FACT SHEET ON
ALCOHOL MISUSE

KEY FACTS

■ 8.2 million adults age 16-64 (38% of men and 16% of women) are drinking above recommended maximum daily levels (2-3 units for women and 3-4 units for men per day) with 21% of men and 9% of women drinking more than twice this amount in a day.

■ 7.1 million adults (32% of men and 15%) drink at hazardous or harmful alcohol levels and 1.1 million users (6% of men and 2% of women) are dependent on alcohol.

■ Levels of drinking vary between different regions, with hazardous and harmful varying between 18% to 29% and alcohol dependence 1.6% to 5.2% of the adult population.

■ Between 15,000 and 22,000 premature deaths in England and Wales each year are associated with alcohol misuse. Alcohol related liver disease accounts for over 4,500 of these – a 90% increase over the past decade.

■ Nearly 5,000 (3.5%) cancer deaths per annum are attributed to alcohol. Alcohol is causally related to cancers of the oral cavity and pharynx, larynx, oesophagus and liver.

■ Heavy drinking carries a severe risk of cardiovascular disease, with 1,200 deaths each year due to haemorrhagic stroke and 10% of all deaths due to hypertension associated with alcohol.
15-25% of suicides and 65% of suicide attempts are related to alcohol intoxication.

20-30% of all accidents and 1,700 associated deaths per year are linked to alcohol.

Up to 35% of all A&E attendance and ambulance costs (around £0.5 billion) may be alcohol-related.

Alcohol-related diseases account for 1 in 8 NHS bed days (around 2 million) and 1 in 80 NHS day cases (around 40,000).

150,000 hospital admissions each year are linked to excessive drinking 33,000 for alcohol-related liver disease. 30,000 and 36,000 of those admitted are diagnosed as alcohol dependent.

Alcohol misuse is calculated to cost the health service £1.7bn per annum.
Inequalities exist

- More deprived communities are disproportionately affected by alcohol misuse. Whilst alcohol consumption is not any greater, admissions to hospitals and emergency hospital admissions for violence are higher in deprived areas.

WHAT WE HAVE DONE SINCE CHOOSING HEALTH

- High-profile advertising campaign on binge drinking – Campaign to be launched 16th October 2006.

- Voluntary Social Responsibility Scheme for alcohol industry to run educational, community and campaigning functions – Agreement between Government and industry and health stakeholders to establish and independent Drink aware Trust announced by the Public Health Minister on 29th June 2006.


WHERE WE ARE HEADING

- Work with alcohol industry – government and the alcohol industry working together to promote culture change and target irresponsible practice including underage sales.

- Reducing health harms – GPs, A&E Departments and criminal justice settings working together to deliver screening and improve alcohol treatment and support for those drinking at a harmful levels.

- Promoting greater awareness – providing information concerning the risks of alcohol misuse through national and local campaigns funded by the Government and alcohol industry.

- Policing and community safety – Police taking action to tackle alcohol related crime and disorder working with in partnerships with health and local licensing authorities.

- Alcohol related admissions to hospital stabilize and decrease over time. This is a long-term aim as many conditions take years to develop. We may expect that this situation may get worse before we start seeing improvements in years to come.

- Alcohol related attendances at A&E reduce and demand on GPs fall.

- Alcohol related criminal damage, serious violence and anti-social behaviour falls.

- Underage sales and harmful drinking levels in under-18s fall.

- The alcohol industry takes active steps to discourage drunkenness, enforce their industry standards for social responsibility and fund prevention activity.

- Fewer people, including young people regularly drink over low-risk levels or “binge” drink.

- Levels of alcohol-related violence, sexual assault and anti-social behaviour fall.