

ALCOHOL Fact Sheet

Background

The source of the following information is NHS Choices.¹

Alcohol is a significant Public Health issue, with a wide range of health and societal harms. The harmful effects of regularly drinking more than recommended levels include liver disease, increased risk of various cancers and circulatory disease.

The NHS recommends that:

- Men and women are advised not to regularly drink more than 14 units a week
- Spreading drinking over three days or more if drinking as much as 14 units a week

Regularly drinking more than the recommended daily limits risks damage to health.

To keep health risks from alcohol to a low level men and women are advised not to drink more than 14 units a week on a regular basis. Advice is:

- To spread drinking over three or more days if regularly drinking as much as 14 units a week
- To have several drink-free days each week
- If pregnant or could become pregnant, the safest approach is not to drink alcohol at all to keep risks to the baby to a minimum.

Less than 14 units a week is considered low risk drinking, but is called 'low risk' rather than 'safe' because there is no safe drinking level.

The types of illnesses that might develop after 10 to 20 years of regularly drinking more than 14 units a week include:

- Cancers of the mouth, throat and breast
- Stroke
- Heart disease
- Liver disease
- Brain damage
- Damage to the nervous system

The effects of alcohol on health will depend on how much a person drinks. The less a person drinks, the lower the health risks.

Clear outcomes were set out in the Government's Alcohol Strategy 2012, which include a reduction in the amount of alcohol related violent crimes, binge drinking and deaths.²

¹ NHS Choices. Drinking and alcohol. <http://www.nhs.uk/livewell/alcohol/Pages/Alcoholhome.aspx>

² HM Government. The Government's Alcohol Strategy. 2012. <https://www.gov.uk/government/publications/alcohol-strategy>

The Government's Alcohol Strategy 2012 states:

“There are real opportunities, often under-exploited for health services to identify those at risk and provide advice and support to those that need it.”

The Strategy cited that hospital admissions continue to increase due to alcohol being a both a primary concern and as an attributable cause.

The annual death rate from alcohol-related conditions is more than three times that for deaths in road accidents, and the cost to the NHS of treating such conditions is around 3% of its annual budget according to the Alcohol Strategy. The affect of alcohol on the individual, the family, the public and the community is far reaching and some focus must remain on the safety and security of the public from the affects of individual or community drinking.

The Local Picture

Public Health England publishes a range of statistics through its Local Alcohol Profile for England (LAPE) tool, for each Local Authority. The most recent publication was in May 2016.

Fig. 1 shows Sutton’s value and relative position compared to London and England for a range of key indicators. This shows that overall Sutton’s admissions relating to alcohol are lower than for England, except for those aged under 18 for which they are the highest in London. Mortality rates are in line with London and England.

Fig. 1: Spine chart of Key Indicators for Sutton, from Local Alcohol Profiles England

Fig. 2 presents in more detail the Sutton’s values for each of the key LAPE indicators, together with a comparison with London and England.

Fig. 2: LAPE Indicators for Sutton compared to London and England

Fig. 3 shows trends in alcohol-related mortality. Although statistically similar to both London and England, it can be seen that there was a rise in alcohol-related mortality in 2013 and 2014, for both males and females. Sutton has the fifth highest rate of alcohol-related mortality in London. Rates are much higher for males.

Fig. 3: Trend in Alcohol-Related Mortality

Hospital admissions for alcohol-related conditions

Two definitions are used in LAPE for alcohol-related hospital admissions, i.e. broad and narrow. ‘Broad’ includes Persons admitted to hospital due to alcohol-related conditions, with a primary diagnosis or any secondary diagnosis; whilst ‘narrow’ includes primary diagnosis or any secondary diagnosis with an external cause. **Figs 4 and 5** show that for the broad definition Sutton’s overall rates of hospital admissions are lower than for England. However, under the narrow definition they are higher than for London (though still lower than for England).

Fig. 4: Trend in hospital admissions with alcohol-related conditions, broad definition

Fig. 5: Trend in hospital admissions with alcohol-related conditions, narrow definition

Drinking and Young people

Fig. 3 showed that alcohol specific admissions for those aged under 18 have decreased overall in the last five years, though rates have remained similar for the last three. In more detail, **Fig. 6** shows this trend compared to London and England. Despite the overall drop, it is important to note that Sutton's rate remains the *highest in London* and is higher than for England.

Fig. 6: Trend in young people aged under 18 admitted to hospital with alcohol specific conditions

Liver disease

Liver disease is one of the main causes of death in England. Most liver disease is preventable. Risk factors include excessive alcohol consumption and obesity prevalence, both of which are amenable to Public Health interventions.

Fig. 7 shows trends in the Directly Standardised Rate (DSR) per 100,000 people for Sutton for mortality from liver disease compared with London and England. The rate for Sutton is now statistically similar to than comparators and in 2012-14 was 15.1 DSR for Sutton, compared to London (17.5) and England (17.8).

Fig. 7: Trend in mortality from liver disease, people aged under 75

Fig. 8 shows that Sutton ranks in the lower half of all London authorities for mortality rates from liver disease for people aged under 75 in 2012-14, though is statistically similar to both London and England.

Fig. 8: Mortality from liver disease, Sutton compared with London authorities, people aged under 75

Fig. 9 shows trends in the Directly Standardised Rate per 100,000 people for Sutton for liver disease compared preventable compared with London and England. The rate for Sutton has been rising since 2009-11 and in 2012-14 was 14.2 DSR in Sutton, similar to London (15.5) and England (15.7).

Fig. 9: Mortality from liver disease considered preventable, people aged under 75

Fig. 10 shows that Sutton is statistically similar to other London authorities for mortality from liver disease considered preventable in people aged under 75.

Fig. 10: Mortality from liver disease considered preventable, Sutton compared with London authorities, people aged under 75

What works to prevent harmful drinking

Evidence about what works to prevent harmful drinking has been produced by the National Institute for Health and Clinical Excellence (NICE) 2010. The **evidence**³ recommends that a combination of population and individual approaches are needed including:

- At national level policy control on price, availability and marketing, revising licensing legislation and reducing exposure of children and young people to alcohol advertising.
- At local level adopting a 'cumulative impact policy' if an area is considered saturated with licensed premises, with the aim of preventing underage and proxy sales, and ensuring full legal sanctions are applied to businesses that break the law.
- Investing in resources for commissioning screening and brief interventions for individuals, and extended brief interventions and referral to specialist services.
- Supporting children and young people aged 10-15 years and commissioning screening and extended brief interventions for young people 16-17 years.

NICE further recommends **school-based interventions**⁴ related to alcohol.

The recommendations focus on encouraging children not to drink, delaying the age at which they start drinking and reducing the harm it can cause for those who do drink.

Key indicators and targets

Relevant indicators from the Public Health Outcomes Framework

<http://www.phoutcomes.info/>

Health Improvement

- 2.18 – Alcohol related admissions to hospital

Healthcare and premature mortality domain

- 4.06i - Under 75 mortality rate from liver disease
- 4.06ii - Under 75 mortality rate from liver disease considered preventable

Links to further information

- Local Alcohol Profiles for England (LAPE) <http://www.lape.org.uk/>
- NHS Choices. Drinking and alcohol. <http://www.nhs.uk/livewell/alcohol/Pages/Alcoholhome.aspx>
- HM Government. The Government's Alcohol Strategy. 2012. CM 836. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf
- Public Health England. Liver Disease Profiles. <http://fingertips.phe.org.uk/profile/liver-disease>

³ NICE. Public Health Guidance. PH24 Alcohol-use disorders: preventing harmful drinking. 2010. <https://www.nice.org.uk/guidance/ph24?unlid=5675043132016218111122>

⁴ NICE. Public Health Guidance. PH7 School-based interventions on alcohol. 2007. <https://www.nice.org.uk/guidance/ph7>