ALCOHOL CONSUMPTION

What’s the issue?

“Drinking alcohol is a freedom that many enjoy, however this must be balanced with the need to avoid harm and improve health outcomes” [136]. “Alcohol consumption is the world’s third largest risk factor for disease and disability. Alcohol is a causal factor in 60 types of diseases and injuries, and a component cause in 200 others” [137]. “Liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attack are some of the numerous harmful effects of regularly drinking more than the recommended levels. Excessive alcohol consumption can also lead to fatigue, depression, weight gain, poor sleep and sexual problems” [138]. Modelled estimates suggest that over one million admissions attributable to alcohol occurred in England during 2012/13 [139]. In 2013/14, the total annual cost to society of alcohol-related harm was estimated to be £21 billion (£3.5 billion for NHS) [140]. There are also significant effects on families and communities, with an increased risk of vandalism, violent crime, domestic abuse, road casualties and sickness absence from work.

It was recommended that men and women do not exceed 21 and 14 alcohol units per week (1995 national guidelines in place until December 2015), or regularly drink 3-4 and 2-3 units in a single day respectively. Regular binge drinking is classified as drinking more than double the daily limits at least once a week (≥8 units for men and ≥6 units for women). In the new guidelines published January 2016, the fundamental change to the recommendations is that there is no safe level of drinking alcohol, and the weekly maximum for men has changed to 14 units [141]. See the JSNA glossary (www.hullpublichealth.org/jsna2017.html#c82) for information on definitions relating to alcohol-related admissions to hospital.

What’s our situation?

From the local adult Prevalence Survey 2014 [66], whilst 24% never drank alcohol, 28% had exceeded the 1995 national alcohol guidelines the previous week and/or usually undertook binge drinking weekly (35% of men and 22% of women) having increased from 22% in 2011-12. Following the 2016 update to the national guidelines, the percentage who had exceeded the weekly limits and/or usually undertook binge drinking weekly increased to 30% (38% of men and 22% of women), and would have been 25% in 2011-12 [63]. The increase in prevalence was mainly due to changes in the middle and older age groups and among those living in the least deprived areas.

From the local Young People Health and Lifestyle Survey 2016 [86], 5.3% of boys and 3.4% of girls drank alcohol every week (11.2% of boys and 8.5% of girls in year 11 (aged 15-16 years)), and 2.9% of boys and 2.1% of girls in Hull had exceeded the weekly units of alcohol which apply to adults (more than 14 units), with 7.7% of boys and 5.0% of girls having done so in year 11 (compared to 11.0% and 14.0% respectively in 2012 [74]).

From the Alcohol Profiles [142], in 2014/15, there were 541 admissions specifically due to alcohol per 100,000 population which was much higher than England (364) as was the modelled number of admissions for alcohol-related admissions (3,140 versus 2,139 per 100,000 population). There were also 43.5 alcohol-specific admissions among under 18s per 100,000 population between 2012/13 and 2014/15 which was higher than England (36.6).

From the Alcohol Profiles [142], in 2015, it was estimated that there 14.3 deaths per 100,000 population for alcohol-specific conditions compared to 11.5 for England. Overall, it was estimated that there were 54.1 deaths per 100,000 population for alcohol-related conditions compared to 46.1 for England for 2015 with 685 years of life lost due to alcohol-related conditions in Hull compared to 552 for England.

During 2015, 181 of 499 alcohol users in treatment (36.3%) successfully completed their treatment and did not re-present within six months, which was slightly lower than England (38.4%) [26, 95].
Local qualitative work revealed lack of understanding over what constituted binge drinking among women “Binge drinking is when you open a second bottle”, but particularly among men “Binge drinking is an all day session” and “Drinking all day and night and not going home” [123]. There was also a general lack of understanding of alcohol units “I find the words unit very confusing” [10]. Government guidelines were seen as ‘made up’, and most agreed that they did not understand them: “I haven’t got a clue” [10], although some did have an understanding.

For more detailed information, see the JSNA Toolkit: Alcohol Consumption report.

What are the strategic needs?

It is necessary that public health, health providers, schools and those working with young people and families, community workers, and communities and the police work together to ensure people understand the benefit of positive life choices and know how to access information and seek early support to change.

Professionals who have contact with the public need to undertake screening and deliver brief interventions with their clients, referring to specialist treatment services as appropriate. There is a need for effective integrated alcohol treatment pathways developed between primary and secondary care to support a reduction in A&E attendance and hospital admissions.

There is a lack of knowledge in relation to alcohol units and the calorie content of alcoholic drinks, and there is a need to increase awareness.

References