

Alcohol Consumption, Mortality and Morbidity - Key Findings

Key findings from Professor Martin Plant, Alcohol Health and Research Unit, Faculty of Health and Sciences, University of the West of England and Alcohol Concern, the national agency on alcohol misuse.

Professor Plant and his team were commissioned by Alcohol Concern in April 2009 to investigate what the future may hold for the nation's drinking habits and associated harms¹. Professor Plant's forecasting allows us to answer how our drinking patterns are likely to affect the state of the nation's health in 2035.

For the first time in the UK, the relationship between alcohol consumption and mortality has been calculated. The research indicates a definitive link: the higher our society's alcohol consumption, the more deaths occur as a result. Based on this, it is possible to forecast how health harms from alcohol may increase in the next 10 years if we continue to drink at the rate of the last 15 years.

In 2009

How much the nation is drinking

Alcohol consumption in the UK has increased rapidly in recent years so that the UK is among the heaviest alcohol consuming countries in Europe². In England, over a third of men report drinking over 21 units in an average week and among women a fifth report an average weekly consumption of over 14 units³. In Wales, nearly 40% of adults admit to consuming more than the recommended limits⁴. In Scotland, 1 in 3 men and 1 in 4 women exceed recommended daily limits⁵. Across Britain, 1.1 million adults are alcohol dependent⁶.

It is estimated that the annual cost of alcohol misuse to the NHS is £2.7 billion in 2006-07 prices⁷.

In 2008 the government estimated that the total cost of harm from alcohol was between £17.7 and £25.1 billion per year⁸.

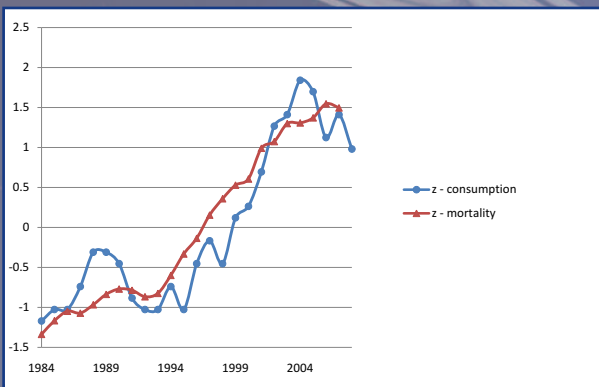


Figure 1: Trends in per capita alcohol consumption and alcohol-related deaths for the whole UK in the years 1984 – 2008

Sources: Mortality: UK Office of National statistics, the Scottish Government and the Northern Ireland Department of Health. Consumption: The British Beer and Pub Association 2008.

In 10 years, if current trends continue....

The research presents a clear correlation between increase in alcohol consumption per capita and the number of additional deaths that would occur as a consequence. Findings suggest that an increase of one litre in per capita consumption would be associated with approximately 928 extra alcohol-related deaths in the UK per year. Given the average increase in per capita consumption of 0.0875 litres over the past 15 years, an extra 810 deaths would occur across the UK over the next 10 years¹ if the country continues to drink at the rate of the past 15 years. In Northern Ireland, Scotland and Wales, these levels of association between consumption and mortality were the strongest, the effect of consumption levels being evident immediately in mortality rates. In England, there was a one-year time lag between consumption changes and mortality¹.



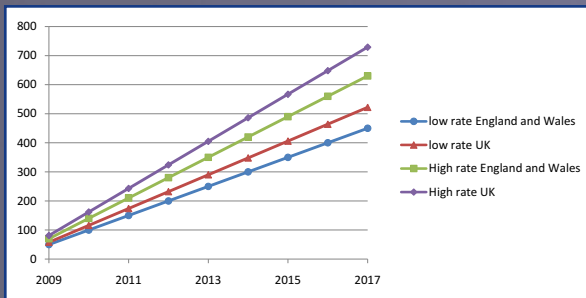


Figure 2: Extra alcohol-related deaths over 10 years assuming different rates of increase in per capita alcohol consumption

With alcohol-related deaths currently at almost 9000 per year as calculated by Professor Plant's team¹, this means that 90,800 people will die over the next ten years as a result of alcohol-related causes.

Alcohol mortality and age

Professor Plant's research showed trends in alcohol-related deaths for different age groups. While alcohol-related deaths have risen among all ages, the 55-74 year-old category showed the highest death rates and steepest rise since 1990. The death rate was the lowest, with the shallowest rise, among 15-24 year-olds¹. These figures have significant implications for the government's strategy and how best to allocate resources to tackle alcohol-related deaths and morbidity – as there is a current strong focus encouraging sensible drinking among young people.

How to stem the tide of alcohol harms

The government's strategy should be to lower overall alcohol consumption levels, for the whole population, targeting a reduction in heavy drinking amongst all age groups.

Price is the most effective, efficient and evidence-based lever to achieve this. Therefore policies should include the introduction of a minimum price per unit of alcohol to stamp out loss-leading and the sale of high volumes of alcohol at very low prices, especially in off-licences and supermarkets. Government should consider a revision of alcohol duty; linking it to product strength in order to encourage both the production and consumption of lower alcohol beverages. With the growing health problems associated with drinking, all alcohol products should show mandatory unit and health information, including the sensible drinking guidelines.

Brief intervention and advice should routinely take place in all primary health and social care settings to help identify those that are drinking at unsafe levels. International evidence and practice shows there is a reduction in the health care needs and associated costs if front line services are able to identify at an early stage those who are drinking too much and help them reduce their consumption, directly or through referral to specialist services.

References

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