relevant now as it did at its inception, given the importance of alcohol as a cause of myriad and highly prevalent forms of illness. Our 2021 symposium will be timely as the need for effective alcohol treatment systems is currently a hot topic as the restrictions of the pandemic have receded due to widespread vaccination. The rise in alcohol deaths in 2020 is a marker of the relevance of our work.

Dr Iain D. Smith, BSc(Hons), MD, MBChB, FRCPsych, FRCPE
Education Committee Chair

JOURNAL COMMITTEE CHAIR'S REPORT

The MCA's partnership with Oxford University Press to publish the journal Alcohol and Alcoholism continues.

The Journal's impact factor remains in a similar range to the last few years and in line with similar journals. Article submissions, readership and subscriptions continue to be dominated by the UK and USA although there is a wide range of international submissions and readership. Professors Chick and Leggio, the journal Editors, continue to work tirelessly to assess papers, identify reviewers and ensure timely response to authors, whose feedback shows a highly positive view of the journal. Our Editors are both active in the International Society of Addiction Journal Editors.

OUP have undertaken a number of projects to increase the journal's reach with collections of papers on specific topics and this has had a positive effect on article readership.

The Journal's relationship with the European Society for Biochemical Research on Alcoholism (ESBRA) continues, and Professor Sebastian Mueller, ESBRA President's contribution to the work of the journal is much appreciated. The Journal's publication of papers from the ESBRA Young Investigator Awards was a highlight of 2021.

The publishing and marketing skills of Oxford University Press are invaluable and the MCA's partnership with OUP remains strong. Thanks to Paul Kidd and his OUP colleagues for their commitment to the Journal and to the MCA staff for their continued support and hard work.

Dr Peter Rice, MBChB, FRCPsych
Journal Chair



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2021 MCA Legacy Essay Competition



Covid-19 - It's enough to drive you to drink

Introduction

COVID-19, a novel virus that has been dominating the world stage, has claimed almost two million lives in just over a year from when it was first identified¹. The UK, despite its surrounding barrier of water, has been hard hit by the pandemic and as a result, has seen devastating numbers of deaths and strict lockdown measures imposed on its people. On the 23rd of March 2020, the UK Prime Minister instructed everyone to stay at home. Shops and venues that did not sell essential items – such as food and medicine – were closed. These 'lockdown' measures were rolled out across the UK and implemented for a number of months. As each nation moves between its own levels of lockdown and vaccination programmes are implemented, it is becoming more evident what the individual effects of the restrictions have been to many people. With the majority of the population confined to the four walls of their homes, the pandemic has been enough to drive some individuals to drink.

This essay will look at the relationship between COVID-19 and alcohol. Importantly, the changes in alcohol consumption during the pandemic, the related health harm that follows, and whether that contributes to an increased risk of contracting the virus and potentially falling victim to it. We will also look at the best ways to address problem drinking during the COVID-19 pandemic.

Alcohol Sale and Consumption

Perhaps one of the most keenly felt restrictions was the closure of restaurants and pubs. This meant that for some months following the announcement, sales of on-trade alcohol decreased until the restrictions eased later in the year. However, it is important to note that some licensed on-trade establishments could remain open and receive sales through means of take-away services².

Lockdown saw changes to people's behaviour, and it was hypothesised that these changes in behaviour could be reflected in changes in alcohol consumption. In Scotland, a paper published by Public Health Scotland investigated the impact of the national lockdown and the COVID-19 pandemic on alcohol use across England, Wales, and Scotland. The paper used an earlier study that compared the sales of on- and off- trade premises during the pandemic to the same weeks in the two years previous (2017-2019). Another study surveyed the British public through behavioural questionnaires and diaries that would highlight drinking habits. Drawing from these earlier studies, the paper by Public Health Scotland found that alcohol sales across England, Wales and Scotland had decreased by 6%. There was an increase in off-trade sales, but it was not sufficient to replace the loss of sales from on-trade premises. It was also concluded that the number of drinking days had on average increased during the restrictions, however, the change was not significant³.

A study by Alcohol Change UK surveyed 1555 people, two weeks after initial lockdown measures were imposed, and found that more than a third of participants had either stopped drinking completely or reduced how often they drank. However, there were around a fifth of participants that had been drinking more frequently and were also drinking more per drinking day since the beginning of lockdown. This suggested a new sub-group of drinkers that were potentially developing harmful alcohol consumption habits⁴.

This harmful pattern was further commented on by a survey carried out by the St Mary's Hospital Alcohol clinic on patients with pre-existing alcohol use disorders. The survey found that of the participants who had increased their alcohol consumption during lockdown (24% of participants), there had been a mean weekly consumption of 82.5 units. The weekly recommended intake is no more than 14 units. These participants also had a 57.6% mean increase in AUDIT

score. Overall, these studies suggest that despite there being as many people reducing their alcohol intake as increasing it, those increasing their consumption are doing so by a significant and harmful amount⁵.

Demographics of Consumption and Service Use

When identifying the individuals who may be most at risk of drinking harmfully, NHS data found that the age group with the highest proportion of people drinking over the weekly recommended units were aged between 55 and 64. This applied to both men and women⁶. The Alcohol Health Alliance Commission stated that in Scotland, the most disadvantaged and poorest groups are 6 times more likely to be admitted to hospital for alcohol-related conditions than the least disadvantaged⁷.

Strict lockdown measures forced many people into social isolation and gave rise to fears over job security and financial stability. Stress and anxiety have been well recognised as a factor that can lead to increased alcohol consumption⁵. A study by Alcohol Focus Scotland found that a fifth of those surveyed cited stress as a motive to drink⁸. Furthermore, 51% of respondents who had been consuming more alcohol than usual said it was a way to manage anxiety and stress. Increased anxiety and stress have been recognised as a significant result of the COVID-19 pandemic⁸.

Moreover, access to help with excessive drinking was curtailed during the pandemic. Services including supervised consumption, detoxification, and blood-borne virus (BBV) screening and treatment were either completely stopped or significantly reduced⁹. Many alcohol clinics were moved online which were less effective at preventing relapse⁵. A study from one alcohol clinic in London found that the patients who received face-to-face contact with an alcohol nurse were more likely to abstain from alcohol and less likely to relapse during lockdown compared to those patients who did not⁵.

Similarly in Scotland, Alcohol Brief Interventions (ABIs), a service used to help support those with alcohol issues, were curtailed. ABIs are brief discussions within Primary Care, A&E and maternity settings aimed at helping individuals decrease their alcohol consumption to within safe standards. As face-to-face contact was severely limited during the pandemic, carrying out ABIs proved difficult as staff were redeployed to care for COVID-19 patients¹⁰.

The restrictions also limited activities that may have been used to cope with isolation and anxiety – including churches and community-run organisations that provided places for people to connect. Alcoholics Anonymous (AA) is a community-run organisation that seeks out to help those with alcohol use issues to recover and continue their sobriety. Prior to the pandemic, around five thousand AA meetings were being held across Great Britain every week. However, because of government restrictions, most groups have had to go online. AA also runs a telephone helpline and over the course of the pandemic, calls to this line have risen by 22%¹¹.

Impact of Alcohol Consumption

Both the long- and short-term effects of excessive alcohol consumption have been widely reported. The immediate effects of heavy drinking commonly present as acute drunkenness or alcohol poisoning while the longer-term consequences have a much more gradual progression and can damage major organs such as the liver and brain. Extended periods of excessive alcohol consumption most commonly manifesting as alcohol-related liver disease¹².

During the pandemic, it has been difficult to source data on the number of hospital admissions relating to alcohol. However, according to the Lancet, there has been an increase in the number of people presenting and being admitted to hospital with alcohol-related liver damage⁴. An article from Frontline Gastroenterology commented on an increase in patients being admitted to tertiary care units with alcohol-related liver disease. These patients were noted to be sicker and requiring more intensive observation and care in High Dependency and Intensive Care Units. This may be partly due to a delay in presenting at hospital, perhaps because the individuals had been asked to shield or were fearful of contracting the virus in hospital¹³.

Alcohol consumption on its own can cause serious injury to the body but what is particularly striking, especially in the context of COVID-19, is the effect of alcohol on the immune system. It has been suggested that alcohol consumption can change the actions of cells involved in the immune response to infection¹⁴. For example, specific cells that are responsible for destroying invading pathogens (macrophages, neutrophils, and monocytes) can be inhibited by exposure to alcohol¹⁵. Chronic alcohol consumption has also been linked to promoting strong pro-inflammatory

reactions that have been shown to contribute to disease processes in the lungs. Simultaneous to provoking these strong inflammatory responses, alcohol impairs the generation of anti-inflammatory cytokines¹⁶. Cytokines are signalling molecules and are responsible for coordinating the body's immune response¹⁵. This chaotic storm of inflammatory molecules can result in respiratory failure, through severe oxidative stress, and multi-organ failure¹⁶. Heavy alcohol use is a recognised risk factor for acute respiratory distress syndrome (ARDS), which is a severe complication of COVID-19¹⁷.

Additionally, chronic alcohol consumption has an adverse effect on the cells that respond to specific pathogens (T-cells) and the cells that are responsible for long term immunity (B-cells)¹⁵. As a result, this makes those suffering with chronic alcoholism more susceptible to infection¹⁴. It also raises the question of what the effect of long-term alcohol use may be on an individual's response to vaccination¹⁸. This is important as the UK looks to vaccinate its population over the coming months against COVID-19.

During the pandemic, there were rumours that alcohol consumption could be beneficial in the prevention of contracting COVID-19. However, the evidence that has been presented challenges this and can conclude that alcohol consumption is a serious risk factor to contracting both bacterial and viral lung infections – importantly COVID-19¹⁶.

Furthermore, aside from the serious harm alcohol can do to our bodies, it can also severely affect behaviour and impair judgment. This is significant as social distancing is considered key to preventing the spread of COVID-19 and is harder to enforce in large groups of intoxicated people¹⁹. Because of this, the sale of alcohol has become more restricted in Scotland. It is presently illegal to drink alcohol outdoors anywhere in Scotland – recognition that consumption of alcohol reduces compliance with social distancing rules²⁰.

Alcohol and Domestic Violence

In addition to the effects that alcohol has on the body, there have also been reports of other negative consequences of alcohol consumption. With on-licence premises closed, it can be speculated that given the increase in off-licence sales, the majority of alcohol consumption takes place at home. This is particularly problematic as it becomes more difficult to police what goes on behind closed doors. There has been research to suggest that there is a strong relationship between alcohol and violence, but it is unlikely that alcohol is a root cause, rather an exacerbating factor²¹.

More data from a report by Alcohol Change UK found that in around two-thirds of police callouts to domestic incidents, at least one of the two individuals concerned was considered to be under the influence of alcohol. This report also analysed Strathclyde police data from Scotland which investigated domestic incident callouts during events where alcohol is often involved e.g. New Year and contentious football games. The police data identified 'spikes' in callouts on expected dates of higher alcohol consumption. This is significant as there have been increases in alcohol consumption in certain groups of the population during the pandemic²².

An ONS report looking at domestic abuse-related offences in England and Wales was published in November 2020 and compared current police data to that from 2018-2019. The data showed a 7% increase in domestic abuse-related offences from the same period in 2019: March – June. However, it is unclear if this is an effect of the pandemic as the figures have been steadily rising year by year. The report commented on a general increase in demand for support services for victims of domestic abuse during the pandemic. However, it alluded to the idea that this is not because of an increase in victims but potentially because the abuse experienced has become more severe. This is then compounded by the greater difficulty in accessing coping mechanisms that may have been available before e.g. the ability to leave the house or access to counselling²³.

Mitigation

In order to help mitigate some of these consequences, it is important to look at what may be the best ways to address problem drinking. A global strategy released by the WHO, in order to reduce harmful alcohol usage, set out effective intervention measures to reduce national alcohol consumption²⁴. Alcohol taxation is one effective measure as it not only generates revenue for the government but also makes alcohol more expensive. Scotland went further with its alcohol pricing by introducing minimum unit pricing (MUP) in 2018. It is worth mentioning that minimum unit pricing is not a tax but a measure to ensure alcohol is priced at a level whereby it might reduce the volume consumed. The policy

set a base price for alcohol at a minimum of fifty pence per unit²⁵. When analysing the effects of MUP, Public Health Scotland commented on a decrease in alcohol consumption and a net decrease in alcohol sales in off-license premises compared to England and Wales²⁶. Although there is no definitive evidence that would indicate the effect of MUP during the COVID-19 pandemic, it has had an impact on decreasing alcohol sales which cannot be seen in the rest of the UK.

Another intervention measure recommended by the WHO is a complete ban on alcohol advertisement²⁴. In a time where the majority of the population is at home, television and media advertisement could not be more accessible, a complete ban on alcohol advertisement, particularly on these media, would be recommended. However, in its place it would be beneficial to have more advertisement or TV programmes on healthy eating, how to look after mental health, awareness on how much alcohol is too much, and how to begin to reduce intake if it is concerning.

The other intervention measures recommended by WHO surround restrictions on the days and hours of sale and the numbers of outlets selling alcohol²⁴. Scotland has already imposed restricted hours to buy alcohol which would be recommended for the rest of the UK²⁷. Earlier in this essay, we discussed how the supermarkets were responsible for the majority of off-license sales. Given that other off-license shops were allowed to remain open, perhaps there could be tighter restrictions on supermarket alcohol sales. This could be a complete ban on the sale of alcohol or stricter measures on the amount of alcohol individuals can buy. At the beginning of lockdown, many supermarkets chose to put a limit on how many toilet rolls or hand sanitizers people could buy. The same could be done for alcohol e.g. a limit on the amount of bottles or a limit on the volume.

In South Africa, there was a complete ban on alcohol sales beginning in April of last year. A study looking at the impact of the ban found a sharp reduction in patients admitted to hospital because of assault, accidents and sexual assault compared to before the lockdown. It also found another significant reduction in the number of unnatural deaths during that time. The paper commented that restricting alcohol completely has had a great effect in reducing alcohol consumption²⁸. However, historically, a complete prohibition on alcohol has proved to be damaging to industries and can be a factor in driving alcohol sales underground and into illegal markets²⁹. It is difficult to say whether it would work to impose such a ban in the UK but much tighter restrictions to accessibility would be a start. Another consideration may be to put more pressure on alcohol companies to produce products with lower alcohol content which might have a positive impact on changing the way society chooses to drink.

These are important methods of prevention on a national level. However, when looking at the main reasons people started or continued to drink during lockdown, these were attributed to loneliness, stress, and anxiety⁵. Looking at social isolation in particular, it is challenging to think of ways that are safe for people to interact with each other. During lockdown, many communities came together and organised outdoor activities at a two-metre distance e.g. bingo or dancing and exercising in the street. This should be encouraged in communities and support should be provided where necessary because of the benefit these activities have had on mental health. Examples might include support for volunteers who wish to start up such activities or, arranging road closures for certain periods of the day so people can take part in activities and stay safe.

Alcohol services should also be recognised as essential, and services should remain open with face-to-face contact as far as possible. These include alcohol clinics, where face-to-face contact was seen to have a positive effect on individuals abstaining from alcohol⁵. The government may also have to consider more money being invested in alcohol and mental health support as a consequence of the pandemic and the cuts that had been made prior to the beginning of the pandemic.

Conclusion

In this essay, we have discussed what the effects of the COVID-19 pandemic have been on the alcohol consumption of the people of the UK. It is evident that since the closure of on-licence premises, sales of off-license alcohol have increased. Despite as many people reducing their alcohol intake during lockdown as those who have increased it, those who have increased their intake have done so to a greater degree. This is important when trying to predict the health-related consequences increased intake will have and how it may affect the likelihood of an individual contracting COVID-19 – and therefore, how it might add to the strain on the NHS. Many of the national alcohol services were halted or moved online during lockdown. Because of this, it has become clear that there has not been sufficient support given

to those struggling with alcohol use disorders, those at risk of developing one, and those who are a victim of those affected. As the UK continues to battle COVID-19, it is necessary to reflect on what services will need to be protected in future lockdowns and what measures will need to be introduced to prevent individuals from slipping through the cracks.

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2020 Annual General Meeting



MINUTES OF THE ANNUAL GENERAL MEETING

11 November 2020 on Zoom

ITEM 1 WELCOME

Professor Sir Ian Gilmore, President of the MCA, took the Chair and welcomed all members to the meeting. He introduced the Medical Director; Dr Dominique Florin and the Treasurer, Mr Graham Warner.

ITEM 2 APOLOGIES

9 apologies were received, including Prof Colin Drummond.

ITEM 3 MINUTES OF ANNUAL GENERAL MEETING, HELD ON 13 November 2019

Members attending the meeting agreed that the AGM minutes from 2019 were a true record of proceedings. Their adoption was proposed by Dr Bruce Ritson and seconded by Dr Peter Rice.

ITEM 4 TREASURER'S REPORT

Professor Sir Ian Gilmore introduced the Treasurer, Mr Warner to the members. Mr Warner gave an overview of the finances for the 2019-20 period:

There was a significant decline in total funds, from £758,000 to £642,000. The primary cause was COVID-19 and its adverse effect on MCA's investment portfolio valuation. Some recovery in valuations has since taken place. Excluding that, MCA had a good year financially from its other activities. After a wobble a few years ago, when a distributor went bankrupt, Journal profit share has recovered and remains strong. Journal profit share increased to £112,000. A very successful Symposium resulted in a surplus of £6,500. Total expenditure for the year increased slightly to £197,000. MCA remains in a healthy position despite the reduction in net funds over the year.

Looking forward to the current year, a surplus of around £18,000 before investment gains or losses was being forecast. This was primarily due to a legacy of £13,000 received from the estate of Douglas Norgan, with the possibility of a further smaller amount to come. Journal profitshare for calendar 2020 was likely to be the same as the previous year, although OUP have advised of the possibility of a decline in 2021.

Dividend income from the investment portfolio in recent years has been in the range of £23,000-£26,000. However, as a result of COVID-19, dividends have been cut, deferred or stopped completely and MCA's income this year is likely to be £18,000-£20,000. The office move and related rent increase, has been deferred because of COVID-19 until at least January 2021.

Although the drop in the portfolio valuation in March was stomach churning, that is now recovering and overall MCA remains in a healthy financial position.

ITEM 5 REAPPOINTMENT OF GOLDWYNS, AS REVIEWING ACCOUNTANTS

The reappointment of Messrs Goldwyns for 2020/21 was proposed by Dr Iain Smith and seconded by Dr Chris Daly. Approve and accept 2019-20 accounts was proposed by Dr Peter Rice and seconded by Prof Jonathan Chick.

ITEM 6 MEDICAL DIRECTOR'S REPORT

Dr Florin said a special thank you to Mr Warner for his support through the year and his hard work. The MCA were mid-move as lockdown started, Dr Florin showed the members pictures of the old and new office, the MCA have contin-

ued working from home. Symposium is a key note event in MCA calendar, this time last year at the BMA saw a record income £6000 with Prof Nick Sheron giving Max Glatt lecture, high number of delegates and loyal sponsors. Dr Florin expressed thanks to Prof Colin Drummond for talks earlier in the year and decision to run AGM and webinar online. Fortunately, we have contacted all speakers and they have all agreed to present next year, with Dr Peter Rice as Max Glatt lecturer. The event is booked at the BMA 17th November 2021. Journal is a significant source of income for the MCA and is what we do, co-owned with Mr Paul Kidd and OUP who are experts at spotting icebergs ahead and we also have committed editors Prof Jonathan Chick and Prof Lorenzo Leggio. Prof Phillippe De-Witte retired last year, who was ESBRA editor. MCA have worked hard to keep ESBRA relationship, with Prof Sebastien Mueller ESBRA president attending our last Journal Committee meeting in September. Submissions have been up, going forward looking at papers on Meta-Analysis, review papers and RCT's alcohol and health field. Income has consistently increased, apart from a blip in 2016 however, as Mr Warner warned COVID-19 could affect this.

Another metric we follow is impact factor, which usually sits between 2-3, been a bit lower this year but hopefully will increase, we talk a lot about the impact factor. This is because it will attract better quality papers and be bought by academic consortia. Moving on to educational activities, MCA have been working with medical students we are now looking for post graduate quality improvement prize, Dr Florin has spoken to Jane Huge at the RCP to discuss further. Digital case-based discussions are something else the MCA are looking into, have had talks with the SSA. Students competition on Recovery, prize winning essay published in the Annual report. 2021 competition 'COVID-19, enough to drive you to drink' opens 1st January 2021. NAAD competition also in 2021, this is usually more visual rather than an essay. This will be to design a screen saver for student unions 'Alcohol from freshers to finals and beyond'. Dr Florin Thanked Committee chairs, Prof Gilmore who stepped today, RA's, Mr Warner our treasurer, editors and team at MCA office Ria Pearson and Clare Farrow, who have kept the show in the road despite obstacles.

Prof Sir Ian Gilmore thanked Dr Florin for all her hard work.

ITEM 7 CHAIRMAN'S REPORT

Prof Colin Drummond is still unwell and Prof Sir Ian Gilmore would like to send his best wishes for a speedy recovery. Prof Drummond's report is in the papers that were distributed.

ITEM 8 ELECTION OF OFFICERS

Dr Eilish Gilvarry and Dr Anne McCune – standing for re-election. Proposed by Dr Bruce Ritson and seconded by Dr Alisdair Young.

Professor Robin Touquet - retiring. Prof Gilmore thanked Prof Touquet for his long-standing service and support for the MCA and alcohol field in general.

Election of Dr Michael Dougan for the Executive Committee. Proposed by Dr Iain Smith and Seconded by Prof Jonathan Chick.

ITEM 9 BRIAN HORE

Following Dr Brian Hore's death, Prof Gilmore highlighted his outstanding contribution to the MCA and the alcohol field as a whole. Prof Gilmore advised he could do no better than to refer members to the obituary Dr Bruce Ritson published in Alcohol and Alcoholism.

ITEM 10 STUDENT ESSAY COMPETITION PRIZE

Three winners were announced;
1st Prize: Saranya Baleswaran,
2nd Prize: Shreyas Moodalbyle
3rd Prize: Gemma Swann

Prof Gilmore asked if any were present virtually. Dr Florin advised that Shreyas Moodalbyle and Gemma Swan were in attendance, just not 1st prize winner Saranya Baleswaran. Prof Gilmore congratulated the winners on their achievement.

ITEM 11 ANY OTHER BUSINESS

No other business.

Prof Gilmore thanked all who presented and Dr Florin advised that after AGM, people will be able to start joining the Alcohol and Covid webinar.



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MCA Committee Memberships



MCA COMMITTEES

EDUCATION COMMITTEE

Dr I Smith	BSc(Hons), MD, MBChB, FRCPsych, FRCPE (Chair)
Dr C Daly	MBChB, MSc, FRCPsych
Dr J Hyatt-Williams	MB MRCS, FRCA
Mr A Jugdoyal	RGN, RMN
Dr D Kirkham	MBChB, MRCP
Dr J Lisle	MSc, MBBS, FFPH
Dr MY Morgan	MBChB, FRCP
Dr A Thillainayagam	MD, MBChB, FRCP
Dr M Wrigley	MBBS, FRCA (from November 2020)

JOURNAL COMMITTEE

Dr P Rice	MBChB, FRCPsych (Chair)
Professor J Chick	MA, MPhil, DSc, FRCP(Ed), FRCPsych (Joint Chief Editor of Journal)
Professor L Leggio	MD, PhD, MSc (Joint Chief Editor of Journal)
Dr I Guerrini	MD, PhD
Dr MY Morgan	MBChB, FRCP
Dr A Thomson	BSc, MBChB, PhD, FRCP (Ed). FRCP



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Regional Advisors



REGIONAL ADVISORS

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ANGLIA RUSKIN UNIVERSITY CHELMSFORD	-		
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VAT no: 128992569

PATRONS

Lord Turnberg, Sir Graeme Catto,
Sir Miles Irving, Sir Kenneth Calman,
Professor Sir Michael Marmot

PRESIDENT

Professor Sir Ian Gilmore

VICE PRESIDENT

Dr Bruce Ritson

CHAIRMAN

Professor Colin Drummond

MEDICAL DIRECTOR

Dr Dominique Florin



The Medical Council on Alcohol
(A company limited by guarantee)

Report and Financial Statements
Year ended 31 March 2021

Charity number: 265242
Company number: 952312
VAT number: 128992569

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REPORT OF THE TRUSTEES & DIRECTORS OF THE MEDICAL COUNCIL ON ALCOHOL FOR THE YEAR ENDED 31 MARCH 2021

The Medical Council on Alcohol is a Registered Charity (Number 265242) and a Company Limited by Guarantee and not having a share capital (Company Registration Number 952312) as well as being VAT registered (128992569). It is governed by its Memorandum and Articles of Association dated 28 February 1967 under which one third of the Executive Committee is elected or re-elected at each Annual General Meeting. The Executive Committee appoints the Chairman and two Vice-Chairmen and is also entitled to appoint new Trustees and determine the method of their appointment.

The trustees are pleased to present their annual directors' report together with the financial statements of the charity for the year ended 31 March 2021 which are prepared to meet the requirements for a directors' report and accounts for Companies Act purposes.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Effective October 2019).

MEDICAL DIRECTOR'S REPORT

The whole of the period covered by this report has taken place during the Covid 19 pandemic. Whilst the current situation in the UK is relatively positive, both in respect of case rates and vaccinations, the same cannot be said regarding the world-wide situation and the future is very uncertain.

The MCA office is closed with no fixed date for reopening. The MCA team successfully migrated to working from home and this currently remains the case. The situation was complicated by the fact that the start of the first lockdown coincided with an office move to new RCP leased premises. The negotiation of new premises and a new lease was protracted but agreement had been reached however unfortunately the physical move was interrupted by Covid-19. This has caused some complications especially with regard to IT as the MCA office is still split between two premises. The RCP agreed to keep the old rental rate throughout the past year but this is likely to increase to the new rate shortly once the move is (hopefully) completed.

Despite the complications described above, the MCA has managed to continue its work with the aim of reducing alcohol-related health harm, primarily through educational means. We continued to work with health professionals in the alcohol and health harm arena including of course students, promoting education for this group; our Journal is highly regarded in the field; we support organisations which support health professionals themselves in difficulty with alcohol; and we remain committed to achieving evidence-based policy change through our links with the Alcohol Health Alliance and other organisations.

The planned 2020 MCA Symposium on Interventions and Recovery and Max Glatt lecture was cancelled due to Covid, with a view to holding it in better times in 2021. In its place we held a webinar on Alcohol and Covid, immediately after our online AGM. This was a new departure for the MCA in response to circumstances but in the event, it proved unexpectedly successful with a much higher attendance than normally achieved at our Symposia. Speakers included Peter Rice, Katherine Severi and Chris Daly and the event was chaired by MCA President Sir Ian Gilmore. The MCA team met the digital challenges and a good level of discussion was achieved. A recording of the webinar is available on the MCA website and has been viewed by many more than were able to attend on the day. The event was free to attend and to view on the website but was run at a minimal cost to the MCA.

Other regular educational projects included the annual student essay competition, this year on the theme of Recovery. A very large number of entries were received and the winners well deserved their prizes. Handbook sales which were already at a fairly low level, decreased further due to the difficulty of distribution during Covid. In any case work has been proceeding to develop new up to date digital alternatives for this stream of work.

Our excellent relationship with Oxford University Press, our Journal co-owners, and the dedication of the chief Editors, are key to the on-going success of Alcohol and Alcoholism. The Journal is our principal source of income and over the past year this has resulted in an income of £166,233 (2020: £163,760). At bi-annual Journal Committee meetings ways of continuing the Journal's success are discussed, including Special Issues on topics of particular importance, the challenges posed by the growth in open access publishing and maximising marketing opportunities. Fortunately, a feared possible decrease in income due to Covid-19 has thus far not materialised.

Our investment income of course depends on the performance of the financial markets, which have shown the volatility expected due to Covid-19. We have benefited from the oversight of our financial advisors Charles Stanley with whom members of the Executive Committee and the Treasurer meet regularly.

Our aim for the next year is to continue our activities to meet our mission of improved outcomes for patients with alcohol related health harm. We aim to do this while staying in budget which requires careful scrutiny of all our activities and maximisation of fundraising opportunities. The lessons we have learnt from the year past will certainly influence our work going forwards.

OUR PURPOSE AND ACTIVITIES

Objectives

The Council was established in 1967 for “the benefit of the community to provide an organisation of registered health care professionals with a view to the co-ordination of effort, the better understanding of alcoholism and its prevention and the treatment and after-care of alcoholics”.

Our purpose

- To ensure that all doctors, medical students, nurses and other professionals allied to medicine understand the risks to their patients from alcohol and act effectively to prevent and manage these.
- To work with health care professionals to increase their understanding of the risks associated with their own alcohol consumption and of the measures to address these.
- To promote scientific advancement in the understanding, prevention and management of alcohol-related harm through our Journal and other publications and activities.
- To work with other organisations on public health and policy interventions to reduce alcohol-related harm.

The vision that shapes our annual activities remains to create a workforce of health professionals educated and supported to reduce health harm from alcohol. Improving the competence of health professionals in the alcohol field will improve the quality of treatment for patients in the UK. The charity also supports healthcare professionals who have developed problems with their own use of alcohol.

In shaping our objectives for the year and planning our activities, the trustees have considered the Charity Commission’s guidance on public benefit, including the guidance ‘public benefit: running a charity’.



Educational Activities

We run a series of educational activities including student competitions, free leaflets and a yearly symposium. The income from this event is intended to ensure that the event itself is cost neutral, although our future strategy is to increase sponsorship and delegate income to create a small surplus to aid in covering the costs of educational activities. Our activities have the benefit of improving the competence of health care professionals, particularly at the beginning of their careers, to manage health harm from alcohol in their patients.

Membership

The MCA has a small membership body of 79, all from the healthcare field. The membership fees cover the cost of the thrice-quarterly newsletter and also allow the MCA to offer reduced rates for members to its educational events. Membership increases exposure to the MCA's activities, which in turn has increased the competence of health care professionals.

Journal

The MCA owns a 50% share with Oxford University press of the 'Alcohol and Alcoholism' journal. The income from the journal contributes towards the operational costs of the organisation. Within the next 3–5 years it is hoped that the impact factor will continue to increase and that the presence of the Journal in the US and Asia will have a positive influence on income. The Journal meets the MCA's vision and mission statements by contributing to the academic endeavours of improving the knowledge and understanding of alcohol-related health harm. This in turn improves the management of patients with alcohol-related health issues.

ACHIEVEMENTS AND PERFORMANCE

Performance Review 2020-2021

FINANCIAL GOAL	DID WE ACHIEVE IT?	COMMENTS
To generate a 4% yield on investments	NO	We received an approximate 3.5% yield on investments (£17,689).

EDUCATIONAL GOAL	DID WE ACHIEVE IT?	COMMENTS
To hold one AGM as stated in the MCA memorandum. To arrange one symposium with the aim to break even financially, and to have a minimum attendance of at least 100 people.	YES	The 2020 event was held online. It was well attended and had excellent feedback. It was free to delegates but was very low cost for the MCA.
To produce x3 copies of the newsletter 'Alcoholis'	YES	We produced 3 copies of the Alcoholis newsletter.

JOURNAL GOAL	DID WE ACHIEVE IT?	COMMENTS
To continue to increase the impact factor with the aspiration of achieving an impact factor of 2.5 - 3 within a 3-year period	NO	Annual impact factor was 2.078 with a 5-year impact factor of 2.475 (a slight decrease)

To produce 6 issues of A&A Journal a year, with at least 100 pages per edition	YES	
POLICY GOAL	DID WE ACHIEVE IT?	COMMENTS
To maintain links to the AHA (Alcohol and Health Alliance) and other organisations on issues of policy relevance e.g. minimum pricing	YES	Supported them financially as well as via social media
SUPPORT GOAL	DID WE ACHIEVE IT?	COMMENTS
To continue to work with the BDDG and SDT to promote both organisations and also sign post healthcare professionals suffering from an alcohol problem to these organisations	YES	Many links including committee membership and joint marketing at conferences

This year the Journal's impact factor decreased from 2.777 to 2.078. The MCA strengthened its links with the AHA by supporting them financially with a £1500 grant whilst we also highlighted each other's social media campaigns. The MCA also continued to work closely with the BDDG (British Doctors and Dentists Group) and the SDT (Sick Doctors Trust).

The MCA Webinar in 2020 was entitled 'Alcohol and Covid' and had over 200 attendees. The plans for the 2021 Symposium are currently under review, given the Covid-19 situation.

FINANCIAL REVIEW

The MCA recorded a net income for the year of £40,341 (2020: £18,101) before realised and unrealised investment gains of £184,988 (2020: losses of £134,807) showing a net increase in funds for the year of £225,329 (2020: £116,706 decrease). At the year end the Council had net funds of £867,170 (2020: £641,841).

Income

No Symposium was held during the year and so MCA received no income from this source. However, this shortfall was more than mitigated by the receipt of a legacy during the period of £16,000.

Journal income showed a small increase over the previous year to £166,233 (2020: £163,760), continuing its recent run of strong financial returns.

No income was received from Handbook sales during the year. Given the remaining copies are somewhat outdated and in poor condition, the decision has been taken not to market them further.

Primarily as a result of companies reducing or eliminating dividends entirely as they felt the financial consequences of the Covid-19 pandemic, dividends and interest income from investments for the year declined to £17,689 (2020: £22,026).

Expenditure

Total expenditure for the year was £166,182 (2020: £196,699). The significant decline compared to the previous year is partly due to no expenditure being incurred in respect of the Symposium. The overall effect of 'working from home' was to reduce MCA's activities and related expenses, as well as a number of overhead costs.

The intended increased cost of MCA's premises at the RCP did not take effect during the year and has been postponed to the 2021 / 2022 financial year.

Our Membership and Symposium Policies

The MCA has two pricing policies, one with regards to its membership and one with regards to its events. Both policies reflect our strategy of being accessible and cost effective to all types of healthcare professionals especially as budgets within the NHS are very strict at present, whilst aiming for the MCA to remain financially viable.

Investment Powers and Policy

The Council has appointed Charles Stanley and Co. as MCA's investment managers and members of the Executive Committee and the Treasurer have regular meetings with the investment manager to monitor performance. The investment manager is aware of the Council's ethical stance on alcohol-related investments.

The value of MCA's investment portfolio increased significantly as financial markets recovered following governments' measures to protect their economies from the effects of Covid - 19. At the time of writing this report the portfolio's recovery had been maintained into the current financial year.

At 31 March 2021 the carrying value of the investment portfolio, which excludes dividends received and is after charging investment management fees, had increased in value over the year by £183,531 (2020: decrease of £140,116) to £700,739 (2020: £521,262).

Reserves Policy

The Council's policy is that it will at all times seek to retain sufficient cash and easily liquidated investments to cover at least 9 months estimated future expenditure, which in 2020/2021 was approximately £130,000. At the year-end cash at bank and investments amounted to approximately £880,674. All investment holdings are considered to be capable of being liquidated quickly should the need arise.

Aims for the Future

The council's continuing aim is for its income and expenditure to be in reasonable balance before any major charitable projects. The Council's intention is to put income from its activities towards financing such projects, whilst being aware that there may be occasions when a project is of such importance that it may be appropriate to support out of the Council's retained funds.

We will continue to strengthen our links with healthcare professionals through our membership, educational activities and Journal as well as using social media to raise the profile of the organisation.

Through our collaboration with OUP, we will continue to work to increase the income generated from the Journal. In particular we are targeting an increase in the impact factor and the reach of the Journal in the USA particularly and other parts of the world.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The Medical Council on Alcohol is a company limited by guarantee governed by its Memorandum and Articles of Association dated 1967. It is registered as a charity with the Charity Commission.

The Council is governed by the Executive Committee and its subordinate Committees: Education, Public Health and Journal. There is a network of Regional Advisors associated principally with Medical Schools and Universities, and a current membership of 79. Members of the Executive Committee are Directors under Company Law and Trustees under Charity Law. Members of the Company guarantee to contribute an amount not exceeding £1 each to the assets of the Company in the event of a winding-up during their membership or within one year of their ceasing to be a member. The total of such guarantees at 31 March 2021 was £79 (2020: £88).

Appointment of Trustees

Under the company's articles, directors of the company are known as members of the Executive Committee. Under the requirements of the Memorandum and Articles of Association the members of the Executive Committee are elected to serve for a period of three years after which they must be re-elected at the next Annual General Meeting. The directors retire by rotation and, if eligible, can offer themselves for re-election.

Most trustees are already familiar with the practical work of the Charity. Additionally, new trustees are encouraged to attend meeting sessions to familiarise themselves with the Charity and the context within which it operates.

Trustee Induction and Training

New trustees are briefed on their legal obligations under charity and company law, the Charity Commission guidance on public benefit and receive a copy of the Memorandum and Articles of Association. New trustees are presented with any recent financial documents and business plans.

Organisation

The board of trustees, which can have up to 30 members, administers the charity. The board normally meets three times a year and there are sub-committees covering investments and financial strategy which meet twice a year. A Chairman is appointed by the trustees to manage the day-to-day operations of the charity. To facilitate effective operations, the Chairman has delegated authority, within the terms of delegation approved by the trustees, for operational

matters including finance, employment and membership to the Medical Director and other committees (Education & Journal).

Related Parties and Co-operation with other Organisations

The Medical Council on Alcohol has formal Agreements only with the Journal Publisher (Oxford University Press) and the European Society for Biological Research into Alcohol (a charity with similar objectives, subject to Belgian National Law, but administered from Vienna).

In pursuance of its charitable objectives The Medical Council on Alcohol co-operates with bodies such as the Sick Doctors Trust, the Alcohol Health Alliance and the British Doctors' and Dentists' Group but has no formal relationship with these bodies.

The Medical Council on Alcohol became affiliated to the Royal College of Physicians in 2006: this affiliation does not affect the independence of The Medical Council on Alcohol as a Charity.

Pay Policy for Senior Staff

The directors, who are also the trustees, give of their time freely and no director received remuneration in the year. Details of directors' expenses are related party transactions and are disclosed in note 9 in the accounts.

The pay of MCA staff is reviewed annually in accordance with pay scales in other comparable medical organisations.

Risk Management

The Council is exposed to operational and financial risks as a result of its operating activities. To mitigate these risks a system of internal financial controls has been implemented that is designed to provide reasonable (although not absolute) assurance against material misstatement or loss.

The trustees have a risk management strategy which comprises:

- An annual review of the principal risk and uncertainties that the charity faces;
- The establishment of policies, systems and procedures to mitigate those risks identified in the annual review;
- The implementation of procedures designed to minimise or manage any potential impact on the charity should those risks materialise

This work has identified that financial sustainability is the major financial risk for the charity. A key element in the management of financial risk is a regular review of the investment portfolio and active management of debtors and creditors balances to ensure sufficient working capital.

The Council is also exposed to market risk as a result of holding investments in equities and bonds. To manage this risk the Council has given clear guidelines to the investment manager with regards to the investment strategy to be followed and receives regular reports from the investment manager on the performance of the portfolio. Members of the Executive Committee and the Treasurer meet regularly with the manager to review investment performance.

Attention has also been focused on non-financial risks arising from fire and health and safety issues. These risks are managed by ensuring that all office machines are PAT tested regularly, having set policies and procedures in place, maintenance of equipment, back up of data to an external server and regular staff training.

REFERENCE AND ADMINISTRATIVE DETAILS:

Charity number: 265242

Company number: 952312

VAT number: 128992569

Registered Office: 2 St Andrews Place, London NW1 4LB

Our Advisors:

Independent Examiner:	Martin Myers, Goldwyns	109 Baker Street, London, W1U 6RP
Bankers:	Natwest	PO Box 2021, London, W1A 1FH
Investment Manager:	Charles Stanley	25 Luke Street, London, EC2A 4AR

The directors of the charitable company (the charity) are its trustees for the purpose of charity law. The trustees as at 31 March 2021 were as follows:

OFFICERS President Vice President	Professor Sir Ian Gilmore Dr Bruce Ritson,	MD, FRCP, DL OBE, MD, FRCPsych, FRCP (Ed)
EXECUTIVE COMMITTEE Officers: Chairman Education Committee Chair Journal Committee Chair	Prof Colin Drummond Dr Iain Smith Dr Peter Rice	MB ChB, MD, FRCP, FRCPsych, FFPH, FRCGP(Hon) MB ChB, BSc, FRCPsych MB ChB, FRCPsych
Members:	Prof Jonathan Chick, Dr Claire Gerada, Prof Eilish Gilvary, Dr Anne McCune, Dr Zulfiquar Mirza, Dr Marsha Morgan, Dr Andrew Thillainayagam, Dr Alistair Young Dr Michael Dougan (from March 2021)	MA, MPhil, DSc, FRCP(Ed), FRCPsych MBE, FRCP, FRCGP, MRCPsych FRPsych, MRCGP, DCH, FRCPI MD, FRCP MBChB, DCH, DRCOG, MRCP, FRCPS, FFAEM, Tox FRCM MB ChB, FRCP MD, FRCP MB ChB, MRCPsych MB, ChB, LLB, DA. (UK), FFARCSI, CCGPT

In attendance:		
Honorary Treasurer:	Mr Graham Warner	MBA, FCA
Medical Director:	Dr Dominique Florin	MA, MB BS, MRCCP, MD, FFPHM
Executive Assistant:	Mrs Ria Pearson	
Admin Assistant:	Ms Clare Farrow	BA(Hons), AISTD
Board Resignations (AGM 2020)	Prof Robin Touquet,	R.D., FRCEM
Distinguished Fellows	Professor Peter Brunt	CVO, OBE, MD, FRCP, FRCP(Ed),FRCS(Ed)
	Dr Brian Hore (passed away 26th July 2020).	BSc, MB BS, MPhil, FRCP, FRCPsych

Trustees' responsibilities in relation to the financial statements

The trustees (who are also directors of The Medical Council on Alcohol for the purposes of Company Law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year. Under Company Law, the trustees must not approve the Financial Statement unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for the year. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP (FRS 102);
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

On behalf of the board:

Dr Dominique Florin
Medical Director

Date: 23rd June 2021



INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF THE MEDICAL COUNCIL ON ALCOHOL FOR THE YEAR ENDED 31 MARCH 2021

I report to the charity trustees on my examination of the accounts of the company for the year ended 31 March 2021 which are set out on pages 18 to 34.

Responsibilities and Basis of Report

As the charity trustees of the company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your company's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.


Independent Examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities, applicable to charities preparing their accounts in accordance with the Financial reporting standard applicable in the UK (FRS102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached

MARTIN MYERS, FCA CTA
GOLDWYNS Chartered Accountants
109 Baker Street
London
W1U 6RP

A handwritten signature in black ink, appearing to read 'M. Myers', with a long, sweeping horizontal line extending to the right.

Date: 23rd June 2021

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2021

	Notes	2021			2020
		TOTAL	Unrestricted	Restricted	Total
Income		£	£	£	£
From generated funds					
Voluntary Income:					
Donations and Legacy Income	4	17,381	16,000	1,381	1,739
Membership		3,580	0	3,580	3,870
Investment Income	6	17,689	17,689	0	22,026
		<u>38,650</u>	<u>33,689</u>	<u>4,961</u>	<u>27,635</u>
From charitable activities					
Journal		166,233	114,558	51,675	163,760
Symposium		0	0	0	20,687
Publication Sales	5	0	0	0	2,022
Other Incoming Resources:					
Sundry Income		1,640	1,640	0	696
		<u>167,873</u>	<u>116,198</u>	<u>51,675</u>	<u>187,165</u>
Total Income		206,523	149,887	56,636	214,800
Expenditure					
Charitable Activities	7a // 7b	114,469	57,833	56,636	140,011
Governance & Administration	7c	51,046	51,046	0	56,055
Other		667	667	0	633

Total Expenditure		166,182	109,546	56,636	196,699
Net Incoming/(Outgoing) Resources		40,341	40,341	0	18,101
Gains / (Losses) on Investments					
Realised investment gains		1,457	1,457	0	5,309
Change in value of the investment portfolio		183,531	183,531	0	(140,116)
		184,988	184,988	0	(134,807)
Net surplus / (deficit) and Net Movement in Funds for the year		225,329	225,329	0	(116,706)
Reconciliation of Funds					
Total funds Brought Forward		641,841	641,841	0	758,547
Total funds Carried Forward	16	867,170	867,170	0	641,841

The statement of financial activities includes all gains and losses in the year. All income and expenditure derive from continuing activities. The notes on pages 22 to 34 form part of these financial statements.

BALANCE SHEET AS AT 31 MARCH 2021

	Notes	31st March 2021	31st March 2020
		£	£
Fixed Assets			
Listed Investments	12	700,739	521,262
Total Fixed Assets		700,739	521,262
Current Assets			
Debtors	13	12,238	89,911
Cash at Bank & in Hand		179,935	58,053
Total Current Assets		192,173	147,964
Liabilities			
Creditors due within 1 year	14	25,742	27,385
Net Current Assets		166,431	120,579
Total Assets less Current Liabilities		867,170	641,841
The funds of the charity			
Unrestricted funds	15	776,274	734,476
Restricted funds		0	0
Revaluation Reserve	15a	90,896	(92,635)
Total Funds		867,170	641,841

For the year ended 31 March 2021 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies and under the Charities Act 2011.

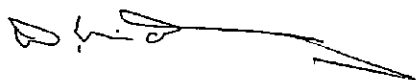
Directors' responsibilities:

- The members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 476;
- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts

Approved by the Executive Committee on 23 June 2021 and signed on its behalf,

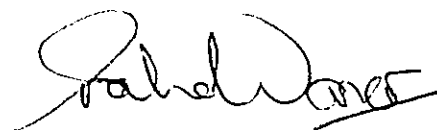
Professor C Drummond,

Chairman, Executive Committee



Mr G Warner, MBA, FCA

Honorary Treasurer



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

1. Accounting Policies

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a) Basis of Preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Effective October 2019) – (Charities SORP (FRS 102)) and the Companies Act 2006.

The MCA meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

b) Income

Income is accounted for gross (excluding Value Added Tax where applicable) when receivable, as long as it is capable of financial measurement. This includes donations, subscriptions, income from publications and investment income. Income received in advance of a specific event is deferred until the criteria for income measurement are met.

c) Interest Receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the Bank.

d) Fund Accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the MCA's work or for specific projects being undertaken by the charity.

e) Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably

All expenditure is accounted for gross or net of value added tax where applicable, and when incurred. Rentals paid under operating leases are charged to the income and expenditure account on a straight-line basis over the term of the lease.

f) Allocation of Support Costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Seventy five percent of staff costs, rent/service charge, rates, insurance, and office expenses have been allocated to the charitable activities listed in note 7b.

g) Operating Leases

The charity leases its premises from the Royal College of Physicians. The lease is renewed periodically. The current lease expired on 31st December 2019 and the MCA is in discussions with the RCP about future arrangements (see note 17).

h) Tangible Fixed Assets

Depreciation on office equipment is provided on a straight-line basis at a rate of 20% per annum. Items of expenditure are capitalised where the purchase price exceeds £1,000.

i) Debtors

Debtors are recognised initially at fair value. Trade and other debtors are recognised at the amount due on the day they arise. Prepayments are amounts paid in advance and are stated at the actual amount that has been prepaid.

j) Cash at bank and in hand

Cash at bank and cash in hand includes cash and deposits in the bank or similar accounts.

k) Investments

The listed investment portfolio is stated at market value.

l) Foreign Currencies

Transactions in foreign currencies are translated into sterling at the rate of exchange ruling at the date of execution. Exchange differences are taken to the SOFA. Assets and liabilities in foreign currencies are translated into sterling at the rate of exchange ruling at the balance sheet date.

m) Creditors and Provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event or activities and the amount due to settle the obligation can be measured or estimated reliably.

n) Financial Instruments

The MCA only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

o) Pensions

The Medical Director of the charity receives an employer's contribution to a NHS pension on a monthly basis. The MCA is part of the NEST scheme with employer contributions in line with the government approved percentage. If staff meet the government requirements for a pension, then the MCA pay into either NEST on their behalf or into a private pension scheme at the same rate as the NEST scheme.

p) Going Concern

The Financial Statements have been prepared on a going concern basis as the trustees believe that no material uncertainties exist. The trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these Financial Statements. The budgeted income and expenditure coupled with the level of reserves is considered sufficient for the charity to be able to continue as a going concern.

2. Legal Status of the Charity

The MCA is a company limited by guarantee and has no share capital. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

For the purposes of the Companies Act, the persons regarded as Directors and the Board of Directors respectively, are the Members of the Executive Committee.

3. Financial Performance of the Charity

The statement of financial activities shows the overall income and expenditure of the charity.

4. Income from Donations and Legacies

Donations	2020-2021	2019-2020
	£	£
GiftAid	1,149	1,512
Member & Product donations	232	22
Unrestricted Legacies	16,000	0
	17,381	1,739

The income from donations and legacies was £17,381 (2020: £1,739) of which £16,000 was unrestricted (2020: £0) and £1,381 restricted (2020: £1,739).

The MCA benefits greatly from the involvement and enthusiastic support of its many board members, Regional Advisors and volunteers, details of which are given in our annual report. In accordance with FRS 102 and the Charities SORP (FRS 102), the economic contribution of these people is not recognised in the accounts.

5. Income from Charitable Activities

	Unrestricted funds 2020-2021	Unrestricted funds 2019-2020
	£	£
Income from Symposium:	0	20,687

Gross income from handbook sales	0	2,022
Total income from charitable activities	0	22,709

6. Investment Income

The MCA's investment income of £17,689 (2020: £22,026) arises from dividends received during the financial period and any interest received on the MCA's bank account.

During the financial period a number of investment holdings were sold resulting in a realised gain of £1,457 (2020 gain: £5,309).

7. Expenditure

7(a) Breakdown of costs by charitable activities (See note 16 for details of Restricted Expenditure):

	Direct Costs	Support	Total
	£	£	£
Journal (inc.Committee)	34,851	5,103	39,954
Member Communication	2,000	20,411	22,411
Education (External Events)	–	15,308	15,308
Education (Publications)	–	5,103	5,103
Education (Other)	–	2,041	2,041
Education (Symposia)	76	23,473	23,549
Education (Competitions)	1,000	5,103	6,103
	37,927	76,542	114,469

7(b) Analysis of costs by financial activity

	TOTAL	5% Journal	20% Member Com	15% Education: External Events	5% Education: Publications	2% Education: Other	23% Education: Symposium	5% Education Comp	25% Governance & Admin
	£	£	£	£	£	£	£	£	£
Staff	81,285	4,064	16,257	12,193	4,064	1,626	18,696	4,064	20,321
Premises	14,080	704	2,816	2,112	704	282	3,238	704	3,520
Other Office	6,691	335	1,338	1,003	335	133	1,539	335	1,673
	102,056	5,103	20,411	15,308	5,103	2,041	23,473	5,103	25,514
	Total	76,542							25,514

7(c) Governance and Administration costs:

	2020-2021	2019-2020
	£	£
Support Costs	25,514	27,529
Professional Fees	19,531	18,336
Executive Committee Costs	–	2,556
Annual General Meeting	–	2,649
Investment Management	4,416	4,900
Funding / Subscriptions	1,585	85
TOTAL	51,046	56,055

8. Net Income/(expenditure) for the year

This is stated after charging:	2020-2021	2019-2020
	£	£
Operating leases	14,080	14,980
Bank interest receivable	(40)	(171)
Accountancy services	7,548	7,563

9. Analysis of staff costs, trustee remuneration and expenses

	2020-2021	2019-2020
	£	£
Wages and Salaries	72,058	71,670
Social Security contributions	2,307	3,296
Pension contributions	6,423	5,880
Staff Travel	496	1,255
Recruitment costs	–	4,608
Total	81,284	86,709
Average number of employees during the year	3	3

No trustees were paid or received any other benefits from employment with the organisation in the year (2020: £nil) other than Professor J Chick who received an Honorarium for his editorship of the Journal which totalled £16,000.

No charity trustee received payment for professional or other services supplied to the charity (2020: £nil). No payments were made to (2020: £1,562 to 14 members) Executive Committee members in reimbursement of travelling expenses incurred in attending meetings. No employees had remuneration and employee benefits in excess of £60,000.

10. Staff Numbers

The MCA employs 3 part time members of staff. It also employs additional part-time staff when necessary, during peak activity times (e.g. Symposium, other events etc).

11. Taxation

The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects.

12. Fixed Assets – Listed Investments

	2020-2021	2019-2020
	£	£
Cost of investments at start of financial year	586,860	555,179
Additions at cost during the year	57,324	56,072
Disposals during the year	(41,438)	(29,700)
Realised gains on investments during the year	1,457	5,309
<i>Cost of investments at end of financial year</i>	604,203	586,860
Unrealised gains (loss) at year end	90,896	(92,635)
<i>Market Value at end of financial year</i>	695,099	494,225
Cash held pending investment	5,640	27,037

Total	700,739	521,262
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All investments were listed on a recognised stock exchange.

13. Debtors: Amounts Falling Due Within One Year

	2020-2021	2019-2020
	£	£
Prepayments & Accrued Income	12,238	12,880
Trade Debtors	-	77,031
Total	12,238	89,911

14. Creditors: Amounts Falling Due Within One Year

	2020-2021	2019-2020
	£	£
Accruals & Deferred Income	13,764	12,824
Trade Creditors	1,369	2,782
Other Creditors	-	67
VAT payable	10,609	11,712
Total	25,742	27,385

15. Analysis of Net Assets Between Funds

	2020-2021	2019-2020
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	£	£
Unrestricted Funds, Net Current Assets	776,274	734,476
Unrealised (gains) loss on revaluation of investments	90,896	(92,635)
Restricted Funds, Net Current Assets	0	0
Total	867,170	641,841

15a. Movement in Revaluation Reserve

	2020-2021	2019-2020
Brought Forward balance at 1 April	(92,635)	47,481
Net movement for the year	183,531	(140,116)
Balance at 31 March	90,896	(92,635)

16. Movement in Funds

Unrestricted Funds:	2020-2021	2019-2020
	£	£
At 1 April	641,841	758,547
Transfer from restricted funds	0	0
Net Movement in funds for year	225,329	(116,706))
At 31 March	867,170	641,841
Restricted Funds:	2020-2021	2019-2020
	£	£
At 1 April	0	0

Income	56,636	79,993
Expenditure	56,636	79,993
Transfer to unrestricted funds	0	0
At 31 March	0	0

Restricted funds received during the year and their subsequent expenditure was for:

Restricted Funds (in detail)	Amount	Expenditure
<i>GiftAid Donations:</i> Donations by members for members only activities, such as AGM costs	£1,381	Members contribution towards AGM costs (to aid in covering costs)
<i>Membership:</i> The MCA receives yearly subscriptions to pay for member activities	£3,580	AGM costs, newsletter, website and member activity costs
<i>Journal:</i> The MCA receives monthly income from Oxford University Press to contribute to editorial and board expenses	£51,675	Editors' honoraria and board meetings
	£56,636	

17. Operating Lease Commitments

MCA's lease on premises it occupies at the Royal College of Physicians expired on 31 December 2019. A lease for new premises has been provisionally agreed with the College at an approximate annual cost of £19,867 (including service charge). Finalisation and signature of the new lease, as well as the move to the new premises has been deferred as a result of the Covid-19 pandemic. Pending the resolution of these matters, MCA has continued to pay rent and service charges based on the terms of the previous lease.

The combined rent and service charges in respect of leased premises included in these accounts is £14,080 (2020: £14,980).

18. Post Balance Sheet Events

There are no post–balance sheet events to report.

19. Related Parties

Other than the items shown in Note 9 above, there are no related party transactions that require disclosure.

Messrs Goldwyns
109 Baker Street
London
W1U 6RP

23rd June 2021

Dear Sirs

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your independent examination of the company's financial statements for the year ended 31 March 2021. These enquiries have included inspection of supporting documentation where appropriate. All representations are made to the best of our knowledge and belief.

General

- 1 We acknowledge that the work performed by you is substantially less in scope than an audit performed in accordance with International Standards on Auditing (UK) and that you do not express an audit opinion.
- 2 We confirm that the company qualifies as small in accordance with the conditions set out in chapter 1 of part 15 of the Companies Act 2006.
- 3 We confirm that the company was entitled to exemption under section 144 of the Charities Act 2011 the requirement to have its financial statements for the financial year ended 31 March 2021 audited. We also confirm that the members have not required the company to obtain an audit of its financial statements for the financial year in accordance with section 476 of the Companies Act 2006.
- 4 We have fulfilled our responsibilities as directors / trustees as set out in the terms of your engagement letter dated 26 April 2019, under the Companies Act 2006 for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), for being satisfied that they give a true and fair view and for making accurate representations to you.

An independent charity in affiliation with the Royal College of Physicians

Charity No:
265242

Regents Park

Company
No:92312

Regents Park

VAT No:
128992569

Regents Park

- 5 All the transactions undertaken by the company have been properly reflected and recorded in the accounting records.
- 6 All the accounting records have been made available to you for the purpose of your independent examination. We have provided you with unrestricted access to all appropriate persons within the company, and with all other records and related information requested, including minutes of all management and trustee meetings and correspondence with The Charity Commission.
- 7 The financial statements are free of material misstatements, including omissions.

Assets and liabilities

- 8 The company has satisfactory title to all assets and there are no liens or encumbrances on the company's assets, except for those that are disclosed in the notes to the financial statements.
- 9 All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.
- 10 We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.

Accounting estimates

- 11 Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

Loans and arrangements

- 12 The company has not granted any advances or credits to, or made guarantees on behalf of, directors / Trustees.

Legal claims

- 13 We are not aware of claims in connection with litigation that have been, or are expected to be, received for disclosure or accounting in the financial statements.

Laws and regulations

- 14 We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

Related parties

- 15 Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters

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which require disclosure in order to comply with legislative and accounting standards requirements.

Subsequent events

- 16 All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed.

Going concern

- 17 We believe that the company's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will be more than adequate for the company's needs. We have considered a period of twelve months from the date of approval of the financial statements. We believe that no further disclosures relating to the company's ability to continue as a going concern need to be made in the financial statements.

Grants and donations

- 18 All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions in the application of such income.

Internal Control and Fraud

1. We acknowledge our responsibility for the design, implementation and maintenance of internal control systems to prevent and detect fraud and error. We have disclosed to you the results of our risk assessment that the financial statements may be misstated as a result of fraud.
2. We have disclosed to you all instances of known or suspected fraud affecting the entity involving management, employees who have a significant role in internal control or others that could have a material effect on the financial statements.
3. We have also disclosed to you all information in relation to allegations of fraud or suspected fraud affecting the entity's financial statements communicated by current or former employees, analysts, regulators or others

Yours faithfully

FOR AND ON BEHALF OF

The Medical Council on Alcohol

DIRECTORS



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Date: 23rd June 2021

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