All Party Parliamentary Group on Complex Needs and Dual Diagnosis

Alcohol Related Deaths – A Briefing Note

June 2022

Introduction

In early 2022 the All-Party Parliamentary Group (APPG) on Complex Needs and Dual Diagnosis met to discuss the ongoing increase in alcohol-related deaths.

The APPG was established in 2007 in recognition of the fact that people seeking help often have a number of over-lapping needs. The APPG is chaired by **Jane Stevenson MP and Lord Victor Adebowale CBE**. The secretariat is provided by Turning Point, a large social enterprise which specialises in working with people with complex needs.

Current data shows an increase in alcohol-related risk, consumption, hospitalisations and deaths. Guest speakers explored this unprecedented rise and the ways in which the government, services and society can help reduce the avoidable harm we continue to see.

Our March 2022 meeting heard from speakers **Sir Ian Gilmore**, Professor of Hepatology, Director of the Liverpool Centre for Alcohol Research and Chair of the Alcohol Health Alliance, **Sarah Quilty,** Executive Member of The English Substance Use Commissioners' Group (ESUCG) and Senior Commissioner at Nottinghamshire County Council, **Dr Alison Giles**, Interim Chief Executive of the Institute of Alcohol Studies and **Jon Roberts**, Director at Dear Albert.

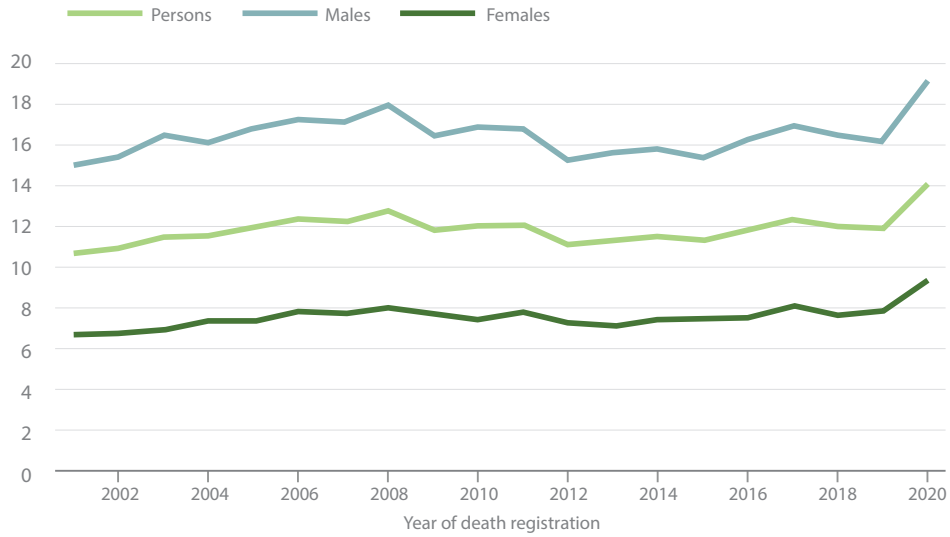
With current data showing an increase in alcohol-related risk, consumption, hospitalisations and deaths, our panel discussed the decade-long reduction in funding for treatment services, the stark impact of the pandemic and the ways in which the government, services and society can help reduce the avoidable harm we continue to see.

The data

In June 2021 **data showed** that more than 8.4m people in England were drinking at higher-risk levels, up from 4.8m in February 2020 (OHID 2022). **Public Health England's (PHE) July 2021 report** found that the heaviest drinkers before the pandemic increased their alcohol purchasing the most.

The alcohol-specific death rate for 2020 was 18.6% higher than the previous year

Age-standardised alcohol-specific death rates per 100,000 people, by sex: UK, deaths registered between 2001 and 2020



Source: Office for National Statistics - Alcohol-specific deaths in the UK: registered in 2020, National Records of Scotland and Northern Ireland Statistics and Research Agency

As speaker Dr Alison Giles stated, 2020 was the worst year on record for alcohol-specific deaths in England. There were 8,974 deaths from alcohol misuse in 2020 - a rise of almost 20% from the previous year (ONS 2021).

Alcohol treatment services have seen a 27% relative increase in deaths among people in treatment between 2020 and 2021. The increase was the largest among the subgroup of 'alcohol only' clients, with a 44% increase in deaths during treatment, from 741 deaths in 2019-20 (1.6%) to 1,064 deaths in 2020-21 (2.3%) (NDTMS 2021).

Half of those starting alcohol treatment during 2020 were parents, and while many don't currently live with their children, there were 31,000 children living with an adult who started alcohol treatment last year.

While the pandemic has had a clear impact on alcohol consumption and harm, pre-2020 we were already seeing high numbers of people hospitalised because of their alcohol use.

Before the pandemic, one in 10 people admitted to hospital were addicted to alcohol. One in five patients admitted to hospital beds were using alcohol in a harmful way; while one in 10 were dependent on the substance (Study of Addiction (SSA) at King's College London, 2019). Deaths from liver disease **have increased** 400% since the 1970s and is the main reason for the majority of alcohol-related deaths.

It is important to consider the increase in alcohol-related harm within the context of broader pressures on our healthcare systems – with **most recent figures** showing over 6 million people waiting for routine hospital treatment. Emergency care is also under severe pressure: 22,500 patients waited more than 12 hours on trolleys in emergency departments for a hospital bed in March 2022, compared to less than 700 in March 2021.

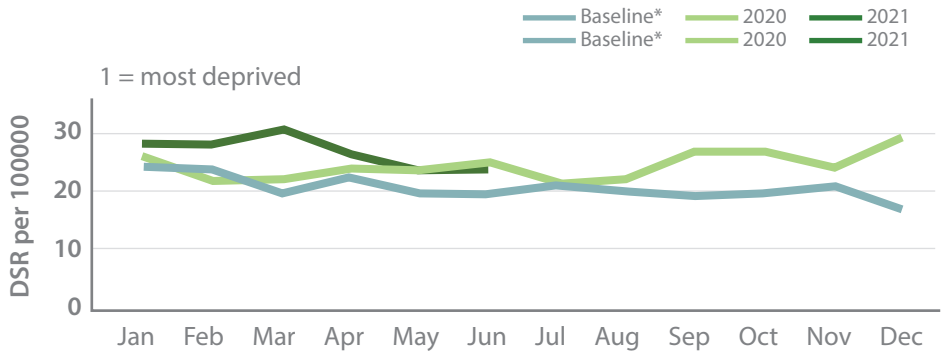
"The pandemic has highlighted that people living in deprived areas are many times more likely than other socioeconomic groups to die or experience admission to hospital on account of an alcohol-related cause."

Dr Alison Giles, interim Chief Executive of the Institute of Alcohol Studies

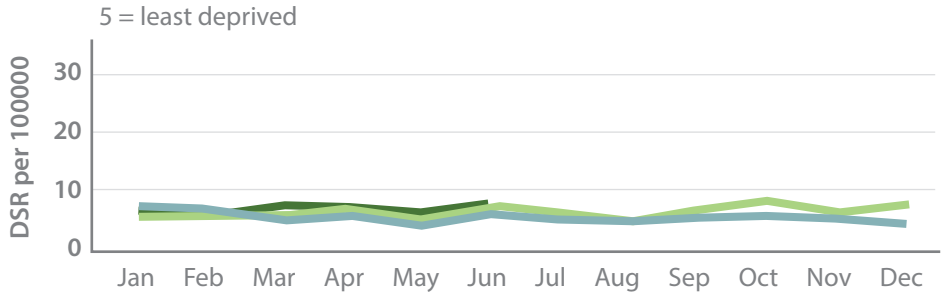
Workforce shortages have been **cited as a key issue** facing our health and social care system. Analysis by the King's Fund suggests the NHS workforce gap could reach **almost 250,000 by 2030**. The workforce crisis can have significant impacts for other parts of the health and care system, leading to delays in hospital discharges and concerns that care packages can't be delivered to the most vulnerable people in our communities. An ageing population, funding pressures **and competition for staff since the UK left the EU** are likely to exacerbate these problems still further.

Alcohol-related harm is often much more pronounced in areas of high deprivation, even though the average consumption is usually lower in these areas. On average, **people on low incomes drink less than people on higher incomes**. Perhaps this is unsurprising since affordability is a major factor in consumption habits. However, people living in deprived areas are many times more likely to die or experience admission to hospital on account of an alcohol-related cause. This trend has also been highlighted in the pandemic, with increases in alcohol-related deaths being concentrated among the most deprived groups in society.

Most deprived quintile:



Least deprived quintile:



(*rate in equivalent months in 2018 and 2019 combined)

Source: https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/

We also know that the strain from alcohol misuse has huge effects on other public services. For instance, 17% of domestic violence perpetrators have a history of alcohol dependence and **around 1 in 3 of offenders** in all sexual assault cases were under the influence of alcohol.

Despite the rise in alcohol-related harm and deaths, expenditure on alcohol treatment **fell by 16%** between 2015 and 2012013/14 and 2018/19. In 2018 BBC research found that **seven out of 10 councils** in England made cuts to the amount they planned to spend on drug and alcohol services. **Researchers** (Emmert Roberts, Matthew Hotopf and Colin Drummond) found that the areas in England with the highest rates of alcohol dependence and deprivation do not receive funding proportional to the level of need.

Following the publication of the government's new **Drug Strategy in December 2021**, more funding has been committed to substance misuse treatment. This funding will cover both drugs and alcohol treatment. Current projections by Turning Point indicate this will result in up to a 20% increase in people accessing alcohol treatment.

The pandemic

We all found ourselves at home more as a result of the coronavirus pandemic. As Jon Roberts Director at Dear Albert noted, for many of us, the months spent in lockdown was a time of isolation and risk, including increased drinking at home, lower self-worth and negative behaviours.

For those already in treatment, services were disrupted, with many having to focus limited resources on crises rather than longer-term harm reduction, moving support online and possibly reducing contact with a specific worker due to workforce pressures. Consequently, capacity to identify at-risk individuals was reduced.

As Jon Roberts from summarised, there was increased isolation and a decrease in service provision.

As the country 'opens up' Dr Sarah Quilty referred to now seeing an increase in demand for alcohol treatment services, but cautioned that people are accessing treatment later after long periods of alcohol use, often with more complex needs including comorbidities. Pressures on primary care has meant that indicators of harmful drinking are not being picked up early, leading to a delay in accessing alcohol treatment.

Dear Albert, drawing on service user experience, shared that many found they lacked recovery capital and periods of isolation were damaging to their alcohol misuse recovery. Their ability to recognise the harmful nature of their drinking and put actions in place to stop it were also limited.

Despite playing a part, the pandemic alone is not the cause of the recent increase in alcohol-related deaths.

The Institute of Alcohol Studies relates the cause in the majority of cases to 'chronic health conditions caused by long term higher risk or dependent drinking. Increases in consumption among this group could have worsened their health condition. The shift to home drinking may have facilitated that with cheaper, online access and price promotions.'

"Several barriers exist in the way of government action on alcohol consumption; the government's reluctance to overregulate alcohol, focus on alcohol as an issue linked to crime rather than health, the influence of the Treasury over alcohol policy and the money it brings in, and the power of the alcohol lobby."

Professor Sir Ian Gilmore, Chair of the AHA

Access to health care is also a likely factor, with fewer face-to-face GP appointments, alcohol services moving online and people less likely to access A&E during the height of the pandemic.

As the Institute of Alcohol Studies stated in June 2020, 'Taken together with changes in healthcare access and utilisation caused by COVID-19, there is a risk that alcohol harm persists or worsens, but becomes less visible.' This is largely down to the reduced capacity of our healthcare system to detect signs of alcohol-related harm in light of pressures such as COVID-19 and workforce shortages.

Action

Throughout their discussion, our panel outlined several ways in which the government and wider sector can take action to help reduce the upward trend we're seeing, starting with a focus on helping people to reduce their intake of alcohol, to avoid it reaching harmful levels.

Pricing, promotion and availability

Although the pandemic has had an impact on alcohol consumption it is by no means the only factor leading to increased use. Sir Ian Gilmore outlined international evidence which shows that consumption and harm are in part driven by the price of alcohol, promotion by alcohol producers and retailers, and availability. Such research has found that alcohol tax and pricing according to the type of product can shift consumption from higher strength beverages to lower strength beverages, which may reduce the overall amount of alcohol consumed **(Babor, 2010)**.

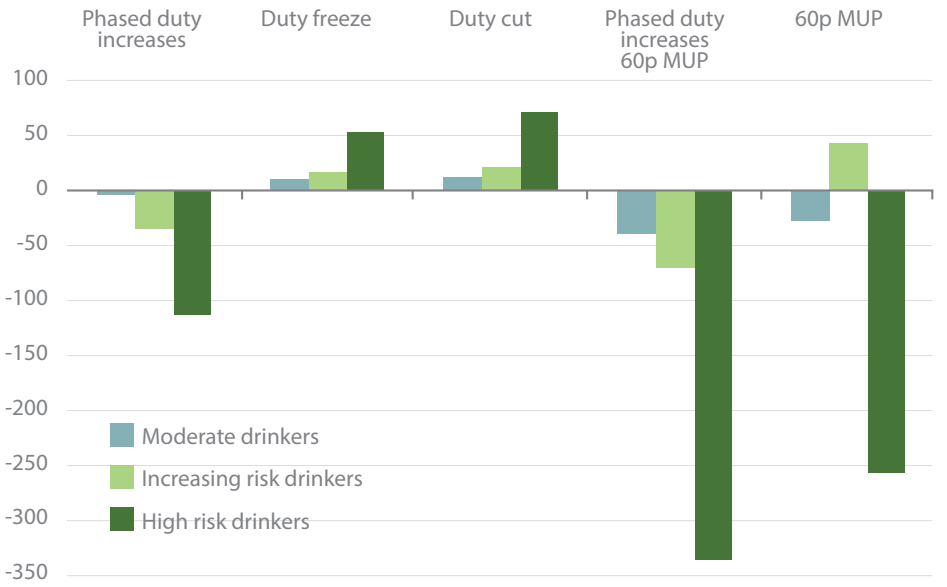
Sir Ian Gilmore also argued that sales bans, restricting hours of sale and limiting outlet density can help reduce harm, if enforced properly. The unintended consequences can be the creation of a black market or dangerous production at home.

'Taken together with changes in healthcare access and utilisation caused by COVID-19, there is a risk that alcohol harm persists or worsens, but becomes less visible.' This is largely down to the reduced capacity of our healthcare system to detect signs of alcohol-related harm in light of pressures such as COVID-19 and workforce shortages.

Institute of Alcohol Studies

According to the Alcohol Health Alliance, several barriers exist in England to introducing the above (as some measures are already in place in Scotland). Barriers include the government's reluctance to overregulate alcohol, the government's focus on alcohol as an issue linked to crime rather than health, the influence of the Treasury over alcohol policy and the money it brings in, and the power of the alcohol lobby. As stated by a World Health Organisation expert panel, 'alcohol use is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms' **(WHO, 2000)**.

Change in consumption (units per year) at full effect by policy and drinker group (220)



Source: PHE Report Dec 2016

Building recovery capital and resilience

As Dear Albert set out, it is vital that those already in the treatment system are supported to build their recovery capital – not only to deal with any disruptions that might arise, but as a critical component of their recovery journey.

Services fit for the future

The way services are delivered dictates their success. Service user experience should be at the heart of service delivery. Social connections, social prescribing, maintaining digital connections and service options should build a strong focus on a person-centred approach to treatment.

Necessary within a person-centred approach is a diversity of treatment services and the recognition of someone's socio-economic, ethnic, and cultural background within treatment – accommodating for linguistic barriers and employing a diverse workforce to reflect the community makeup.

Digital services also provide an opportunity for improving early access to services. Beyond this, a digital offering provides people with transferable skills for employment, access to benefits and improved socialisation.

Integrated support remains important, requiring good links between community provision, hospitals and GPs. There's also an opportunity to strengthen direct routes into preventative and early support, for those unable or unwilling to access primary care. The pandemic provided important learning in this regard, with joined up working between substance misuse and homeless services.

Community provision is critical to early identification of alcohol-related harm (for instance, Fibro-scanning projects within the community) and should be expanded.

The reductions in inpatient detox and rehab units **as a result** of austerity measures needs to be addressed. The demand for impatient detox services is high; Turning Point's **Smithfield Detoxification** service for example, is experiencing increasingly long waiting times. Currently, these services are commissioned on a per-person basis and are consequently determined by competitive market forces whilst not necessarily ensuring high quality treatment.

The new drug strategy and funding offers an opportunity to do things differently, to build on what works and properly fund services for the future. However, there is much more the government can do to reduce risks earlier, through tougher measures on alcohol advertising, promotion and sales, and an approach to alcohol prevention that puts people before profit.

Finally, it is important that the sector receives clearer direction regarding the future of alcohol treatment – a government alcohol strategy is overdue, the last having been released over a **decade ago**.

Speaker information

Sir Ian Gilmore: Professor of hepatology, Director of the Liverpool Centre for Alcohol Research - **https://britishlivertrust.org.uk/liverpool-centre-for-alcohol-research-launches/**

The Centre is led by Professor Sir Ian Gilmore, and brings together experts from the University of Liverpool, Liverpool John Moores University and local NHS trusts through Liverpool Health Partners to work on the advancement of alcohol-related research and education. It will focus on four main areas of research and practice and, crucially, the multidisciplinary synergies between them: liver (and other end organ) diseases; mental health; cancer; and public health and associated policy.

Sir Ian Gilmore is also Chair of the Alcohol Health Alliance - **https://ahauk.org/**. The Alcohol Health Alliance UK (AHA) is an alliance of more than 60 non-governmental organisations which work together to promote evidence-based policies to reduce the harm caused by alcohol. Members of the AHA include medical royal colleges, charities, unions, treatment providers and other organisations that want to tackle alcohol harm.

Sarah Quilty, Executive member of The English Substance Use Commissioners' Group (ESUCG) - **https://www.adph.org.uk/the-english-substance-use-commissioners-group/** and

The ESUCG is a peer network run by commissioners for commissioners. It aims to provide a strategic forum for those with commissioning responsibility for substance use services, for improved population and patient level outcomes relating to the use of alcohol and other drugs in England.

Sarah Quilty is also Senior Commissioner at Nottinghamshire County Council **https://www.nottinghamshire.gov.uk/**.

Dr Alison Giles, interim Chief Executive of the Institute of Alcohol Studies - **https://www.ias.org.uk/**. The Institute of Alcohol Studies is an independent body bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Its purpose is to advance the use of the best available evidence in public policy decisions on alcohol.

Jon Roberts, Director at Dear Albert - **https://www.dearalbert.co.uk/**. Dear Albert is a community-based, peer-led organisation which supports individuals with alcohol and drug misuse. Utilising those with lived experience within their support of those struggling with substance misuse is at the heart of Dear Albert's treatment model.

Secretariat information

Turning Point - **https://www.turning-point.co.uk/**. Turning Point is a leading social enterprise providing health and social care services for people with a wide range of complex needs in over 200 locations across England, including community services, primary care settings and hospitals.

For nearly 60 years Turning Point have worked with people who have complex needs including drug and alcohol misuse, mental health conditions, offending behaviour, primary care needs, housing and unemployment issues and people with a learning disability to discover new possibilities in their lives.

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