

Alcohol Misuse

What do we mean by alcohol misuse?

Alcohol Misuse is a term used to describe drinking more alcohol than the healthy limits, for adults these are:

- Women no more than 2-3 units a day
- Men no more than 3-4 units a day
- All adults should have 2 alcohol free days a week



There are 3 levels of alcohol misuse:

- Increasing risk drinking is when a person indulges in episodic heavy drinking, for example, drinking a lot on Friday and Saturday.
- Higher risk drinking is when a person drinks alcohol most days, and is starting to harm their own health or the wellbeing of people around them.
- Dependent drinking is when a person is psychologically/physically dependent on alcohol.

Young people are best not drinking alcohol at all. If they do, it should only be from the age of 15 and no more than once a week, and under adult supervision.

Why is alcohol misuse important?

Alcohol is a popular legal drug, and used by many to aid relaxation and mark social occasions. However, alcohol misuse causes ill health and death. It can damage families, fuel crime and ruin lives. Alcohol misuse does lead to reduced life expectancy, which varies according to the individual and the amount they consume.

For post-menopausal women and all men, drinking a little alcohol daily, (half a glass of wine), can boost life expectancy, but go over this amount and the benefit is lost.

The health damage is not just the obvious conditions like alcoholic liver disease. Alcohol contributes to high blood pressure, cardiac arrhythmias and mental health issues to name a few. The burden of alcohol misuse on the health service in Bristol is immense and results in approximately 9,000 alcohol attributable hospital admissions, numerous AE attendances, clients attending alcohol agencies, the provision of a specialist alcohol service and detoxification. Alcohol-fuelled crime creates harm for society and families. 10% of the total crimes in Bristol are alcohol related. In 2008/9 there were 3,210 alcohol related-crimes, 1,700 of these were violent crimes.



Why is alcohol misuse important? (continued)

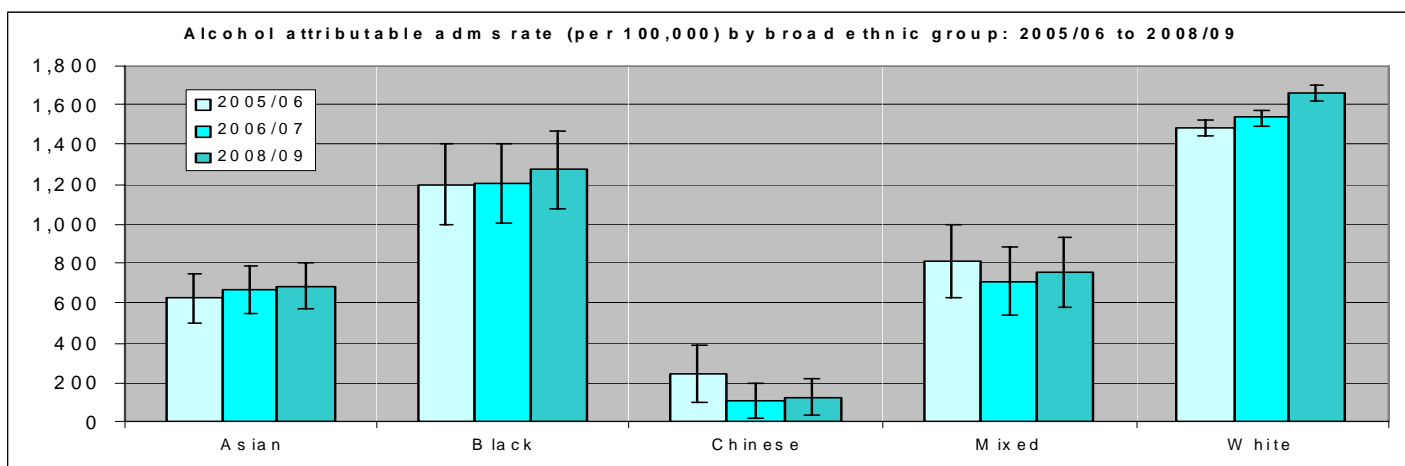
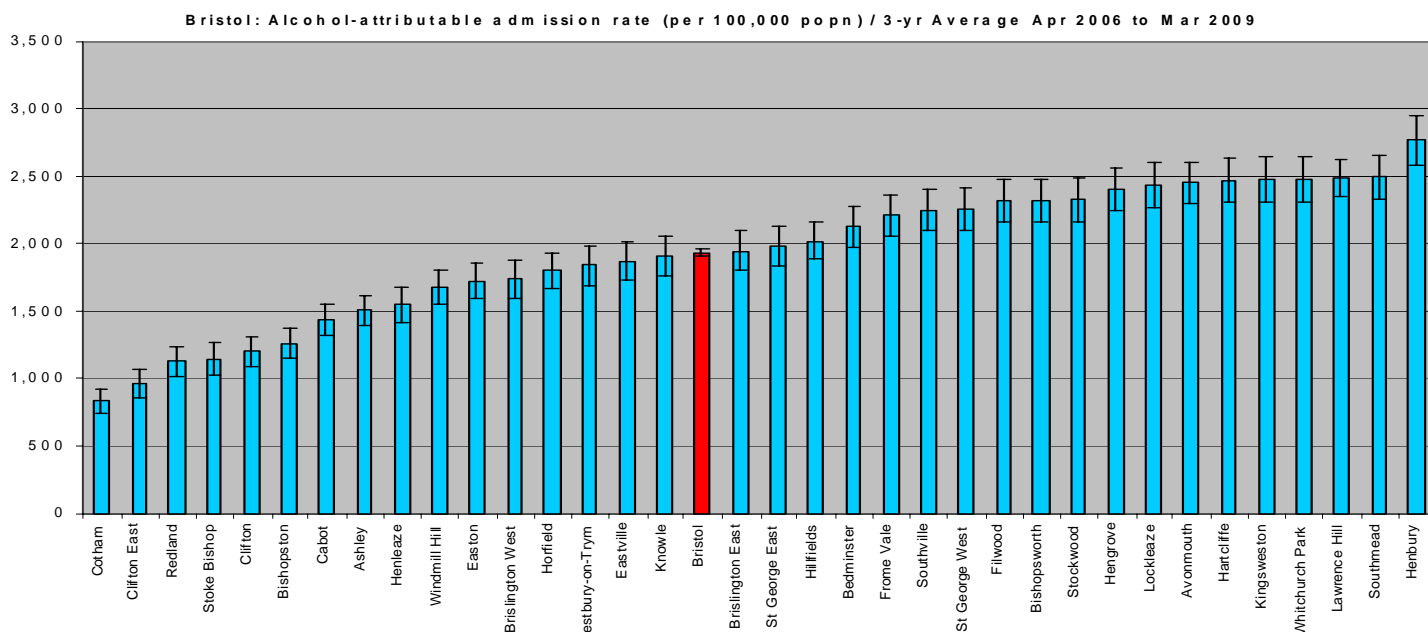
In 2004 the government produced the national alcohol strategy. In 2007, this strategy was revised and re-named the “Safe Social Sensible” strategy. The Bristol Alcohol Harm Reduction Strategy has also been developed across the Bristol Partnership. There is an associated action plan that is revised annually. We invited the National Support Team for Alcohol Misuse to come to Bristol in 2009 to interview all the partners so that we could develop our approach further. There are 4 strands to the strategy:

- To identify and treat people with alcohol problems.
- To improve the information available to individuals and to start the process of change in the culture in drinking to get drunk.
- To prevent and tackle alcohol –related crime and disorder and deliver improved services to victims and witnesses.

What is the picture in Bristol?

In Bristol it is estimated that there are 65,325 people who drink at increasing risk levels, 18,520 who drink at higher risk levels and 10,000 who are dependent drinkers. The most vulnerable groups of alcohol misusers are street drinkers whose life expectancy is in the mid 40s. There are about 100 street drinkers in the central areas of Bristol.

Generally, a person who lives in a deprived area is much more likely to be admitted to hospital as a result of alcohol than someone in a less deprived area, see Table 1 below. However, there are some areas where this does not hold true. For example, Sneyd Park’s admission rate is high and Ashley’s is low. People from a white background are more likely to be alcohol misusers. See Table 2.



What are we doing about it?

Health: Adults. We jointly commission treatment and support from:

- Bristol Specialist Drug and Alcohol Service who treat dependent drinkers with complex needs,
- ARA, who provide support and treatment for less complex problematic drinkers,
- GPs,
- Bristol prison, many of the inmates arrive as problematic drinkers, and
- University Hospitals Bristol: alcohol specialist nurse, substance misuse midwives and the AE alcohol nurse.

We also commission special schemes around the city, e.g. a 'wet' clinic for street drinkers, where they can get help from a GP with their general health issues, mentoring for children aged 10-11 years whose carers misuse alcohol or drugs, family support, and alcohol arrest referral for alcohol offenders.

Health: Young people. The Opening Doors umbrella of organisations deal with the full range of substance misuse, from support to a young person worried about someone else's use, to detoxification and treatment for dependent drinkers. Alcohol education is part of the Healthy Schools curriculum.

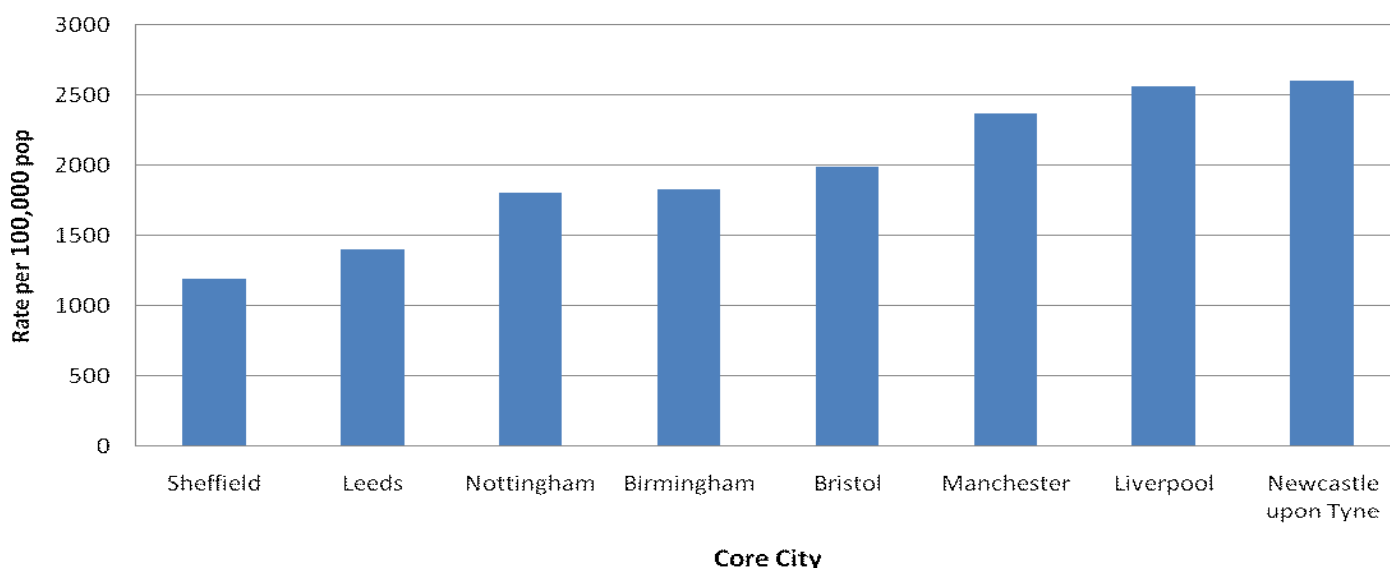
Crime: Safer Bristol partners including the police, licensing and trading standards, and work with the licensed trade to improve standards. They target the night-time economy to reduce alcohol related crime.

What is our current performance in this area?

Bristol's current target is to increase the number of people retained in treatment for alcohol abuse for 3 months after referral and initial assessment. This target ends in 2010, at which point a new alcohol target will be chosen. This is likely to focus on the rate of alcohol related hospital admissions per 100,000 of the population (using hospital episode statistics).

Table 3, below, shows that Bristol could improve its performance compared to other major cities using this measure.

Directly age-standardised rate of alcohol attributable hospital admissions per 100,000 population



What works?

“Models of care for alcohol misusers⁴” describes the four tiers of treatment needed to cover the needs of patients whatever the level of their alcohol misuse.

All four are available in Bristol:

- Tier 4: Inpatient detoxification
- Tier 3: 12 week plus outpatient support programmes and community detoxification
- Tier 2: Structured support and advice (1-4 weeks, 4-8 weeks, 8-12 weeks) depending on level of need.
- Tier 1: Identify alcohol use at first appointment (using AUDIT) then provide brief advice or up to 4 sessions of advice and support depending on level of need.

“Review of the effectiveness of treatment for alcohol problems⁵” describes the types of treatment within the four tiers that work best for different types of individuals. For instance, motivational enhancement therapy for people with moderate alcohol dependence who experience a high level of anger at entry to treatment.

“Signs of Improvement⁶” is the Department of Health advice on how to reduce alcohol related admissions (target NI39). It says there are 7 high impact changes that can be made:

- Work in partnership
- Develop activities to control the impact of alcohol misuse in the community
- Influence change through advocacy
- Improve the effectiveness and capacity of alcohol services
- Appoint an alcohol health worker
- Provide more help to encourage people to drink less
- Amplify national social marketing priorities

References and Useful Links

1. Cabinet Office, Prime Ministers Strategy Unit. 2004, “Alcohol Harm Reduction Strategy for England,” go to: www.cabinetoffice.gov.uk
2. Department of Health. 2007, “Safe.Social.Sensible,” go to: www.dh.gov.uk
3. Bristol Partnership, 2007. “Bristol Alcohol Harm Reduction Strategy.”
4. Department of Health. 2006. “Models of Care for Alcohol Misusers,” go to: www.dh.gov.uk
5. National Treatment Agency for Substance Misuse, 2006, “Review of the effectiveness of treatment for alcohol problems,” go to: <http://www.nta.nhs.uk/publications>
6. Department of Health, 2009. “Signs of Improvement: Commissioning interventions to reduce alcohol-related harm,” go to: <http://www.dh.gov.uk>
7. Providing online resources and learning for commissioners, planners and practitioners working to reduce alcohol-related harm: www.alcohollearningcentre.org.uk
8. The Bid Drink Debate (Bristol), report and manifesto, go to: www.bristol.gov.uk
9. For young people alcohol misuse resources, go to: www.openingdoorsbristol.org.uk
10. For alcohol abuse resources in Bristol, go to: www.bdp.org.uk



This fact sheet was produced by Bristol Public Health in cooperation with:

