Alcohol: public health challenge

Clive Henn
Senior Policy Manager, Alcohol Team, Health and Wellbeing Directorate
Public Health England

Corinne Harvey
Head of Alcohol and Drugs, Yorkshire & the Humber
Public Health England
NO ORDINARY COMMODITY
Current levels of consumption come at a significant cost to:

- Individuals
- Children and families
- Others and society
Alcohol harms health

- Heart disease or irregular heartbeat
- Cancer of the mouth, throat, oesophagus or larynx
- High blood pressure
- Liver cirrhosis and liver cancer
- Harm to unborn babies
- Depression and anxiety
- Stroke
- Breast cancer in women
- Pancreatitis
- Reduced fertility
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

35%

of A&E attendances and ambulance costs are alcohol-related

Alcohol is the biggest lifestyle health risk factor after tobacco
Alcohol misuse harms families and communities

1. Almost half of violent assaults
2. Domestic violence and marital breakdown
3. 27% of serious case reviews mention alcohol misuse
4. Physical, psychological and behavioural problems for children of parents with alcohol problems
5. 16% of road fatalities
Harms in 15 & 16 year olds

Binge drinking frequency (5+ drinks)

Bellis et al, 2009

Alcohol
Alcohol misuse leads to many deaths

- 15,479 people died from alcohol-related causes in 2010
- Alcohol-specific deaths rose by 30% between 2001 and 2010
- Men dying as a result of alcohol lose on average 20.2 years
- Women lose 15.1 years
- People dying from alcohol-related liver disease are getting younger
- Deaths from alcohol-related liver disease have doubled since 1980
The more alcohol consumed, the more harms are experienced:

Annual Alcohol Consumption per UK Resident 1900-2010

Sources:
1. HM Revenue and Customs clearance data
2. British Beer and Pub Association
3. Office for National Statistics mid-year population estimates
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

Source: Tighe, 2003
Drinking “At Risk” groups


Abstainers: 6.6m (15.8%)
Drinking at lower risk: 25.3m (62.5%)
Drinking at increasing risk: 6.9m (16.5%)
Binge drinking: 6.9m (16.5%)
Dependent drinking: 1.6m (3.8%)
Higher risk drinking: 2.2m (5.2%)
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 (**)

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

* - *** increasingly effective
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:
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

Drugs

Alcohol
How we spend the Alcohol Budget in York