



Director of Public Health Annual  
Report for Buckinghamshire 2019

# Alcohol and Us

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# Foreword

This year my Director of Public Health report takes a closer look at our relationship with alcohol in Buckinghamshire, as it is a crucial influence on the health and wellbeing of individuals, families and communities.

Alcohol is part of many of our lives in the county. People drink for many reasons – to celebrate, relax or just through habit. However, it is estimated that more than 1 in 4 adults in Buckinghamshire drink at levels above the Chief Medical Officer for England's guidelines. This equates to more than 100,000 adults in Buckinghamshire who are at risk of damaging their health. Most of these people are not dependent on alcohol and may not realise they have a problem.

## How did this happen?

This report hopes to shed some light on this question through a mix of evidence and stories from Buckinghamshire residents and frontline staff. There is a potent cocktail of societal, economic and commercial influences, cultural norms and individual factors at play.

Alcohol harms do not just affect health or the individual who is drinking too much but can impact on children and families and wider society, resulting in relationship and family breakdown, child neglect and abuse, domestic violence and other violent crimes and loss of employment.

Addressing the harms from alcohol requires national and local action. In Buckinghamshire we can start changing the conversation around alcohol, increase awareness of safer drinking levels and tackle the stereotypes that stop us recognising who might be drinking at levels that might cause harm. 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. This report includes information about what services are available in Buckinghamshire and links to useful resources so we can all start making a difference now. Are you, or someone you know, one of the 1 in 4?

Finally I would like to offer my profound thanks to all those who shared stories of their own particular journey with alcohol, which brings the issues to life more than my statistics ever could. I would also like to thank the people from a variety of organisations who gave us a glimpse of the issues they see due to alcohol and thank them for the vital work they do every day.

**Dr Jane O'Grady**

## 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 <http://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

### 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

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

### Recommendation 5

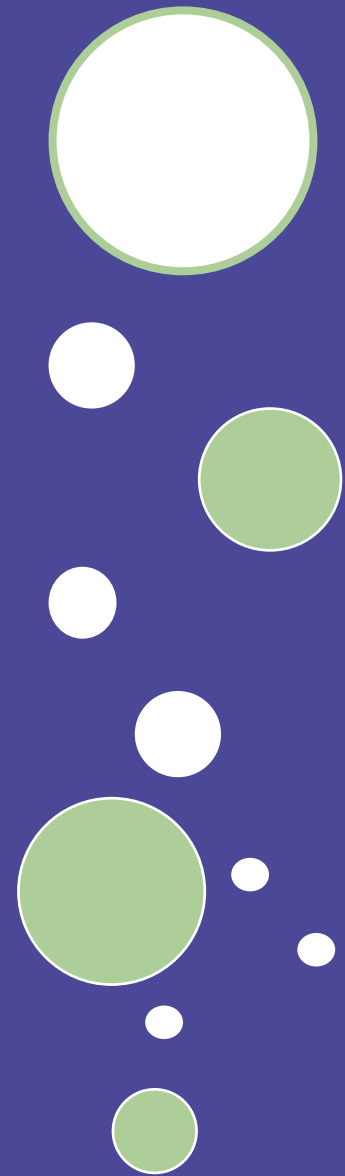
Continue to develop and improve services for those with co-existing substance misuse and mental health problems.

### Recommendation 6

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

### Recommendation 7

Work with partners to promote safe drinking in their employees.



# Chapter 1

## Introduction

Alcohol is widely consumed, legal and widely available and has been part of the social fabric of life for many years in England. However, it also contributes to a wide range of physical and mental health problems, including breast and bowel cancer, heart disease, stroke, liver disease, depression and dementia. From a health perspective there is no “safe” level of alcohol consumption only lower risk drinking. The more people drink, the higher the risk of developing problems. Alcohol is the third leading risk factor for death and disability after smoking and obesity.

Alcohol misuse doesn't just affect the individual who is drinking too much but impacts on the people around them, including their children and families and the wider community. Alcohol misuse contributes to domestic violence and child abuse, violent crime and road traffic accidents and deaths. The total national annual cost of alcohol to society is £21 billion, including £11bn on alcohol-related crime, £7.3 billion due to lost productivity and £3.5 billion to the NHS.



## Alcohol in Buckinghamshire - the local picture

### Key alcohol facts



**1 in 4**  
adults in Buckinghamshire  
drink more than 14 units a  
week

Alcohol is the leading  
cause of death among  
15 to 49 year olds



Alcohol has  
7 calories per gram  
(second only to  
pure fat)



Compared to other age  
groups - More women aged  
55-64 and men aged 65-74  
drink over 14 units a week



More people in higher  
income households drink  
over 14 units a week  
35% of men and 19% of  
women



**1/3**  
of older people with  
drinking problems  
first develop these  
in later life

### Children and alcohol in Buckinghamshire



**22%**  
of Children in Need  
assessments had  
parental alcohol  
misuse as an  
identified need  
(Bucks, 2017/18)



Children should have no  
alcohol under age 15 according  
to Chief Medical Officer

**70%**

of children and young  
people get their alcohol  
from their parents



### Hospital admissions and alcohol in Buckinghamshire



**9,046**

hospital admissions in  
2017/18 where alcohol-  
related illnesses were a  
factor

**27%**  
increase in hospital admissions  
since 2008/9

**57%**  
higher admission rates in the most  
deprived fifth of the population

Hospital Admissions for  
mental health conditions due  
to the use of alcohol have  
**doubled** since 2008/09



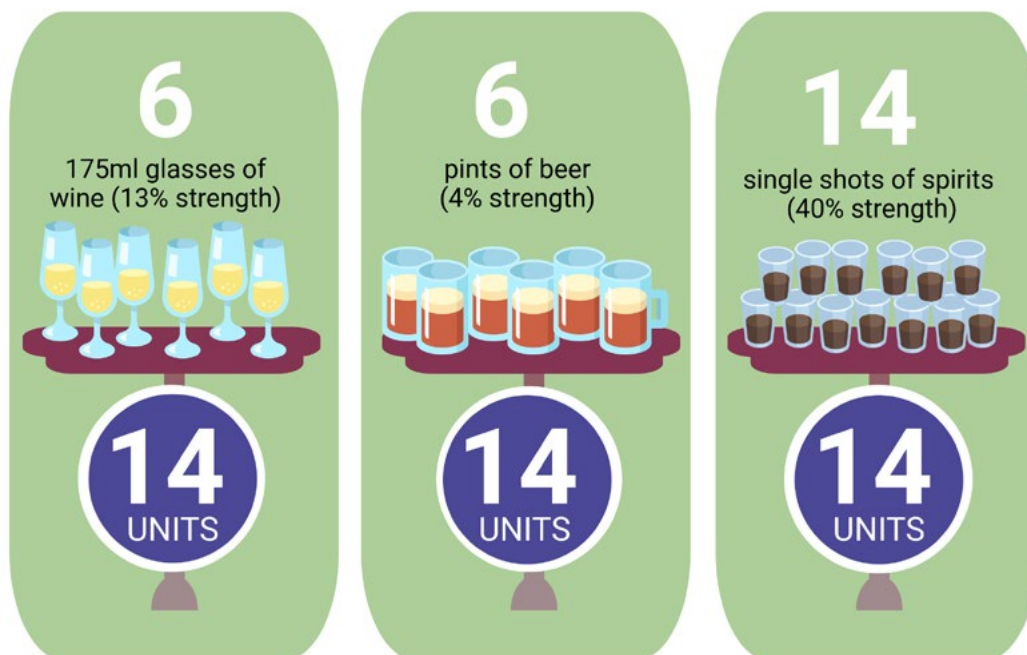
# Chapter 2

## Are you drinking too much?

### 2.1 It's all about the units

There is no "safe" level of alcohol consumption as alcohol is a known cancer causing agent. However, England's Chief Medical Officer advises that to keep harm from alcohol to a low level, people should not drink more than 14 units a week on a regular basis. This advice is the same for men and women. One unit is the same as 10ml or 8 g of pure alcohol. Different drinks have different strengths so this must be taken into account but the infographic below shows several examples of how much alcohol equates to 14 units.

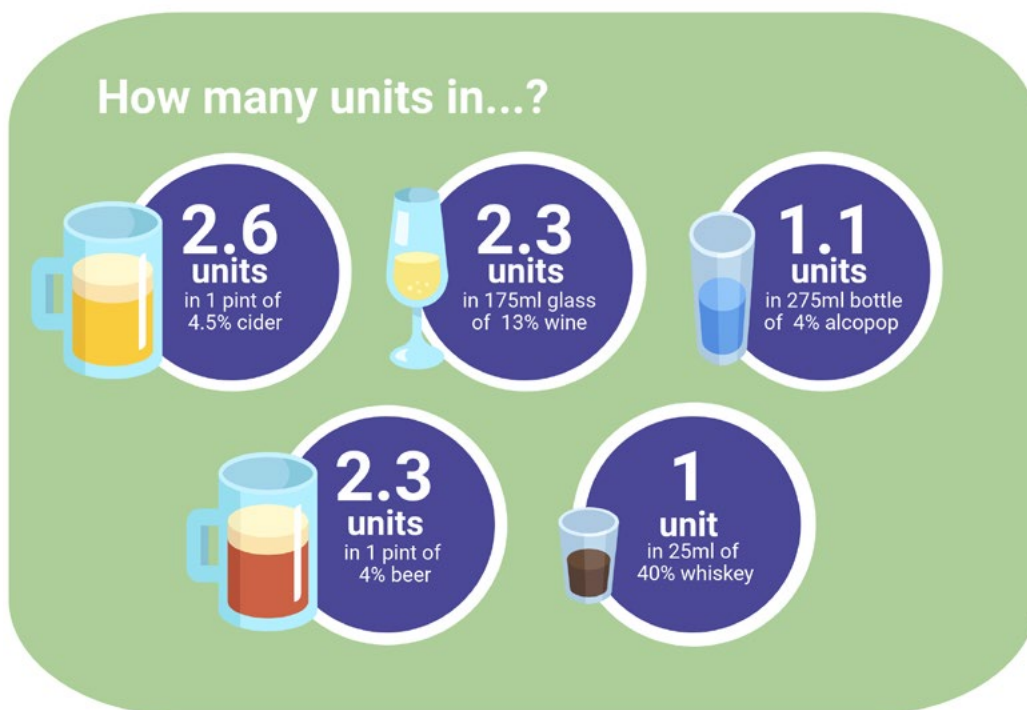
*Three examples of the recommended 14 units per week*



The CMO also advises drinks should be spaced out over the week and not consumed in one sitting. If you're pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum.

## 2.2 What do people know about units?

A recent survey found 91% of people have heard of units<sup>1</sup>, however only 19% of people in England are able to correctly identify the Chief Medical Officer's low-risk drinking level. Women are more likely to know the guidelines than men (22% versus 16%)<sup>2</sup>. Approximately 25% of people aged 50+ can correctly remember the recommended weekly units, but only 7% of 18-24-year olds can do the same.



People find estimating how many units are in a drink confusing. A survey of medical and nursing students found they were only able to correctly estimate the units in about 2.4 out of 10 drinks. Wine and premium strength beers were underestimated by over 50% of the students<sup>3</sup>.

## 2.3 How can you tell what a unit is?

Alcoholic drinks come in different strengths and sizes, which can make estimation of units difficult but using the simple unit calculator from [Alcohol Change UK](#) can help people keep their drinking at safer levels.

## Chapter 3

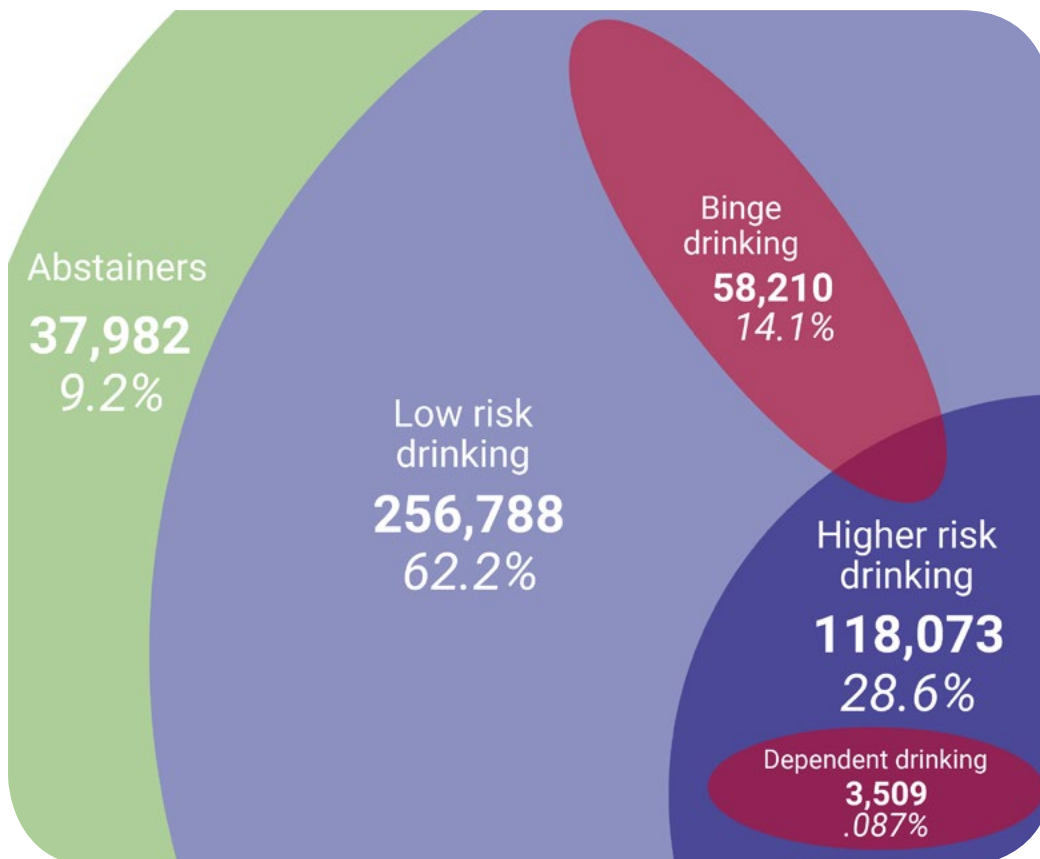
# What is harmful drinking?

Many people do not realise they are drinking at levels that can harm their health. Drinking more than 14 units in a week increases your risk of harm or illness from alcohol. The more alcohol people drink above this level the greater the risk of serious health consequences.

It is easy to see how this happens as someone who drinks a 175ml glass of wine seven days a week (16.1 units) is over the recommended level and would be increasing their risk of alcohol-related illness, including cancer and heart disease.

There are three types of harmful drinking described:

- People drinking at increased risk – More than 1 in 4 adults (118,073) in Buckinghamshire are drinking over the recommended 14 units per week.
- People who binge drink - 1 in 7 adults (58,210) in Buckinghamshire binge drink on their heaviest drinking day.
- People who are dependent on alcohol – There are an estimated 3488 adults (0.87%) in Buckinghamshire who have alcohol dependence<sup>4</sup>.



The categories of drinking can overlap. For example, people who drink more than 14 units a week may also binge drink and/or they may be dependent on alcohol.

### 3.1 Binge drinking

In England binge drinking is defined as drinking eight units of alcohol for men or six units for women on a single occasion.

Six units is equivalent to drinking:

- 3 standard glasses (175ml) of 13% strength wine.
- 3 pints of 4% strength beer.



In Buckinghamshire, 1 in 7 (14.1%) adults binge on their heaviest drinking day<sup>5</sup>. This means there are 58,210 adults aged 18 years and older who binge drink.

Drinking too much, too quickly on a single occasion can increase your risk of:

- accidents resulting in injury, causing death in some cases;
- losing self-control and misjudging risky situations;
- alcohol poisoning and hospital admission;
- and ultimately death depending on how much has been drunk.

Binge drinking over longer periods increases the risk of a wide range of health conditions.



### 3.2 Alcohol dependence

Alcohol dependence is what some people call 'alcoholism'. Alcohol dependence describes a strong and often uncontrollable desire to drink, when drinking alcohol becomes an important part of daily life. In 2016/17 in Buckinghamshire, there were estimated to be 3509 adults (0.87%) with alcohol dependency<sup>6</sup>.

Alcohol dependence is:

**A cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use, including:**

- A strong desire to drink alcohol
- Difficulties in controlling its use
- Persistent use in spite of harmful consequences
- Prioritising alcohol over other activities and responsibilities
- And with evidence of increased tolerance and sometimes a physical withdrawal state.



# Recognising alcohol problems in Buckinghamshire – the doctors' perspective



A local hospital consultant and GP share what they see in Buckinghamshire around alcohol.

Our hospital consultant explains -

*One of the biggest challenges we face is the 'I'm not an alcoholic' phenomena. Some of the patients I see do not define themselves as having a problem as they perceive an 'alcoholic' as someone who sits on a park bench drinking high strength alcohol. Many of these people are well educated and highly functional in their day-to-day life. Despite evidence that alcohol is causing them harm, such as a diagnosis of cirrhosis or the loss of their licence as a result of a drink driving conviction, they still refuse to accept that alcohol is causing them harm.*

*What we need is a national conversation/campaign to broaden people's perceptions of what constitutes harmful drinking and help them understand that drinking is not always a free choice. It is my hope that if the stigma of 'alcoholism' was removed then it would allow more people to admit to themselves and others that there is an issue that needs addressing, which is the first step towards them making the lifestyle changes required to improve their health.*

A local GP shared her experience about the lack of awareness of high risk drinking amongst her patients.

*As a GP I see quite a lot of people drinking at a moderate level but not realising it is bad for their health in the long run. Often these are middle class men and women who are drinking in the evening at home, drinking half a bottle to a bottle of wine. Many of them share the wine with their partner, which legitimises their drinking. I see this pattern in working people aged 30s to 60s, and also in active retired people into their 60s and 70s.*

*When we talk about their drinking some people chuckle, but for lots of them they are surprised when I explain it's a bit too much, and for some it's a bit of a shock. In a way it's the silent socially acceptable problem but it shouldn't be. Alcohol affects people's mental health, and if they have some anxiety or depression it often makes it worse.*

*I think the public are more aware that guidelines have changed and alcohol levels that were considered acceptable in the past are now harmful, but they don't necessarily apply this to*

*themselves. I think this is because alcohol is so readily available nowadays, its cheap and you can buy it in the supermarket, people think 'if you can buy it in a shop then it's ok'.*

*I've been a GP for a long time and it's only recently that I've seen active retired people drinking more alcohol. In the past the stereotypical picture was for older people to have a "tot" before bed but now working age people and retired people are drinking earlier in the evening. They have a glass of wine with a meal, and then finish the bottle because they don't want to waste it. I think this is because nowadays people's social life is at home.*

*Also as a GP I've become more aware of problem drinking as well as dependency, so maybe I've become more enquiring. I've been on a journey and so have my colleagues. One way I think GPs can help is to make asking and talking about alcohol along with smoking and physical activity normal. We need to capitalise on the opportunities open to us to have those conversations.*

# Recognising the problem

## – a resident's view



For a variety of reasons, some people take a long time to seek the right help but with the right treatment and support recovery is possible and people can turn their lives around. This was the case for one Buckinghamshire resident in his early 40s. His life is on the up following his recovery with One Recovery Bucks.

*I had previously tried to come into a 12 step programme/AA in my mid-twenties. I had attended certain groups but had not listened and talked myself out of the fact I had a problem. I thought I could control it by myself.*

*I knew what I was in my 20's, but I masked it from friends and colleagues. I held down a job most of the time, but things were starting to slide. Days off work were happening more frequently, my behaviour was becoming erratic, but it wasn't until the last few years of active addiction that I became scared of my addiction and myself. I was quick to anger, irrational and would get myself in dangerous situations. I had drunk drove at certain times just to get to the shops to get more alcohol. My loss of control scared me, my addiction had taken over.*

*It took until my 40's to have a drastic rock bottom. Every day was a constant battle to either get through work to get another drink, or if off work I would drink constantly for weeks on end, all day every day. The physical effects took over, uncontrollable shakes in the morning, sleepless nights, not eating for days. I tried to detox on my own and the physical withdrawal saw me in A & E, twice. I was too scared to ask for help, I thought I would die on my own in bed.*

*After a dawn walk to a garage for alcohol, I forced down a bottle of wine and lay on my dirty unwashed bed, covered in my own vomit. I hadn't washed properly for weeks, I smelt. I simply just cried, uncontrollably I screamed out for help. It was 6am in the morning. I finally admitted to myself I had a problem. For some reason that morning, I started researching detox/rehab units, and found a place which could take me a few days later. I went through a 7 day controlled detox, which allowed me a slightly clearer head to realise I must go back to AA.*

*That evening I went to my first AA meeting in 15 years. My recovery started there.*

*I attended two meetings a day for the first few months and then started working the 12 step programme. My GP recommended that I get in touch with One Recovery Bucks, for advice and support. I was sceptical, feeling let down by services in the past. This was not true of One Recovery. I called, they understood, and saw me the next day. I was assigned a key worker who I met with every other week. I was not judged, I was understood and I was listened to. I felt safe, it was the first time in years that I started to trust another person.*

*Throughout my recovery I have learnt some very important lessons. My drinking was in isolation towards the end, I didn't talk to many people. I had a good job, when I was able to work. I still had my home, drove a nice car and had a bit of money. If I'm honest, I was judgemental, I thought alcoholics are homeless or poor. Obviously this is not true. At One Recovery Bucks I met a lady in the waiting room. She was so kind to me. We were both the same as each other and I felt a relief and acceptance of who I really was.*

*Over the years I had given every excuse under the sun as to why I wasn't an alcoholic. I couldn't stop because social situations would be difficult, I wouldn't be confident, I would never get a partner, and I enjoyed it too much. The reality was I ended up in one room of my house, not going out, having not washed, drinking alone, talking to myself, no partner, spending money I didn't have. If I had carried on, I would have lost everything. If I had carried on, I would have died.*

*Life now has improved so much. Days are not dark, my liver is back to health, I have confidence in social situations, and I have friends, real friends. I still attend AA meetings 5 to 6 times a week. I have a sponsor and I love going to meetings. And I have confidence in the fact I know who I am these days.*

*It's one day at a time.*

# Chapter 4

## What influences alcohol consumption?

Understanding what affects the amount of alcohol we drink at an individual level and a population level is important to help improve our health and limit the harms caused by alcohol. The amount we drink is influenced by the society we live in, cultural norms around alcohol and personal factors.

### 4.1 Societal influences

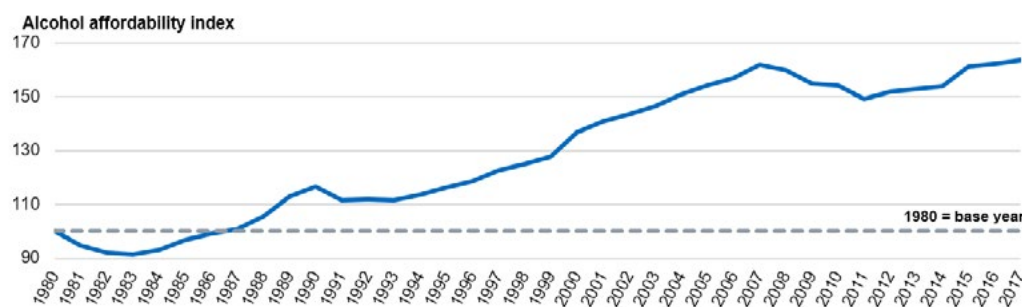
At a societal level, the level and pattern of drinking are influenced by economic and social factors. There are three main factors that have been shown to influence the level of alcohol consumption in a society according to a comprehensive evidence review by Public Health England<sup>7</sup>:

- How cheap alcohol is (affordability)
- How easy alcohol is to purchase and consume (availability)
- The cultural and social norms around alcohol (acceptability).

#### Affordability

The price of alcohol, particularly relative to income, is a key influence on consumption levels and the level of alcohol harm. Broadly speaking, when alcohol is more affordable levels of consumption and harm increase.

Since 1980 alcohol has become 64% more affordable<sup>8</sup>. The graph below shows the affordability index of alcohol since 1980. The greater the alcohol affordability index, the more affordable alcohol is.



UK household expenditure on alcohol has almost doubled from £9.7 billion in 1987 to £19.3 billion in 2017.

Alcohol sold in off-licences and supermarkets has been found to be more affordable compared to pubs and restaurants<sup>9</sup>.

## Availability

The availability of alcohol is a key determinant of alcohol consumption. Where alcohol is easily accessible, the population is more likely to consume alcohol in greater quantities. In areas where alcohol licensing is used to reduce the density of alcohol outlets, to regulate the hours alcohol is sold and/or to ensure that the alcohol trade is well managed, it has been shown that alcohol harms are reduced<sup>10</sup>.

## Acceptability

The cultural and social norms around alcohol are also very important. These norms influence how acceptable alcohol is for our society and culture.

Alcohol is an acquired taste, which means for alcohol consumption to continue each generation of young people have to learn to like the taste and acquire the desire to drink. Other people's behaviour influences our drinking behaviour, first as children and young people observing parental and family drinking patterns and then as adults the drinking behaviour of our peers influences our consumption.

Alcohol marketing can encourage new generations of drinkers to take up alcohol. Through advertising and sponsorship, alcohol producers associate their products with a wide range of activities from watching sport to celebrating holidays to relaxing after work. There is also evidence that young people are particularly influenced by alcohol marketing. Exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities<sup>11,12</sup>.





## Understanding social influences on drinking behaviour in Buckinghamshire – one resident's experience

A local Buckinghamshire resident in their 30s discusses his binge drinking and how social settings influence his behaviour. This resident is not in alcohol treatment.

*When you are bingeing you think it's just a one off, so it's not a problem. The people who get cancer and liver disease are the people who drink four to five pints a day, not me and my mates.*

*I play a lot of sport so drinking is just what we do. We have a drink together after a match, or we go down the pub to watch a game. I always go out with the best intentions but after one or two it's easy to carry on. I know I should have gone home hours ago but it kind of just happens. I don't have kids or any responsibilities like that, so there's nothing stopping me.*

*I'm not really too sure what a binge is, I think it's about three pints, so if it is I binge quite a lot I guess, usually once a week on a Friday or Saturday night. If it's a big match I'll have several pints, and if there is travelling involved I will have more.*

*Drinking is a social thing for me, it's about being part of the group. None of my friends make me drink but if I decided not to drink and especially if it was a big event like a major match or someone's birthday they'd put pressure on me saying things like 'what's going on?' or 'are you going soft?'. I also think my mates wouldn't be as keen to invite me out, and I think it would get to the point where I wouldn't want to go out either.*

*I've grown up with alcohol, it's just normal to me, and it's socially acceptable. I know people who have a beer most lunchtimes, and the guys in their 50s and 60s in my football club say the only warm up they used to have was going round the back of the clubhouse and throwing up.*

*I do think things are changing though. I have a friend and he comes out with us but doesn't drink and if I've got a valid reason not to drink, like I'm on antibiotics, no one says anything. I'm sure it wasn't like that decades ago.*



## 4.2 Influences acting at an individual level

### Family factors

During childhood, the home and family are often where a child learns what is normal or acceptable drinking. Parents exert a powerful influence on drinking behaviour in their children<sup>13,14</sup>. Research suggests that parents have an influence on their children's drinking behaviour particularly children aged 5 to 12, but also older teenagers<sup>15</sup>. This influence can be positive or negative depending on the parents' behaviour.

Certain styles of parenting are associated with lower risks of harmful drinking in adolescence. Parents who set clear boundaries for behaviour, who discuss why those boundaries exist and what the difficulties in sticking to them might be, help to protect their children from developing harmful drinking behaviours. Parents who are aware of where their children go, what kinds of things they get up to, and who their friends are also help reduce the risks of harmful drinking in their children. Research shows that clear messages from parents that underage drinking is unacceptable delays drinking in teenagers<sup>16</sup>.

The drinking behaviour and attitudes of parents or others in the household can affect children's subsequent drinking behaviour. The likelihood of the child drinking increases the greater the number of adults the child lives with who are drinking alcohol. Children with one parent who misuses alcohol are 2.5 times more likely to also misuse alcohol, compared to children whose parent does not misuse alcohol<sup>17</sup>. The drinking behaviours of children mirror those of the people with whom they live, not just their parents<sup>18</sup>. The more people who drank in the household, the more likely it was that the child drank alcohol in the last week.

## Parental supply of alcohol

Some parents choose to give their children alcohol with the view that it will increase their child's resistance to peer influence and protect them from alcohol-related problems later in life<sup>19</sup>. Data from the 2016 Smoking, Drinking and Drug Use survey of school aged children in England shows that the most common way (70%) children obtain alcohol is from their parents<sup>20</sup>.

Parental supply of alcohol has been shown to be associated with alcohol use, intentions to drink and risky drinking in adolescents<sup>21,22</sup>. Children who start drinking early are more likely to become more frequent and binge drinkers<sup>23</sup>. Underage drinking is also associated with school and educational problems, risky behaviours and consumption of illegal drugs<sup>24,25</sup>.

## Parental alcohol use disorders

Alcohol use disorder is a term used to describe when people are drinking at hazardous levels, as well as those who are dependent on alcohol. Children who live with parents or family members with alcohol use disorder are more likely to develop alcohol use disorder later in life. The likelihood of someone becoming dependent on alcohol and developing alcohol-related diseases (e.g. liver cirrhosis) has an inherited component. This is partly due to genetics but the family and social environment also play an important role<sup>26</sup>.

## Adverse childhood experiences

People who have experienced child maltreatment or childhood trauma are also more likely to misuse alcohol in later life, as well as develop a range of other problems<sup>27</sup>.

## Teenagers and alcohol

The teenage years are a time of experimentation and risk taking. Research shows that some teenagers start to drink because they wrongly think "everyone is doing it!" Most teenagers only experiment with alcohol or use it for 'fun'. However, some may use alcohol in a way that is problematic. Drinking is also linked to self-harm and suicide in young people.

## Stress, anxiety and depression

The relationship between alcohol and mental health is complex. Alcohol has been described as 'the UK's favourite coping mechanism', and some people drink as they think it will help manage stress, anxiety, depression or other mental health issues<sup>28</sup>. Unfortunately, although alcohol may help us relax the effects are short-lived and the long-term negative consequences of using alcohol in this way can be harmful.

Overuse of alcohol can worsen the symptoms of many mental health problems. In particular, it can lead to low mood and anxiety. Depression is one of the most common mental health problems, with around one in ten people suffering in the UK in any year<sup>29</sup>. Depression and heavy drinking have a close relationship in that either condition increases a person's chances of experiencing the other<sup>30</sup>.



## Life Events

Life events - marriage, having children, grief, illness or change in life role as we age often mark a change in people's drinking practices.

About a third of older people with drinking problems develop them for the first time in later life<sup>31</sup>. Drinking alcohol may be used to cope with bereavement, physical ill-health and social isolation. Drinking alcohol may then become part of daily routine and difficult to give up.

A study found that older people are more likely to drink too much when they are more affluent, engage in more social activities and have friends who approve of drinking<sup>32</sup>.



# Chapter 5

## Who is drinking alcohol?

### 5.1 Current alcohol consumption

How we drink and consequently the amount of harm that alcohol causes in our society changes all the time. Drinking patterns in England have changed over the last 50 years. Fifty years ago, adults in the UK drank an average of 7.4 litres of pure alcohol every year. By 2004, this had risen to 11.6 litres, and currently stands at 11.4 litres.

Thirty years ago, most of the alcohol consumed in the UK was drunk as beer – and it was drunk in the pub, mostly by men. The proportion of alcohol consumed as wine has increased and much of what we buy is drunk in the home.

This increase was driven by increased alcohol consumption by women, a move to higher strength products and increasing affordability of alcohol. In 2017 alcohol was 64% more affordable than it was in 1980<sup>33</sup>.

Drinking patterns in the population vary by age, gender, income and occupation. Much of the data on how much people drink is self-reported and prone to under reporting.

82% of adults in England drank alcohol in the last 12 months in 2014. 85% of men and 79% of women reported drinking alcohol<sup>34</sup> and 15.5% of all adults do not drink alcohol at all.

In Buckinghamshire, it is estimated that 9.2% of adults (37,982) do not drink alcohol, which is lower than the England figure.

In Buckinghamshire, according to the latest figures published by Public Health England, 28.6% of adults aged 18 and older drink over the recommended limit of 14 units of alcohol in a week, which amounts to 118,073 people (2011-2014)<sup>35</sup>, which is slightly higher than the England average of 25.7% but not statistically significantly different.

Nationally, in recent year, self-reported alcohol consumption has declined and the proportion of people not drinking alcohol at all has increased<sup>36</sup>.



## 5.2 Age and gender

Surveys of children aged 11 to 15 years also show a steady decrease in drinking among this group in recent years. In 2016, 44% of pupils aged 11 to 15 years said they had ever had a drink, compared with 61% of pupils of same age 2003. Older pupils were more likely to have consumed alcohol - 15% of 11 year olds compared to 73% of 15 year olds had ever had a drink<sup>37</sup>.

Twenty years ago, much of the most harmful alcohol drinking was thought to be among younger drinkers<sup>38</sup>. However, since that time, drinking among young people has fallen considerably<sup>39</sup>.

Young people aged 16 to 24 years in Great Britain are less likely to drink than any other age group but when they do drink, consumption on their heaviest drinking day tends to be higher than other ages. In England between 2005 and 2017, never drinking alcohol increased for those aged 16 to 44 years and decreased for those aged 65 and over.

Higher risk drinking (i.e. drinking more than 14 units of alcohol per week) is higher in older age groups in England from 55-64 and 65-74 years for women and men respectively.

More women are drinking now than in the past, which is resulting in a greater number of women experiencing alcohol-related health problems. However, men still consume more alcohol than women in England. Men are twice as likely to drink over 14 units a week as women and also more likely to binge drink.

The NHS Health Check is available for people aged 40 to 74 without a pre-existing condition. As part of the check, people are asked questions about their drinking. In Buckinghamshire, the NHS Health Check found that 24% of patients in this age group who reported they drink alcohol and completed an AUDIT C questionnaire are drinking too much<sup>40</sup>.

### 5.3 Income and employment status

The proportion of people who report drinking alcohol in the last week increases with increasing income levels. Amongst people who earn over £40,000 per year, 79% report they drank alcohol in the last week compared to 47% of those who earn up to £9,999 per year<sup>41</sup>.

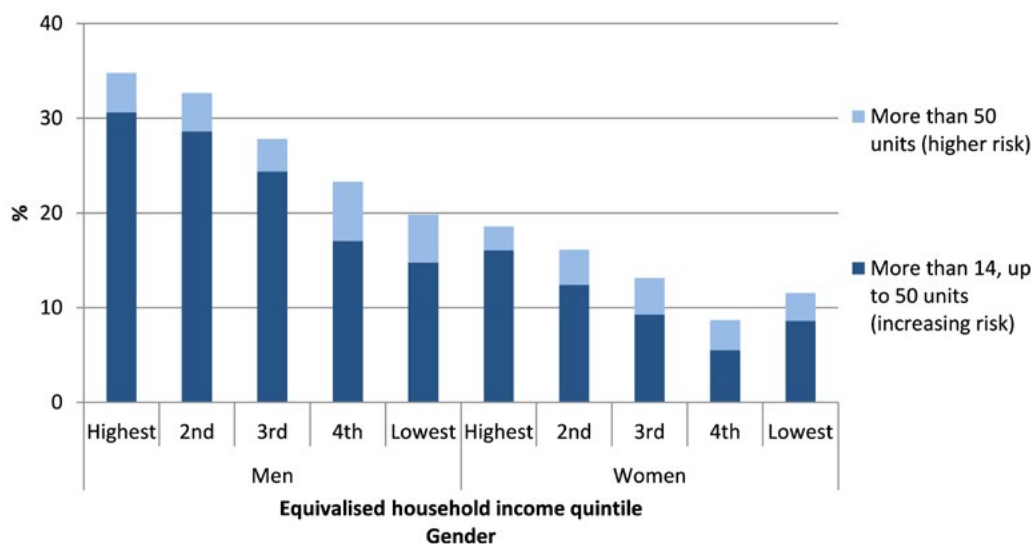
Drinking habits also vary by occupation, approximately 7 in 10 people (69.5%) in England, who said they worked in managerial and professional occupations, drank alcohol in the week before interview, compared to 1 in 2 (51.2%) people working in routine and manual occupations<sup>42</sup>.

The Health Survey for England looked at those drinking over the recommended 14 units and divided them into increased risk (14-35 units for women a week and 14-50 units a week for men) and higher risk drinking (35+units for women and 50+ units a week for men).

The proportion of adults usually drinking at increased or higher risk of harm was highest in higher income households for both men and women, with 35% of men and 19% of women drinking at this level.

In the lowest income households, 20% of men and 12% of women drink at increased or higher risk of harm. When looking just at higher risk, there were no differences by income.

Percentage of those aged 16+ years drinking at increased or higher risk of harm, Health Survey for England, 2017





# How life events can trigger harmful drinking

## – one resident's story

A resident of Buckinghamshire who has recently used the local One Recovery Bucks alcohol services provides his story. He discusses how redundancy impacted his drinking and the result on his wellbeing and his family.

*Boredom and opportunity were my undoing – redundant in my early fifties, home alone a lot of the time and my enjoyment of alcohol were a pretty lethal combination.*

*We all know about the effects of occasionally drinking too much – the hangovers, the sickness and the dreaded next day haze of 'did I really say or do that?' What I didn't know, and did nothing about because I wasn't strong willed enough, was the effects that kick in once you've really started to hit the bottle.*

*It started with severe memory loss and mood swings. My mobility deteriorated to the point that I was walking with a stick and then there was the utter lack of sleep, loss of appetite, liver damage and the shakes. And depression too, although whether I was drinking because I was depressed or depressed because of my drinking I'm not quite sure.*

*I was so hooked that I ignored the signs that things were getting serious until I collapsed four or five times. The final collapse was the worst – I ended up in the middle of the night on the kitchen floor and simply couldn't move. My wife and son were away and found me in the early evening. By the time the ambulance came I had been on the floor for 24 hours.*

*Although I wasn't overly lucid, I realised that there was a simple choice – carry on (and no doubt drink myself to death and before that lose my family) or get better. The doctor who saw me in hospital took the time to understand my situation and she offered me immediate access to a detox programme – she offered me a lifeline.*

*Although all this happened only a few months ago, my life is transformed and I had forgotten how good life could be. Simple things like eating, sleeping and mobility are all back to normal. My energy levels are back again, the shakes have gone and my liver has regenerated. I do voluntary work in a charity shop and have a part time paid job, both of which I really enjoy and have given me back my lost sense of purpose. Now I do things because I want to, not to stop me being tempted to have a drink.*

*Is it easy? No, it's not, but do I want to go back to drinking like I was? Definitely not. Might I have a lapse or a relapse? Maybe I will but I've got plenty of positives and supports in my life that I hope will help me to prevent this happening. My family, my GP and the hospital staff have all been amazing and they really are there to help. Last, but very definitely not least, One Recovery have been fantastic.*

# Chapter 6

## The harms of alcohol

Alcohol has been identified as a contributing factor for more than 200 health conditions and injuries, including cancer, heart disease, stroke, high blood pressure, cirrhosis of the liver, poor sleep, lowered immunity and susceptibility to infections, mental health and memory problems, and depression<sup>43</sup>. In England, alcohol misuse is the biggest risk factor contributing to early death, poor health and disability for people aged 15 to 49 years old<sup>44</sup>. In terms of the harms to health, there is no safe level of alcohol consumption and the harms increase with the amount of alcohol consumed.

The health harms due to alcohol vary according to a number of factors including a person's age, gender and body mass index (BMI), but also the pattern of their drinking, the volume of alcohol they drink and the length of time they have been drinking.

### 6.1 Who is most at risk of harm from alcohol?

For a given level of alcohol consumption some groups of people are more vulnerable to the harms of alcohol. These groups include children and young people, women, older people and from lower socio-economic groups. Unborn babies are also at risk of harm from their mothers' drinking, which can have profound effects on their development and lifelong health.

#### Children and Young People

Children are particularly vulnerable to the effects of alcohol and, if they drink, may be more at risk of developing alcohol-related problems when they are older.

The Chief Medical Officer in England advises parents and carers that an alcohol free childhood is the healthiest and best option<sup>45</sup>. There are risks associated with drinking alcohol for teenagers, including impacting their learning skills and long-term memory<sup>46</sup>.

If a teenager drinks alcohol before they are 15 they are:

- Four times more likely to become dependent on alcohol than those who wait until age 21
- Seven times more likely to be in a car crash due to drinking alcohol
- 11 times more likely to suffer unintentional injuries after drinking<sup>47</sup>

## Women

Overall women are more vulnerable to the ill effects of higher risk drinking levels. For example, women are twice as likely to die of liver cirrhosis (damage) when drinking the same amount as men<sup>48</sup>.



## Older Adults

As we age our bodies become less effective at processing alcohol. This means older people may have higher blood alcohol concentrations even if they drink the same amount as a younger person.

Therefore, when older people drink within the recommended lower risk guidelines, they may be over-drinking. There is very little research on alcohol and older people. Alcohol slows the brain's function to a greater extent in older people, impairing coordination and memory, and raising the likelihood of incontinence, hypothermia, accidents and self-neglect<sup>49,50</sup>. Drinking alcohol while taking certain medications can also result in harmful side effects.

As a result, older people are being admitted to hospital due to alcohol more frequently than before. Between 2008/09 and 2017/18, the rate of alcohol-related admissions in Buckinghamshire for people over 65 years old increased by 15.6%. This is slightly higher than England, which had a 13.9% increase for this age group. People over 65 years old have the highest rate of alcohol-related admissions in Buckinghamshire.

## Co-existing lifestyle risk factors - smoking, obesity and drinking

As separate behaviours alcohol consumption and smoking increase the risk of getting cancer and other illnesses, but smoking and drinking together increases the risk of developing illnesses to a greater extent than either behaviour alone<sup>51</sup>. Obesity can also amplify the harmful impact of alcohol consumption on the liver. For a person with a body mass index greater than 35, the risk of harm to the liver doubles at any given alcohol intake. A similar synergistic effect is seen for smoking, alcohol and risk of stroke.



## Socio-economic group

People who are less affluent often report lower levels of alcohol consumption. However, they experience greater levels of alcohol-related harm (e.g. liver disease) and appear to be more susceptible to the harmful effects of alcohol<sup>52</sup>. Less affluent people are more likely to die or suffer from a disease relating to their alcohol use<sup>53</sup>. In England, death rates from alcohol-related causes and alcohol-related liver disease increase as levels of deprivation increase<sup>54,55,56</sup>.

This is known as the 'alcohol harm paradox' where disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations. The reasons for this paradox are not clear but could include different drinking patterns in different groups, lower resilience and/or compounding effects with other risk factors, e.g. smoking, health conditions or different use of health services.



## 6.2 Health harms

Alcohol misuse increases the risk of poor physical and mental health.

### Physical health

Alcohol increases the risk of developing several types of cancer, including breast and bowel cancer, cancers of the mouth and throat, oesophagus, liver, stomach, pancreas, lung and gallbladder. For certain cancers, including breast cancer, any level of drinking increases your risk so there is no 'safe' level of drinking. It has been reported that just one extra drink a day increases your risk of breast cancer by 10%<sup>57</sup>.

Alcoholic liver disease includes fatty liver disease, alcoholic hepatitis and cirrhosis. Death rates from alcoholic liver disease have increased 400% since 1970, and in people younger than 65 years have risen by almost five times<sup>58</sup>. In Buckinghamshire, the rate of hospital admissions due to alcoholic liver disease increased between 2008/09 and 2017/19 by 87.4% (38.2 to 71.6 per 100,000)<sup>59</sup>. This is almost double the increase over the same time period in England (47.8% increase).

Broadly speaking, high blood pressure increases in line with the amount of alcohol consumed, and high levels of alcohol consumption increase the risk of stroke and heart disease<sup>60</sup>. Binge drinking is also a risk factor for atrial fibrillation, which is characterised by an irregular heartbeat. Again, while alcohol consumption and smoking as isolated behaviours both increase the risk of stroke, people who smoke and drink alcohol increases the risk to a greater extent than either behaviour alone.

Drinking can affect people's sleep by disrupting sleep patterns and affecting their quality of sleep. It also reduces people's immunity to infection. For example, the risk of pneumonia increases with increasing alcohol consumption. People with high levels of drinking or alcohol dependence are eight times more likely to develop pneumonia<sup>61</sup>.

Drinking alcohol can affect judgement and behaviour and memory loss can also be a problem during drinking and in the long term for regular heavy drinkers.



## Mental health

Alcohol is linked to a range of mental health issues including aggression, anger, depression, memory loss and suicide<sup>62</sup>. In England, people who have anxiety or depression are twice as likely to drink heavily as those without depression or anxiety.

Current research suggests alcohol use disorders\* increase the risk of depression, suicidal thoughts, attempted suicide and completed suicide. The rate of hospital admissions for mental and behavioural disorders due to alcohol use (narrow definition) in Buckinghamshire has doubled between 2008/09 and 2017/18<sup>63</sup>.

Alcohol can change behaviour and has been found to play a significant role in suicide and self-harm. In Scotland, it was found that more than half of the people who came to hospital with self-harm had drunk alcohol almost immediately before or while they harmed themselves<sup>64</sup>.

Studies show that 10% to 70% of people who have attempted or completed suicide tested positive for alcohol use, depending on the study reporting the findings<sup>65</sup>.

Excessive alcohol consumption over a lengthy time period can lead to brain damage and may increase the risk of developing dementia. People who binge drink are more likely to develop dementia or Alzheimer's disease<sup>66</sup>.

People with the most complex needs, such as those with both alcohol and severe mental health problems, can find it particularly hard to engage with services. They need services that are able to address their mental health and alcohol problems as part of a coordinated plan. Research has found that drinkers with complex needs are likely to become very frequent attenders at Accident and Emergency units, often because they have nowhere else to go in moments of crisis. Engaging such people in a treatment programme can dramatically improve their lives and bring an estimated return on investment of £3,400 in savings for every £1,000 spent.

\* Alcohol use disorder is a term used to describe when people are drinking at hazardous and harmful levels, as well as those who are dependent on alcohol.

## Pregnancy

Although most women do not drink alcohol in pregnancy, those that do can cause significant harm to their babies, with higher levels of drinking causing greater problems.

There is no proven safe amount of alcohol to drink during pregnancy. If a woman drinks alcohol during pregnancy then some of the alcohol will pass through the placenta to the baby, which can lead to miscarriage or long-term harm to the baby.

Drinking more than 1.5 units of alcohol per day during the first three months of pregnancy is associated with an increased risk of miscarriage. Drinking more than one to two units per day during pregnancy increases the risk of babies being born at a low birth weight or prematurely. Drinking four to five units per occasion while pregnant resulted in an increased likelihood of child behaviour problems<sup>67</sup>.

Drinking alcohol during pregnancy also increases the risk of birth defects in the baby and can lead to a range of clinical syndromes called foetal alcohol spectrum disorders (FASD). Children may have difficulties with learning, concentration, decision making, planning and memory. Children born with FASD may also go on to have poorer educational outcomes, mental health problems and substance abuse.

Current guidelines recommend that if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep the risks to your baby to a minimum.

## Injury

The risk of injury resulting from alcohol consumption increases with the amount of alcohol consumed. Drinking too much alcohol increases the risk of road traffic crashes, poisoning, fall injuries, fire injuries, drowning, work or machine injuries.

Hospital admissions due to unintentional injuries resulting from alcohol have increased by 24.8% in Buckinghamshire between 2008/09 and 2017/18. There are now 139.7 admissions due to alcohol-related unintentional injuries for every 100,000 people in Buckinghamshire<sup>68</sup>.



## Hospital admissions due to alcohol

In 2017/18 there were 2,753 admissions to hospital primarily related to alcohol (narrow definition) and 9,046 admissions where alcohol related illnesses were listed as a factor.

The rate of alcohol-related admissions (narrow definition) was lower than the England average but similar to the south east average. In Buckinghamshire, there were 529 admissions for alcohol-related conditions per 100,000 population, compared to 515 for the south east region and 632 per 100,000<sup>69</sup> for England.

The rate of admissions in Buckinghamshire has increased by 27% since 2008, which is faster than the England rate of increase of 4% and south east increase of 4%. Admission rates for men are 60% higher than female admission rates but both men and women have seen similar increases in admission rates.

The highest admission rates in Buckinghamshire are in people over 65, followed by those aged 40-64. Admission rates for people over the age of 65 have increased by 15.5% since 2008/09, which is similar to the England rate rise of 14%.

Alcohol-related admission rates show a clear gradient across Buckinghamshire with the highest rates observed in the more deprived areas. Admission rates are 57% higher in the most deprived fifth of the population compared to the least deprived.

For almost one in five alcohol admissions, the ethnicity of the person was not recorded in Buckinghamshire. However, where ethnicity was recorded 91% were White/White British, 4% Asian/ Asian British and 1% Black/ Black British.

The rate of hospital admissions for mental health conditions due to the use of alcohol have increased by 110% since 2008 in Buckinghamshire, but the rate per 100,000 remains lower than the England and south east averages.

In Buckinghamshire, the rate of hospital admissions for alcoholic liver disease has almost doubled over the last 10 years. It has increased from 38.2 per 100,000 to 71.6 per 100,000 between 2008/09 and 2017/18.

Alcohol-specific admissions for young people under 18 have decreased by 42.8% over the last 10 years in Buckinghamshire. Over the same time period, the England average rate fell by 54.3%. In 2017/18, the admissions rate in Buckinghamshire (22.9 per 100,000) was 30% lower than in England and 29% lower than the south east region.

### Alcohol-related deaths

Alcohol-related deaths typically occur at younger ages than smoking-related deaths and deaths from all causes. On average, the age of people dying from alcohol-related causes is 54.3 years old compared to the average age for all death causes of 77.6 years in England<sup>70</sup>. In the UK, the peak liver disease mortality age for women is around 55, twenty years younger than in France, where rates have fallen steeply in recent decades<sup>71</sup>.

Men consume more alcohol than women nationally, and this is also reflected by the rate of alcohol-related deaths. In Buckinghamshire, the death rate from alcohol is more than twice as high in men than women (58.1 vs 21.4 per 100,000 people)<sup>72</sup>. In 2017 there were 198 alcohol-related deaths in adults (136 men and 62 women) in Buckinghamshire reflecting the natural picture of higher alcohol-related deaths in men.

In Buckinghamshire, there were 2029 years of life lost due to alcohol in persons aged under 75 (2017). This compares with around 2253 years of life lost due to tobacco in Buckinghamshire for the same year<sup>73</sup>.

In England in 2017, the alcohol-related death rate for men in the most deprived tenth of the population was 55% higher than for men in the least deprived tenth. For women, the alcohol-related mortality rate was 45% higher in the most deprived tenth compared to the least deprived tenth.



## Views from the NHS frontline

A Buckinghamshire paramedic shared his experience of helping people who have been drinking and require medical assistance.

*Paramedic work isn't just the big emergencies that TV programmes like Casualty show. Most of the alcohol related situations we are involved in are people drinking at home.*

*We mostly get called to two types of alcohol related situations. The first is people, usually under 30, who have been binge drinking at a weekend and are unconscious or have been in a fight. There seems to be a culture of binge drinking spirits, such as gin or rum, at home with friends to get drunk. After this people seem to be going out and maintaining that level of drunkenness while out. We've also seen this culture of drinking spirits becoming fairly common among younger teens and children. The youngest I've seen was a group of 12 year olds one of which was unconscious due to alcohol.*

*More of the time we see entrenched alcohol drinkers at home. Alcohol is rarely the reason they*

*call us, it's usually self-harm, suicidal thoughts, chronic pain, or accidents like falling down the stairs. People of all ages call us yet I'd say most are men in their 40s to 60s. They seem to be resigned to the fact they are alcohol dependent and don't want to change their lifestyle, they just want us to deal with the immediate solution. I've seen people deteriorate over the years, starting with supportive partners who then drift away, so they end up living on their own or with others who are alcohol dependent. I've also seen a dramatic decline in their mental health and their living conditions. We usually direct these people to their GP, but I'm sure there must be more we can do.*

*We are one of the few agencies who see people at home so maybe we can think about how that opportunity can be capitalised on, whether it is for the individual or their family.*

The consultant liver specialist in Buckinghamshire supports a wide range of people who are suffering from liver disease.

*As a hospital doctor with a specialist interest in liver disease, I care for people who have experienced physical harm from drinking alcohol. This ranges for reversible abnormalities in liver function to irreversible scarring of the liver (known as cirrhosis) which can be associated with complications, such as life-threatening gastrointestinal bleeding, fluid retention, liver failure, and liver cancer.*

*All aspects of society are represented amongst the patients that I see, from very successful business people to homeless people, men and women. As alcohol-related disease typically affects people at a younger age than other important conditions, such as cancer and heart disease, it is common for me to see people in their 40s and 50s, and sometimes their 30s. It is worth highlighting that as well as the impact that alcohol-related problems have on the individual and their family, as the affected individuals are frequently young and of*

*working age, these conditions are associated with a disproportionately high economic impact on society.*

*The effects of alcohol on individuals are so variable. Some people have been drinking for only a handful of years before developing serious problems, whilst others drink for a lifetime without obvious ill-effects. There seems to be no pattern, it's very individual. Although, I mainly see people with damage to their liver and pancreas due to alcohol, this is only part of the picture as alcohol can affect other organs, including the brain, the nerves, the eyes and the heart, resulting in problems such as dementia, unsteadiness on walking, numbness and pain in the hands and feet, blindness, irregular heart rhythms and heart failure. In addition, alcohol has been linked to an increased risk of some cancers, and can contribute to falls in the elderly and accidental injury.*



## Views from the NHS frontline

A drug and alcohol worker discussed her experience working in a local hospital. This service provides mental health support for people who come to A&E. If someone has mental health problems and drug or alcohol issues, the service may be asked to see them.

*We see all sorts of people with alcohol issues, from younger people in their 20s who have been binge drinking, to 35 plus professional people who are drinking more than they should and don't realise the risks, and older adults with long term conditions who are drinking for pain management and because of loneliness. We see hardcore dependent drinkers who have been dependent for some time and now have chronic problems like liver issues, and within this group there are people who have run out of alcohol and by the end of the night they are suffering withdrawal symptoms.*

*The number of people coming back into hospital is huge. Someone may not have diagnosed mental health issues but if they have suicidal thoughts, and are using alcohol to self-medicate, this can cause them to be less inhibited so they do more risky things like taking overdoses.*

*I've worked in this field for 20 years now and I think the way we drink alcohol has changed in that time. Everyone is drinking at home more than in the past. 30 to 40 years ago it would be men drinking in pubs and clubs, now women are drinking more and they drink wine, which they don't realise is higher strength and more potent than a couple of pints of fosters for example.*

*I firmly believe mental health and alcohol issues need to be assessed and treated simultaneously not sequentially. So, if mental health services and drug and alcohol services could work more together that would be far more beneficial to the person in need.*

*I see staff in my service and other services responding to people with higher levels of alcohol need, but those with lower level needs may not be recognised as these people aren't regularly asked about their alcohol intake. Everyone who comes into A&E or meets any healthcare professional should be asked about their alcohol intake.*

*Lots of people see a healthcare professional of some type for a health assessment. Asking people about their alcohol intake and why they drink should be common practice. People drink different amounts of alcohol and even if it's not a high level it could impact their health. If we don't find out about this at an early stage there will be more long term effects, such as serious health problems like liver disease, rising costs to society from things like alcohol related crime, and more deaths.*

# Chapter 7

## Impact of alcohol on families and communities

Alcohol can have harmful health and social consequences not only for the drinker but also the people around them and wider society. Misuse of alcohol can have a powerful harmful impact on families, including financial problems, parenting difficulties, children missing school, family breakdown, child abuse and neglect and family violence. There is also an increased risk of accidents and injuries, involvement in violence and risky sexual behaviour.

The misuse of alcohol by parents can play a role in making some families less stable. When a parent overdrinks there may be arguments in the family or less money to buy the things the family needs; this can mean the children have poorer health and wellbeing. When parents misuse alcohol, their marriages are more likely to end in divorce<sup>74</sup>.



# Alcohol impact on other family members

## - A Buckinghamshire view



The Prevention Matters is a free and friendly advice service linking eligible adults (over 18) in Buckinghamshire to social activities, volunteers and community services.

Prevention Matters is delivered by Connection Support on behalf of Buckinghamshire County Council.

Prevention Matters support includes the following:

- Help to get back into work, accessing Job Clubs and Job fairs.
- Support with loss of confidence/isolation.
- Access to community groups/activities.
- Access to a range of local support to include learning new skills/improving health.
- Referral into other organisations that can offer more specialist support i.e. One Recovery Bucks, AA Anonymous.

*Some of the people who Prevention Matters support with an alcohol addiction have found that they don't want to be drinking. They are drinking because something traumatic has happened in their life, like a relationship breakdown, redundancy, or the loss of a child or a parent. Our clients come from differing backgrounds and drinking has become their way of coping with the difficulties faced in life.*

*We find that some people become really angry with their partner's drinking, others say 'I can't do this anymore, I cannot continue to live like this'. Some are very supportive but when their loved one doesn't fully engage with the help available, they are often left feeling like the drink is more important than they are. This can lead to breakdowns within the family, which causes increased drinking.*

*The effects of a family member drinking can effect the amount of income available for daily expenses. This can mean the family risks eviction, and they might not even be able to afford the basics like food, heating, lighting and clothes. Drinking can also lead to concerns by professionals about the safety of any children in the home, further impacting on the family.*

*Prevention Matters can work with people to meet their basic needs and linking them with other agencies who can provide things like food and basic household equipment. Part of the Prevention Matters service is to complete a strength-based assessment, which includes understanding the reason they are drinking, and showing them what support can be offered to enable them to see a brighter future.*

*Sadly, quite a few of the people keep coming back to Prevention Matters with differing ongoing issues. Accepting they have an alcohol problem is the first step to recovery, but unfortunately many do not acknowledge there is a problem and this has led to some of our clients passing away at home or in hospital.*

*When we support families after a death they can have mixed feelings. There can be a mixture of sorrow and relief as caring for a family member with alcohol issues can be a struggle, with people finding it hard to maintain jobs and relationships as well as their caring responsibilities.*



## 7.1 Impact on children

Across England it is estimated that between 189,000 and 208,000 children live with an alcohol-dependent adult<sup>75</sup>. 14,000 of these children live with two alcohol-dependent adults<sup>76</sup>. In 2014/15, 26% of patients receiving treatment for alcohol problems in England lived in a house with a child. In Buckinghamshire, 25% of clients receiving treatment for alcohol problems live in a house with a child<sup>77</sup>.

When a parent misuses alcohol, this can lead to disorganised and unpredictable parenting, disrupting the healthy development of the child.

Research shows that many children living with alcohol-dependent parents feel socially isolated<sup>78</sup>. Many of these children feel sad or anxious but are less likely to seek help because they feel embarrassed or guilty and they do not want to betray their parents.

Children of alcohol-dependent parents may also need to care for their parents or siblings. This responsibility can mean children miss school more often or are unable to complete their homework. A reported 7% of young carers are looking after a parent, caregiver or relative with a drug or alcohol problem. Amongst these children, 40% missed school or had other issues at school<sup>79</sup>.

The impact of parents drinking alcohol is not limited to families with someone who is alcohol-dependent. The amount and frequency of drinking that is needed to impair parenting is not clear. However, a report found that for children of parents who aren't dependent on alcohol, 18% of children reported feeling embarrassed by seeing their parents drunk. Another 15% of children said their bedtime routines were disrupted due to their parents' drinking<sup>80</sup>.

### Physical and mental health impacts on children

A child's mental and physical health is impacted when their parent misuses alcohol. These children are more likely to be obese, have an eating disorder, have attention deficit hyperactivity disorder, be injured and/or be admitted to hospital<sup>81</sup>. Compared to other children, children of parents who are alcohol dependent are twice as likely to experience difficulties at school, three times more likely to consider suicide and four times more likely to become dependent drinkers themselves<sup>82</sup>.

The risk of children suffering harmful consequences from parental alcohol misuse is reduced if children are from families with high levels of family support, where there is a non-drinking parent who can reduce the negative impact of the drinking parent and where there is security, for example a regular household income<sup>83</sup>.

There is also evidence that resilience is important in helping children to cope with a parent drinking too much. There are a number of ways to help a child to develop resilience, for example through encouraging them to take part in activities outside the family home<sup>84</sup>.

Until relatively recently, interventions for harmful drinking have tended to focus on the individual user. However, the vital role that family members can play in the treatment process is now well recognised as is the need for support for family members.

### **Neglect and abuse**

There is a strong relationship between parent or carer alcohol use and child maltreatment. A study found that 61% of applications for care in England included the misuse of alcohol and/or drugs<sup>85</sup>. Alcohol misuse was also reported for 37% of cases of death or serious injury of a child through neglect or abuse in England between 2011 and 2014.

A recent analysis in England found parental alcohol use was present in 37% of all serious case reviews of child abuse<sup>86</sup>.

### **Impact on Buckinghamshire's children**

Social care referrals for children include a primary need for each child. In Buckinghamshire for 2017/18, 2% of all referrals included parental alcohol misuse as the primary need. A small number of referrals were due to the child misusing alcohol.

In Buckinghamshire, 22% of children who had a completed children in need assessment in 2017/18 had parental alcohol misuse as an identified need (2017/18)<sup>87</sup>. This is higher than England where 18% of completed assessments by children's social care have parental alcohol misuse identified as a need.

This data suggests strongly that alcohol misuse is not often recognised as one of the primary issues as to why a parent may not parent their child appropriately. However, assessment uncovers alcohol to be a factor in over 20% of open cases.

An audit in 2015 of looked after children in Buckinghamshire found 17% (24 of 141) of the cases reviewed had alcohol misuse as an issue at the time they came into care.



## 7.2 Domestic abuse and violence

Alcohol consumption can be both a cause and consequence of domestic abuse and violence.

Alcohol misuse is associated with a fourfold risk of violence from a partner and is commonly present where sexual violence occurred<sup>88</sup>. Binge or heavy drinking is most strongly associated with domestic violence.

Women experiencing domestic violence are up to 15 times more likely to misuse alcohol than women who are not victims of domestic violence<sup>89</sup>. Many women use alcohol to help them cope with domestic abuse, and some women are given alcohol by their partner in order to increase control over the women<sup>90</sup>.

When both partners have been drinking, the violence may be more severe and women may be less able to protect themselves<sup>91</sup>.

The impact on children in a household where there is domestic abuse can be long lasting. Emotional well-being, behaviour (including anti-social behaviour and bullying), educational attainment, risk-taking (including alcohol and substance misuse), and long term life chances may all be affected.

In Buckinghamshire, Women's Aid services work alongside the substance misuse services to refer people who need support for this part of their recovery.



# Growing up with alcohol in Buckinghamshire

## - a resident's view

The behaviour of families influences their children. One Buckinghamshire resident grew up in a family where alcohol was misused, and this impacted her own life into adulthood.

*Alcohol was a huge part of my life growing up but always in a negative way. My dad was alcohol dependent, so was my grandfather, my step mum and her sister. In my early 20s I realised my mum also had a drink problem. I found her passed out on the bathroom floor, and I'd find empty sherry bottles down the side of the sofa. She'd get aggressive; I remember having to shut myself in the bedroom as she tried to kick the door down. I'd grown up with all these role models, and then as a young adult I met my first proper boyfriend. We were always out socialising, and looking back now he was an alcoholic too.*

*There's no single trigger point that started my drinking, I just always have drunk, and various things in my life have caused me to start or to stop.*

*I ran my own hairdressing business for ten years. When I found myself working 12 hours a day it was so stressful that I turned to drink to cope. I was a fully functioning alcoholic - I owned my own home and I ran my business. I drank in the evenings so it was hidden from others. In the end I sold my business and moved in with my mum to sort myself out. I stopped drinking for six months. I then got a job in hairdressing and started again.*

*When I met John\*, my husband, I stopped again. He was a good role model because alcohol is not part of his routine. When I had my daughter Sarah\*, who has a learning disability, I didn't go to antenatal groups so I had no other young mums around and John was working away. I became socially isolated and started drinking again. Sarah is now eight, and I continued drinking. I've always picked my time, mostly drinking after she had gone to bed.*

*Going to the gym has been a stress relief, but last year I broke my ankle (from a fall when drunk) and I was barely mobile for a year. I was in hospital having plaster put on my leg and I realised I was wasting my life. I didn't want to be like my mother, and I didn't want Sarah to experience what I have, so I called One Recovery Bucks.*

*My case worker has been brilliant. She encouraged me to come to group meetings. It's so humbling to listen to other's stories. I've realised I'm not the only one struggling and that's helped take the pressure off. When I heard others recovering I thought 'I can do that too'.*

*The first few weeks were the worst. I learned to distract myself until the craving pass, and to challenge the voice in my head encouraging me to drink. I've changed my routine so I don't see alcohol at my trigger time of day, which is when Sarah comes home from school. Now instead of me drinking, we have snacks together and then she does her homework. It's hard and I'm always worried that I'll have a relapse like before, but Sarah is my motivation. Without her it would have been much harder to turn myself around.*

*\*Names have been changed.*

## 7.3 Impact on violence and crime

### Crime and disorder

Research shows short term high alcohol consumption is associated with aggression and violence and alcohol increases the risk of impulsive and violent crime<sup>93</sup>.

In England, victims of violent crime believed that the perpetrators were under the influence of alcohol in 46.2% of all violent incidents in 2016/17<sup>94</sup>.

In 2016/17 in England and Wales, in 12.4% of theft offences, 20.6% of criminal damage, 21.5% of hate crimes were alcohol-related<sup>95</sup> and 35.8% of sexual assault cases the offender was under the influence of alcohol. In 2018/19 in Buckinghamshire, 1% of theft offences, 4% of criminal damage and 9% of sexual assaults (including rape) were deemed to be alcohol-related<sup>96</sup>.

National research shows that violence is often associated with the sale of alcohol in pubs, bars and nightclubs, which are an important part of the night time economy. Although the night time economy generates business, there are often costs to individuals and the wider community, including crime and fear of crime, ambulance, hospital and A&E costs, street cleaning around late-night venues, takeaways and noise and light pollution.

Between 2014-2016 in England and Wales, alcohol-related violent incidents made up 67% of violent incidents that took place at the weekend and 68% of those that took place during the evening and night<sup>97</sup>. In 2014-2016 in England and Wales, 91% of violent incidents that took place in or near a pub or club were alcohol-related, and 67% of those that took place in public spaces were alcohol-related. Levels of public violence and disorder are associated with the number of pubs and clubs concentrated in an area, and increased number of premises is associated with increased levels of violence and public disorder<sup>98</sup>.

Surveys in other parts of England have found nearly half of respondents avoid town centres at night due to drunken behaviour of other people and alcohol-related litter in their town centres<sup>99</sup>.

In 2004/05, the prevalence of alcohol use disorders was much higher amongst people in prison compared to the general population. Of over 700 survey respondents, 63% of men and 57% of women in prison were identified as having an alcohol use disorder\*, with over a third of all individuals scoring within the possibly alcohol-dependent range. Prevalence of alcohol use disorders in the general population for the same time period was 26%<sup>100</sup>.

### Youth offending

One effect of parental alcohol misuse is that their children are at an increased risk of involvement in crime<sup>101</sup>. In Buckinghamshire, 12.9% of assessments completed by the Youth Offending Service found the young person was using alcohol. Almost half of those who used alcohol began drinking at the age of 13.

## 7.4 Drink driving in Buckinghamshire

### Road traffic accidents

The legal limit for alcohol when driving in the UK is 35 micrograms of alcohol per 100ml of breath. However, any amount of alcohol affects your ability to drive safely. The effects can include slower reactions, increased stopping distance, poorer judgement of speed and distance and reduced field of vision, all increasing the risk of having an accident or fatality<sup>102</sup>.

There have been significant declines in alcohol-related road traffic crashes on Britain's roads. However, in 2014 there were over 5,600 alcohol-related crashes and over 8,000 casualties, of which 240 people were killed and over 1,000 people were seriously injured<sup>103</sup>. Men account for 70% of those killed or seriously injured on the road, and 25% of those killed or seriously injured are aged between 25 and 39 years.

Police may conduct breath alcohol tests for some crashes. According to Public Health England, in Buckinghamshire between 2014 and 2016 there were 102 alcohol-related road traffic accidents. This means for every 1000 road traffic accidents, 33 were alcohol-related which is 25% higher than the England average<sup>104</sup>.



# Alcohol and crime

## - a police officer's view in Buckinghamshire

A Thames Valley Police Constable in Aylesbury shared her thoughts on the impact of alcohol in domestic abuse incidents, violence and road traffic incidents:

*Alcohol is ever present in our work and if I could put a statistic on how often it is linked to the cases we are called out for, I am sure the number would be significantly high. Alcohol is often involved in a variety of our town centre and domestic abuse incidents. Despite so much publicity about not drinking and driving, it is still a factor in many road traffic offences.*

*Alcohol is involved in a substantial number of the domestic abuse incidents we attend. It can be both partners who are drinking or just one, and it can be any time of the day or night. People may think that domestic abuse incidents, involving alcohol, are often among a couple in difficult economic circumstances, but this isn't always the case. I have attended incidents involving a number of family dynamics. I have attended impoverished addresses and large affluent properties. Issues involving alcohol consumption are not exclusive to any one community or type of person. However, there are now an amazing array of agencies and groups that support those looking for help and to make changes. When I started in this job I had the misconception that most drink driving offences would be among older people who were not aware of the 'don't drink and drive' campaign – I was wrong. There is no particular demographic. I have seen young people who have just passed their test, to professional people, to older people with a routine of doing this for a long time.*

*I think many people don't know how many units of alcohol they are actually consuming. They think they are alright to drive after drinking two pints, but they do not consider the strength of the alcohol they have consumed, or what food they have eaten. It is not understood that after drinking, your alcohol level increases and time is needed to elapse before it begins to go down. Also, younger people seem to be drinking more spirits and higher strength drinks, which I think could increase. I am trained to conduct evidential breath testing, and it is interesting to see that some people who appear to be fine, are actually well over the limit.*

*I think binge drinking has changed due to the rise in the price of alcohol in pubs and clubs. People now pre-drink at home, and just 'top up' when they go out. They come out later in the evening when they have consumed a lot of alcohol. This puts pressure on door staff who can turn them away for being drunk, before they have done anything they think is wrong. This can often be the cause of altercations. If a group is then split up, the drunk person is often left alone, which increases the risks to them, such as hypothermia, or being victim of a serious sexual or violent crime due to their vulnerability. The Street Angels do a great job helping people who are drunk, keeping them safe, warm, and getting home safely, but they can't help everyone. You might think this is more typical of women, but we frequently see this among men.*

## 7.5 Impact on work and economy

Alcohol has an impact on the economy and the workforce. Estimates show the costs of alcohol misuse to the economy and workplace are high with absenteeism, unemployment and early death having the biggest impacts. The UK economy loses £7.3 billion annually due to lost productivity from drinking alcohol, according to the Cabinet Office<sup>105</sup>.

People who misuse alcohol are more likely to take sick leave due to having a hangover or an alcohol-related illness<sup>106</sup>.

At the population level, an increase in alcohol consumption of one litre per person results in a 13% increase in sickness absence among men<sup>107</sup>.

### Unemployment and alcohol

The relationship between alcohol-related problems and unemployment is complex. Unemployment can lead to alcohol consumption, and alcohol consumption can lead to unemployment.

Becoming unemployed increases the chance of developing an alcohol use disorder by six fold compared to those who remain in employment. Rates of alcohol and illicit drug misuse or dependence increases one to four times among young people after six months of unemployment compared to their employed peers. Unemployed adolescents and young adults have significantly higher rates of substance use compared to their employed counterparts<sup>108</sup>.

Difficulties with employment are frequently experienced by those with alcohol dependence. People with an alcohol use disorder are at twice the risk of moving from employment to unemployment. Drinkers who consume alcohol at higher risk are six times more likely not to be employed than low risk drinkers. Studies show there are high unemployment levels for people with alcohol dependence (average 53% unemployed)<sup>109</sup>.

In England in 2014/15, 73% of people seeking treatment for alcohol problems were not in paid employment at the start of their treatment<sup>110</sup>. In Buckinghamshire (2017/18), 60% of people seeking treatment for alcohol dependence from One Recovery Bucks were not in paid employment.

### Economic impact of alcohol

The total annual cost to England and Wales from alcohol-related harm is over £21 billion<sup>111</sup>. The cost of alcohol to the NHS in England is £3.5 billion per year, and each year England spends £11 billion on alcohol-related crime<sup>112</sup>.



# Chapter 8

## What works to reduce alcohol harms

Action to reduce alcohol consumption and its related harm needs national and local action. The greatest chance of improvement is when policies complement and reinforce each other because they create a 'critical mass' effect and change what is considered socially normal drinking to help reduce alcohol-related harm.

### 8.1 Changes to national policy

According to an extensive review of the international evidence conducted by Public Health England, one of the most effective ways to reduce the harms of alcohol is through national policy.

#### Taxation and alcohol sales

Changing national policy on alcohol tax and sales are some of the most effective and cost effective ways to prevent alcohol consumption, and reduce alcohol-related harm.

Studies suggest a 10% increase in the price of alcohol would lead to a 5% decrease in its consumption<sup>116</sup> and that doubling tax rates would decrease alcohol-related mortality by an average of 34.7%. For the same increase in taxation, traffic-crash deaths would decrease by 11.2%, sexually transmitted infections by 5.5%, and violence and crime episodes by 2.2% and 1.4% respectively<sup>117</sup>. However, for taxation to be effective the price increase must be passed to the consumer.

Minimum pricing is a direct price control set by government aimed at preventing the sale of alcohol below a certain price. This often affects the high-strength, cheap products sold in supermarkets, off licences and grocery stores. Minimum prices effectively reduce health and other harms, and these benefits affect the heaviest drinkers who experience the greatest harm. For example, studies in Canada have showed a 10% increase in minimum prices of alcohol reduced: consumption of all beverages by 8.4%<sup>118</sup>; wholly alcohol-related deaths within nine months by 32%; acute alcohol-related hospital admissions by 9%; and chronic alcohol-related hospital admissions by 9% two to three years after the policy was implemented<sup>119</sup>. In addition, alcohol-related road traffic violations were reduced by 18.8% and crimes against persons reduced by 9.4%<sup>120</sup>.

### **National policy on marketing**

Regulating how companies promote alcohol can reduce drinking among young people. There is a strong body of research which says that exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities. This is also the case for digital marketing.

### **National policy on hours of alcohol sales**

Policies that reduce the hours during which alcohol is available for sale, particularly late night in pubs and clubs, can substantially reduce alcohol-related harm in the night-time economy. This is especially so when they are enforced and are targeted at the most densely populated areas.

### **National policies to reduce drink driving**

Enforcing drink driving legislation reduces road traffic crashes, casualties and fatalities due to alcohol. This includes policies which specify lower legal alcohol limits for young drivers. These are effective at reducing casualties and fatalities in this group so they have the potential to reduce inequalities given that the vast majority of harm on the road is experienced by young drivers.

## **8.2 What works at a local level**

Increasing public awareness of the harms of alcohol, increasing knowledge of units, managing the drinking environment and supporting young people to make informed choices about drinking alcohol can help reduce the harms from alcohol.

### **Public information and awareness**

Increasing knowledge and awareness about the harms of alcohol is important, and it increases public support for changes which have a greater impact on decreasing the harms of alcohol.

## Education in schools

The evidence of what works for school based alcohol education is emerging. The best available evidence suggests that to be effective school-based drugs and alcohol education should teach a wide range of skills, such as problem solving, decision making, self-control, coping, and general social communication and assertiveness skills. In addition, strategies to recognise and resist family influences, peer pressure and media pressure and prevent the 'normalisation' of drinking alcohol<sup>121</sup>. These should be part of wider programmes that target multiple risk behaviours, help build self-esteem and life skills<sup>122</sup>.

There is considerably more and more robust evidence that shows what is ineffective in preventing alcohol and drug use amongst young people. This includes providing information on its own and without reference to a wider context, fear arousal approaches<sup>123</sup>; and using police officers in uniform<sup>124</sup>. Teachers were found to be better able to manage the interactive model of learning which is more effective<sup>125</sup>.

## Managing the drinking environment

Research on managing the drinking environment in the UK is still emerging. This aims to reduce alcohol-related harm and intoxication, rather than long term health effects. Research suggests that programmes to manage the drinking environment should have many components and be implemented by multi-agency partnerships.

## Treatment and brief interventions

Identifying people who are already drinking and are at risk, and providing brief advice is effective in reducing alcohol consumption and harm. This is also the case for providing specialist treatment for those with harmful drinking patterns and dependence.

## Training the workforce

The earlier alcohol misuse is identified, the better. Some interventions that have been shown to help reduce alcohol misuse before it becomes an embedded problem are as follows:

### Identification and Brief Advice

Identifying people early and giving them brief advice on how to reduce their alcohol drinking has been shown to provide a return on investment<sup>126</sup>. Alcohol identification and brief advice (IBA) aims to find and support people who are at risk from harm due to their alcohol consumption.

Healthcare professionals can provide IBA as a short conversation, for example, while undertaking routine care in primary and community care or hospital.

IBA is best when it helps find and support the people who are not dependent on alcohol but they are drinking too much. IBA can reduce the amount a person drinks each week by 12% on average<sup>127</sup>.

This level of reduction in drinking alcohol also saves £27 per person each year for four years due to fewer admissions to hospital related to their drinking<sup>128</sup>. By delivering IBA in the NHS Health Check, it is estimated that over the last five years there were almost 1900 fewer deaths attributable to alcohol in England<sup>129</sup>.

### Recovery

The majority of people who suffer from an alcohol misuse disorder can recover with the right care and support, but it can take time for full recovery.

People who have misused alcohol report that recovery is a very personal concept and for many the goal is being 'totally alcohol free' and for things to be 'less chaotic'<sup>113</sup>. Many studies in the USA and the UK have shown that the following things help achieve these goals: developing supportive relationships with peers, family and friends; getting a job; having somewhere to live; being able to manage income and domestic arrangements; taking part in meaningful activities; caring for oneself; having overall good health; and taking part in one's community<sup>114</sup>. By doing these things the studies show that people are more likely to function better, remain abstinent from alcohol, have better quality of life and lower stress. Studies stress the importance of a range of different organisations working together towards recovery such as substance misuse services, employment services, employers, housing providers and groups like Alcoholics Anonymous<sup>115</sup>.



# The view from Buckinghamshire's alcohol services

Mark Prescott, the Clinical Lead at One Recovery Bucks, describes what recovery is and how One Recovery Bucks supports clients to recover from alcohol misuse.

*There is a common belief that 'detoxing' from alcohol is a quick fix, where someone can press the reset button and get on with their lives. Often people come to us wanting us to rescue them. In reality recovering from alcohol misuse is so much more than detox, which is a relatively short intervention, and it involves people making their own choices and decisions based on being given good, evidence-based information, treatment and support services.*

*Recovery is individual to that person. Recovery starts with someone accepting that their life is affected by alcohol, wanting and feeling ready to change. If someone wants to recover they may need support from a wide range of people in their community and family and friends. If they have lost the support of people around them there is work needed to repair those relationships and build new ones. Recovery may involve getting support for employment, housing, benefits, finance management and other aspects of life, whatever the goals of the individual may be.*

*When people come to us and they are ready to change, we start with a full health assessment, looking not just at their use of alcohol, but all the aspects of their life that surround this such as their emotions, their thoughts and behaviours, what they eat, how they sleep, their positive and negative coping skills, relationships, finance, and employment. We work with them to identify what life could look like for them without alcohol and how they may sustain this when they are abstinent.*

*When people are ready we support them with detox. This can be a risky procedure so it is carefully managed and monitored. Some people, who have good support at home and no other related health problems, may be able to detox at home. They can only do this if there is someone with them 24 hours a day who can dispense them their medication and call us if help is needed. For many people detox at home isn't an option and they need hospital based detox. We have to make very complex decisions about people's care, and my wish would be to be able to offer detox to more people that is appropriate to their need.*

*Alcohol services have changed over the last ten years and although we have clinicians like me, we also have a huge range of specialist staff that supports our service users with all aspects of recovery. When people can be aware of and work on all aspects of their life (not only the action of drinking alcohol) it allows them to build support and learn skills in all areas, increasing the likelihood of them achieving their recovery.*



Alcoholics Anonymous also supports residents in Buckinghamshire.

*People use alcohol as an anaesthetic to life. Often AA is the last resort. It's usually when life has reached crisis and people are really desperate that they find us. Regrettably, alcoholism is a disease that tells you that you don't have it. The delusion is really strong, so for many people realising they have a problem and asking for help is not easy at all.*

*AA has 30 meetings in Buckinghamshire that take place on all days of the week and across the county. Probably about 600-700 people come to our meetings and the only requirement for membership is a desire to stop drinking. The disease is indiscriminate and people of all ethnicity, age, gender, and profession join our meetings. I've been part of AA for six years, and during that time I've seen an increase in the number of people attending. When I first started going to the Aylesbury meeting about 10 to 15 people came, now the number is about 20-30. Some meetings even have up to 50 or 60 people, although others often in rural areas are smaller with sometimes about five people. We are also seeing more and more people being referred from commissioned substance misuse services.*

*AA has a very good understanding of alcohol dependency, seeing it as having a physical aspect, such as cravings; a mental obsession whereby, between drinks, a person will frequently think about their next drink and obsessively think about all the reasons a drink is needed in a 'washing machine head' type way; and spiritual malady where people lack a meaningful, spiritual connection to life. Our 12 step programme helps people overcome all these three challenges, and many people stay connected to AA for years as it helps them through the challenges of life. Sadly, we can see people who leave us start drinking again months or years later with terrible consequences, though many do come back and find recovery.*

*The good thing about our recent growth is that as groups become bigger they have the potential to support people more effectively. When there are more people, new people find the wealth of experience, strength and hope in the meeting attractive and keep coming back. There are more people at different levels of their sobriety journey to help others and a lively atmosphere of smiling and laughing that is refreshing and enjoyable.*

# Chapter 9

## What is happening in Buckinghamshire

A wide range of partner organisations in the public and voluntary sector in Buckinghamshire are working together to help people to reduce their drinking and get support when they need it. In 2016, these partners joined together to develop the [Buckinghamshire Substance Misuse Strategy 2016-2019](#). This covers drugs as well as alcohol, and has four strategic priorities, which are:

1. **Prevention:** Develop, recommend or commission evidence based prevention initiatives and early interventions as recommended by national policy.
2. **Restricting supply:** Work in partnership (including but not exclusively) with licensing authorities and other statutory consultees to maximise the effective use of the Licensing Act 2003 and consider the impact of the availability of alcohol on the night time economy.
3. **Building recovery:** Ensure that treatment provision for substance misuse is accessible, effective, supports the individual's recovery from addiction and reduces the likelihood of future treatment being required.
4. **Supporting at risk groups:** Identify and support populations who are at increased risk of harm from substance misuse and may require additional support and tailored interventions.

Partners are now working together as the Buckinghamshire Substance Misuse Group to implement the Action Plan which will deliver change on these priorities. Work which is taking place includes:

### 9.1 Campaigns

Partners have agreed a set of six campaign days each year that they will promote. These have been chosen because they either promote messages of reducing drinking at important times in the year, or are issues for which dependent drinkers are at risk. This includes:

- [Dry January](#)
- [Hidden Harm](#) campaign
- Drinking during the summer and at sporting events
- [Alcohol Awareness Week](#) 19-25 November
- [White Ribbon Day](#) 25 November
- Drinking around Christmas, including drink driving

The group is working on agreeing a set of online support resources so people can assess how much they are drinking, and learn more about alcohol dependency, including where to get support.

## 9.2 Prevention in schools, colleges and universities

### The Risk Avert Programme – year eight

In September 2018, a new secondary school-based drug and alcohol prevention programme began to for schools in Buckinghamshire. During 2018/19 it is focusing on challenging the social norm among young people that 'everyone is drinking'. During 2019/20, a health behaviour programme called Risk Avert is being offered. This is led by trained school staff and is designed for young people aged 12 and 13 in year eight who are already thinking about or taking risks, such as drinking alcohol, having unsafe sex, and smoking. Risk Avert helps them develop practical skills to manage all types of risks that they face in life. It helps them to stay safe and have better general well-being.



### Support to colleges and universities

The adult substance misuse service called One Recovery Bucks has been working with Aylesbury College, Buckingham New University, and Buckinghamshire University to provide support for those who misuse alcohol. It trains staff to better identify people with alcohol problems and know which services to refer them to for support and how. One Recovery Bucks has been raising awareness of alcohol guidelines, and support services at events such as Fresher's Fayres. In addition, the partner organisations on the Buckinghamshire Substance Misuse Group are now jointly working with these colleges and universities to improve information and support for students.



### 9.3 Early identification of alcohol and brief advice

The [Alcohol Change UK](#) drinks checker helps people identify how much they are drinking. It provides them with advice on how to cut down their drinking. If they consent, it provides an automatic referral to local adult alcohol services, One Recovery Bucks, for specialist support.

One Recovery Bucks offers training to a wide range of organisations in Buckinghamshire on: drug and alcohol awareness, Identification and Brief Advice (IBA) and the treatment options for alcohol users, including how to refer. IBA training covers the consequences of alcohol consumption, drink driving and UK drinking guidelines, how to identify risky drinking and different levels of risk using the AUDIT C and full AUDIT tool, brief advice on how to inform and motivate people to reduce their drinking, and the treatment options for those who need support. Since April 2018, 940 professionals have been trained in drug and alcohol awareness, 59 in IBA and 82 in treatment options.

### 9.4 Support for children and young people who use alcohol

[Switch Bucks](#) started in October 2018. It supports children and young people age 10-18 years (and up to 25 years in exceptional cases) across Buckinghamshire who are experiencing substance misuse related issues, are at risk of developing problematic substance misuse, or are impacted by substance use of a parent or other family member.

The goals of Switch Bucks are to reduce risk, reduce harm, and help young people be better able to cope with the challenges they face in their lives. It offers one to one and group support, information and advice for parents and carers, general health and wellbeing support, life skills development and vocational qualifications, and supported access to local activities such as music, art and craft. The service has a presence in the town centres of High Wycombe and Aylesbury, and delivers support via community venues in Chiltern and South Buckinghamshire.

It is open five days a week from 9.30am-6.00pm.

[switchbucks@cranstoun.org.uk](mailto:switchbucks@cranstoun.org.uk)

## 9.5 Support for adults who use alcohol

[One Recovery Bucks](#) is for people aged 18 or over who have substance misuse issues and/or who are affected by someone else's substance misuse. It offers a range of interventions and support to help individuals to recover from the misuse of alcohol and drugs enabling them to be full and active citizens. These services are provided by doctors, nurses, recovery case workers, community development workers and peer mentors and coaches. The interventions include information and advice, needle exchange, detoxification, substitute prescribing, talking therapies, health and wellbeing checks, peer support, and practical support, such as access to housing, training, and finance advice.

The service also closely supports families and carers who have been directly affected by someone else's alcohol and drug use.

The service has a presence in Aylesbury, High Wycombe, Chesham, Burnham and Buckingham and works in a number of community venues across the county to reach isolated service users. Services are available via the telephone, video conferencing and online.

One Recovery Bucks is available **five days a week, including three evenings** (up to 8pm on Mondays and Thursdays in High Wycombe, and Wednesdays in Aylesbury). Contact: 0300 772 9672

### Working with GPs

When some people have successfully become abstinent from alcohol by receiving specialist support from One Recovery Bucks, their ongoing treatment can be managed by their GP, who can provide them with anti-craving drugs. Buckinghamshire County Council and One Recovery Bucks are working closely with the Clinical Commissioning Group and GPs to put in place a new agreement to enable GPs to support these people. The new agreement will be launched during 2019, and it is hoped that around 20-30 GPs across the county will sign up to offer this service.

## Working together to support vulnerable people

One Recovery Bucks provides specialist support for people caring for someone with alcohol dependency. Other support for carers is also available via Carers Bucks.

People who have mental health problems are vulnerable to alcohol misuse, and people who misuse alcohol often have mental health problems. Having a mental health problem can make treatment for alcohol more complex. Both the alcohol misuse and the mental health problem need to be considered when any treatments are being planned. For example, some medications to treat depression can make overcoming alcohol addiction more difficult. It is therefore really important that mental health services and alcohol services work closely together.

One Recovery Bucks and Switch Bucks are working closely with Oxford Health NHS Foundation Trust which provides support and treatment for people with mental health problems in Buckinghamshire. Together they are improving referral pathways and coordination of treatment to ensure people with both these conditions can access both services when they need to, and receive the support they need for their mental health problems and their alcohol use at the same time.



## 9.6 Supporting families

Alcohol misuse can have devastating impacts on families, fracturing relationships, risking family income and causing intensive pressure. One Recovery Bucks and Switch Bucks are working closely together to support families where an adult family member or a young person is misusing alcohol or drugs.

Together they take a whole family approach offering support to all members of the family who are affected. This support includes information and advice via written publications, drop in sessions, online support and a helpline, group sessions, one to one support, safeguarding information, help to form and access community networks, parenting skill interventions for service users either via groups or one to ones, and support to family members and carers who wish to train as volunteers inside the One Recovery Bucks service.

## 9.7 Building recovery

One Recovery Bucks and partners across Buckinghamshire have developed a Recovery Network. This provides people at the end of their treatment journey support to find a job or training, to join a volunteering programme, to have somewhere to live, get support to look after their health, and build their social networks via groups such as [Alcoholics Anonymous](#), [Smart Recovery](#), and [Al-Anon Family Groups](#).

## 9.8 Addressing access to alcohol

Buckinghamshire County Council Trading Standards works to identify illicit alcohol sales. They work closely with businesses, making visits to increase awareness of the law around illicit alcohol sales and how they can ensure staff are not inadvertently selling alcohol illicitly, such as by educating about till prompts to ask the age of the buyer, and what to do when the buyer refuses to share their age.

Trading Standards also works closely with Thames Valley Police and District Council Licencing Teams to share information about new sources of illicit alcohol.

# Chapter 10

## How to get help

If you are concerned that you or someone you know may need some help to reduce the harm from drinking alcohol, some resources are included below.

There are tools to check how much you are drinking and how this harms your health. The tools can also help you to reduce how much you drink. Below are several resources that may be used:

- [One You – advice on easy ways to drink less](#)
- [Live Well Stay Well](#) – talk with someone about your drinking and your lifestyle

If you or someone you love needs additional support with alcohol, below are a range of organisations that can help.

- [One Recovery Bucks](#) – local advice and support
- [Alcoholics Anonymous](#) – offers long term help and friendship to those in recovery via its 30 meetings in Buckinghamshire.
- [Smart Recovery](#) - Network of free self-help groups to help people sustain the recovery gains they achieve within treatment services.
- [Buckinghamshire County Council](#) – find local help and support

If you are pregnant or are a parent and are worried about a young person's alcohol use, these websites can help you.

- [Advice on drinking while pregnant](#) – learn how alcohol can affect your unborn baby
- [Advice on talking to your child about alcohol](#) – top tips for talking about alcohol, and what to do if your child comes home drunk
- [Switch Bucks](#) – local advice and support for young people who are drinking

If your family is being impacted by alcohol misuse, check out these websites:

- [Switch Bucks](#) and [One Recovery Bucks](#)– support for families affected by alcohol misuse in Buckinghamshire
- [Adfam](#) – advice and support to improve the lives of families experiencing the effects of alcohol misuse
- [Al-Anon Family Groups](#) - free and inclusive meetings for the benefit of the relatives and friends of drinkers
- [Nacoa](#) – advice and support for everyone affected by a parent's drinking

# Chapter 11

## Summary and recommendations

As this report shows the use of alcohol is widespread in our society and affected by the cultural norms around our drinking culture, which in turn is shaped by alcohol marketing, the availability and affordability of alcohol. Parental and peer influences affect our drinking behaviour in our formative years and alcohol use may also be a response to changing life events.

However, more than one in four adults in Buckinghamshire are drinking above the Chief Medical Officer's recommended guidelines and many of them may not realise they are harming their health. The harms caused by alcohol affects many aspects of life, including relationships, employment and, in some cases, results in the loss of homes and livelihoods or becoming involved in criminal acts. The harms may extend wider than the individual who is drinking too much, affecting families and children and wider society. However, change is possible; societal drinking habits can change over time, influenced by effective national policy and decades of research show that people can recover from alcohol addiction with the right support.

In Buckinghamshire we can start changing the conversation around alcohol, increase awareness of safer drinking levels and tackle the stereotypes that stop us recognising who might be drinking at levels that might cause harm. There is a role for all of us in this, but particularly for frontline staff in health and social care, where routinely asking simple questions about alcohol might result in someone getting the help they need and changing their life for the better.

These recommendations are particularly for the members of the multi-agency substance misuse strategy group, the organisations who are members of the Buckinghamshire Health and Wellbeing Board, the Buckinghamshire Integrated Care System and partners who have adopted the Buckinghamshire Shared Approach to Prevention.

## 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 risks 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.

## 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.



# Chapter 12

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# Glossary

**Alcohol Dependence** is a cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use, including:

- A strong desire to drink alcohol
- Difficulties in controlling its use
- Persistent use in spite of harmful consequences
- Prioritising alcohol over other activities and responsibilities
- And with evidence of increased tolerance and sometimes a physical withdrawal state.

**Alcohol Harm Paradox** is the concept whereby disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations

**Alcohol-related admission (narrow definition)** is an admission to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause

**Alcohol-related death** are deaths from alcohol-related conditions based on the underlying cause of death as registered.

**Alcohol-specific admission** is an admission to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition

**Alcohol Use Disorder** is a term used to describe when people are drinking at hazardous and harmful levels, as well as those who are dependent on alcohol.

**Binge Drinking** - In England binge drinking is defined as drinking eight units of alcohol for men or six units for women on a single occasion.

**Body mass index (BMI)** is a measure that uses your height and weight to work out if your weight is healthy (weight in kg divided by height in metres squared).



**Child in Need** is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

**Foetal alcohol spectrum disorders (FASD)** are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behaviour and learning.

**Higher Risk Drinking** means drinking more than the recommended 14 units of alcohol per week.

**Looked after Child** is defined under the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

**Parental alcohol misuse** refers to a spectrum of problem drinking by those with parental responsibility for children.

**Units of alcohol** - Units are a simple way of expressing the quantity of pure alcohol in a drink.

**Years of Life Lost due to alcohol-related conditions** – the age-standardised rate of potential years of life lost in adults aged under 75 years due to alcohol-related causes.