



Public Health
England

National Union of Students Conference February 2018

Alcohol use and harm

Don Lavoie
Alcohol Programme Manager, PHE National Team



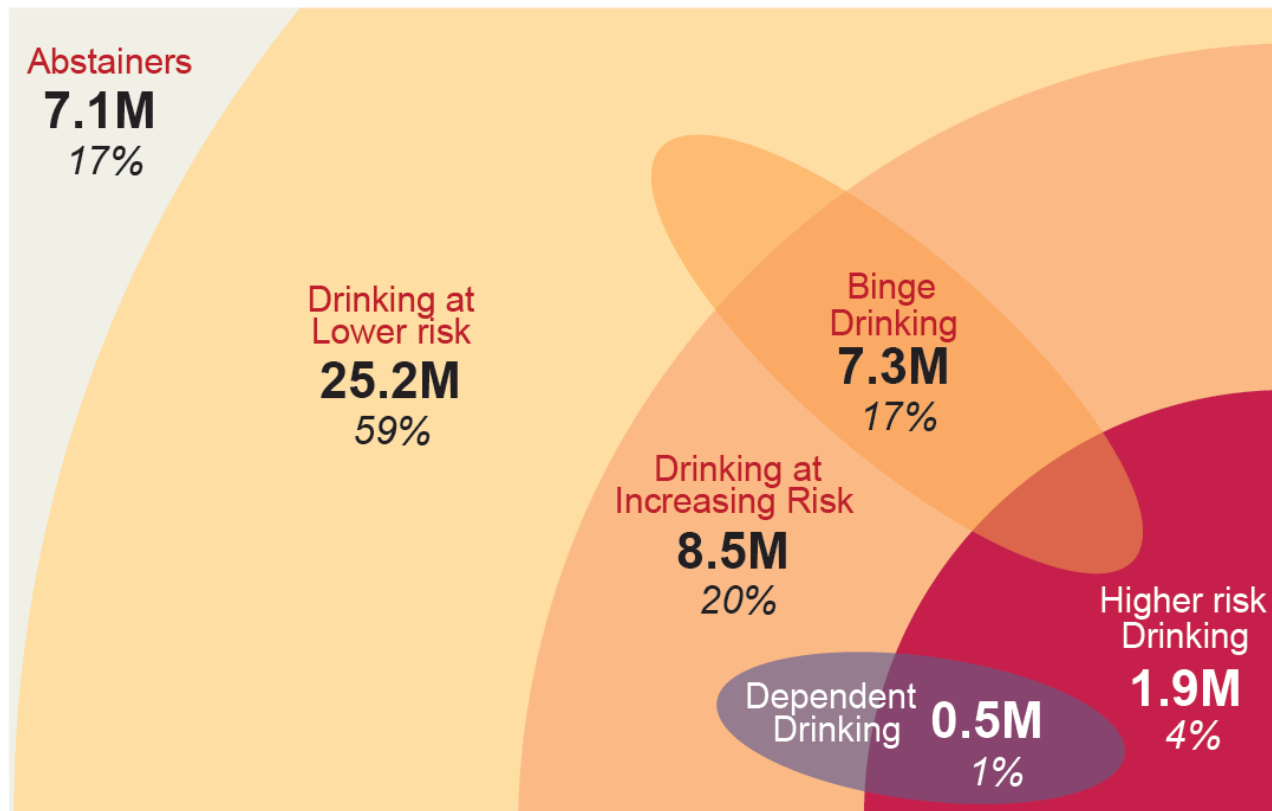
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What I hope to cover

- Who is doing the drinking?
- What are the harms linked to alcohol?
- What is PHE doing about alcohol?

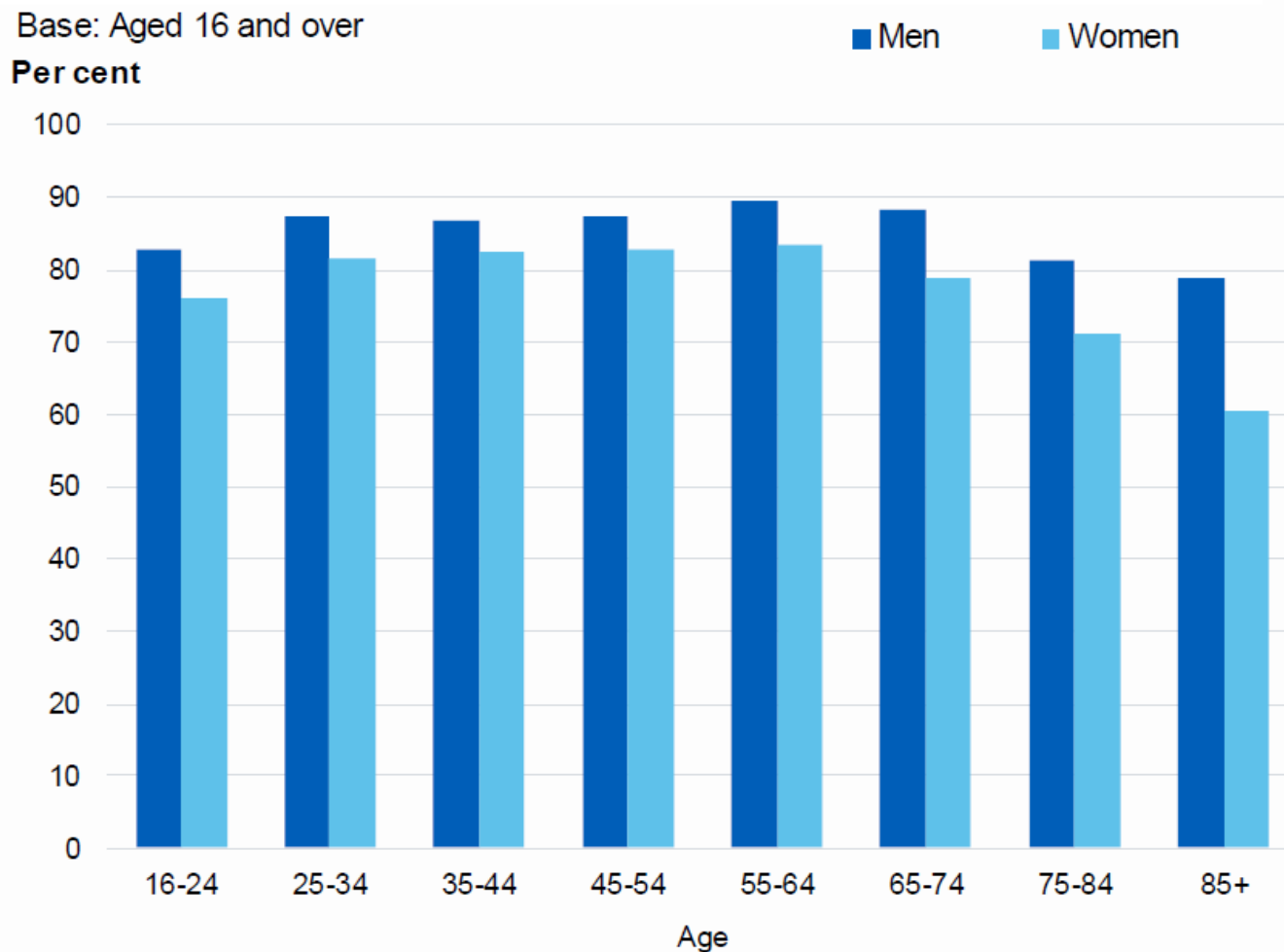


Distribution of drinkers in England, 2015





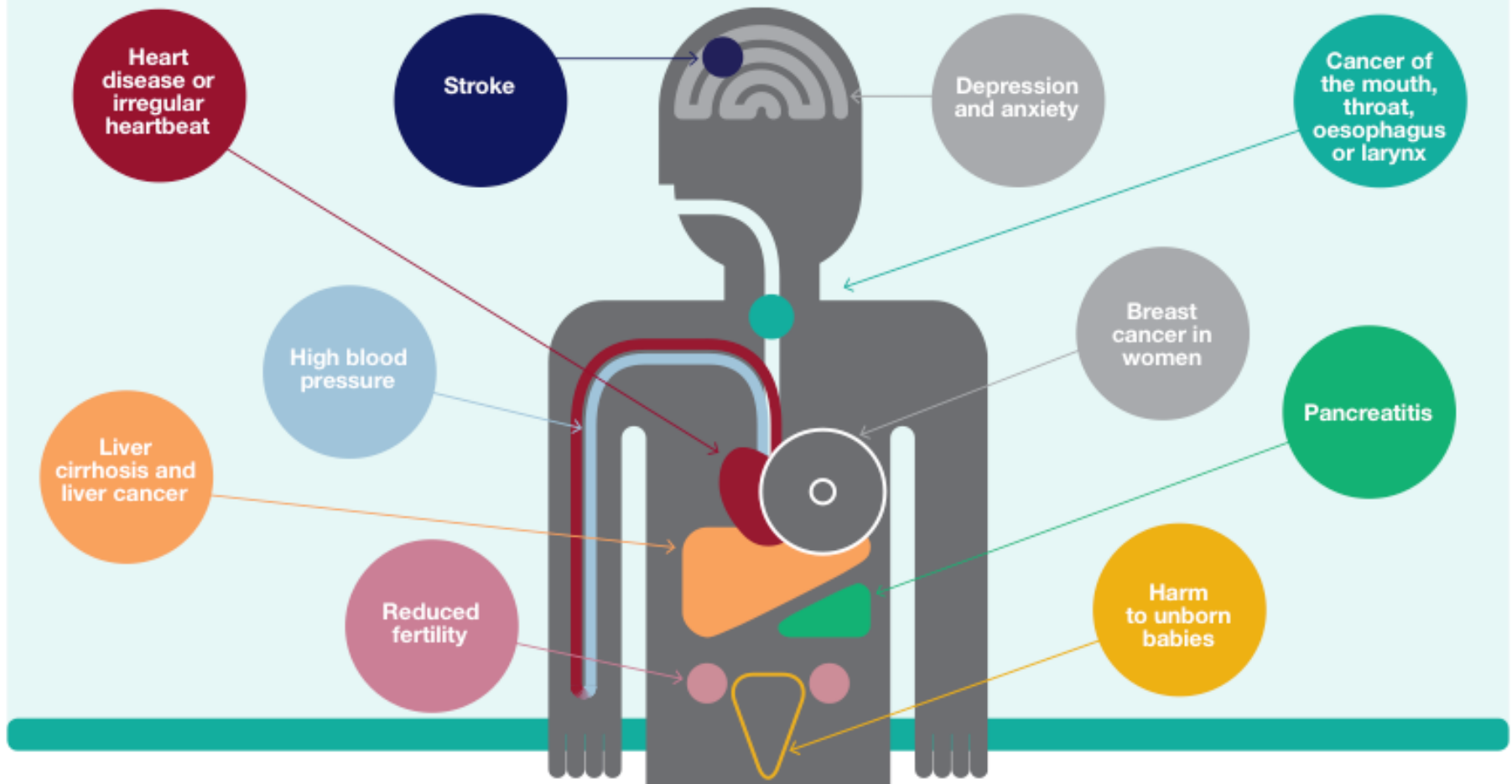
Who is doing the drinking?



Source: NHS Digital



Alcohol misuse damages health



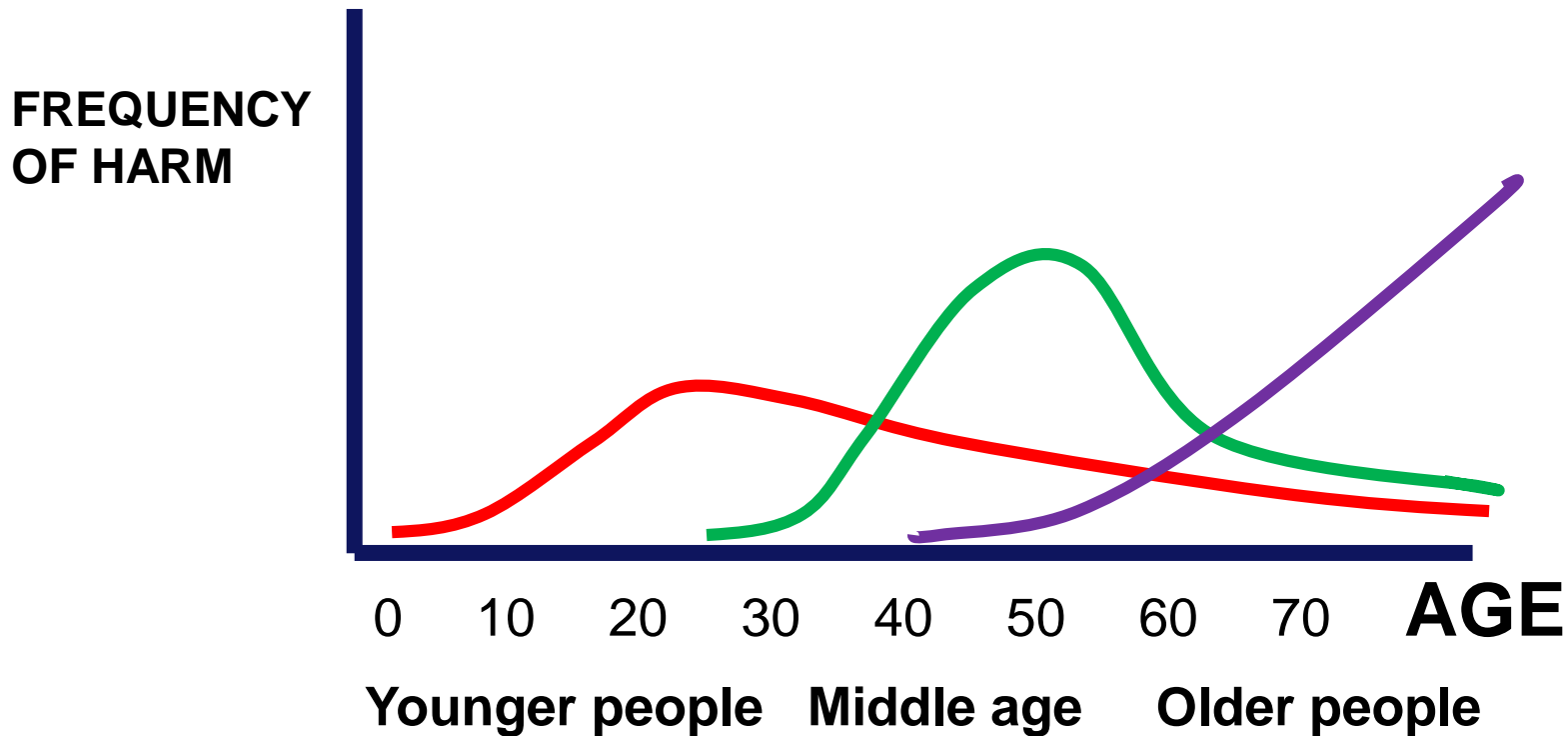


3 “Ages” of alcohol harm

ACUTE HARM – accidents, poisoning

ACUTE DISEASE – liver, pancreas

ATTRIBUTABLE HARM – cancers, heart disease





Alcohol-related deaths and morbidity

Alcohol misuse
leads to many
deaths

23,000
deaths were
attributable
to alcohol in
England in
2014



1 million

alcohol-related hospital
admissions in 2014-15,
333,000 where an
alcohol-related condition
or cause was the main
reason for admission.



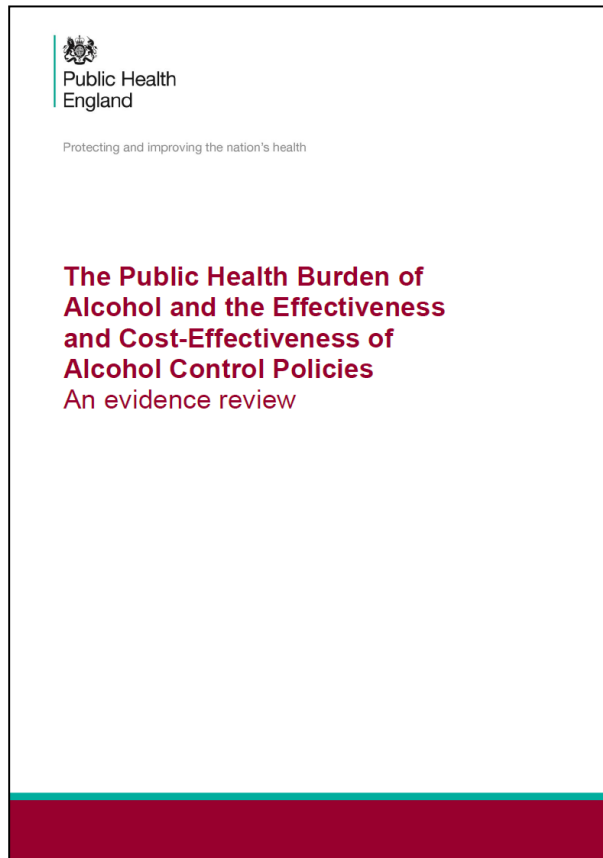
The annual cost of alcohol-related harm





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PHE Evidence Review



The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies

An evidence review



Global policy framework

ENVIRONMENT



TAXATION
AND PRICE
REGULATION

REGULATING
MARKETING

REGULATING
AVAILABILITY

INFORMATION
AND
EDUCATION

MANAGING
DRINKING
ENVIRONMENTS

INDIVIDUALS



BRIEF
INTERVENTIONS
AND TREATMENT

PREVENTING
DRINK-
DRIVING



Combined policy approach

“Combining alcohol policies may create a critical mass effect, changing social norms around drinking to increase the impact on alcohol-related harm”

OECD 2015



Evidence supports

- Reducing the affordability of alcohol **is** the most effective and cost-effective approach
- Marketing regulations that reduce the levels of exposure in children
- Reducing the hours during which alcohol is available for sale
- Health interventions aimed at drinkers at risk such as IBA and specialist treatment.
- Enforced legislative measures to prevent drink-driving
- Multicomponent community programmes



Conclusion

- The harm caused by alcohol is wide ranging, relating to health, social and economic harms
- There is a rich evidence base to support the implementation of the most effective and cost-effective policies to reduce alcohol-related harm
- Alcohol policies have *“significant potential to curb alcohol-related harms, improve health, increase productivity, reduce crime and violence and cut government expenditure”*
- Alcohol policy should be coherent and consistent
- Alcohol policies rarely operate independently or in isolation from other measures suggesting that combining alcohol policies may create a ‘critical mass’ effect
- The response needs different players to deliver joined up and complimentary policies and interventions



NUS Alcohol Impact

- Fits well with the evidence
 - Providing information
 - Multicomponent community programmes
- Fits well the “need for different players to deliver joined up and complimentary policies and interventions “



Links & guidance

- **#studentsandalcohol #alcoholimpact**
- Alcohol-use disorders: **preventing the development of hazardous and harmful drinking** [NICE public health guidance 24 \(2010\)](#)
- Alcohol-use disorders: **diagnosis, assessment and management of harmful drinking and alcohol dependence** [NICE clinical guideline 115 \(2011\)](#)
- Alcohol-use disorders: **diagnosis and clinical management of alcohol-related physical complications** [NICE clinical guideline 100 \(2010\)](#)