



Director of Public Health Annual
Report for Buckinghamshire 2019

Alcohol and Us Key Messages



This year's Director of Public Health Annual Report focuses on alcohol. The full report includes stories from Buckinghamshire residents on the impact that alcohol has had on their lives and front line professionals who see the effects of alcohol in their work. It also includes the evidence and facts on alcohol use in Buckinghamshire and where to get help. This Key Messages document gives a quick summary of the main issues that are explained fully in the main report.

Key messages

- 1** Alcohol is part of many of our lives yet it contributes to a wide range of physical and mental health problems, including cancer, heart disease, stroke, liver disease, mental health problems, self-harm, suicide and dementia.
- 2** For those watching their weight, at 7kcal/g alcohol has the highest calorie content, second only to pure fat.
- 3** There is no "safe" level of alcohol consumption but the Chief Medical Officer for England recommends not drinking more than 14 units of alcohol per week whether you are a man or a woman. The more people drink the higher the risk of developing problems.
- 4** More than 100,000 people (1 in 4 adults) in Buckinghamshire are drinking above the recommended levels and risking their health, often without realising it.
- 5** Many people have heard of units of alcohol, fewer know what the recommended limit is and even fewer can correctly identify how many units are in a given drink. Studies also show that people under-estimate or under-report how much they drink by as much as half.
- 6** Alcohol affects not just the individual who is drinking too much but their families and wider community.
- 7** Alcohol misuse contributes to domestic violence, child abuse and neglect, violent crime and road traffic accidents, sickness absence, loss of employment and homelessness.
- 8** There is a two-way relationship between alcohol and unemployment - unemployment can lead to alcohol consumption and alcohol consumption can lead to unemployment.
- 9** The total national annual cost to society of alcohol is £21 billion. Nationally, productivity losses due to alcohol consumption cost £7.3 billion.
- 10** Alcohol related deaths occur at younger ages than deaths from all causes or smoking. The average age of people dying from alcohol related causes in England is 54.

What drives us to drink?

- 11** A mix of social, cultural, environmental and individual factors influence our levels of alcohol consumption.
- 12** At a societal level three factors are important in determining how much we drink, how affordable alcohol is, how easy it is to purchase and consume and the cultural and social norms around alcohol.
- 13** Since 1980 alcohol has become 64% more affordable and UK household expenditure on alcohol almost doubled between 1987 and 2017. When alcohol is more affordable levels of drinking and harm increase.
- 14** Alcohol is an acquired taste and for alcohol consumption to continue each new generation has to acquire the taste and habit. Marketing has a key role to play in this and young people are particularly influenced by alcohol marketing.
- 15** At an individual level, the home environment and parenting style influences young people's drinking behaviour.
- 16** The most common way children obtain alcohol is from their parents. Some parents give their children alcohol in the hope that it will help them in developing "sensible" drinking behaviours. However, parental supply of alcohol is associated with risky drinking in adolescents and children who start drinking early are more likely to become frequent and binge drinkers. The Chief Medical Officer for England advises that an alcohol free childhood is the best option.
- 17** Children who live with parents or family members with alcohol use disorders are more likely to develop alcohol use disorder themselves in later life. People who have experienced child maltreatment or trauma are also at increased risk of misusing alcohol in adulthood.
- 18** Some people drink alcohol as they think it will help manage stress or other mental health problems, however, overuse of alcohol can worsen the symptoms of many mental health problems and make treatment more difficult.
- 19** About a third of older people with drinking problems develop them for the first time in later life when alcohol may be used to cope with changing life circumstances, such as bereavement or illness.

Who is drinking above their recommended levels?

- 20** Men are twice as likely to drink over 14 units a week than women and also more likely to binge drink. In Buckinghamshire the alcohol-related hospital admission rate for men is 60% higher than for women, and alcohol-related deaths are more than twice as high in men.
- 21** The proportion of people drinking over 14 units a week is highest in the highest income households and in older age groups. The highest proportions of people drinking above recommended levels are women aged 55-64yrs and men aged 65-74 years. People over 65 have the highest rate of alcohol-related hospital admissions in Buckinghamshire.
- 22** The proportion of young people drinking is falling and young people aged 16-24 are less likely to drink than any other adult age group. When they do drink, consumption on their heaviest day is higher than other age groups. Alcohol specific admissions for people under 18 have almost halved over the last 10 years in Buckinghamshire and are 30% lower than the England and south east average for this age group.

Who is at most risk of harm from alcohol?

- 23** For a given level of alcohol consumption children and young people, women, older people and people from lower socio-economic groups are more at risk from the harmful effects of alcohol. Hospital admission rates for alcohol-related conditions are 57% higher in people living in the most deprived areas in Buckinghamshire.
- 24** Unborn babies are also at risk from harm if mothers drink alcohol during pregnancy.
- 25** People who smoke or are obese as well as drinking alcohol increase their risks of developing health problems to a greater extent than those who only drink alcohol.

Harm to others from alcohol consumption

- 26** In Buckinghamshire, 1 in 4 people receiving treatment for alcohol problems lived in a house with a child. Children living with an alcohol dependent parent are at greater risk of physical and mental health problems, may have difficulties at school and are more likely to become dependent drinkers themselves. They may also have to care for their parents or siblings. The risk of children suffering harm from parental alcohol misuse is reduced if children are from families with high levels of family support and a supportive relationship with a non-drinking parent. Family security such as a regular household income and helping children to develop resilience also helps reduce the harms from parental alcohol misuse.
- 27** In Buckinghamshire, 22% of children who had a completed children in need assessment had parental alcohol misuse as an identified need. There is a strong relationship between parent or carer alcohol misuse and child maltreatment.
- 28** Alcohol misuse is associated with a fourfold risk of violence from a partner and is an important contributor to other violent crime.
- 29** Between 2014-2016, in Buckinghamshire there were 102 alcohol-related road traffic accidents, and the proportion of road traffic accidents in Buckinghamshire where alcohol was involved is 25% higher than the England average.

What works to reduce harms from alcohol?

- 30** National policy is one of the most effective ways to reduce the harms of alcohol, which would include actions on price, marketing, hours of alcohol sales and enforcing drink driving legislation. Studies in Canada have shown that increase in minimum prices of alcohol reduced alcohol-related deaths, alcohol-related hospital admissions, alcohol-related road traffic violations and crimes against people.
- 31** Evidence is emerging that school-based drug and alcohol education programmes should be broad based and teach a wide range of general skills, such as problem solving, decision making and assertiveness skills. Information alone has not been shown to be effective.
- 32** Identifying people early who are drinking too much and giving them brief advice on how to reduce their drinking is effective and can reduce the amount people drink by 12%.
- 33** Evidence-based treatment services that address all the issues, such as employment, enable recovery from substance misuse.

Recognising and getting help for people who are drinking too much

- 34** If you think you or someone you know may be drinking too much sources of help are on page 61 or visit www.healthandwellbeingbucks.org/s4s/WhereILive/Council?pageId=2022
- 35** Many people who are drinking too much do not seek help for a variety of reasons.
- 36** People may be drinking too much without realising. Others wrongly believe that health problems only happen to “alcoholics” and that they do not fit the stereotype of an “alcoholic” or dependent drinker. However, we know that three quarters of the cost to the NHS from alcohol is incurred by people who are not alcohol dependent but their alcohol use is causing ill health.
- 37** Some are unable to admit that they have a problem or need help, and some believe there is stigma attached to having an alcohol problem.

What do we need to do?

- 38** We need to start changing the conversation around alcohol, increase awareness of safer drinking levels and challenge the current cultural norms that contribute to our drinking behaviour, such as it is normal for everyone to drink. The proportion of people not drinking alcohol at all is rising among younger age groups.
- 39** We need to abandon stereotypes that stop us recognising whether we or someone we know might be drinking at levels that might cause harm and stop people seeking help. People from all walks of life can find they are drinking too much. The proportion of people drinking above recommended levels is highest in the highest income groups and older people.
- 40** There is a role for all of us in this, but particularly for frontline staff in health and social care to routinely ask the simple questions that might result in someone getting the help they need and changing their life for the better.
- 41** We need to continue to offer effective treatment services that meet the needs of the wide range of people who may need their help, and their partners and families.

Recommendations for partners in Buckinghamshire

Key Messages

Recommendation 1

Continue to develop multi-agency communications campaigns to:

- promote current advice on safer drinking
- raise awareness of the particular risks of drinking in groups at greater risk of harm (pregnant women, adults aged over 65 and young people)
- promote the benefits of a completely alcohol free childhood
- promote the full range of services available

Recommendation 2

Ensure that schools are prepared for the implementation of the statutory Health Education element (which includes education on alcohol) of the Personal, Social Health and Economic education, (PSHE curriculum).

Recommendation 3

Increase the knowledge and provide training for key frontline staff on the health and wider risks of alcohol and the importance of assessing alcohol intake.

Recommendation 4

Roll out training on Identification and Brief Advice (IBA) across the health and social care Integrated Care System (ICS) and ensure all ICS partners have processes for assessing and recording alcohol intake through the use of the Audit C tool, and increase early referral to appropriate services.



Key Messages

Recommendation 5

Undertake engagement work with target groups to increase uptake of alcohol treatment and support services for under-represented groups.

Recommendation 6

Continue to develop and improve services for those with co-existing substance misuse and mental health problems.

Recommendation 7

Implement shared care for alcohol misuse between primary care and specialist services across Buckinghamshire.

Recommendation 8

Work with partners to promote safe drinking in their employees.