Reducing the burden of alcohol harm

Andrew Brown, PHE Senior Alcohol Programme Manager
Alcohol consumption

Source: Adult drinking habits in Great Britain: 2005 to 2016. ONS, 2017
Absolute lifetime risk of death due to alcohol

![Graph showing absolute lifetime risk of death due to alcohol with two risk levels: low and high. The graph plots mean consumption (units/week) against absolute lifetime risk of death due to alcohol. The graph is divided into two risk areas: low risk and high risk. The blue line represents men, and the red line represents women.](image-url)
Who drinks the most alcohol?

Nearly one-third of alcohol sold in England drunk by 4% of population

Figure from Public Health England emerged during parliamentary debate on minimum unit price on alcohol

Source: The public health burden of alcohol: evidence review. PHE 2016
Table 1: The number of hospital admissions in 2014/15 for the major conditions by socioeconomic decile for the broad measure\(^{[1]}\)

<table>
<thead>
<tr>
<th>Broad disease, condition or injury</th>
<th>Decile 1</th>
<th>Decile 2</th>
<th>Decile 3</th>
<th>Decile 4</th>
<th>Decile 5</th>
<th>Decile 6</th>
<th>Decile 7</th>
<th>Decile 8</th>
<th>Decile 9</th>
<th>Decile 10</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>85,070</td>
<td>79,760</td>
<td>72,000</td>
<td>51,060</td>
<td>47,320</td>
<td>50,070</td>
<td>41,660</td>
<td>37,730</td>
<td>36,980</td>
<td>30,190</td>
<td>532,040</td>
</tr>
<tr>
<td>Mental and behavioural disorders due to use of alcohol</td>
<td>42,780</td>
<td>35,890</td>
<td>28,030</td>
<td>17,470</td>
<td>16,680</td>
<td>13,950</td>
<td>13,420</td>
<td>9,260</td>
<td>10,470</td>
<td>7,700</td>
<td>195,620</td>
</tr>
<tr>
<td>Alcoholic liver disease</td>
<td>11,420</td>
<td>9,550</td>
<td>8,100</td>
<td>4,000</td>
<td>4,600</td>
<td>4,130</td>
<td>3,900</td>
<td>2,070</td>
<td>2,970</td>
<td>2,470</td>
<td>55,190</td>
</tr>
<tr>
<td>Cancer</td>
<td>11,400</td>
<td>12,890</td>
<td>12,030</td>
<td>8,000</td>
<td>8,230</td>
<td>9,770</td>
<td>6,800</td>
<td>7,630</td>
<td>6,980</td>
<td>5,090</td>
<td>89,100</td>
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<tr>
<td>Epilepsy and Status epileptic</td>
<td>9,940</td>
<td>8,510</td>
<td>7,470</td>
<td>5,050</td>
<td>4,650</td>
<td>4,400</td>
<td>3,920</td>
<td>3,360</td>
<td>3,400</td>
<td>2,690</td>
<td>53,300</td>
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<tr>
<td>Unintentional Injuries</td>
<td>7,860</td>
<td>7,730</td>
<td>7,130</td>
<td>4,280</td>
<td>4,630</td>
<td>4,400</td>
<td>3,840</td>
<td>3,470</td>
<td>3,670</td>
<td>2,950</td>
<td>49,960</td>
</tr>
<tr>
<td>Toxic effect of alcohol</td>
<td>5,790</td>
<td>5,060</td>
<td>4,540</td>
<td>2,740</td>
<td>2,930</td>
<td>2,770</td>
<td>2,080</td>
<td>1,670</td>
<td>1,840</td>
<td>1,380</td>
<td>31,000</td>
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<tr>
<td>Digestive disease</td>
<td>4,350</td>
<td>4,000</td>
<td>3,640</td>
<td>2,160</td>
<td>2,180</td>
<td>2,070</td>
<td>1,820</td>
<td>1,560</td>
<td>1,500</td>
<td>1,190</td>
<td>24,470</td>
</tr>
<tr>
<td>Other wholly-attributable conditions</td>
<td>3,040</td>
<td>2,360</td>
<td>2,120</td>
<td>1,150</td>
<td>1,150</td>
<td>1,000</td>
<td>890</td>
<td>700</td>
<td>720</td>
<td>310</td>
<td>13,740</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1,870</td>
<td>1,930</td>
<td>1,750</td>
<td>1,060</td>
<td>1,100</td>
<td>1,100</td>
<td>970</td>
<td>990</td>
<td>880</td>
<td>740</td>
<td>12,290</td>
</tr>
<tr>
<td>Intentional injuries</td>
<td>1,760</td>
<td>1,500</td>
<td>1,310</td>
<td>780</td>
<td>720</td>
<td>680</td>
<td>570</td>
<td>470</td>
<td>480</td>
<td>370</td>
<td>8,640</td>
</tr>
<tr>
<td>Pregnancy and childbirth</td>
<td>1,400</td>
<td>960</td>
<td>800</td>
<td>560</td>
<td>540</td>
<td>510</td>
<td>410</td>
<td>330</td>
<td>400</td>
<td>290</td>
<td>6,150</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>300</td>
<td>240</td>
<td>140</td>
<td>110</td>
<td>90</td>
<td>70</td>
<td>100</td>
<td>30</td>
<td>50</td>
<td>30</td>
<td>1,150</td>
</tr>
</tbody>
</table>

\(^{[1]}\) Rounded to nearest 10
Alcohol dependency rate vs. deprivation

Local authority rank of deprivation (1=most deprived)
Local & National unmet need for alcohol treatment 2016-17

The graph below shows local unmet need for alcohol (% in treatment for alcohol only or alcohol and non-opiate, of estimated dependent drinkers) for 2016-17. This is estimated to be ~82% nationally.
Alcohol specific deaths

Source: Local Alcohol Profiles for England
Drug and alcohol misuse and homelessness

In services for homeless people
- 39% said they take drugs or are recovering from a drug problem
- 27% have or are recovering from an alcohol problem

Alcohol and drug problems are both a cause and a symptom of homelessness. Rough sleeping, has increased by 134% since 2010

Assistance may be needed to access and sustain appropriate housing

Access to housing can have a positive impact on motivation to change
The environment or the individual?
Alcohol Evidence Review

• Reducing the affordability of alcohol is the most effective and cost effective way of reducing alcohol harm.

• Targeting price increases at the cheapest alcohol is very effective and cost-effective and is able to substantially reduce harm in heavy drinkers.

• The relationship between the exposure of children to alcohol marketing and alcohol consumption is strongly supported by the evidence suggesting that measures to reduce their exposure are important for reducing harm in children.

• Brief interventions and treatment are effective in reducing consumption and harm.

• Providing information and education increases knowledge and awareness, but has little direct impact in reducing harm.
Investing in alcohol interventions saves money

£’s
Identification and brief advice in primary care can save the NHS £27 per patient, per year

£’s
Hospital alcohol care teams reduce the demand for hospital services. The return on investment can be £3.85 for every £1 invested

£’s
High need, high cost drinkers are small in number, but place a very large burden on emergency services. Small-scale evaluations show that assertive approaches working with High Impact Users can deliver reductions in service use and considerable savings
Beware of intervention-generated inequalities

Professor Clare Bambra, Institute of Health and Society, Newcastle University, editorial in Addiction Journal

• Interventions that improve population health overall might not always be effective in terms of reducing health inequalities

• Policy and commissioning need to combine upstream and downstream approaches to achieve proportionate universalism

• Policymakers need to act as advocates for strategies that address both the behavioural and social causes of health inequalities

Resources

• Alcohol and drug prevention, treatment and recovery: why invest?

• The public health burden of alcohol: evidence review

• Alcohol CLeaR System Improvement
  https://www.alcohollearningcentre.org.uk/Topics/Browse/CLeaR/

• Local Alcohol Profiles for England
  https://fingertips.phe.org.uk/profile/local-alcohol-profiles

• All Our Health

• Alcohol Commissioning Support Pack

• Local health and care planning: menu of preventative interventions
Drug use- inequalities, determinants and prevalence

March 2018
Pete Burkinshaw, PHE Drugs, Alcohol and Tobacco Division
Overview

• Some data (on harms & inequalities)
• Policy and approaches
• Current and emerging challenges
Trend in the number of drug misuse deaths in England and Wales 2001-16

drug misuse deaths

- England and Wales - All drug misuse deaths
- England - all drugs
- England and Wales - heroin / morphine
- England and Wales - other opiates
Reginal variation in DRD rates

Figure 7: Age-standardised mortality rate for deaths related to drug misuse, by country and region, registered in 2016

Source: Office for National Statistics licensed under the Open Government Licence v.3.0. Contains OS data © Crown copyright 2017
The prevalence of drug and alcohol harm for families

Around 20% of children 'in need' are affected by drug misuse

Around 18% are affected by alcohol misuse

Parental drug or alcohol misuse features in a quarter of cases on the child protection register

Drug misuse is involved in 38% of serious case reviews

Alcohol misuse is involved in 37%
An evidence review of the outcomes that can be expected of drug misuse treatment in England

- published-January 2017
- 311 documents went to full review including 58 systematic reviews
- local and nation gov should focus on a broad range of measures of effectiveness, which reflect the breadth of the benefits of treatment
- the outcomes achieved by treatment systems in England are comparable to the evidence base and international treatment data
- social determinants moderate outcomes and longer term housing and employment support are important
- the proportion of people in treatment with entrenched dependence and complex needs is likely to increase
Prevalence of opiate and crack cocaine use reported alongside local authority deprivation levels
Factors associated with the successful completion of treatment for opiate clients in 2014-15 and their associated odds ratios

Adjusted odds ratios

Factors include:
- Education
- Work (Part-time)
- Work (Full-time)
- Work (Irregular)
- Cocaine (non-daily)
- Alcohol (non-daily)
- Age at treatment start
- Physical health
- Referral (Other)
- Psychological health
- Housing problems
- Parent (not living with children)
- Career length
- Deprivation (3rd quintile)
- Deprivation (2nd quintile)
- Crack (non-daily)
- Crack (daily)
- Inject (non-daily)
- Inject (daily)
- White ethnicity
- Deprivation (4th quintile)
- Inject (most deprived)
- Opiates (non-daily)
- Previously dropped out
- Referral (CJS)
- Opiates (daily)
Change in levels of paid work for opiate clients (aged 18 and over) over five years in treatment, by four latent class groups

- Increased employment (n= 5253; 7.9%)
- Consistently employed (n= 10828; 16.1%)
- Consistently unemployed (n= 45590; 67.9%)
- Decreased employment (n= 5467; 8.1%)
Change in the proportion of individuals (aged 18 and over) reporting a housing problem at six monthly time periods during treatment.
• Published on Friday 14\textsuperscript{th} July 2017
• Government Strategy, as opposed to departmental
• Mixture of central actions and leadership for local areas
• Informed by PHE evidence review
• More focus on health; targeted populations; partnerships; competence; governance
• (What it isn’t and what it is)
A new set of jointly owned measures to sit underneath the two main aims

Needed to better reflect:
• wide range of social + health harms
• drugs misuse is both cause + consequence of wider factors
• the joint responsibility a range of partners have alongside LAs and the drug treatment services they commission to meet these shared ambitions, including health and harm reduction, housing services, employment and criminal justice partners

**Integrated recovery system measures:**
• crime and re-offending [joint]
• employment [joint]
• housing [joint]

**Heath & social care system measure:**
• hospital admissions
• drug related deaths
• blood borne viruses

**Treatment measures:**
• outcomes for parents
• prison through-care
• outcomes for individuals with co-existing mental health problems

**For local process monitoring:**
• post treatment recovery support
• facilitated access to mutual aid
2017 Clinical guidelines

- Guidelines were first published in 1984
- They cover all four UK countries
- They have no specific legal status but are widely used by CQC, GMC, commissioners
- For
  - All clinicians
  - Community and prisons
<table>
<thead>
<tr>
<th>A brief guide</th>
<th>Facilities and access for drug and alcohol services</th>
<th>Improving</th>
<th>Improving</th>
<th>Improving</th>
</tr>
</thead>
<tbody>
<tr>
<td>A brief guide</td>
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<td>A brief guide</td>
<td>A brief guide</td>
</tr>
<tr>
<td>A guide for drug and alcohol commissioners, providers and service users</td>
<td>Service user involvement</td>
<td>Service user involvement</td>
<td>Service user involvement</td>
<td>Service user involvement</td>
</tr>
</tbody>
</table>
Alcohol and drug misuse impacts on a wide range of local priorities
Trends in opiate and crack prevalence (OCUs)

There was a small 2% increase in the 2014-15 estimated number OCUs from the last estimates in 2011/12. The estimated number of opiate users was similar to 2011/12. However there was an estimated 10% increase in the number of crack cocaine users. The increases in crack prevalence were particularly noticeable in the East and South East.

Estimated number of opiate and crack users

<table>
<thead>
<tr>
<th>Year</th>
<th>Opiate</th>
<th>Crack</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004/05</td>
<td>327,466</td>
<td>170,627</td>
</tr>
<tr>
<td>2005/06</td>
<td>298,752</td>
<td>182,828</td>
</tr>
<tr>
<td>2006/07</td>
<td>300,783</td>
<td></td>
</tr>
<tr>
<td>2008/09</td>
<td>281,320</td>
<td></td>
</tr>
<tr>
<td>2009/10</td>
<td>261,792</td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td>257,476</td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td>192,999</td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>170,627</td>
<td></td>
</tr>
</tbody>
</table>
Treatment presentations

While generally there was a fall in the number of presentations for most substances, there was a 23% increase in the number of people newly presenting with crack cocaine (without opiates) and a 12% increase in opiate and crack cocaine presentations.
Crack presentations by age

The largest increases for crack only between 2015-16 and 2016-17 were seen for those in their late 20s & 30s and the largest increases in crack and opiate were of those in their 40s. It would appear that there are two distinct populations, with younger users of crack only and existing older heroin users starting to use more crack.
Percentage change of clients citing Crack without Opiates between 2015-16 and 2016-17.

0% to 686% Increase
Percentage change of clients citing Crack and Opiates between 2015-16 and 2016-17

0% to 80% Increase
Numbers in drug and alcohol treatment

Numbers in drug and alcohol treatment overall decreased by 3% between 2015/16 and 2016/17. This was the third consecutive year that a decrease was observed and follows a general long term declining trend back to 2009-10.
The overall fall in the numbers in treatment has been driven primarily by reductions in the number of opiate clients and those for presenting for alcohol only (i.e. they are not using any other substances). The numbers in treatment for other drugs have remained stable.
Central Alerting System

View Alert

Originator: CMO Messaging
From: Professor Paul Cosford Director for Health Protection & Medical Director
Issue date: 27-Apr-2017 11:01:36
Action by recipients:
- MHRA (Medicines) Drug Alerts (Various Recipients)
- NHS Foundation Trusts (England) - Medical Director
- NHS Trusts (England) - Medical Director
Information to recipients:
- Consultants in Communicable Diseases
- Regional Directors of Public Health
- Clinical Commissioning Groups
- Director of Public Health
- Territorial CMOs in Northern Ireland, Scotland & Wales
Action category: Class 1: Immediate
Title: EVIDENCE OF HARM FROM FENTANYL-CONTAMINATED HEROIN
Broadcast content:

This alert advises of the availability of, and harms from, heroin that has been mixed with fentanyl or carfentanil, both unusually potent synthetic opioids.

There is significant evidence from a small number of post-mortem results of recent drug user deaths and from police seizures that some heroin may contain fentanyl or carfentanil added by dealers. These are highly potent synthetic opioids and very small amounts can cause severe or even fatal toxicity.

Those of you in contact with heroin users should be alert to the increased possibility of overdose arising from heroin cut with these synthetic opioids, be able to recognise possible symptoms of overdose and respond appropriately.
There has been a substantial decrease in new NPS presentations since last year (29%) and an even larger reduction in mephedrone numbers starting treatment (70%). Presentations for ecstasy seem to be on a longer term downward trend. Most people that present with NPS are using synthetic cannabinoids.

Trend in club drug presentations

NPS breakdown trend over time
As with adult drug use, there has been a general long term fall in last year drug use of 11 to 15 year olds, which began to flatten out from around 2010.

Between 2014 and 2016 the proportion of children who used drugs in the last year rose sharply, from 10.3% to 14.8%. This increase will be in part due to methodological changes and the inclusion of new drugs. This trend is not currently substantiated in any other evidence sources, so further data is needed to understand if this is a genuine increase.