



Public Health
England

Alcohol: public health challenge

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NO ORDINARY COMMODITY

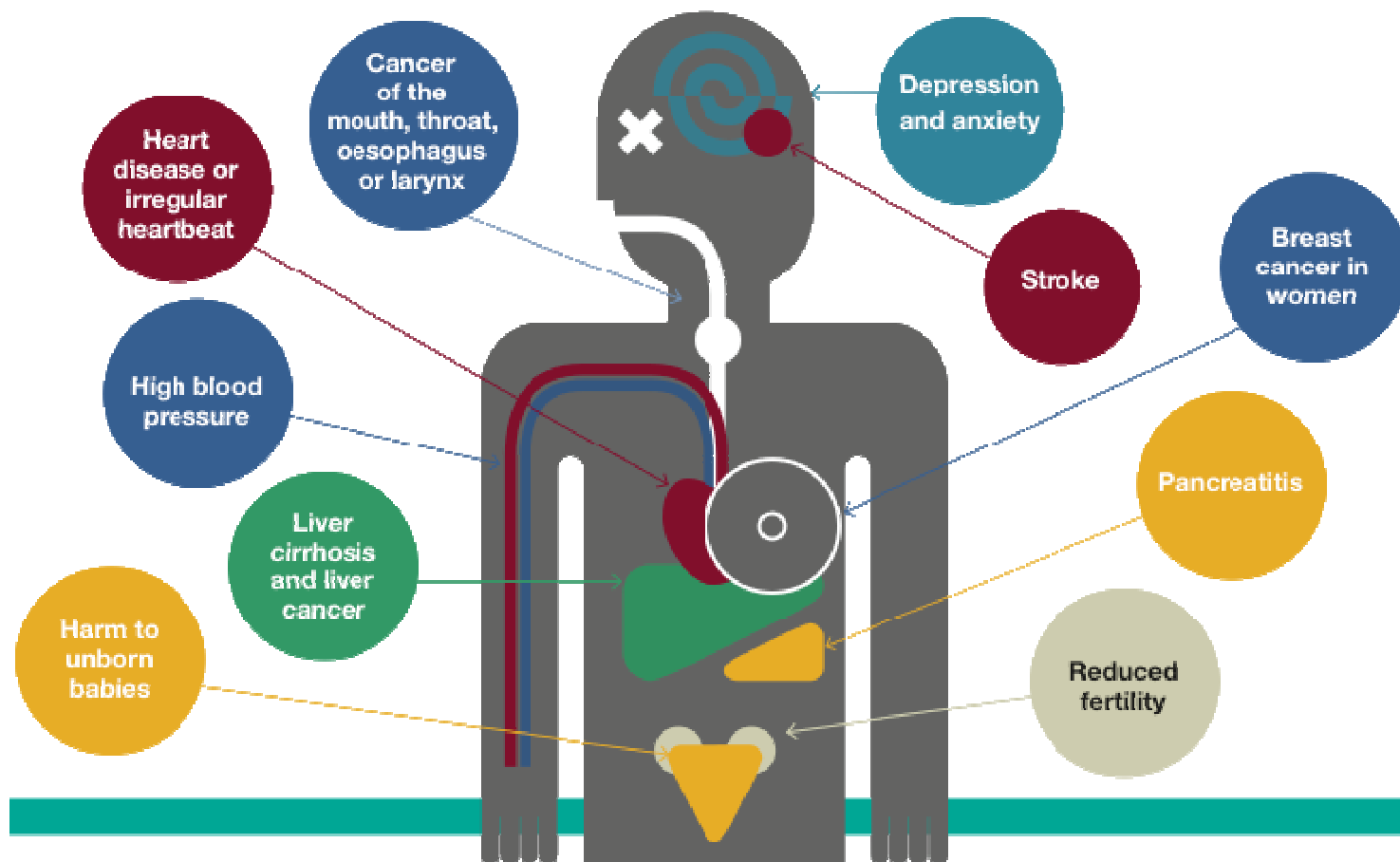


Current levels of consumption come at a significant cost to:

- Individuals
- Children and families
- Others and society



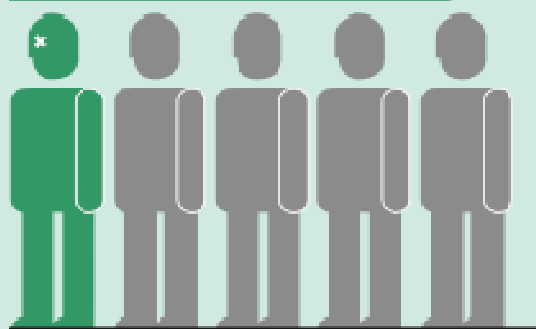
Alcohol harms health





Alcohol misuse impacts on the NHS

Primary Care



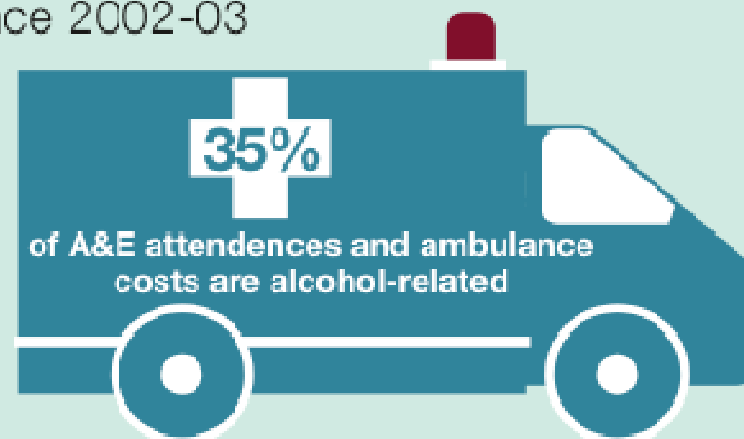
1 in 5 adults seeing a GP drinks at hazardous or harmful levels

Problem drinkers consult their GPs twice as often as average patients

Acute and secondary care

1,200,000

alcohol-related admissions to hospitals in England in 2011-12 – more than doubled since 2002-03



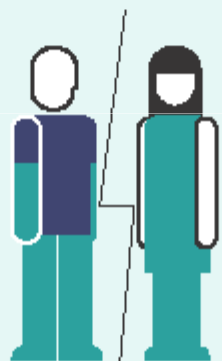
Alcohol is the biggest lifestyle health risk factor after tobacco



Alcohol misuse harms families and communities

1
2

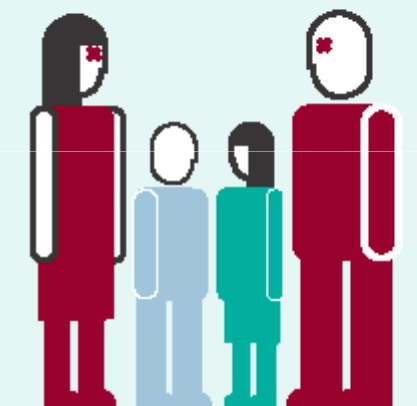
Almost **half**
of violent
assaults



Domestic
violence and
marital
breakdown



27% of
serious
case
reviews
mention
alcohol
misuse



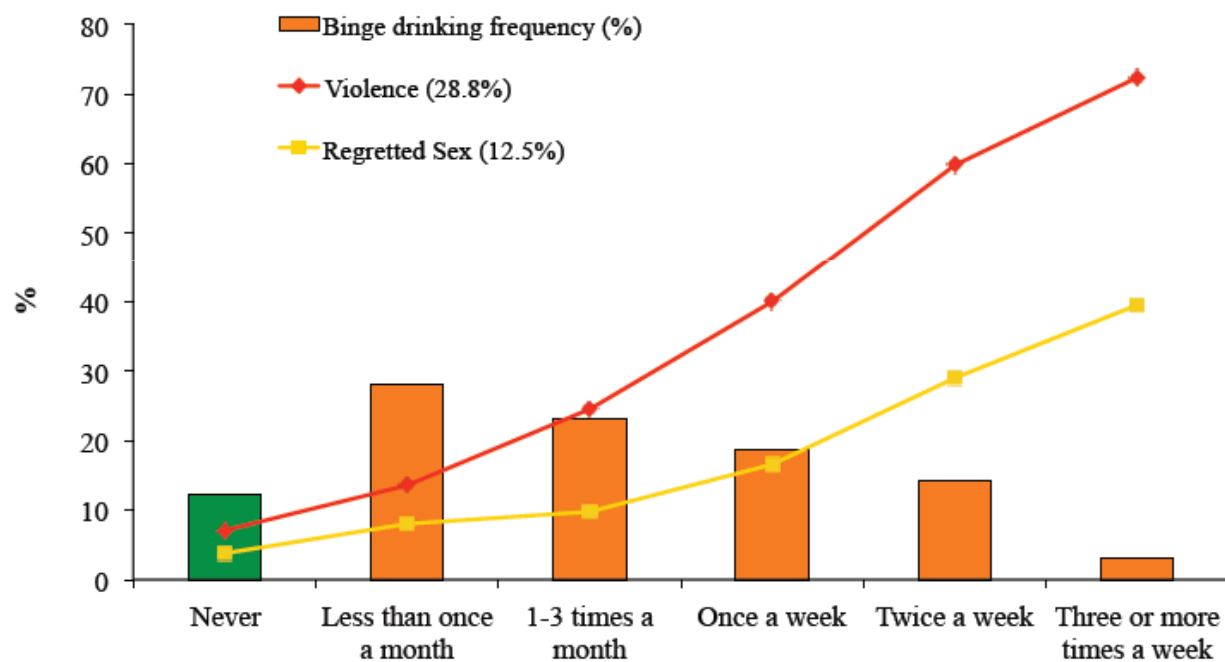
Physical, psychological
and behavioural problems
for children of parents
with alcohol problems



16% of road
fatalities



Harms in 15 & 16 year olds



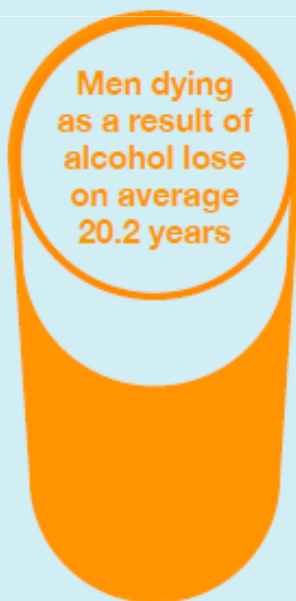
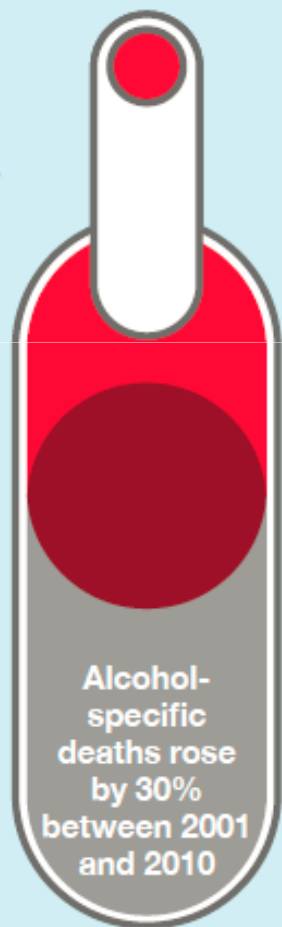
Binge drinking frequency (5+ drinks)

Bellis et al, 2009

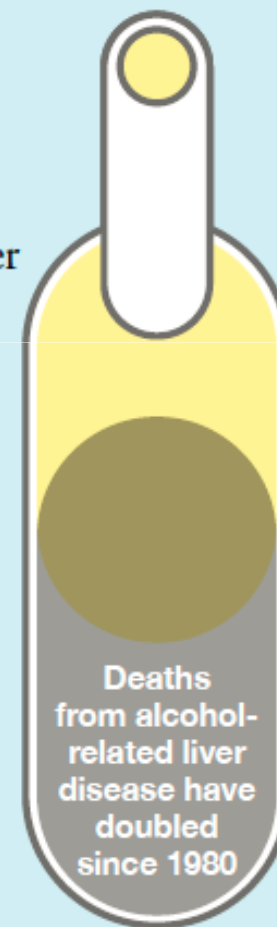


Alcohol misuse leads to many deaths

15,479 people died from alcohol-related causes in 2010

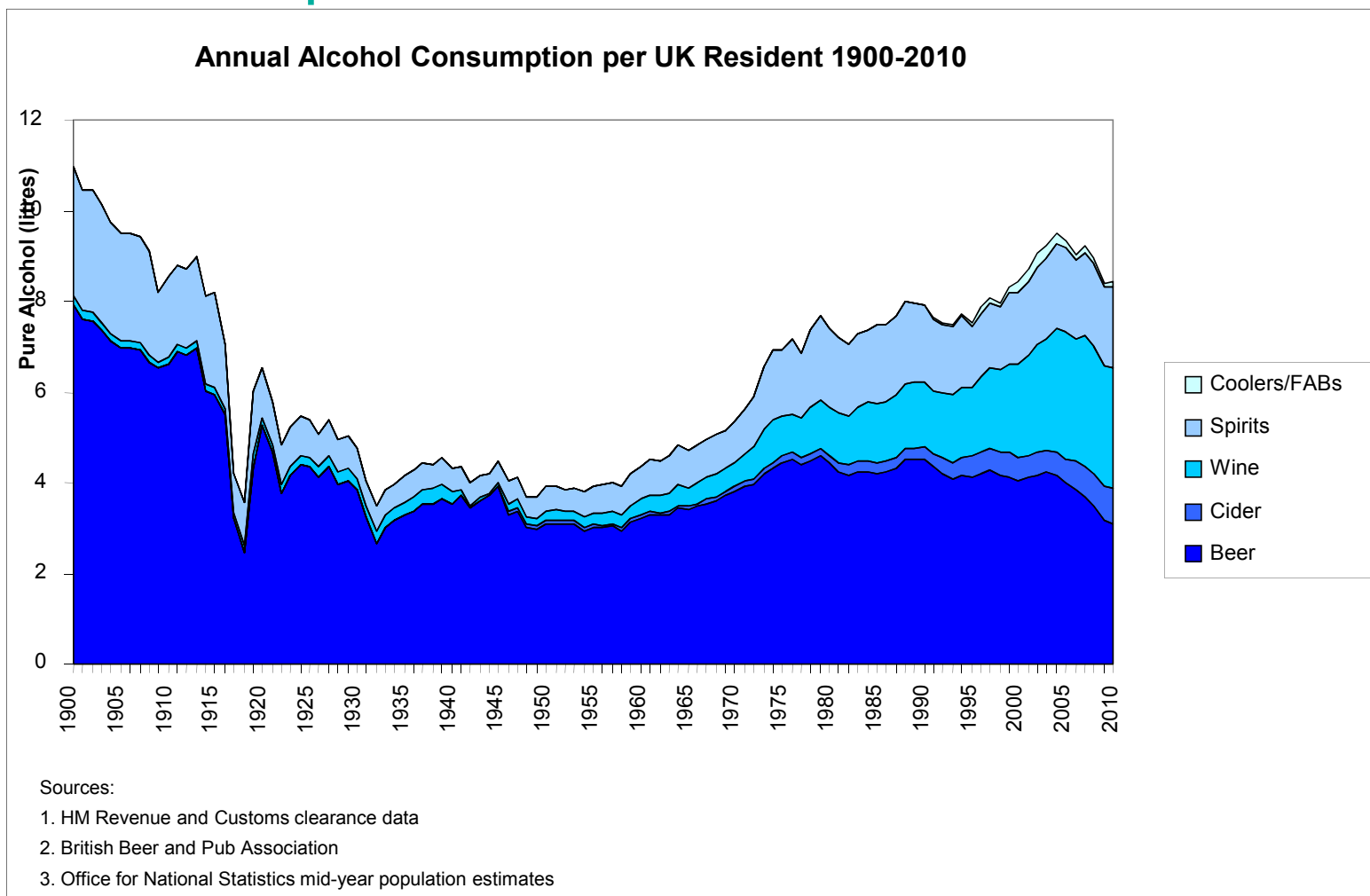


People dying from alcohol-related liver disease are getting younger





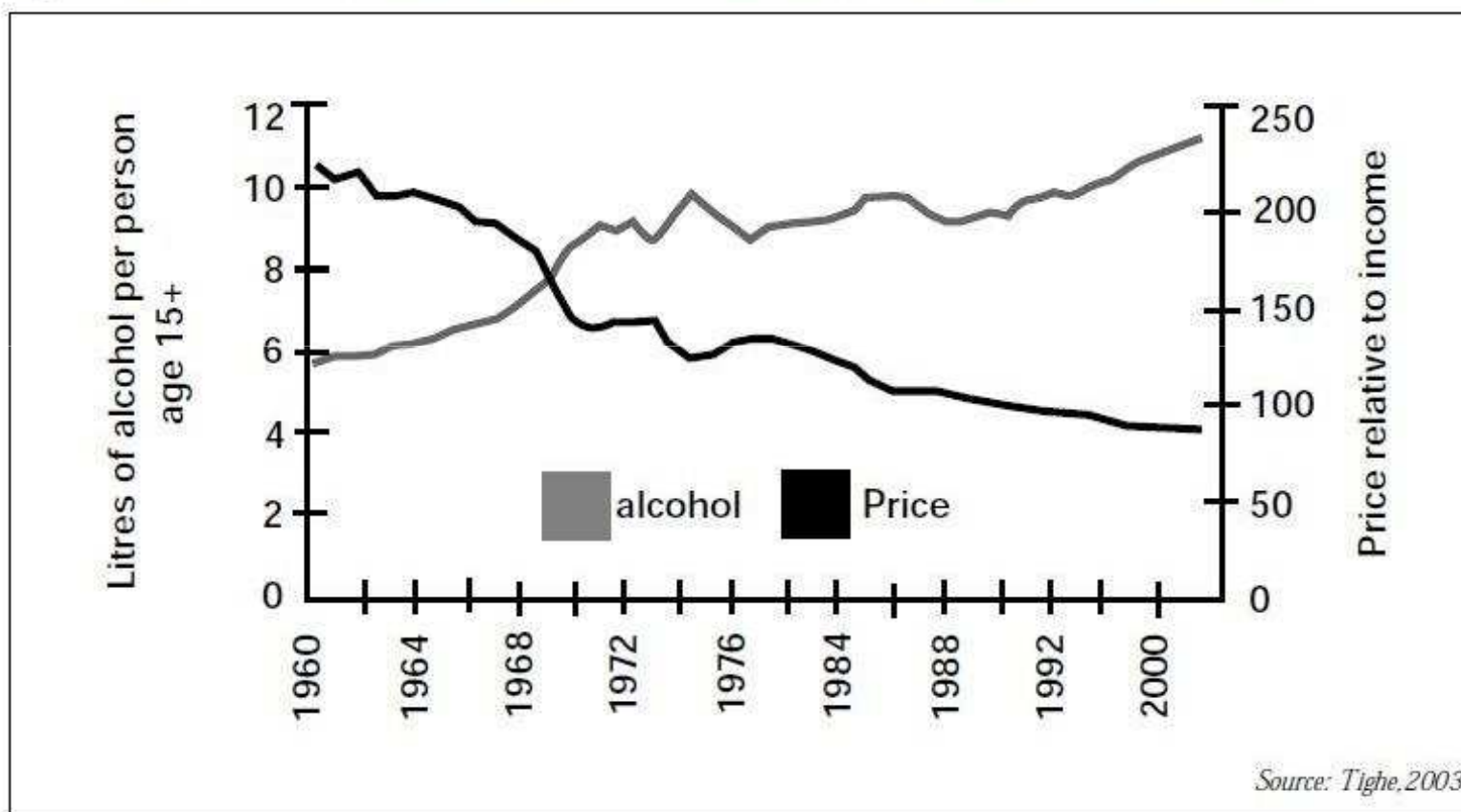
The more alcohol consumed, the more harms are experienced:





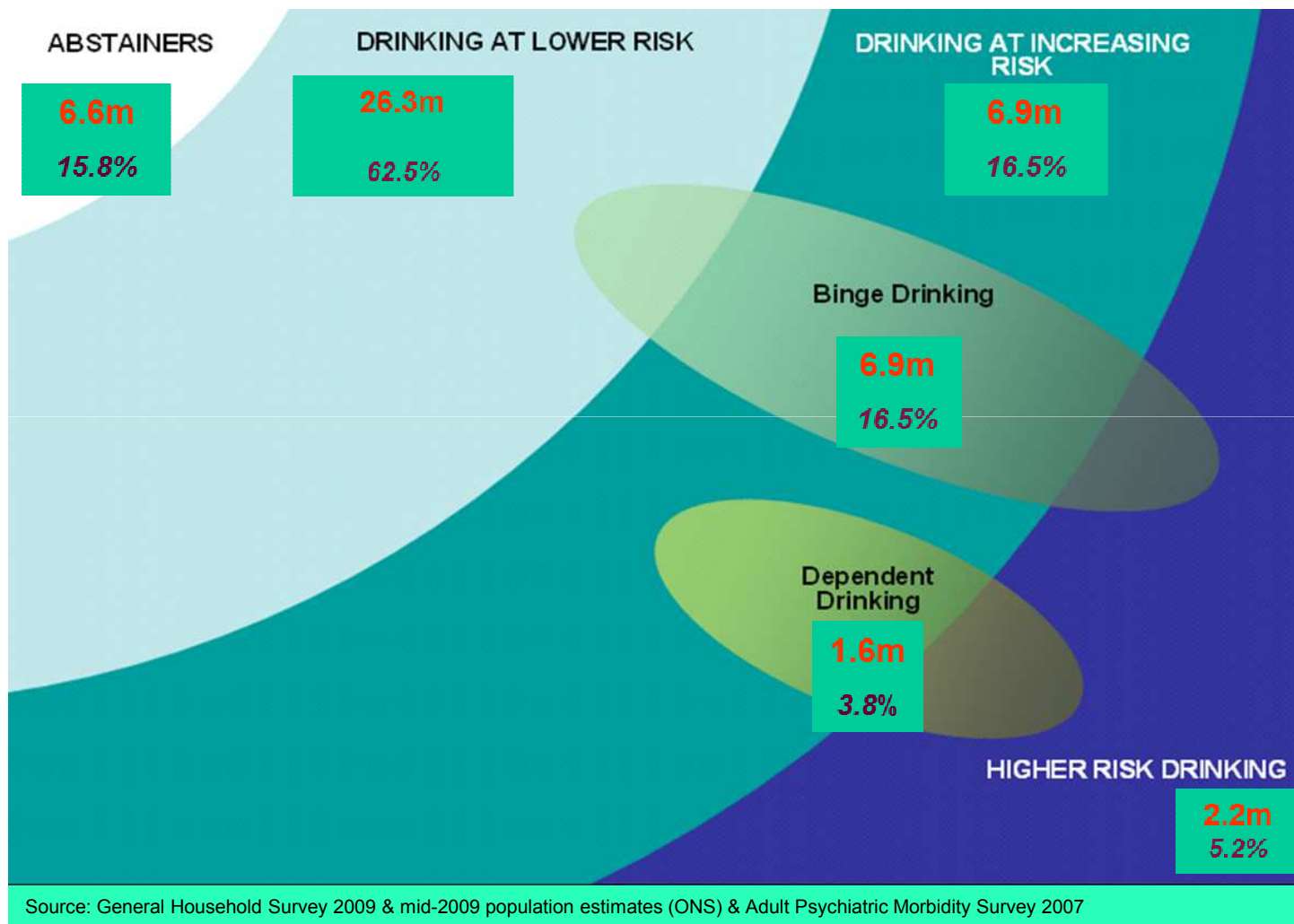
Affordability and availability are key drivers to increased consumption:

Figure 5 - Consumption of alcohol in the UK (per person aged 15+) relative to its price: 1960-2002





Drinking “At Risk” groups





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Prevention

Harms are complex and it needs a multi layered cross-organisation response to prevent and reduce harm



What works – policy options & evidence (WHO)

Consumption focus:

- Pricing (***)
- Treatment (***)
- Screening & advice (***)
- Legal drinking age (***) if enforced)
- Marketing controls (**)
- Availability controls (**)

*-*** increasingly effective

Harm focus:

- Drink driving laws (***)
- Server liability (***)
- No sale to intoxicated (* if enforced)

Awareness Campaigns

Source: Babor et al Alcohol: No Ordinary Commodity, 2nd Ed, 2010



Who needs to do what

To deliver, we will need action from:

- Public and opinion forming

Government

- Local Authorities
- NHS
- Voluntary Sector
- Industry



What are our objectives for Alcohol?

A. Create an environment that supports lower-risk drinking for those who choose to drink

B. Increase the identification of those drinking above lower risk levels and the provision of appropriate interventions

C. Improve the identification and delivery of interventions to those experiencing alcohol-related harm

D. Improve access, quality of treatment and recovery for dependent drinkers



To support objectives:

Data:

- Local Alcohol Profiles for England (LAPE): <http://www.lape.org.uk/>
- National Drugs Treatment Monitoring System:
<https://www.ndtms.net/default.aspx>

Evidence/skilled workforce:

- Alcohol Learning Resource website:
www.alcohollearningcentre.co.uk

Tools:

- Alcohol stocktake self-assessment tool:
http://www.alcohollearningcentre.org.uk/_library/Alcohol_stocktake_self-assessment_tool_2013.docx.



Creating an environment to support lower risk drinking for those who choose to drink:

- Promoting evidence:
 - Make the case for the introduction of Minimum Unit Pricing
 - Alcohol advertising and sponsorship
- Licensing
- Produce a report for Government on the public health impacts of alcohol and on possible evidence-based solutions by the end of March 2015
- Data sharing
- Social marketing
- The effective use of restrictions on the sale, promotion and the supply of alcohol
- We want to see a reduction in the number of children and young people at risk of harm.



Increase the identification of those drinking above lower risk levels and the provision of appropriate interventions:

- Support the implementation of IBA:
 - Directed Enhanced Service (DES)
 - NHS Health Check
 - Making Every Contact Count (MECC)



Improve the identification and delivery of interventions to those experiencing alcohol-related harm:

- Develop and promote evidence-based specialist alcohol provision
- Support the implementation of a co-ordinated system to identify and respond to alcohol harm in the hospital setting



Improve access, quality of treatment and recovery for dependent drinkers:

- Improving accessibility and capacity to match need
- Improving quality (NICE)
- Mutual Aid



Having the conversation locally:

How can alcohol interventions support:

- Reducing health inequalities
- Reducing premature deaths
- Improving health and wellbeing
- Reducing avoidable attendances at A&E
- Reducing alcohol-related hospital admissions
- Reducing anti-social behaviour
- Reducing crime
- Supporting 'Troubled Families'
- Reducing barriers to employment
- Supporting individuals to maintain their housing
- Creating a diverse Night Time Economy



Cost of alcohol in York: £77.26m annually

NHS: £13.17m

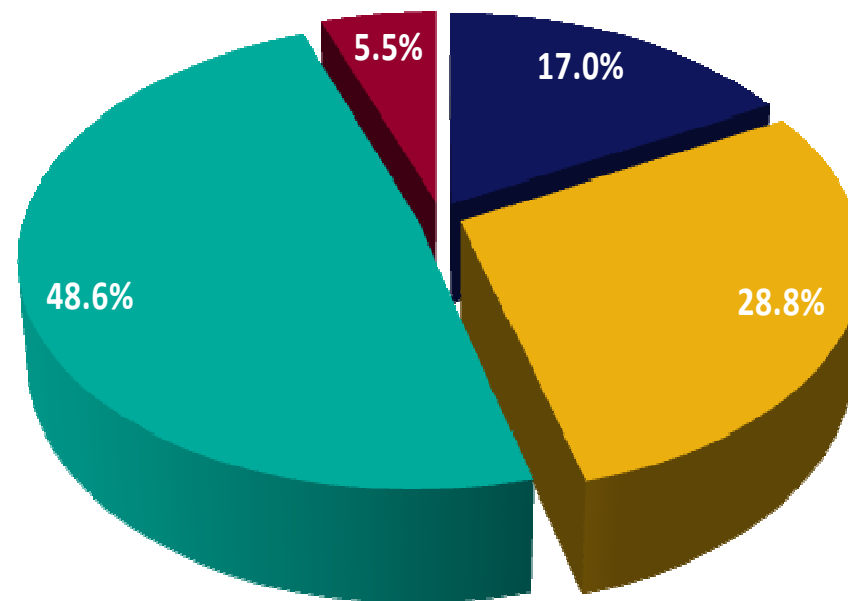
**CRIME AND LICENSING:
£23.38m**

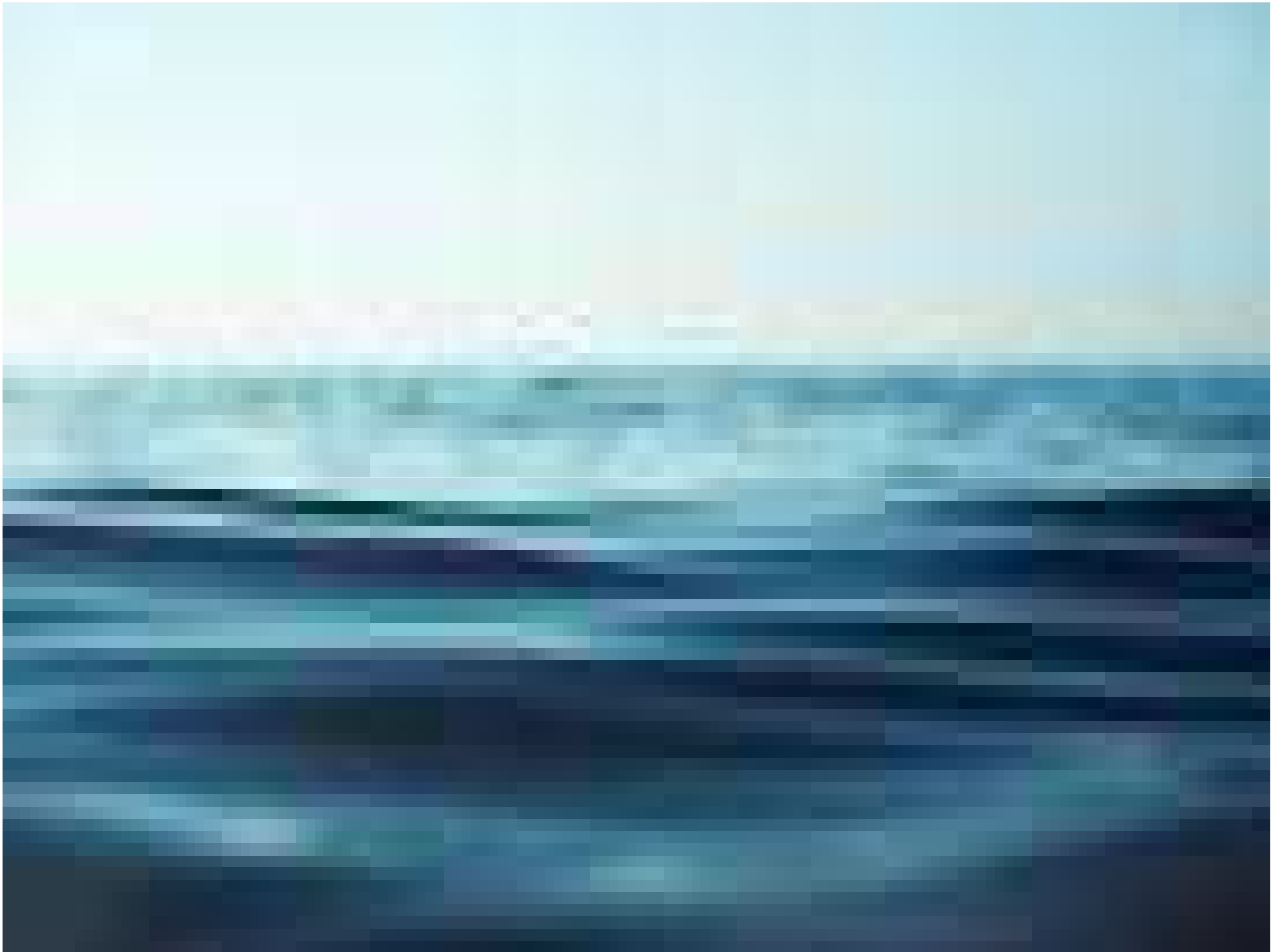
WORKPLACE: £37.52m

SOCIAL SERVICES: £4.28m

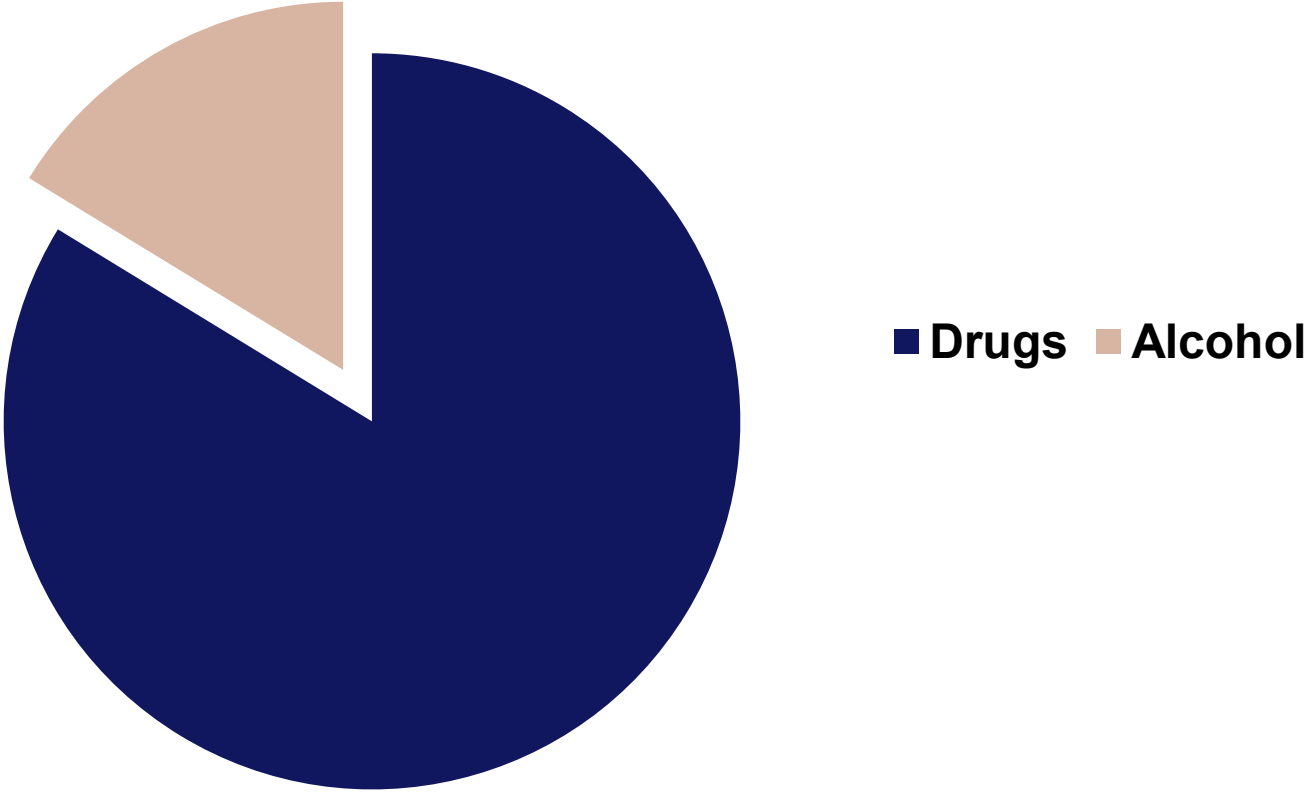
TOTAL COST⁺: £77.26m

⁺Total cost excludes crime related
healthcare costs





How we spend the Substance Misuse Budget in York



How we spend the Alcohol Budget in York

