Torbay Health & Wellbeing Board
Priority 8 – Reduce alcohol consumption

This paper provides a brief overview of alcohol consumption in Torbay.

Most people who have alcohol-related health problems aren't dependent on alcohol. They're simply people who have regularly drunk more than the recommended levels for some years. Alcohol's hidden health harms usually only emerge after a number of years. And by then, serious health problems can have developed.

Liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attack are some of the numerous harmful effects of regularly drinking more than the recommended levels.

Understanding and quantifying patterns of alcohol consumption in the population is challenging.

What do we know?

- Modelled estimates suggest a **lower proportion** of **Torbay's** over 16 population **binge drink** (18.0%) compared to the England average (20.1%) (2007/08 data from the 2012/13 JSNA). Binge drinking is defined as consuming eight or more units in a single session for men and six or more for women.
- Information recorded through A&E attendances, does not facilitate alcohol specific analysis of attendances.
- One measure of alcohol consumption is the measure of alcohol attributable hospital admissions.

Alcohol attributable hospital admissions in Torbay

The rate of alcohol attributable hospital admissions in Torbay is significantly higher than the national average. Rates have been increasing, both in Torbay and across England.

There are two types of alcohol attributable admission; ***specific*** and ***related***. *Specific* conditions are those considered wholly attributable to alcohol, whist *related* are conditions where alcohol could be considered a risk factor for that disease.

On average, there are some 3,800 hospital admissions that could be due to alcohol per year. Of which around two thirds are due to alcohol related admissions.

Figure 1: Directly standardised rate per 100,000 for alcohol attributable hospital admissions over time

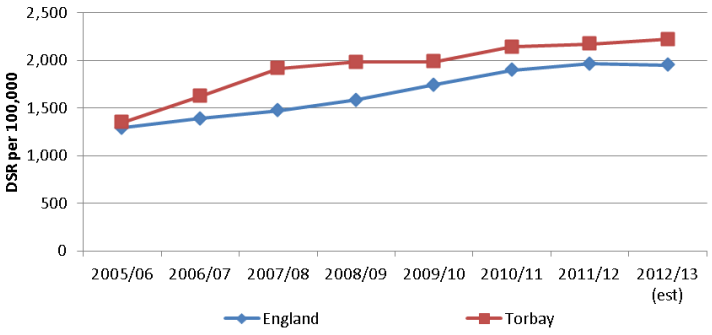


Figure 2: Breakdown of alcohol related admissions

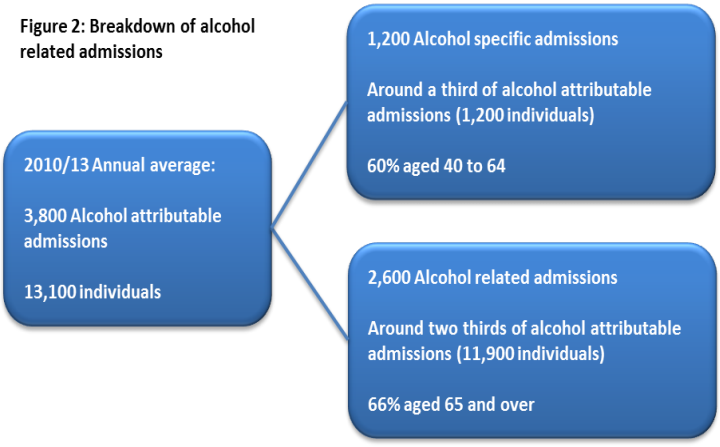


Figure 3: Directly standardised rate per 100,000 Torbay resident population for alcohol attributable hospital admissions by deprivation quintile, 2010/11 to 2012/13

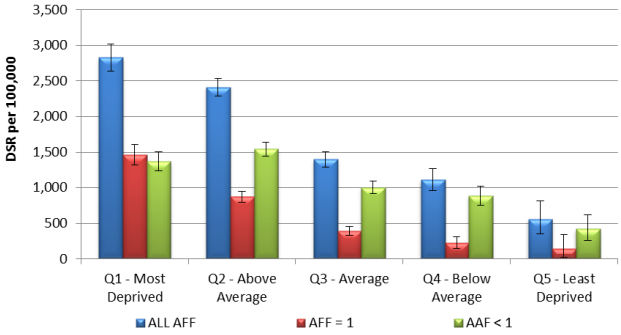
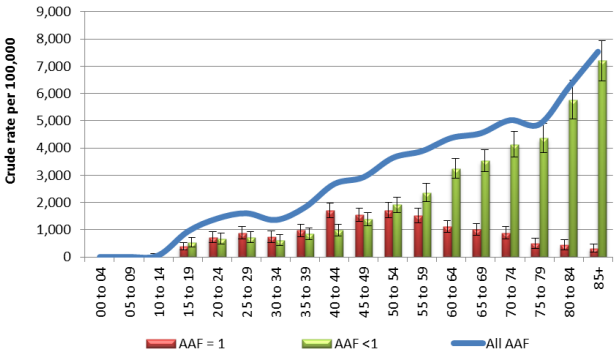


Figure 4 - Crude rate per 100,000 resident population in Torbay by quinary age group for alcohol attributable hospital admissions, 2010/11 to 2012/13



Rates of alcohol attributable admissions are highest in the more deprived neighbourhoods, especially for alcohol specific admissions (AAF =1). However, there is less variation between communities for alcohol related admissions (AAF <1).

There are clear differences in the epidemiology of who is being admitted. There is a clear relationship with age, as we would expect given the relationship between age and burden of disease.

For alcohol specific conditions (AAF =1), the peak is within the 40 to 54 age groups. This is in contrast to the alcohol related (AAF <1) admissions which increase with age.

With an aging population, and after adjusting for age, we might expect the rate of alcohol related admissions to continue to increase under current methodology.

Mental and behavioural disorders due to use of alcohol (ICD10 F10) account for over 80% of alcohol specific admissions; equivalent to an age standardised rate of some 715 per 100,000.

Hypertensive disease represents the largest disease burden within the alcohol related admissions. With a gap between those managed in primary care, and the estimated prevalence, we may expect more people to enter hospital with hypertensive diseases, which may inadvertently increase the overall rate of alcohol attributable admissions.

Table 1: Top three diseases by specific and related alcohol admission, 2010/13 annual average.

Alcohol specific admission (AAF = 1)	Count	Rate (DSR)
Overall AAF = 1	1,200	846
Mental and behavioural disorders due to use of alcohol	1,000	715
Ethanol poisoning	100	72
Alcoholic liver disease	75	48
Alcohol related admission (AAF > 1)	**Count**	**Rate (DSR)**
Overall AAF > 1	2,600	1,324
Hypertensive diseases	1,100	510
Cardiac arrhythmias	700	256
Epilepsy and Status epilepticus	300	229

The gap in hypertension prevalence and those managed in primary care by locality within the CCG is shown in figure 5.

Figure 5: Hypertension prevalence estimates against disease register, 2011/12