



Stockport JSNA

joint strategic needs assessment

JSNA Digest - Alcohol

December 2007



JSNA – Digest for Alcohol

This digest aims to provide information on the key lifestyle issue of alcohol; describing current patterns within Stockport, the health impacts of these patterns and anticipated future trends.

The ideal pattern of alcohol consumption is to drink a small amount on most days and to have at least one alcohol free day a week, so as to gain the benefits of its cardioprotective effects without the damage that comes from alcohol excess. Safety margins are small – the first two units a day are beneficial, the next two cancel out any benefit and thereafter any alcohol consumed is harmful. The pattern of beneficial alcohol consumption is, however, not the norm and concern about the negative impacts of alcohol is on the increase. The effects of alcohol misuse in relation to liver cirrhosis are well-known, but its impacts are far wider than this, as it increases a multitude of health and social problems.

Current Prevalence

2003 ADULT LIFESTYLE SURVEY				
	Age Group			All Ages
	18-24	25-64	65+	
General alcohol consumption:				
Don't drink alcohol at all	10.7%	10.7%	23.9%	14.7%
Drink occasionally (less than once a week)	27.8%	21.8%	27.5%	23.8%
Drink regularly (1 or 2 days a week)	44.0%	32.0%	22.0%	29.6%
Drink frequently (3 or more days a week)	17.5%	35.4%	26.6%	31.9%
For those who drink, on day drank most alcohol in the week preceding the survey:				
Binge drank – more than 2 x recommended	56.7%	45.2%	17.0%	38.5%
For those who drink, over course of the week preceding the survey:				
Drank less than recommended limit	71.0%	68.8%	83.1%	72.7%
Drank more than recommended limit	29.0%	31.2%	16.9%	27.3%
<i>Drank harmfully (>35 / 50 units for f / m)</i>	6.3%	6.4%	2.5%	5.4%

Source: Stockport Adult Lifestyle Survey 2006

The Stockport Health Survey found that 15% of respondents aged 18+ didn't drink any alcohol at all, whereas 10% drank alcohol almost every day. The most common frequency of drinking was 1 or 2 days a week, which was reported by 30% of respondents, a further 22% drank alcohol on between 3 and 6 days a week. Patterns varied with age with young drinkers drinking less frequently than older drinkers more often on a weekly basis, although the oldest age group was the one most likely not to drink at all. Across the Borough the proportions drinking on at least 3 days a week, i.e. **drinking frequently, were highest in the more affluent areas**; 36% in Bramhall & Cheadle compared with 28% in Stepping Hill & Victoria and 30% in Heaton & Tame Valley. Extrapolating these findings to Stockport's current 18+ population **29,950 adults won't drink alcohol, 51,950 will drink less than weekly, 68,100 will drink once or twice a week and 69,650 will drink 3 or more times a week. Around 20,350 of these will drink alcohol on almost a daily basis.**

The average weekly consumption of alcohol for males is 20.7 units of alcohol which was just below the recommended weekly allowance of 21 units; for females the average consumption was 9.3, which is well below the recommended weekly limit of 14 units. Greater

proportions of males than females consumed over the recommended safe limits for alcohol intake; interestingly it was found that the mean **number of units reported to have been consumed in the preceding week increased with deprivation for males but fell with deprivation for females.**

Of those who drink, almost two-fifths had drunk more than twice the recommended daily limit on the day they drank most in the week leading up to the survey; a half of these (i.e. a fifth overall) had drunk more than three times the recommended daily limit and 12% had drunk more than four times the recommended daily limit. Rates of **binge drinking were highest in the more deprived areas** of the Borough, 23% of those who drink in Heaton & Tame Valley drank more than three times the recommended daily limit. Binge drinking is predominantly an issue for younger adults, almost three-fifths of those aged 18-24 years who drink drank more than twice times the recommended daily limit and more than a third drank more than three times the recommended daily limit. Extrapolating these findings to Stockport's population **69,200 adults aged 18+ drink more than twice their recommended daily limit on the day they drink most in a week, i.e. binge drink, and 22,800 drink more than four times their recommended daily limit.**

Of those who drink, 73% had drunk less than the weekly recommended limit in the week leading up to the survey and 27% had drunk more than their recommended limit; 5.4% of people had drunk a harmfully high amount (defined as 35 units for women and 50 units for men). Rates of **drinking more than the weekly limit were highest in the more deprived areas** of the Borough, 30% of those who drink in Heaton & Tame Valley drank more than the recommended weekly limit. Drinking more than the weekly limit is less variable by age with similar levels reported in all age groups other than older people, where rates were lower. Extrapolating these findings to Stockport's population **53,500 adults aged 18+ drink more than their recommended weekly limit and 11,100 drink harmful amounts.**

Health Impacts

Alcohol is implicated in around to 23,000 deaths in England in 2005 and was directly responsible for around 4,650 of these; alcohol related death reduce life expectancy for males who drink excessively by 20 years. Excess drinking puts long-term health at significant risk and chronic affects include liver cirrhosis and other liver damage, cancer, heart disease including stroke and hypertension, fertility problems and mental health problems. Alcohol misuse also has significant social consequences, ranging from relationship problems, violence and anti-social behaviour and is strongly associated with acute health needs relating to accidents, injuries and alcoholic comas or poisoning. In Stockport in 2006 around **60 people died** as a result of a directly alcohol related causes, a number double that of 2000; rates of mortality in the Borough were **lower than the North West average but higher than the national average.**

Alcohol leads to significant demands for health services, both in terms of the treatment of patients who are suffering the chronic effects of long-term drinking and the acute presentation of people who have drunk too much on a given night; again rates in Stockport are lower than the regional average but significantly higher than the national average. In Stockport around **900 inpatient admissions a year are directly related to the chronic effects of excessive drinking** (in other words not including admissions for acute effects which as associated with alcohol misuse such as injuries) and **440 attendances at A&E are due to the direct acute effects of drinking** (alcoholic poisoning and intoxication – again excluding attendances associated with alcohol misuse such as injuries).

Nationally it has been estimated that 1 in 6 of A&E attendances are related to alcohol, rising to 8 in 10 at peak times, in Stockport this would equate to around **10,000 A&E attendances** a year.

It has been estimated that 50-73% of assault related injuries, 50% of all serious road crashes, 50% of domestic violence, 47% of serious injuries 40% of self-poisonings, 40% of violent crime are alcohol-related. In Stockport in 2006/07 there were nearly **900 alcohol related recorded crimes** and **25,400 anti-social behaviour related incidents**.

Alcohol has particularly serious implications for those who become dependent on its consumption, in Stockport in 2006/07 around **450 people entered treatment for alcohol dependency and a further 700 people were referred to these services but didn't take up treatment**.

Alcohol is also a significant cause of the **health inequalities** gap, being one of the most important drivers to reduced life expectancy in the more deprived areas. The impact of alcohol on geographical differences in life expectancy is a new and emerging trend and is one that gives rise to great concern. For both hospital admissions and A&E attendances there is a strong link to deprivation with people from the deprived areas of the Borough being much more likely to use health services as a result of alcohol misuse than people from the more affluent areas.

Anticipated Future Trends

Brief description of population change

The total population of Stockport (281,000) is expected to remain stable until 2011, however there are anticipated to be significant changes to the structure of this population. Stockport is an **aging borough** with the numbers and proportions of people aged over 65 and in particular those aged over 85 growing rapidly over the next 5 years. It is anticipated that there will be an extra 2,500 people aged 65+ (an increase of 5.6%).

Population change impacts on the numbers of drinkers

Current estimates, based on the adult lifestyle survey suggest that 85.3% (189,700) of Stockport's population aged 18+ are **drinkers**. Given the anticipated increases in adult populations to 2011, if this level of drinking were to continue there could be an additional **3,200 people aged 18+ drinking in five years time**.

Current estimates, based on the adult lifestyle survey also suggest that 35.8% (69,200) of Stockport's population aged 18+ are **binge drinkers**. Given the anticipated increases in adult populations and change in age structure to 2011, if this level of binge drinking were to continue there could be an additional **450 people aged 18+ binge drinking in five years time**.

Current estimates, based on the adult lifestyle survey also suggest that 5.4% (11,100) of Stockport's population aged 18+ **drink harmful** amounts of alcohol each week. Given the anticipated increases in adult populations and change in age structure to 2011, if this level of harmful drinking were to continue there could be an additional **100 people aged 18+ drinking harmfully in five years time**.

Projections of trends in levels of drinking

In the previous section we estimated the changes in numbers of drinkers in Stockport over the next five years if levels stayed the same and only the demographics changed. Data for recent trends however shows that levels of drinking and levels of drink related harm have increased significantly, we now assess whether this trend is likely to continue.

There is **conflicting data on trends in consumption**; data on self reported levels of alcohol consumption from the national GHS (General Household Survey), shows that a trend of increasing consumption for men between 1950 and 1980 stabilised after 1980, and although rises in levels of consumption for young women continued through the 1990s increases in the rates of drinking have now levelled off. By contrast, Customs and Excise data indicates a continuing increase, particularly since 1995, with a rise in consumption of 24% between 1995 and 2004. More recent data from Customs and Excise suggests that levels fell in both 2005 and 2006, but it is still too early to be sure that the consumption of alcohol is no longer rising. There is **no widely accepted view as to how levels of alcohol consumption are likely to change over the next 3-5 years**.

It's worth noting that the cohort of population that began drinking more alcohol in the 1950's, are now beginning to reach the older age groups and the patterns of older people drinking less may well change **as people with different entrenched alcohol consumption patterns move into this age group**.

Projections of trends in mortality, admissions and A&E attendances

Even if the patterns of consumption remain the same we are likely to continue to see the effects of the recent increases in alcohol use on health services as the delayed effect of chronic alcohol use evidences itself. Again there is no widely accepted national evidence for the rates of change we can expect so instead this section is based on extrapolations based on trends in Stockport.

Directly related alcohol mortality in Stockport since 2000 has, in terms of numbers increased by 100%, from around 30 deaths a year to 60 deaths a year. If this trend were to continue by 2011 we could expect there to be between **75 and 85 deaths a year** in Stockport that relate directly to alcohol.

Similarly rates of inpatient admissions that are directly related to the chronic effects of excessive drinking have risen in Stockport by 100% (i.e. doubled) since 2000, to 900 a year. If this trend were to continue we could expect there to be between **1,400 and 1,800 inpatient admissions in 2011** in Stockport that are directly related to the chronic effects of excessive drinking, a rate of increase of between 60% and 125% (depending on whether growth patterns are linear or exponential).

Attendances at A&E due to the direct acute effects of drinking (alcoholic poisoning and intoxication –excluding attendances associated with alcohol misuse such as injuries) have risen in Stockport by 400% since 2000, to 450 a year. If this trend were to continue we could expect there to be between **650 and 1,200 A&E admissions in 2011** in Stockport that are directly related to the acute effects of excessive drinking, a rate of increase of between 50% and 170% (depending on whether growth patterns are linear or exponential).

Alcohol Services

Services exist to help dependent drinkers, including those run by ADAS and the community alcohol team, however at the moment there is not a comprehensive service aimed at managing safe drinking habits in the general population. The PCT is currently working to develop a 'brief intervention service' by promoting the use of validated alcohol screening tools with patients in primary care, A&E and other health and criminal justice settings, this is due to become operational in March 2008.

Summary

- In Stockport the average weekly consumption of alcohol for males is 20.7 units of alcohol which was just below the recommended weekly allowance of 21 units; for females the average consumption was 9.3, which is well below the recommended weekly limit of 14 units.
- However, of those who drink, almost two-fifths binge drink on the day they drink most.
- Rates of binge drinking were highest in deprived areas.
- Generally however, rates of frequent drinking (more than 3 times a week) were higher in the more affluent areas.
- 5.4% of people who drink, drink 'harmful' amounts over the course of a week.
- Alcohol misuse has serious impacts on health and alcohol related mortality, impatient admissions and A&E attendances are all increasing in Stockport.
- The impact of alcohol on health inequalities is also significant and increasing, it is now a major driver of the gap in life expectancy.
- Alcohol misuse also has consequences for a range of social and behavioural problems.
- Current service focus on treating those dependent on alcohol rather than the general population.