

Isle of Wight JSNA Briefing Note: Alcohol Misuse - Adults

Alcohol	
Background	
<p>The most recent national alcohol harm reduction strategy, ‘Safe. Sensible. Social.’¹, states that alcohol can play an important and positive role in our culture. However it goes on to state that more needs to be done to promote sensible drinking, since excessive alcohol consumption among some sections of the population is a cause for considerable concern.</p> <p>In terms of harms to health, drinking too much alcohol increases the risk of various physical and psychological harms, and the risk increases the more people drink. Alcohol misuse is a direct cause of some health problems, such as liver cirrhosis. Alcohol misuse significantly contributes to other health problems, such as coronary heart disease & stroke, hypertension, some cancers and some digestive disorders. and is a risk factor for osteoporosis. There is a significant association between alcohol misuse and mental health problems. Alcohol misuse is more frequent among drug misusers and people who commit suicide. Heavy alcohol use during pregnancy can lead to a range of developmental problems in the baby, including delayed neurological development and growth impairment².</p>	
Contents and Key Points	
Key points from the data and charts shown below include the following:	
<p>Alcohol consumption: while IW comparative measures are generally similar to or better than the England average, significant numbers of people are drinking at levels which risk harm to their health, now or in the future.</p> <ul style="list-style-type: none"> - an estimated 36,000 IW adults drink alcohol in excess of the recommended daily limits at least once a week; - an estimated 20,000 IW adults are ‘increasing risk’ or ‘higher risk’ alcohol drinkers; - an estimated 15,700 IW adults binge-drink – i.e. they drink to intoxication or to get drunk. 	<p>Alcohol-related hospital admissions (caused wholly or partly by alcohol consumption): the IW rate is among the lowest (best) in England, but is showing an upward trend. IW admissions are:</p> <ul style="list-style-type: none"> - higher among males compared with females; - increase with age, because chronic conditions to which excess alcohol consumption contributes, and which are therefore included in this measure, are age-related. - higher in more deprived areas of the Island for both Males and Females. <p>Alcohol-specific deaths: on average the IW has 17 such deaths each year, mainly from liver disease, with an upward trend evident. Mortality rates are lower compared with England.</p>

¹ ‘Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy.’ (HM Government, 2007)

² ‘Alcohol Harm Reduction Strategy for England’ (Prime Minister’s Strategy Unit, 2004)

Alcohol

Alcohol Consumption above Recommended Limits

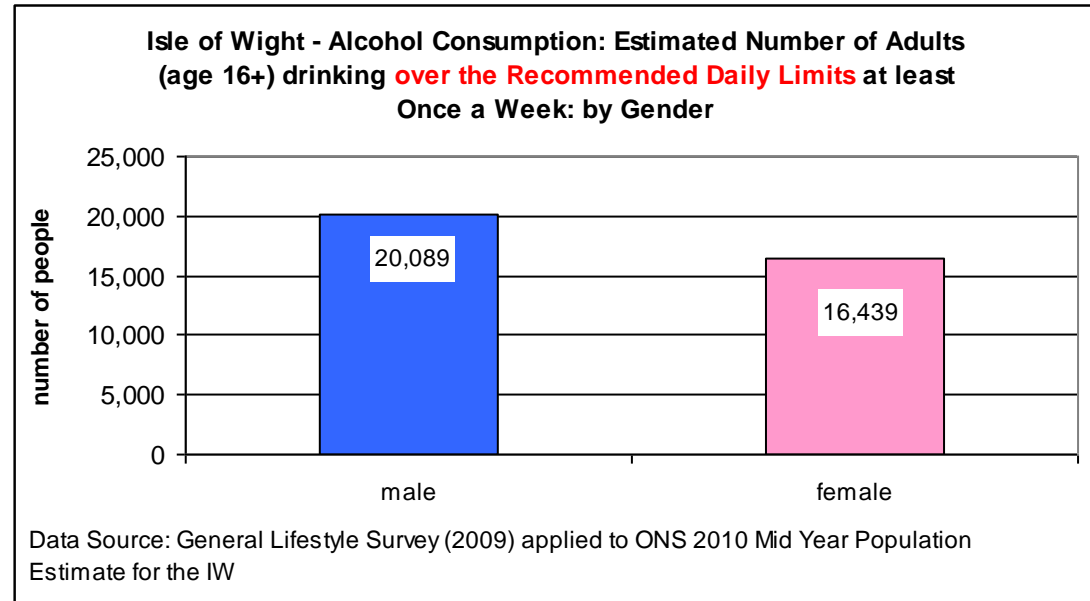
The frequency and amount of alcohol consumed provides a measure of the level of potential alcohol-related harm among the population³. The data about alcohol consumption below highlights the consumption behaviours most likely to be causing health harms.

The Department of Health recommends **maximum daily limits** for alcohol consumption: no more than 3-4 units a day for males and no more than 2-3 units a day for females.

The national General Lifestyle Survey (GLF) measures people's estimated alcohol consumption on their heaviest drinking day in the week previous to the survey. This enables an estimation of the % of people who are drinking above recommended levels on at least one day a week. In 2009 (the most recent data available) this was 37% of males over 16 and 29% of females aged 16+.

These percentages have been extrapolated to the IW's population aged 16+ to estimate the number of IW adults who are drinking above recommended levels on at least one day a week, if the national situation is replicated on the Island. These figures are shown in the chart alongside. It shows an estimate of over **36,000 IW residents aged 16+** drinking alcohol in excess of the recommended daily limits at least once a week.

(Data source: General Lifestyle Survey, 2009: Office for National Statistics – 2010 Mid Year Population Estimates)



³ 'Indicators of Public Health in the Regions: Alcohol' (Association of Public Health Observatories, 2007)

Alcohol

Alcohol Consumption: People who Abstain From / Drink Alcohol

The North West Public Health Observatory has published estimates of alcohol consumption among adults (age 16+) in local areas. These estimates are generated from statistical models which combine national survey and local area level data, including the gender, age and ethnicity of the local population, and hospital admissions and deaths caused by alcohol consumption.

Confidence intervals are shown in some of the charts – there is a 95% probability that the confidence interval covers the true value of the estimate. These confidence intervals are relatively wide, and where they overlap, apparent differences between areas might not be statistically significant.

Data Source: North West Public Health Observatory – Local Alcohol Profiles

% of Population aged 16+ who Abstain From / Drink Alcohol

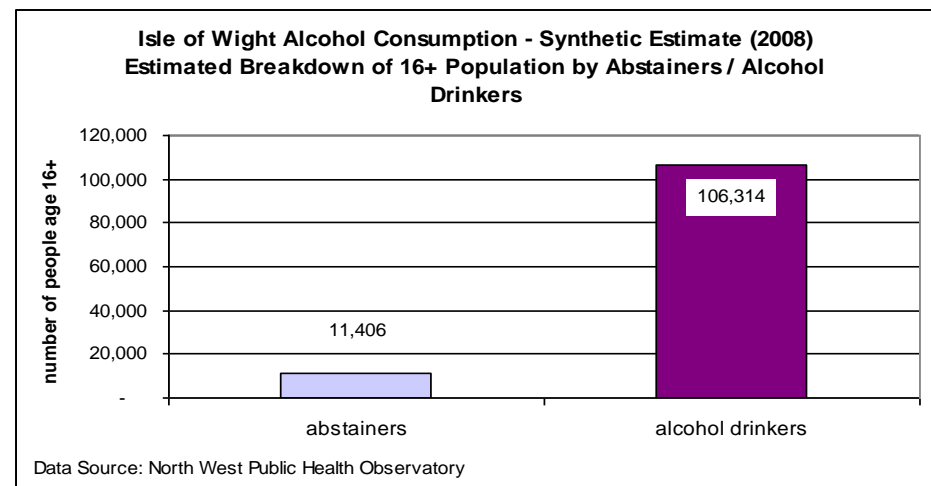
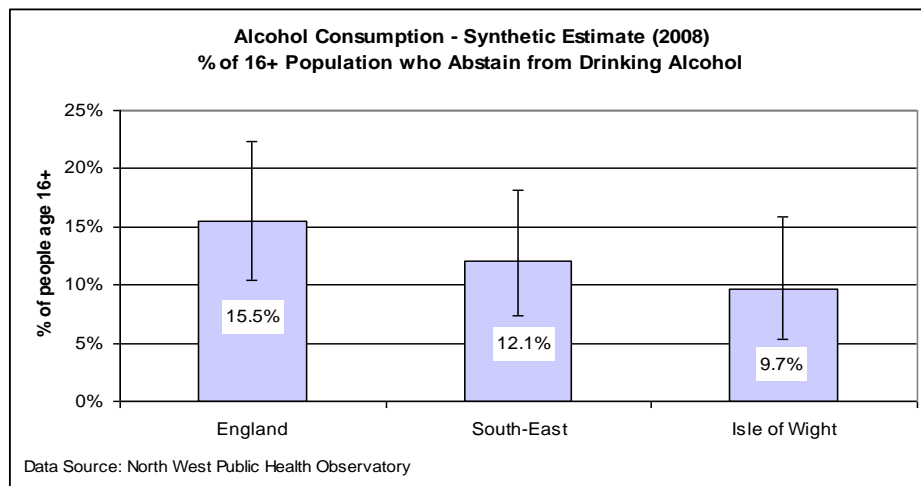
The chart below shows the estimated % of people who abstain from drinking alcohol.

The IW's estimate is lower compared with England and the South East, possibly reflecting the comparatively small proportion of the Island population from ethnic minority groups who abstain from alcohol.

IW: Breakdown of Adult Population

The chart below applies these estimates to the IW population aged 16+ to estimate the number of people who abstain from, and drink, alcohol.

An estimated 106,000 Island adults drink alcohol and an estimated 11,000 adults abstain from alcohol.



Alcohol

Alcohol Consumption: Breakdown of People who Drink Alcohol

The North West Public Health Observatory's estimates include a breakdown of people who drink alcohol by their level of consumption. The categories are defined as follows:

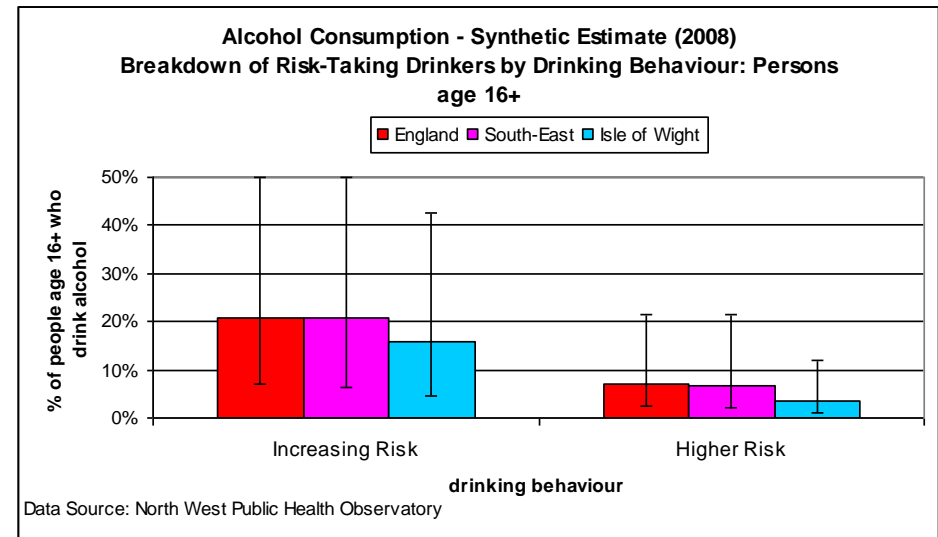
- **Lower risk drinking** is defined as usual consumption of fewer than 22 units of alcohol per week for males, and fewer than 15 units of alcohol per week for females.
- **Increasing risk drinking** is defined as usual consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females.
- **Higher risk drinking** is defined as usual consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females.

Data Source: North West Public Health Observatory – Local Alcohol Profiles

Comparative Increasing Risk / Higher Risk Alcohol Consumption

The chart alongside shows the estimated percentage of adults who drink at increasing and higher risk levels on the Island compared with England and the South East.

The Island has slightly lower percentages in each category. However the wide and overlapping confidence intervals indicate the degree of uncertainty about the estimates, and that the differences between the 3 area estimates might not be statistically significant.



Alcohol

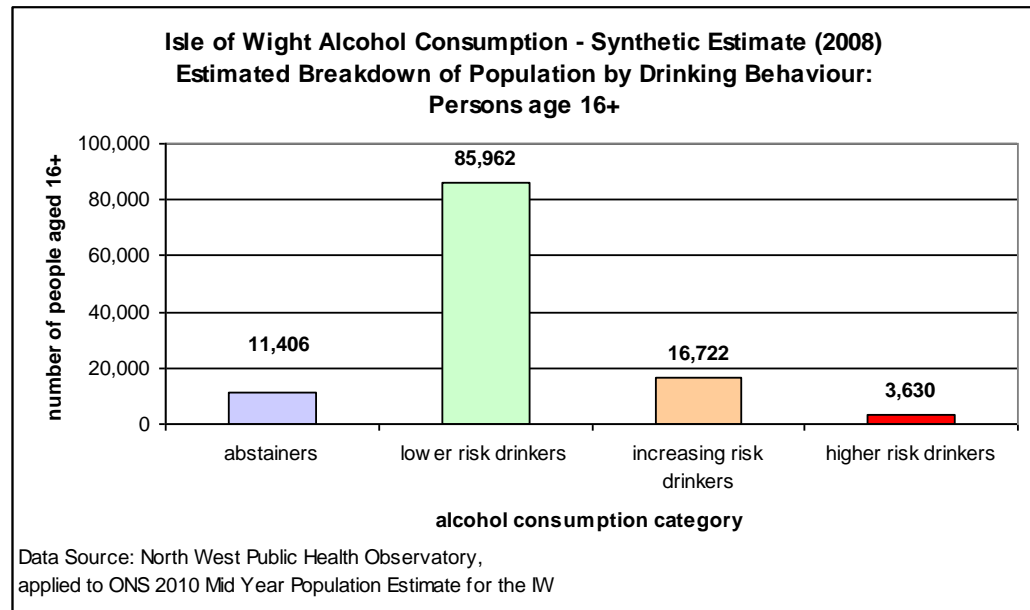
Isle of Wight: Estimated Breakdown of Adults age 16+ by Alcohol Consumption

The chart alongside shows an estimated breakdown of the IW population aged 16+ by alcohol consumption category.

An estimated 20,000 Island adults are 'increasing risk' or 'higher risk' alcohol drinkers, meaning that their level of alcohol consumption risks or is already harming their health.

As noted above, these figures should only be regarded as approximate given the wide confidence intervals around the estimates.

Data Source: North West Public Health Observatory – Local Alcohol Profiles, applied to ONS 2010 Mid Year Population Estimate for the IW



Alcohol

Binge-Drinking

Binge-drinking is an episode of drinking during which an individual drinks to intoxication or to get drunk. Individuals who binge-drink are defined as people who drink **over double the daily recommended levels** on their heaviest drinking day during the previous week. Binge-drinkers could be found in any of the alcohol consumption categories described above but are most likely to be in the 'increasing risk' category.

Nationally binge-drinking is more common among males compared with females, and is highest in younger age groups (16-24), then decreasing with age.

Data Source: North West Public Health Observatory – Local Alcohol Profiles, applied to ONS 2010 Mid Year Population Estimate for the IW

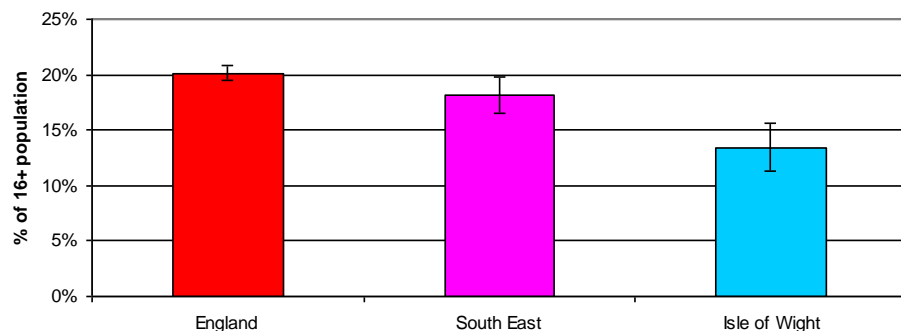
Comparative Rates of Binge-Drinking

The chart below shows estimated rates of binge-drinking in the Island population aged 16+ compared with England and the South East. The Island has a lower rate which is statistically significantly lower.

IW: Estimated Number of Adults aged 16+ who Binge Drink

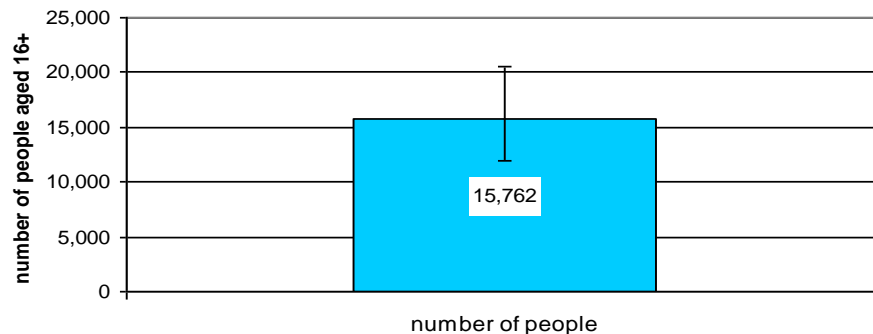
The Island's estimated rate has been applied to its 16+ population, suggesting that approximately 15,700 Island adults could be binge-drinkers.

Binge-Drinking: Estimated % of Adults aged 16+ who Binge-Drink: 2007-08



Data Source: North West Public Health Observatory

Isle of Wight: Estimated Number of Adults aged 16+ who Binge-Drink: 2007-08



Data Source: North West Public Health Observatory

Alcohol

Incapacity Benefit Claimants with a Main Diagnosis of Alcoholism

Incapacity Benefit (IB) is paid to people of working age who are unable to work because they are sick or disabled. Severe Disablement Allowance (SDA) is a similar benefit for which no new claims are now accepted but existing claims are still paid. Employment Support Allowance (ESA) has now replaced both benefits for new claimants and existing IB/SDA recipients are moving to ESA between 2010 and 2013.

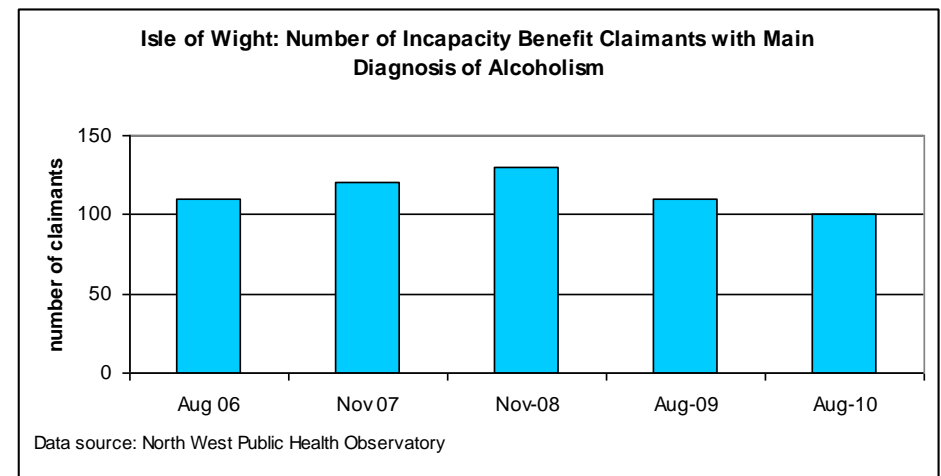
All claimants receive a medical assessment. Data for IB/SDA claimants whose main medical diagnosis is alcoholism is shown below. NB: this data does not include Employment Support Allowance claimants and so could understate total claimants.

Data Source: North West Public Health Observatory – Local Alcohol Profiles

Isle of Wight: Number of Claimants

The chart alongside shows the number of claimants at each point in time for which data is available. There is likely to be overlap between these annual figures – i.e. some people will have been claimants in more than one period.

These claimants represented on average 2% of total IB claimants on the Island in these periods.



Alcohol

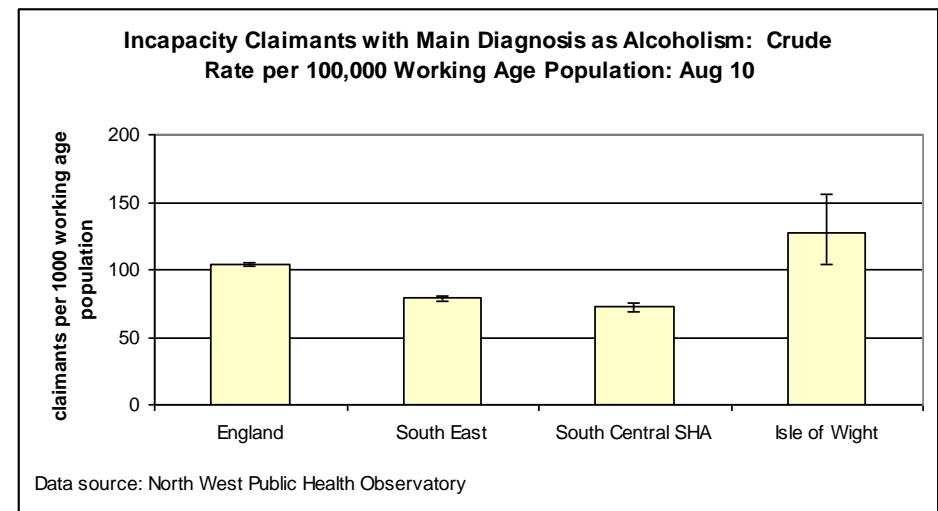
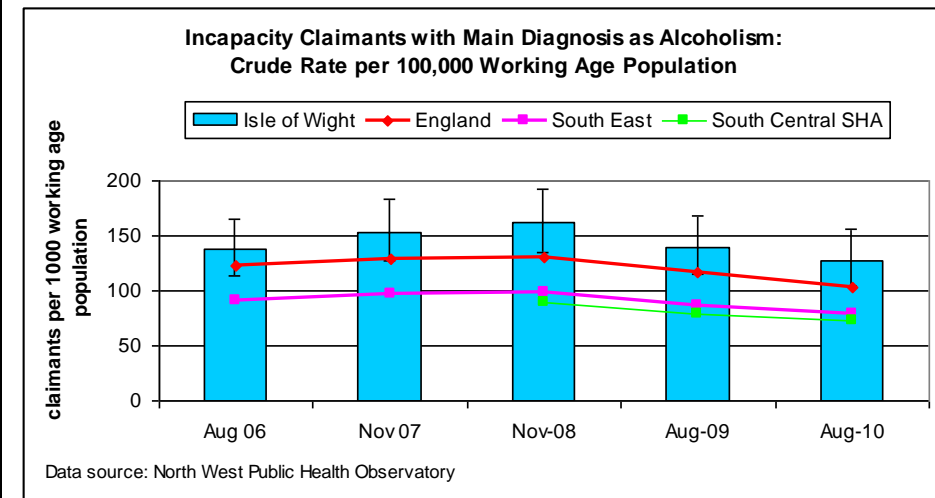
Incapacity Benefit Claimants with a Main Diagnosis of Alcoholism: Comparative Claim Rates

The charts below shows rates of Incapacity Benefit claimants with a main diagnosis of alcoholism – i.e. claimants per 1000 working age population. The IW rate is compared with England and the South East. Over the period shown the IW rate has been:

- Increasing between 2006 - 2008, then decreasing up to 2010. The recent decrease could be because ESA claimants are not included.
- Higher than that for the South East, with the difference likely to be statistically significant.
- Higher than that for England, but the difference is not necessarily statistically significant.

It should be noted that the Island's overall Incapacity Benefit / ESA claim rate is also higher than in England and the South East

Data Source: North West Public Health Observatory – Local Alcohol Profiles



Alcohol

Alcohol-Specific Hospital Admissions

Alcohol-specific hospital admissions include those caused by conditions where alcohol is causally implicated in **all cases of the condition**: for example, alcohol-induced behavioural disorders and alcoholic liver cirrhosis.

The data shown below is based on a methodology which counts each person's first admission in any given year only, however many times they are admitted. It is a measure of the number of individuals adversely affected by alcohol, and not a measure of the total number of hospital admissions.

Data Source: North West Public Health Observatory – Local Alcohol Profiles

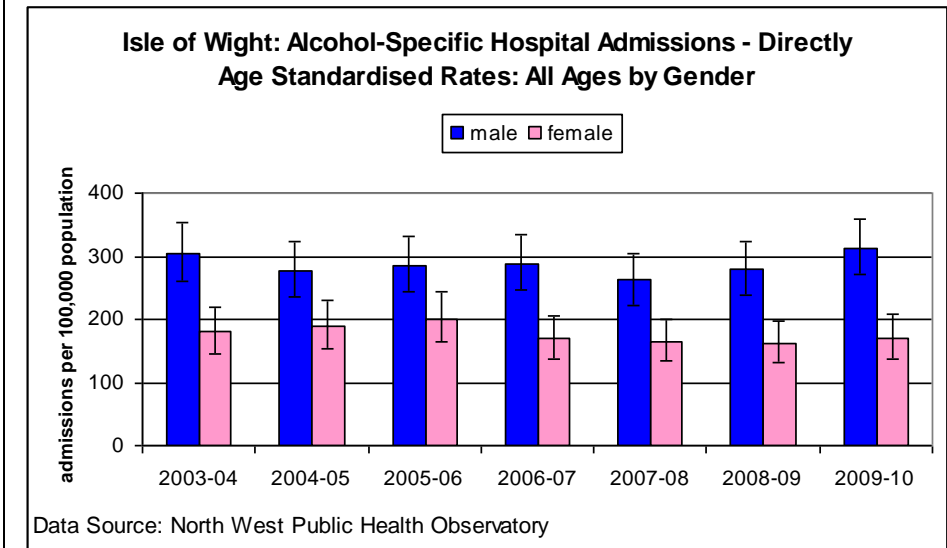
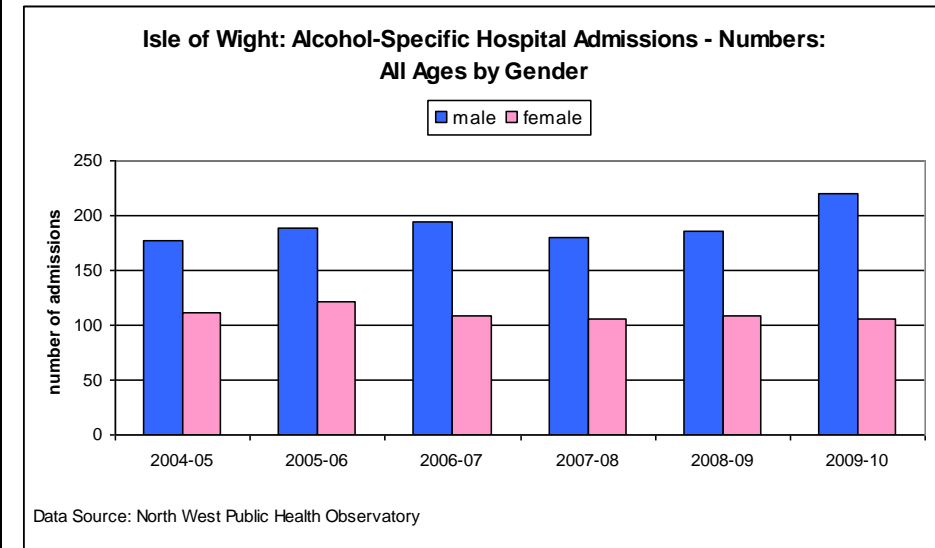
IW: Numbers of Alcohol-Specific Hospital Admissions (All Ages)

The chart below shows for the IW the number of hospital admissions by year and by gender. There were on average nearly 300 admissions each year, of which 63% were among males and 37% among females.

IW Admission Rates by Gender (All Ages)

The chart below compares the IW alcohol-specific hospital admission rates by gender.

The rate for males was higher than the rate for females over the period shown, and the difference is statistically significant.



Alcohol

Alcohol-Specific Hospital Admissions – Comparative Admission Rates by Gender

The charts below show, by gender, rates of alcohol-specific hospital admissions, comparing the IW rates with England and the South-East.

Data Source: North West Public Health Observatory – Local Alcohol Profiles

Males (All Ages)

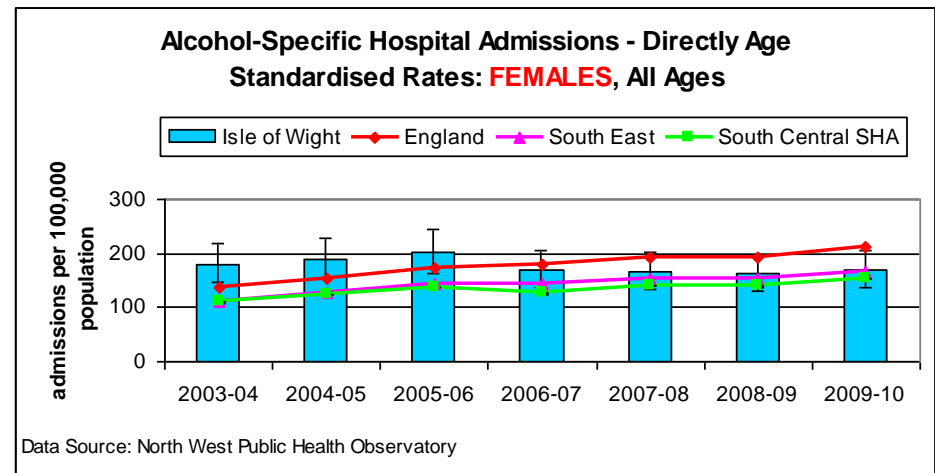
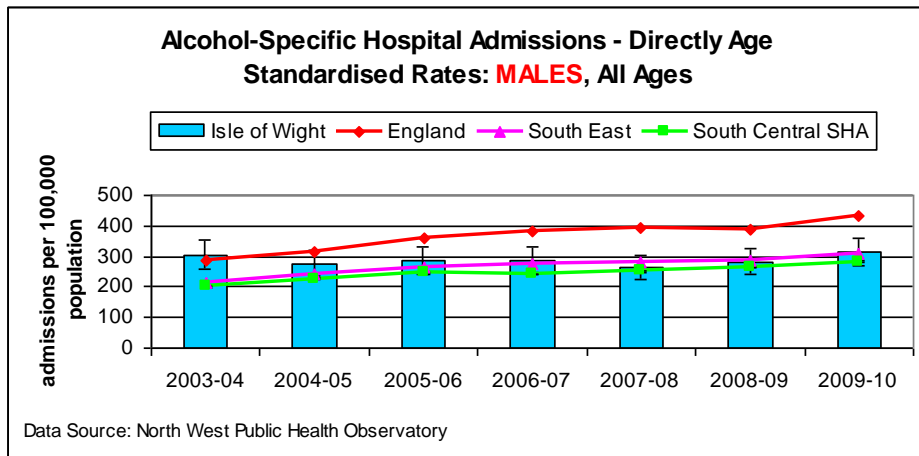
The chart below shows comparative admission rates for Males.

The IW rate has been relatively stable over the period shown, whereas an upward trend is evident for England. In 2009-10 the IW rate was similar to the South East's and South Central SHA's; and was lower than England's, with that difference likely to be statistically significant.

Females (All Ages)

The chart below shows comparative admission rates for Females.

The IW rate has been relatively stable over the period shown, whereas an upward trend is evident for England and, to a lesser extent, the South East and South Central SHA. In 2009-10 the IW rate was similar to the South East and South Central SHA rates and lower than in England, but the difference might not be statistically significant.



Alcohol

Alcohol-Related Hospital Admissions

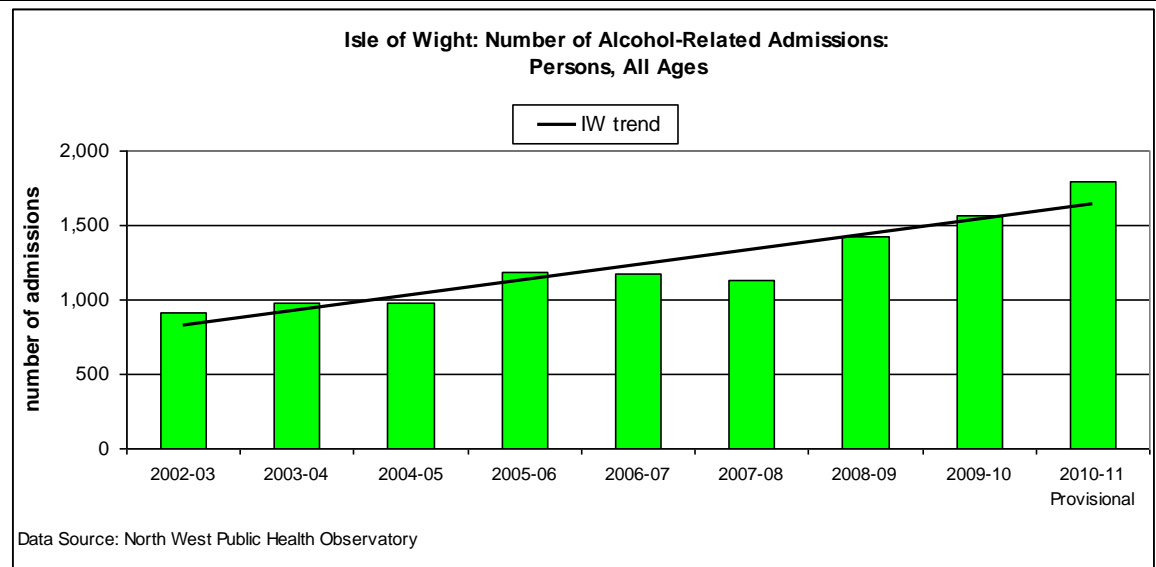
Alcohol-related (or attributable) admissions include those caused by all alcohol-specific conditions, plus those where alcohol is causally implicated in some, but not all, cases of the condition, for example, as for hypertensive diseases, various cancers and falls.

Data Source: North West Public Health Observatory.

IW – Number of Admissions (Persons, All Ages)

The chart alongside shows the number of admissions of IW residents by year over time.

There has been an upward trend in the number of admissions over this period. This has been caused largely by an increase in admissions for conditions where alcohol causes some but not all cases of the condition, in particular hypertensive disease (related to high blood pressure) and cardiac arrhythmias (irregular heartbeat). These conditions are counted for this measure because of evidence that people who drink too much alcohol over time increase their risk of increasing these conditions.



NB: IW data shown above for 2007-08 undercounts actual admissions due to a national under-extraction of IW data in Q4.

Alcohol

Alcohol-Related Hospital Admissions: Comparative Admission Rates

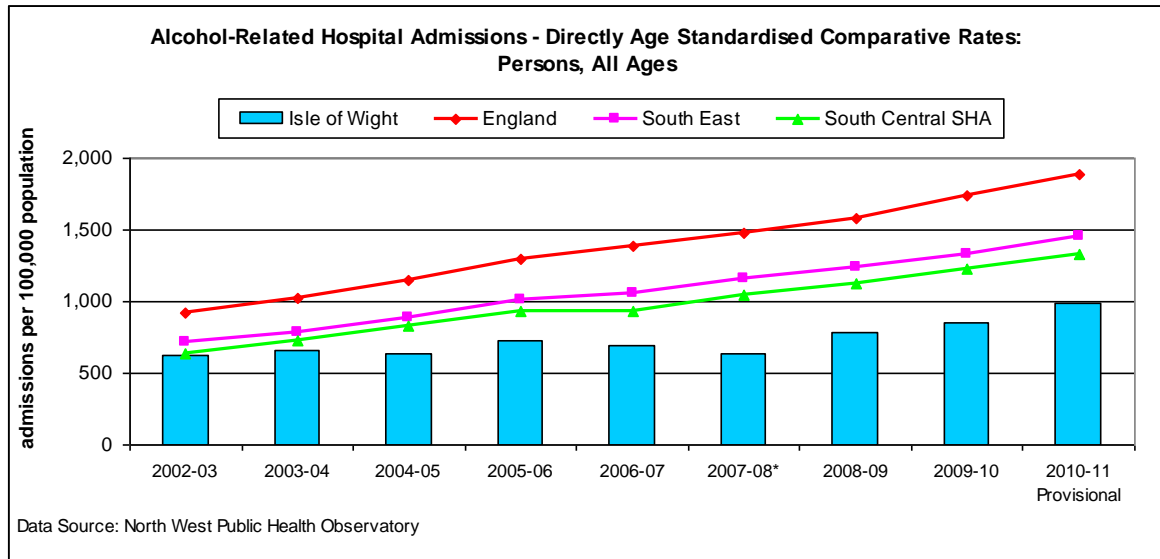
The chart alongside shows hospital admission rates caused wholly or partly by alcohol consumption, comparing the IW rates with England and the South-East.

The IW's rate has gradually increased over the period shown, but its upward trend is much flatter than the comparator areas shown, and the Island has one of the lowest Local Authority rates in England.

IW admissions (both wholly and partly caused by alcohol):

- Are higher among Males compared with Females.
- Increase with age, because the chronic conditions which are counted for this measure are age-related.
- Are higher in more deprived areas of the Island for both Males and Females.

These patterns are also true nationally.



* 2007-08 data shown above is based on an undercount of actual admissions due to a national under-extraction of IW data in Q4.

Alcohol

Alcohol-Specific Mortality: Number of Deaths

The data below shows numbers of deaths and rates of mortality caused by alcohol-specific conditions – i.e. where alcohol is causally implicated in **all cases of the condition**. Most of these deaths are caused by alcoholic liver disease and liver cirrhosis.

Data Source: ONS – Annual Death Extracts

Number of Alcohol-Specific Deaths by Year

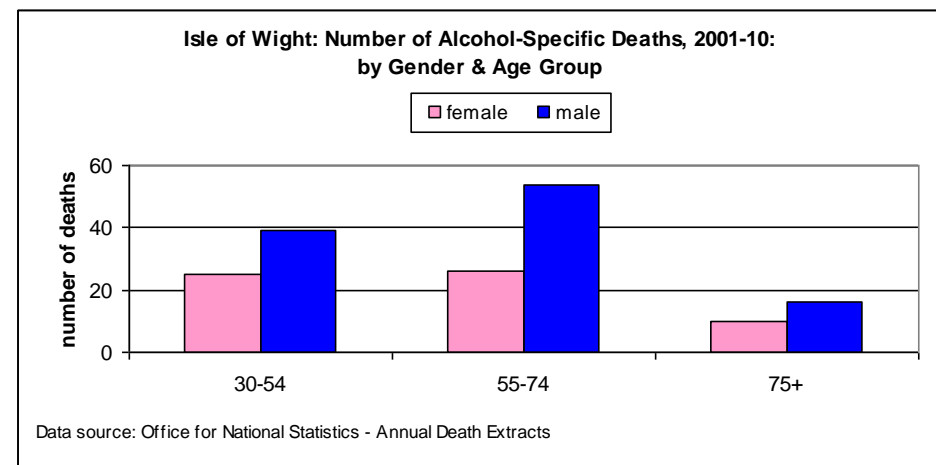
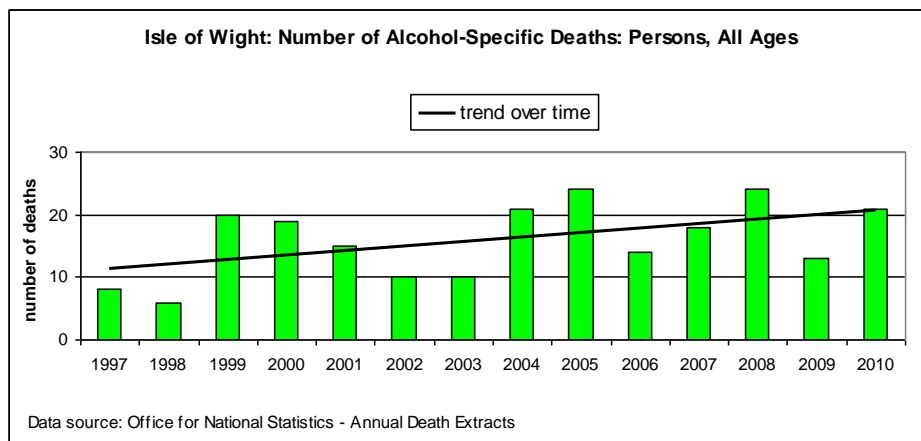
The number of alcohol-specific deaths is very small compared with other causes of death. As such, these numbers are very susceptible to year-on-year variance, and some years with higher numbers of deaths have seen reductions in the following year. However there is an upwards trend over this period.

Breakdown of Alcohol-Specific Deaths by Gender and Age

The chart alongside shows alcohol-specific deaths in the period 2001-2010, aggregated broken down by gender and age group.

There were on average 11 deaths among males and 6 deaths among females over this period. Overall:

- 64% of these deaths were among males.
- 85% of these deaths were in the under-75 age group.



Alcohol

Alcohol-Specific Mortality: Comparative Rates by Gender

The charts below show alcohol-specific mortality rates by gender, comparing the Isle of Wight with England and the South East.

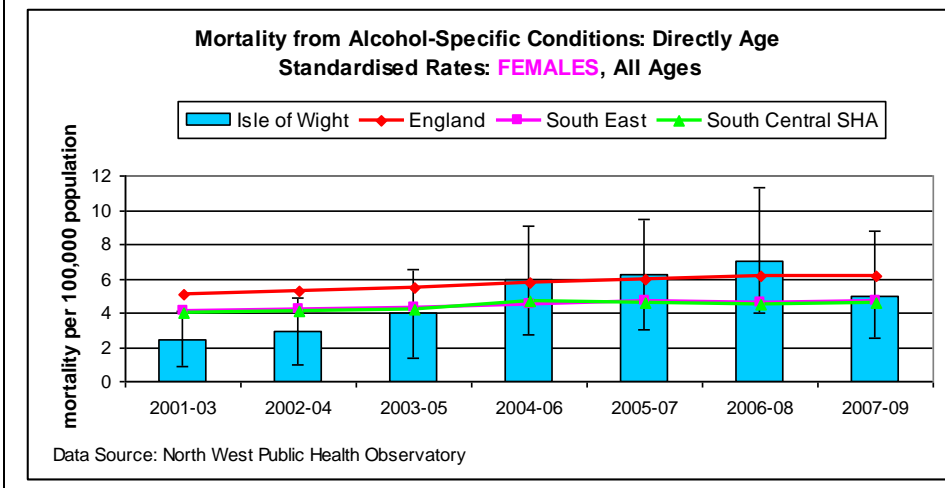
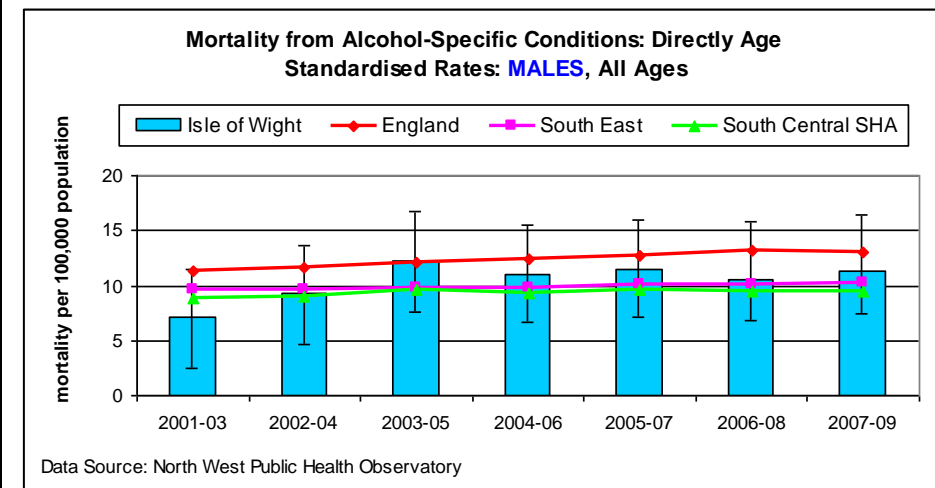
Data Source: North West Public Health Observatory

Comparative Mortality Rates - Males

In the most recent period available, 2007-09, the IW rate is lower (better) than England's and slightly higher (worse) than the South East and South Central rates. However the IW's confidence intervals overlap with all these rates and so its rate might not be statistically significantly different.

Comparative Mortality Rates - Females

In the most recent period available, 2007-09, the IW rate is lower (better) than England's and slightly higher (worse) than the South East and South Central rates. However the IW's confidence intervals overlap with all these rates and so its rate might not be statistically significantly different.



Alcohol

Alcohol-Related Mortality: Number of Deaths and IW Mortality Rates by Gender

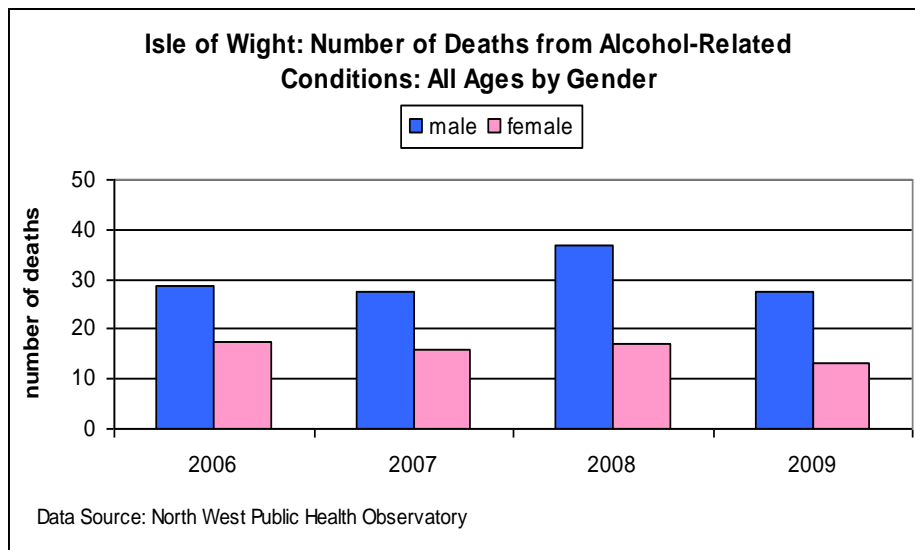
Alcohol-related deaths include those caused by all alcohol-specific conditions, plus those where alcohol is causally implicated in some, but not all, cases of the condition. This measure conveys more comprehensively the health harms to which alcohol consumption contributes.

The charts below show alcohol-related mortality rates by gender, comparing the Isle of Wight with England and the South East.

Data Source: North West Public Health Observatory

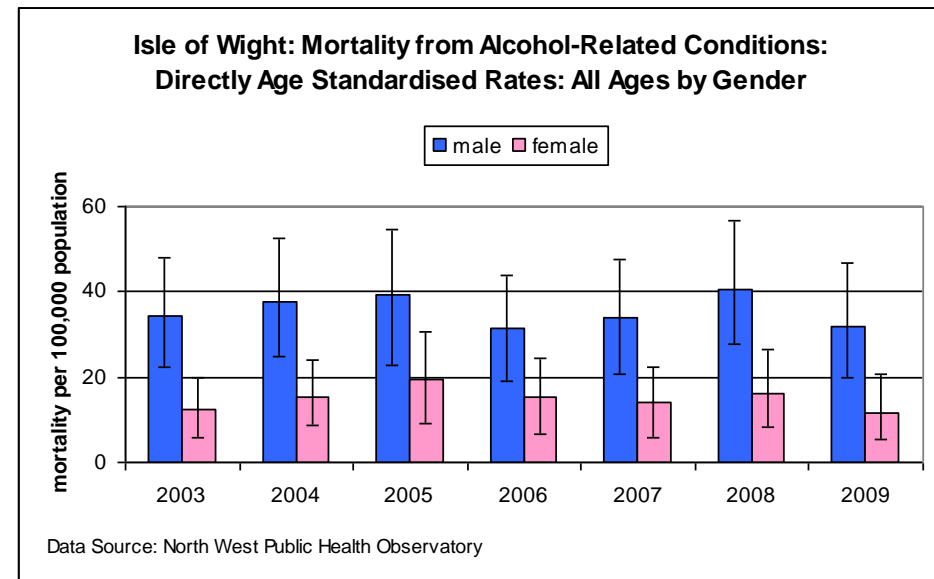
IW Alcohol-Related Deaths by Year & Gender: All Ages

The chart below shows available data on the number of deaths by gender. There were on average 46 deaths each year: 66% of the total were among males, 34% among females.



IW Alcohol-Related Mortality Rates: All Ages by Gender

The chart below shows IW mortality rates by gender. Male rates are consistently higher than female rates, though the difference is not always statistically significant.



Alcohol

Alcohol-Related Mortality: Comparative Rates by Gender

Alcohol-related deaths include those caused by all alcohol-specific conditions, plus those where alcohol is causally implicated in some, but not all, cases of the condition. This measure conveys more comprehensively the health harms to which alcohol consumption contributes.

The charts below show alcohol-related mortality rates by gender, comparing the Isle of Wight with England and the South East.

Data Source: North West Public Health Observatory

Comparative Mortality Rates - Males

The IW rate in 2009 is based on **27 deaths** among males.

The IW rate has been relatively stable over the period shown, as have the rates for England, the South East and South Central SHA. The overlapping confidence intervals indicate that there is unlikely to be a statistically significant difference between the IW rate and those for the other areas shown.

Comparative Mortality Rates - Females

The IW in 2009 is based on **13 deaths** among females.

The IW rate has been relatively stable over the period shown, as have the rates for England, the South East and South Central SHA. The overlapping confidence intervals indicate that there is unlikely to be a statistically significant difference between the IW rate and those for the other areas shown.

