

**TURNING
POINT**
inspired by possibility



**A sobering thought: the scale
of alcohol harm and what we
can do about it**

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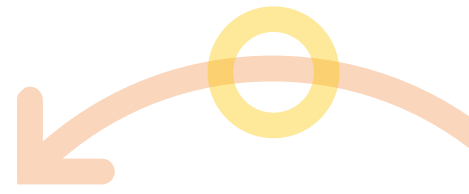
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2023

This report was written by Turning Point, a national health and social care provider with specialisms in mental health, substance use and learning disability. Turning Point provides services across England from 300 sites and last year the organisation supported over 171,000 people. Turning Point's drug and alcohol services include community drug and alcohol services, inpatient detox, residential rehab, and young people's services.

A sobering thought: The scale of alcohol harm and what we can do about it

Foreword



As a specialist in liver disease, I have witnessed first-hand the tsunami of alcohol harm rising over recent decades. This report lays bare the unacceptably high levels of harm we are facing, the costs of which reverberate throughout the NHS and the wider economy. This is felt the most in areas already suffering with the highest levels of deprivation.

The recommendations featured in this report would make a real, tangible improvement to people's everyday lives, our health services, the criminal justice system, and the nation's productivity. As liver health is a known indicator for wider health issues, the report rightly highlights how the broader commissioning of FibroScan could help reach people who are at higher risk of harm but not yet engaged in treatment.

Turning Point is a valued member of the Alcohol Health Alliance, providing critical support in the community, and this report is vital reading for those working in and advocating for better public health.

Professor Sir Ian Gilmore

Professor of hepatology and chair of the Alcohol Health Alliance



Executive Summary

Alcohol harm is a complex issue – as a society we have mixed and sometimes contradictory views about whether alcohol is a good or a bad thing. Independent expert assessments of risk, rate alcohol as more dangerous than ecstasy, amphetamines, tobacco and LSD and yet it is not a controlled substance. For many people, drinking alcohol is enjoyable and causes very little harm.

The alcohol industry is a powerful lobby and successive governments have been reluctant to regulate the market. And yet we know that long term alcohol use can cause liver disease, heart conditions, stroke, and seven types of cancer including breast, mouth, and throat cancer. Deaths from liver disease have increased by 400% since the 1970s and the pressure placed on NHS as a result of alcohol use is considerable. In 2021-22, alcohol-related admissions alone cost the NHS around £1.16bn.

Alcohol causes significant and increasing harm to individuals, families and communities. 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. Parental alcohol use is a factor in 16% of child protection cases.

Deaths from liver disease have increased by 400% since the 1970s



Despite the scale of the problem, fewer than 1 in 5 dependent drinkers are in treatment and the figure is even fewer when it comes to people who are not physically dependent on alcohol but are drinking at harmful levels. Stigma, under-resourced services and reluctance to seek support all play a part and yet we know treatment works.

**Fewer than 1 in 5
dependent drinkers
are in treatment**

The scale of harm caused by alcohol suggests that this issue should be national policy priority. The Public Accounts Committee (PAC) recently reviewed alcohol treatment services, concluding that whilst the government's 10-year drugs strategy does support treatment services for people with alcohol dependency, central government, along with local authorities, could do more to prevent them from ever needing that treatment. The complexity of the issues means that action must be multi-faceted, which is why Turning Point supports calls for a national alcohol strategy which sets out a whole system approach towards tackling alcohol harm.

This includes dedicated alcohol expertise not only within community drug and alcohol

treatment services, but also within the wider system; including A&E, mental health, emergency services, and primary care. This strategy should also include tougher measures on alcohol advertising, promotion and sales, updated public health-oriented licensing, and the introduction of Minimum Unit Pricing across England.

One key aspect of reducing alcohol-related harm is to improve prevention and early identification. This report calls for specific measures to be introduced including:

- FibroScan (portable ultrasound liver check equipment usually used by a nurse) should be routinely commissioned and offered within community treatment services, GP surgeries, A&E and other frontline service settings, as well as increased use within treatment outreach activities. This would enable services to better reach people who have not previously engaged in treatment but who are at higher risk (for instance; rough sleepers, military personnel, or people with poor mental health).
- Where drug and alcohol services are integrated, commissioners and providers should ensure there is dedicated alcohol expertise and suitable treatment offers in place to encourage more people who need it to access support.

- Expanding the use of the Alcohol Use Disorders Identification Test (AUDIT) – 10 questions developed by the World Health Organization - as part of patient assessments and chronic disease reviews in primary care or as a self-assessment while people are waiting in A&E.
- Development of a national evidence based digital self-help tool to support people to understand and reduce their drinking as part of an ongoing national public health campaign to raise awareness of the negative impact of alcohol, targeted at harmful and hazardous drinkers.
- Concerted efforts to improve pathways and partnership working between community drug and alcohol services, A&E, hepatology departments, blue light services, safeguarding and social care.

In June 2021, 8.4 million people in England were drinking at higher-risk levels, up from 4.8 million in February 2020 (OHID 2022)





Alcohol related harm on the rise

Alcohol related harm on the rise

Between 2012 and 2019, rates of alcohol-specific deaths in the UK remained relatively stable but have risen sharply since 2019. In 2021, there were 9,641 deaths from alcohol-specific causes registered in the UK, the highest number on record and 7.4% higher than in 2020 (ONS 2022). For perspective, in 2021 the death rate was 81.1% higher than it was ten years prior.

Similarly, 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 to 1,064 deaths in 2020-21 (NDTMS 2021).

The pandemic has undoubtedly played a critical part in recent increases in alcohol related harm. For instance, 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. In March 2022, "increasing and higher risk drinking" was found to have remained at heightened levels. Studies estimate substantial increases in alcohol-related harms and pressure on the NHS, even if drinking patterns were to return to pre-pandemic patterns from 2022 onwards.

Whilst the pandemic has played a compounding factor in increasing alcohol related harm, the significant impact of alcohol harm on population health and services was already evident. Millions of people are admitted to hospital every year with illnesses such as liver disease, heart conditions, stroke, breast, mouth, or throat cancer, all of which can be caused by long-term alcohol use. Deaths from liver disease alone have increased by 400% since the 1970s and account for the majority of alcohol-related deaths. Before the pandemic, 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).





PUBLIC ATTITUDES TO ALCOHOL

The harms to individuals and society that alcohol use can cause are well-known.

Despite this, drinking alcohol is a societal norm. Most recent [ONS data](#) shows that, in the UK, 57% of people 16 years and over in 2017 drank alcohol, which equates to 29.2 million people in the population.

Drinking alcohol is embedded within numerous social practices, including celebration, commiseration, stress relief and is often associated with a sense of identity and community gained when drinking with friends. This fact dissuades many from perceiving their alcohol consumption as a risk and subsequently taking action to reduce such risk. It also allows people to distance themselves from a perceived small minority of individuals with 'problematic' alcohol use.

The prevalence of alcohol within society is also paired with low levels of education on the subject. Only a fifth can [correctly identify](#) the Chief Medical Officers' (CMOs') low-risk drinking guidelines.

Knowledge of alcohol related harm [is also patchy](#). Nearly everyone (93%) knows that liver disease can be caused by excessive drinking.

However, less than two-fifths (37%) accurately identify that some cancers can be caused by excessive drinking. Despite this, a recent Alcohol Health Alliance [report](#), 'Pouring over Public Opinion: Alcohol Policies in the UK', evidenced increased levels of support for tighter regulation over alcohol consumption. For instance, according to findings, 55% felt that the government was not taking enough action on alcohol, and over half of people wanted improved marketing regulations, especially the introduction of health warnings on marketing materials and separate display areas for alcohol and its marketing in shops.

STIGMA

Dependant drinkers and their families are often victims of stigma. Stigma leads to discrimination. This stigma can originate from the way harmful drinking is portrayed in the media, by friends and colleagues, and sometimes family. Stigma also stems from a lack of awareness regarding the impact of the language we use when it comes to alcohol – failing to recognise the root causes of problem drinking and the possibilities for change.

[Fear of stigma](#) remains a huge barrier to accessing alcohol treatment. Stigma can prevent people who need treatment and support from getting help as they feel judged.

Communities with problematic substance use can also suffer stigmatisation. This can be the case when alcohol use is higher or is simply perceived as higher. This means whole communities can become defined by alcohol or substance use.

PRICING AND PROMOTION

Another element driving drinking consumption and harm is the price of alcohol, promotion by alcohol producers and retailers, and availability. Alcohol is now 74% more affordable in England than it was in 1987. A study from 2020 found that in England, it is possible to drink the low-risk weekly guideline of 14 units for just £2.68.

Minimum Unit Pricing works by targeting the cheapest and strongest products on the market without impacting prices in pubs and bars.

A recent study suggests the introduction of Minimum Unit Pricing in Scotland has led to fewer alcohol-related deaths compared to England. The study, published in the Lancet, estimated that following the strategy 156 deaths a year were averted. Before the policy, Scotland had twice as many deaths (per 100,000) than England but after the introduction of Minimum Unit Pricing, the gap between the two has reduced. If implemented in England, Minimum Unit Pricing is predicted to save 525 lives annually at full effect.

ALCOHOL HARM AND MENTAL HEALTH

Alcohol harm also plays a significant role in cases of harm for individuals with complex needs. The impact of alcohol harm on people with mental health issues remains a concern, particularly when considering the present lack of resource and defined pathways available within mental health services.

Data collected from 2019 indicates that more than half (55%) of people within alcohol treatment services expressed a need for help with their mental health. Similarly, in 2021 an audit identified 55% of 3804 service users in treatment at Turning Point's Leicester, Leicestershire & Rutland service as having a mental health treatment need.

Recent research by mental health hospitals shows that 16% of the inpatients who were screened were drinking at increasing or higher risk – a little lower than is the case in the general population. However, the rate of possible alcohol dependence was 8% compared to 1.4% in the general population.

Alcohol harm in those presenting with mental health problems can also result in higher mortality rates. For example, people in touch with specialist mental health services who also have a history of alcohol problems can be at elevated risk of death by suicide.



IMPACT OF ALCOHOL HARM ON WIDER PUBLIC SERVICES

It is important to recognise the wider societal impact of alcohol related harm. Whilst health and social care services may feel the impact of alcohol harm more acutely than most, the effects reach many other public services. This can include child social services, schools, the criminal justice system and police and emergency services.

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 during 2020.

Analysis by Loughborough University suggests that 7% of young carers are looking after a parent or relative struggling with substance use. Of these, 28% had received an assessment and 40% were missing school or had other indicators of educational difficulties. The Department for Education's (DfE's) Characteristics of children in need showed that in 2016 to 2017, alcohol use was a factor in 18% of cases

The relationship between alcohol and violence is complex and whilst alcohol consumption does not inevitably lead to violent behaviour, drunkenness can trigger violent behaviour and there is evidence to suggest links between consumption and violent behaviour.

For instance, the links between alcohol and intimate partner violence is well established in international research.

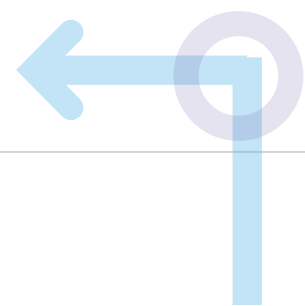
Around 17% of domestic violence perpetrators have a history of alcohol dependence and around 1 in 3 offenders in all sexual assault cases were under the influence of alcohol.

It also appears as a factor in a very large proportion of domestic homicide reviews. Previous research indicates that alcohol contributed a substantial role in up to 75% of domestic Homicide cases (Alcohol Concern, 2014).

ALCOHOL HARM AND INEQUALITY

It is essential that any serious attempts at tackling alcohol-related harm must recognise and respond to the relationship between deprivation and elevated levels of harm. Alcohol harm is often much more pronounced in areas of high deprivation, even though the average consumption is usually lower in these areas.

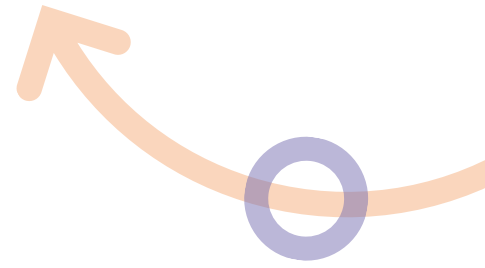
On average, people on low income drink less than people on higher income. Perhaps this is unsurprising since affordability is a major factor in consumption habits. However, people living in deprived areas are more likely to die or experience admission to hospital on account of an alcohol-related cause because of the compounded impact of deprivation on health which is exacerbated by excessive alcohol consumption. For the eighth consecutive year, the North East had the highest rate of alcohol related deaths of any English region.





Treatment and support

Treatment and support



FUNDING

Government reports show there were 948,312 alcohol-related hospital admissions under the broad definition in 2021 to 2022. The broad measure of hospital admissions includes both the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses of an alcohol-related condition (partially or wholly caused by alcohol). This measure gives an indication of the bigger impact of alcohol harm on hospital admissions and the burden placed on the NHS.

The weighted average of all hospital stays in the UK is calculated at £1,224, meaning that in 2021-22, alcohol-related admissions alone cost the NHS around £1.16bn.

Previous research has cited that illnesses and injuries caused by alcohol misuse has cost the NHS up to £1.7bn a year.

Due to Dame Carol Black's independent review of drugs and the government's subsequent drug strategy, 'From Harm to Hope', there has been a welcome uplift in funding for drug and alcohol treatment services. An additional £533m investment has been planned over 3 years (£95m 2022-23, £154.3m 2023-24, and £266.7m 2024-25).

Despite this, it is important to recognise the broader context of chronic disinvestment within the sector. For example, the Public Health Grant has been cut by 26% on a real-terms per person basis since 2015/16.

When taking into account the time-limited additional funding for drug and alcohol treatment (for example, £154m allocated for 2023/24), we are still left with broader public health funding 21% lower on a real terms per person basis since 2015/16. Some of the largest reductions in spend over this period include drug and alcohol services for adults (17%).

Beyond improving people's health and wellbeing, evidence also suggests that long term investment within public health and alcohol treatment services yields significant financial benefit, with the annual cost to society in England of alcohol related harm calculated to be around £21.5 billion. Past research has shown that investing in alcohol treatment services reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years.



EARLY INTERVENTION

When it comes to alcohol treatment, services are efficient and have successful outcomes. According to the [NAO report](#), in 2021/22, 98% of people being treated for alcohol only (and no other substances) started their treatment within three weeks of referral. In 2021/22, 59% of people being treated for alcohol only (and no other substances) successfully completed treatment.

Engagement with treatment services remains the biggest single protective factor against alcohol related deaths. However, the success of treatment services are predicated on their accessibility and visibility for individuals drinking at harmful or hazardous levels and there are currently huge levels of unmet need. Estimates show that, in England, there are currently 602,391 dependent drinkers and according to [government analysis](#), only 18% are accessing treatment.

These figures show a far smaller proportion of “increasing or higher risk” drinkers are accessing support. Most dependent drinkers will be known to their GP, and it is likely that they are not accessing treatment because they don’t want to stop drinking or they don’t feel they are able to or they want to ‘do it on their own’. Identification of people who are drinking at harmful or hazardous levels and encouraging them to access support services is more problematic.

Other barriers include reduced budgets [which has led to the loss of alcohol treatment sessions in GP surgeries](#) and the reduction of outreach and home visits has affected the most vulnerable people with the highest needs.

Alcohol Use Disorders Identification Test (AUDIT) - 10 questions developed by the

World Health Organization - is a validated screening tool in primary care which is effective in the identification of a number of areas of alcohol related harm. It is much better than simply asking a patient how much they drink when many people under-estimate their consumption or are reluctant to admit the amount to a healthcare professional. However, the AUDIT tool takes 10 minutes to complete and the reality is that if a patient has come in for something else - there simply is not time for the GP to go through the questions due to the pressures on primary care.

The AUDIT tool picks up 90% of patients with an alcohol problem and the benefit is primarily in identifying increasing or higher risk drinkers who may not be known to services. Most GPs will know which of his or her patients are dependent drinkers and if these individuals are not engaged with treatment services it is probably because they don't want to go into treatment.

There are particular points when use of the AUDIT tool works particularly well, for example, as part of new patient assessments, chronic disease reviews or as a self-assessment while people are waiting in A&E.

Effective leadership and partnership working has also been cited as a key factor behind increasing numbers in treatment. Regions with higher alcohol treatment numbers are areas where senior local authority alcohol and drug treatment commissioners showed strong leadership and worked collaboratively with partners including NHS commissioners, NHS trusts, police and crime commissioners, adult social care, children's services and housing. This approach involves initiatives including multi-agency partnership meetings where a local strategic approach to alcohol treatment was developed and monitored in response to specific local need.

Improved integration between services is needed. Within hospital settings this translates into collaborative, integrated care between specialists working in gastroenterology and hepatology, psychiatry and in primary care. This also includes improved integrated alcohol treatment pathways between primary and secondary care, and the employment of specialist mental health and alcohol practitioners within A&E departments.

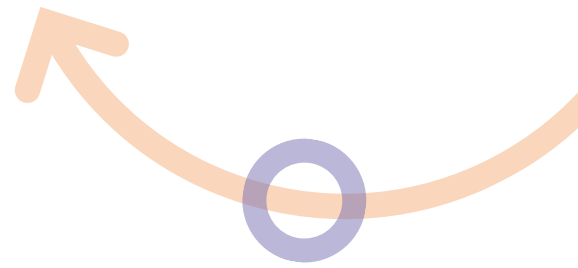


Image taken of a FibroScan® machine located within a Turning Point drug and alcohol service



FibroScan

FibroScan



Alcohol-related liver disease accounts for the majority of alcohol-specific deaths. The ONS has cited the fact that Alcohol-specific deaths have risen sharply since the onset of the COVID-19 pandemic, with alcoholic liver disease the leading cause of these deaths (ONS 2022).

A FibroScan is a simple and non-invasive procedure used to accurately assess the health of the liver and gives the opportunity to identify poor liver health at an early stage. FibroScan equipment is portable and can also be used in outreach activities and can extend service reach people who have not previously engaged in treatment but who are at higher risk (for example rough sleepers, military personnel, those with poor mental health).

Broader commissioning of FibroScan can facilitate rapid referrals and ultimately reduce the burden on NHS services.

In June 2023, the National Institute for Health and Care Excellence issued [guidance](#) recommending the use of FibroScan citing that it may improve early detection of liver disease in primary and community care settings

and improve access to testing for underserved groups. This recommendation will allow FibroScan patients to receive faster results outside of specialist or secondary care.

Funding is necessary to cover staff and equipment costs. Presently, only some commissioners fund FibroScan when such harm reduction activities should be rolled out nationally.

The earlier we can identify liver disease, the earlier we can support individuals to reduce alcohol related harmful behaviour. FibroScan offered alongside psychosocial intervention will support positive behaviour change and reduce harm.



CASE STUDY

FIBROSCAN IN LEICESTER AND LEICESTERSHIRE

The use of FibroScan technology within Turning Point's Leicester and Leicestershire and Rutland services was initially funded by Leicester City Council with the aim to increase the number of Leicester City residents accessing alcohol treatment and to support positive behaviour change to reduce harmful drinking behaviour. Funding was initially agreed as part of an 8-month pilot for the use of FibroScan. Following its success, FibroScan work has continued within the service. The two specific cohorts targeted by this work are:

- Offered as part of Turning Point's alcohol dependent treatment pathway to Leicester City residents who are identified to have potential alcohol dependence and in structured treatment with Turning Point.
- Offered to registered patients within a pilot primary care GP site (Saffron Group Health) who are identified to have potential alcohol dependence but ambivalent/reluctant to engage in treatment.



Feedback from the clinical team within Turning Point's Leicester and Leicestershire and Rutland services:

- FibroScan equipment is simple to use, in either a clinical or non-clinical setting, and is easy to transport.
- FibroScan is used within outreach work to encourage individuals who are currently not in treatment to connect with services. The procedure is non-invasive which makes individuals more willing to engage.
- For individuals not in treatment, FibroScan can detect early liver damage and opens the door to behaviour change, discussion regarding the risks of drinking, and referrals to Turning Point's treatment services or in some cases, a hepatologist where liver damage is more advanced.
- FibroScan work hosted within the primary care site has engaged higher rates of older patients and patients with co-morbidities (most commonly, obesity) compared to Turning Point's treatment services.
- Results from FibroScan tests are instant which is viewed positively by patients.
- Attendance for FibroScan appointments is high compared to other interventions.

APRIL-JUNE 2023 – KEY POINTS FROM FIBROSCAN DATA

The following data is captured from the most recent quarter (April-June 2023) and showcases the FibroScan work undertaken within Turning Point's Leicester and Leicestershire and Rutland services:

Leicester FibroScan clinical data:

- 110 appointments in total were held with clients this quarter Apr-Jun 2023, which is an increase of 21 appointments that were offered last quarter Jan-Mar 2023 (89 appointments)
- Out of the 110 appointments held this quarter 22 clients were referred to secondary hepatology services (20.0%)
- 8 service users had a F-Score of F3 indicating advanced fibrosis (a measure of the severity of liver damage),

whereas in comparison to 10 service users had F4 scores indicating cirrhosis of the liver.

Leicestershire FibroScan clinical data :

- 111 appointments in total were held with clients this quarter Apr-Jun 2023, which is a slight decrease of 26 appointments that were held last quarter Jan-Mar 2023 (137 appointments)
- Out of the 111 appointments held this quarter 18 clients were referred to secondary hepatology services (16.2%)
- 2 service users had a F-Score of F3 indicating advanced fibrosis whereas 10 service users had F4 scores indicating cirrhosis of the liver.



CASE STUDY: JOHN

John (not his real name) entered treatment with Turning Point in early 2023 and was initially ambivalent towards his alcohol use and subsequent treatment.

He had been drinking regularly since aged 13 but experienced a dramatic increase after his divorce around the age of 35. Since his divorce, John had been living with his mum who has since died.

John was clinically overweight and suffered from arthritis, diabetes, insomnia, high blood pressure and high cholesterol. As a result, he was prescribed multiple medications including blood thinners for complications with his heart and stomach.

Upon initial assessment John stated he had consumed alcohol every day for the last 28 days. His average day would begin with a drink at 10am and he would continue to drink throughout the day. John's drinking would impact his social life, where he would regularly cancel appointments in order to continue drinking.

Despite this, John maintained drinking was not problematic, and that he "didn't feel guilty about his drinking" as he had not "been injured as the result of my drinking in the last twelve months."

After assessment, John attended 1:1 sessions and was scheduled for a FibroScan. John met regularly with a wellbeing nurse to whom he reported to be drinking 161 units per week.

John's FibroScan results evidenced liver stiffness and showed signs of liver decompensation (when scarring becomes so severe that the liver starts to fail, and complications develop). He was consequently referred to Hepatology and recommended to emergency services if escalation of his symptoms occurred.

The result of the FibroScan served as a wake-up-call for John regarding the real damage alcohol was causing to his body and served as motivating factor behind his application for detox and rehab (which was approved in June 2023).

Since then, John has managed to reduce his alcohol intake from 161 to 110 units per week. Although John's drinking is still high, he is making real progress towards addressing his alcohol consumption. John attributes his change in attitude towards alcohol and treatment to FibroScan and his wider wellbeing support package.

Recommendations



- 1** Efforts to reduce alcohol related harm should be national policy priority and government should put in place a cross-departmental strategy to reduce alcohol related harm. Alcohol causes significant and increased harm to individuals, families, communities and public services. Lack of a national vision has led to uneven and uncoordinated response to public health and alcohol use when there needs to be an integrated, cross-cutting plan.
- 2** The national government strategy should include a MUP policy. In England, MUP is predicted to save 525 lives annually at full effect. If implemented, MUP would set a baseline price at which a unit of alcohol can be sold. Minimum unit pricing works by targeting the cheapest and strongest products on the market without impacting prices in pubs and bars.
- 3** Government should lead on a national, joined up campaign which addresses stigma and alcohol harm. The campaign should be informed by lived experience, amplify the anti-stigma message and inclusive language, and support local government and organisations in implementing anti-stigma strategies.
- 4** Alcohol screening within primary care and A&E, in line with NICE guidance, should be properly funded. We would like to see specific funding for greater use of the AUDIT tool as part of new patient assessments and chronic disease reviews in primary care or as a self-assessment while people are waiting in A&E. This would enable more people who are drinking at harmful or hazardous levels to be identified and supported to access treatment and reduce their consumption.

- 5** Evidence based digital self-help tools should be nationally available for everyone and publicised as part of an ongoing national public health campaign to raise awareness of the negative impact of alcohol, targeted at harmful and hazardous drinkers.
- 6** FibroScan should be routinely commissioned and offered within community treatment services, GP surgeries, A&E and other frontline service settings, as well as increased use within treatment outreach activities. This would enable services to better reach people who have not previously engaged in treatment but who are at higher risk (for example; rough sleepers, military personnel, or people with poor mental health).
- 7** Named alcohol leads in every Integrated Care System. This person should ensure community alcohol treatment providers, experts by experience, A&E, hepatology and gastroenterology teams and emergency services work in partnership to co-produce pathways to enable improved access and more joined up person-centred services to reduce alcohol related harms.



Glossary



Harmful or hazardous drinking [1]

The National Institute for Health and Care Excellence (NICE) defines 'hazardous drinking' as 'a pattern of consumption that increases someone's risk of harm'. Harmful drinking means drinking in a way which is likely to cause harm – either physical or mental. Hazardous drinking is often applied to anyone drinking over recommended limits (14 units a week for men and women) but without alcohol-related problems.

Drinking at higher and increasing risk [2]

These terms are often used instead of moderate, hazardous and harmful. Increasing risk means drinking in a way that raises the risk of ill health from drinking alcohol. For both men and women, this means regularly drinking more than the low-risk guideline of 14 units per week and up to 35 units for women and 50 units for men.

Alcohol dependant [3]

Alcohol dependence is a disorder of regulation of alcohol use arising from repeated or continuous use of alcohol. The characteristic feature is a strong internal drive to use alcohol, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation or urge or craving to use alcohol. Physiological features of dependence may also be present, including tolerance to the effects of alcohol, withdrawal symptoms following cessation or reduction in use of alcohol, or repeated use of alcohol or pharmacologically similar substances to prevent or alleviate withdrawal symptoms.

Alcohol specific deaths [4]

Alcohol-specific deaths only include those health conditions where alcohol is the sole cause (e.g. alcoholic liver disease). It does not include diseases where there only a proportion of the deaths are caused by alcohol such as cancers of the mouth, oesophagus and liver.

[1]<https://www.nice.org.uk/guidance/ph24/chapter/Appendix-A-Membership-of-the-Programme-Development-Group-PDG-the-NICE-project-team-and-external-contractors>

[2]<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-12-alcohol>

[3]<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-12-alcohol>

[4]<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/alcohol-specific-deaths-in-the-uk/2021-registrations>

Liver stiffness

Hardness of the liver related to liver scarring.

Fibrosis

Alcohol related liver fibrosis is the presence of scar tissue which can impair overall liver function. Advanced liver fibrosis can develop into cirrhosis, liver failure.

Complex needs [5]

Complex needs in an umbrella term used to refer to an individual who has multiple care needs. The term does not have a single set definition; however, it commonly refers to someone with a number of over-lapping needs including challenges around access to housing, employment opportunities, mental health services, substance use services and wider health and social care services.

MUP [6]

Minimum unit pricing (MUP) sets a baseline price at which a unit of alcohol can be sold. In Scotland and Wales, where MUP is already the law, the MUP is 50p. This means that a bottle of wine containing 10 units of alcohol can be sold for no less than £5 and a standard strength pint of beer (2.5 units) cannot be sold for under £1.25.

[5]<https://www.turning-point.co.uk/appg>

[6]<https://ahauk.org/what-we-do/our-priorities/minimum-unit-pricing/>

References



OHID: Wider Impacts of COVID-19 on Health (WICH) monitoring tool. Found here: <https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/>

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