Manchester Health and Wellbeing Board
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 18 September 2013

Subject: The impact of alcohol consumption in Manchester

Report of: David Regan, Director of Public Health

Summary

Alcohol has been identified as a priority topic in Manchester's Joint Strategic Needs Assessment (JSNA) for 2013, which gives an overview of the impact of alcohol misuse on individuals, families and communities across the life course. This report builds on that work by providing information on the way that alcohol impacts on each of the priorities of the Manchester Health and Wellbeing Strategy, and outlines ways in which the Health and Wellbeing Board can strengthen ongoing delivery of the Manchester Alcohol Strategy.

Recommendations

The Board is asked to note the report, and to consider and respond to proposals for the next steps in reducing alcohol-related harm in the city, as set out in section 6 of the report.

Board Priority(s) Addressed: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the officers above.

Manchester Alcohol Strategy 2012 – 2015
Manchester Joint Strategic Needs Assessment 2013 Alcohol (draft)
Manchester Joint Strategic Needs Assessment 2013 Liver disease (draft)

1. Introduction

1.1 Alcohol is embedded in our culture, and 90% of adults nationally report that they drink alcohol, at least occasionally. The vast majority who drink do so safely and sensibly, without risks to themselves or others. In Manchester, it is estimated that 20% of adults abstain from alcohol altogether.

1.2 Of adults in Manchester who do drink, it is estimated that 22% are 'increasing risk' drinkers (drinking above the recommended levels and at increased risk of damaging their health), and 7% are 'higher risk' drinkers (drinking at very heavy levels which significantly increases the risk of damaging their health and may have already caused some harm to their health). This equates to around 96,000 adults in the city, and includes an estimated c.10,000 dependent drinkers.

1.3 The World Health Organisation identifies alcohol as one of the top three risk factors to health in developed countries, with only smoking and high blood pressure accounting for more disability-adjusted life years; and the Chief Medical Officer has recently highlighted that harmful drinking is now the second highest risk factor for early disability and early death in the UK.

1.4 Alcohol misuse is a cross-cutting issue, which has a significant impact on our aspirations for Manchester and on all areas of service delivery; and yet alcohol-related harm is entirely preventable. This paper outlines the impact on individuals, families and communities in Manchester, current partnership approaches to address this, and makes recommendations for next steps.

2. National and local policy context

2.1 The current *Government Alcohol Strategy* (2012), focuses on reducing binge-drinking in a bid to drive down crime and tackle health issues, and includes a continued support for effective health measures such as brief interventions, alcohol treatment and hospital alcohol liaison work. The current national drug strategy, *Reducing Demand, Restricting Supply, Building Recovery* (2010) also outlines approaches to addressing and reducing alcohol dependence and promoting recovery.

2.2 Manchester has had a multi-agency alcohol strategy in place since 2005. The current three-year Manchester Alcohol Strategy was published in 2012, and outlines how partners will work towards the overall strategic aims of reducing alcohol consumption and alcohol-related harm in the city by:

- Promoting and supporting changes in attitudes and behaviour
- Ensuring alcohol is sold responsibly
- Improving access to early intervention and treatment
- Protecting children and families from alcohol-related harm
- Reducing alcohol-related crime and disorder

3. The impact of alcohol consumption

3.1 The amount of alcohol we consume in the UK has doubled since the 1950s, with particular increases in consumption amongst women, and middle and older age

groups. Whilst the proportion of young people drinking has reduced slightly, those who do drink are consuming more alcohol, more often. Alcohol has become more available, and more affordable in relation to income, particularly over the last 20 years. There have also been changes in the way alcohol is bought and consumed, with more alcohol purchased in supermarkets and off-licences, and consumed in the home.

3.2 Alcohol misuse contributes to a range of harms to individual health and wellbeing; and to wider societal harms including crime and disorder, homelessness, family breakdown, child abuse and neglect, links with domestic abuse, unemployment and poverty, and poor educational achievement – many of which are considered to be social determinants of health. Of the 326 Local Authorities in England, Manchester is in the worst 2% for all indicators of alcohol-related mortality and hospital admissions as recorded in the Local Alcohol Profiles for England (LAPE).

3.3 Manchester contains some of the most deprived communities in England. Whilst levels of abstinence are higher in deprived areas, there are disproportionate levels of health and other harms for those who drink. In particular, hospital admissions for alcohol-specific conditions are associated with increased levels of deprivation, and alcohol-related death rates are about 45% higher in those areas.

3.4 It is estimated that the total cost of alcohol misuse to society in the UK is £25.1 billion per year, with an estimated £2.7 billion annual cost to health services for treating the chronic and acute effects of alcohol misuse. A 2012 report from North West Employers and Drinkwise Northwest estimates the cost of alcohol misuse in Manchester to be £280 million per year.

4. How alcohol misuse impacts on H&WB priorities

This section of the report summarises the ways that alcohol misuse impacts on each of the eight strategic priorities in the Manchester Health and Wellbeing Strategy. Appendix 1 gives more detailed evidence for each of the priority areas. Further information can also be found in the alcohol chapter of the 2013 Joint Strategic Needs Assessment (currently in draft).

4.1 Priority 1: Getting young people off to the best start

4.1.1 Summary of the issues:

- Estimates based on national reports indicate that over 5,500 children in Manchester may have a parent who is a dependent drinker, and 80 children a year may be born with Foetal Alcohol Spectrum Disorder
- Parental alcohol misuse is often a significant feature within children's safeguarding, often linked to neglect and occurring alongside parental mental health and domestic abuse issues
- Many young people experiment with alcohol, however regular consumption is linked with vulnerability and other risky behaviours resulting in poor outcomes for young people. Many young people report being able to easily access alcohol in the home.

4.1.2 Key messages:

- Parental alcohol misuse impacts on a range of outcomes for children and young people
- Young people's alcohol misuse can be influenced by availability and parental attitudes and behaviours
- Early identification by children and families workers and access to alcohol early interventions and treatment and support can benefit parents/carers and children, and prevent young people developing alcohol misuse problems.

4.2 Priority 2: Educating, informing and involving the community in their own health and wellbeing

4.2.1 Summary of the issues:

- Regularly drinking above the recommended daily limits increases the risk of developing alcohol-related physical and/or mental health problems. There are links with other public health issues i.e. obesity
- Increases in alcohol consumption and alcohol-related harm are linked to increased availability and outlet density
- Young people are influenced by adults' attitudes and behaviour around alcohol, and the availability of alcohol in the home
- Alcohol-related mortality rates in Manchester residents are at least twice as high as national rates. There is a disproportionate increase in alcohol-related mortality among younger women.

4.2.2 Key messages:

- Alcohol-related health problems and mortality are entirely preventable
- Addressing the root causes of alcohol misuse (availability, affordability, and acceptability), will improve individual and population-level health and wellbeing, and reduce future demand on services
- Embedding healthier behaviours in children and young people is necessary to reverse current trends in the long term

4.3 Priorities 3 and 4: Moving more health provision into the community/Best treatment in the right place at the right time

4.3.1 Summary of the issues:

- Primary care services offer opportunities for both screening and early intervention to prevent or reduce alcohol-related health harms, and for providing healthcare services for individuals with complex needs
- Alcohol misuse accounts for a significant and increasing number of Accident and Emergency attendances (70% at peak times) and hospital admissions (nearly 14,000 a year in 2010/11); many of these are repeat admissions of individuals with complex needs
- Community-based alcohol services can support the healthcare system and provide good quality treatment for alcohol misusers, but are currently under-resourced to meet local need

4.3.2 Key messages:

- Systematic approaches to early identification and intervention within all healthcare settings, with stronger links to community-based support are needed to respond to current levels of alcohol-related harm and reduce demands on services
- Integrated assertive outreach responses with complex individuals can support engagement with community services
- Additional investment is needed to ensure treatment is accessible in response to increased identification of alcohol misuse problems

4.4 Priority 5: Turning round the lives of troubled families

4.4.1 Summary of the issues:

It is reasonable to assume that alcohol misuse impacts on individuals within the troubled/complex families cohort in the same way that it does other groups of individuals as identified elsewhere in this report. In particular, this is likely to be experienced though:

- The impact of parental alcohol misuse on children in the family (see 4.1)
- The co-existence of parental alcohol misuse with emotional and mental ill health and domestic abuse (see 4.1 and 4.5)
- Alcohol-related health problems, and the link with deprivation (see 4.2 and 4.3)
- A&E attendances, including repeat attendances (see 4.3)
- Gaining and sustaining employment (see 4.6)

4.4.2 Key messages:

- Systematic approaches to early identification and intervention should be delivered within mainstream assessment and provision for troubled/complex families, including ensuring that the impact of parents' alcohol misuse on children's own propensity to drink is addressed.

4.5 Priority 6: Improving people's mental health and wellbeing

4.5.1 Summary of the issues:

- The majority of people with alcohol problems report experiencing mental ill health, ranging from anxiety to severe depression, these can manifest in self-harm and suicide
- Many people with mental health problems drink to help alleviate feelings or symptoms.
- Others' alcohol misuse can also impact on mental health i.e. being a victim of alcohol-related crime, or having caring responsibilities for a relative. Alcohol is often a feature of domestic abuse cases
- Prolonged excessive alcohol use can result in alcohol-related brain disorders including Wernicke-Korsakoff syndrome, which impacts on health and social care services.

4.5.2 Key messages:

- There is strong correlation between alcohol misuse and mental health problems and one frequently precipitates the other
- Sequencing of interventions and thresholds can be an issue, and multi-agency responses are required

4.6 Priority 7: Bringing people into employment and leading productive lives

4.6.1 Summary of the issues:

- The impact of alcohol misuse in the workplace is a cross cutting issue that has a significant impact on productivity and may result in shorter working lives
- Poor health behaviours such as high alcohol consumption can be exacerbated by unemployment
- Manchester has higher than average rates of Incapacity Benefit claims as a result of alcohol dependence, which can be linked to mental health issues

4.6.2 Key messages:

- Early identification of alcohol misuse, both within the workplace and by GPs and employment services, supported by early intervention and access to treatment services, will enable individuals to secure and sustain employment.

4.7 Priority 8: Enabling older people to keep well and live independently

4.7.1 Summary of the issues:

- In common with the general population, alcohol consumption among older adults has increased in recent years. Alcohol-related health problems can be exacerbated by general poor health.
- Alcohol-related A&E attendances and hospital admissions among over 60s have increased significantly in recent years across a range of conditions.
- Prolonged excessive alcohol use can be linked to a range of dementias, requiring coordinated health and social care responses

4.7.2 Key messages:

- Alcohol misuse impacts on many of the indicators for enabling older people to keep well and live independently. Similar systematic approaches as suggested for the general population are required, but consideration of a possible 'hidden' aspect to older people's alcohol misuse is required.

5. Current responses to alcohol misuse, impact and benefits

5.1 The evidence base for interventions to reduce alcohol-related harm

5.1.1 The Department of Health has identified a number of High Impact Changes which are calculated to be the most effective actions for those local areas that have prioritised the reduction in alcohol-related harm. These are:

- Work in partnership
- Develop activities to control the impact of alcohol misuse in the community
- Influence change through advocacy
- Improve the effectiveness and capacity of specialist treatment
- Appoint an Alcohol Health Worker (hospitals)
- Provide more help to encourage people to drink less (IBA)
- Amplify national social marketing priorities

5.1.2 In line with Department of Health and NICE commissioning guidance, a range of services and interventions are commissioned locally to respond to alcohol-related

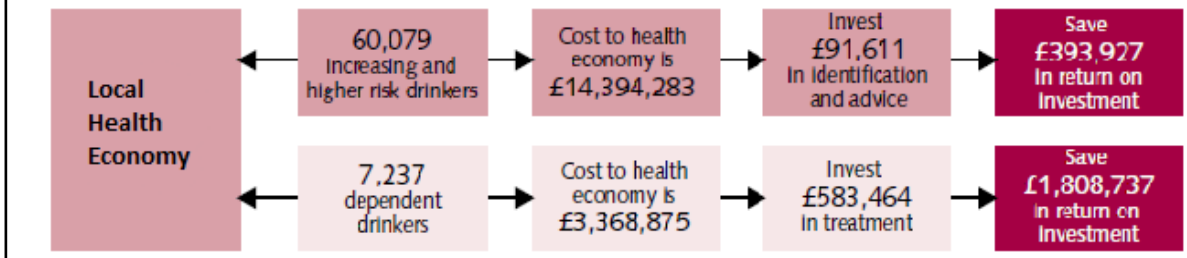
harm. These include: a) campaigns, information, education and self help resources; b) Identification and Brief Advice (IBA) screening and early interventions, with access points in primary care, acute trusts, and the criminal justice system; c) community-based, inpatient and residential alcohol treatment services; d) early interventions and specialist treatment for young people with substance misuse problems; and e) information and training on responsible alcohol retailing

5.2 Costs and benefits of alcohol misuse and services

5.2.1 It is estimated that in 2010/11 alcohol misuse cost NHS services in the North West c.£644 million, with £43 million of this being incurred by NHS services in Manchester. This includes hospital admissions, attendance at A&E and in primary care.

5.2.2 Studies suggest that alcohol treatment has both short and long-term savings and analysis from the UK Alcohol Treatment Trial (UKATT) Study notes that for every £1 spent on treatment, the public sector saves £5. Table 1 gives an illustration of the indicative costs and returns on investment for alcohol interventions for the healthcare system (NB not specific to Manchester).

Table 1 – illustrative costs and return on investment for healthcare system



5.2.3 NICE report that alcohol-related disease accounts for 1 in 26 NHS bed days nationally. Reducing alcohol-related admissions and length of stay can reduce costs and increase capacity within acute healthcare settings. Local data from UHSM indicates that the presence of a hospital-based alcohol liaison team reduces length of stay, and suggests a saving of 64 bed days for every 1,000 admissions.

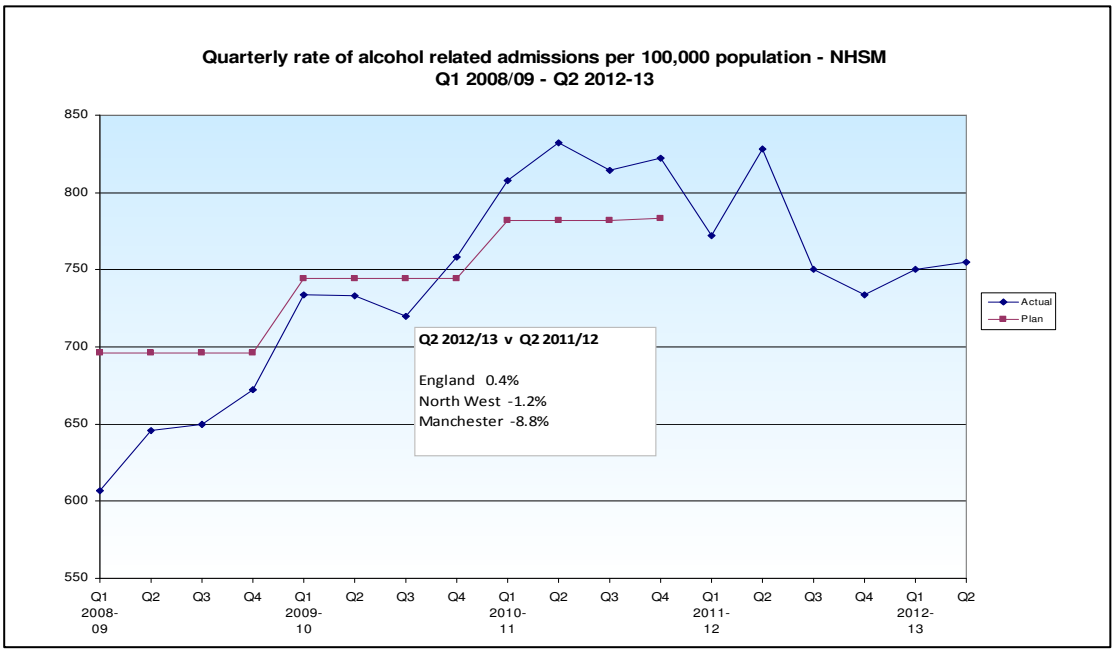
5.2.4 The sale of alcohol in the city is acknowledged to bring benefits to the local economy, although it is not clear whether these outweigh the costs to local services and communities that have been identified elsewhere in this report. Also of note in terms of impact on the wider economy are the findings of the Big Drink Debate North West survey conducted in 2008, which noted that nearly 50% of respondents said they avoided town and city centres at night because of the drunken behaviour of others.

5.3 The impact of current responses to alcohol misuse

5.3.1 The headline indicator for measuring reductions in alcohol-related harm is the Public Health Outcomes Framework (PHOF) indicator on reducing the increase in

alcohol-related hospital admissions. Following significant increases locally and nationally, there are early indications that alcohol-related admissions may now have peaked in Manchester; quarterly progress and overall trends will continue to be monitored closely by the Drug and Alcohol Partnership Board (DAPB). Table 2 illustrates the recent trends in alcohol-related hospital admissions locally. The DAPB also oversees a range of other performance indicators in order to measure progress against the key aims of the Manchester Alcohol Strategy.

Table 2 – alcohol related hospital admissions in Manchester



6. Conclusion and recommendations

6.1 As outlined throughout this report, alcohol misuse impacts on every one of the strategic priorities of the Manchester Health and Wellbeing Strategy, and costs the city an estimated £280 million a year. There is early evidence that the range of services and responses currently in place are having a positive effect on reducing the rate of increase in alcohol-related hospital admissions. However, in order to reduce overall levels of alcohol-related harm in Manchester, responses to the symptoms need to be combined with approaches to address the causes – affordability, availability, and acceptability. We believe the following areas should be addressed:

6.1.1 Price: Alcohol can be bought in Manchester for as little as 15p a unit. Following the Coalition Government's decision not to pursue its earlier commitment to introducing Minimum Unit Pricing, the Health and Wellbeing Board (H&WB) are invited to support regional work currently underway to explore options and next steps for addressing the price of alcohol.

6.1.2 Availability and promotion: Nationally, it is estimated that at least £800 million a year is spent on advertising and promoting alcohol, and there is evidence that this increases uptake and levels of consumption, particularly among young people.

Locally, there are over 1,800 premises licensed to sell alcohol in Manchester, and there is evidence that density of licensed premises is linked to increased alcohol-related harm. It is acknowledged that the alcohol retailing brings economic benefits to the city, and that purchasing alcohol is an individual choice; but the costs to the city are also significant. The H&WB are invited to consider steps that can be taken locally, and options for influencing on a regional/national level, to better balance these.

6.1.3 Working in partnership: There are an estimated 96,000 adults in the city drinking at levels which increase their risk of alcohol-related health harms and/or harm to others, including at least 10,000 dependent drinkers many of whom will already be making significant demands on local services. Senior level commitment from key partners, supported by sufficient capacity to deliver early interventions and treatment services, are essential to improving outcomes and reducing alcohol-related harm. Members of the H&WB are invited to nominate representatives to act as "champions" to promote the aims of the Manchester Alcohol Strategy across services, and to consider options for increased investment/alignment of resources to increase capacity.

6.2 Recommendations

The Health and Wellbeing Board are asked to:

- Note the content of this report
- Consider and offer responses to the proposals in section 6.1 above

Appendix 1: Evidence of the impact of alcohol misuse on health and wellbeing strategy priority areas

Priority 1: Getting young people off to the best start

Parental alcohol misuse: Children living with a parent or carer who misuses alcohol may experience a range of difficulties, including lack of practical and emotional care, inconsistent parenting, parental absence, family disharmony, and violence in the home; and may have to take on caring responsibilities for parents or siblings. A recent report from the Children's Commissioner estimates that 705,000 (6% of children) are living with a parent/carer who is alcohol dependent. Locally, this could mean an estimated c.5,800 children at risk. In addition the World Health Organisation estimates that 1% of children are born with Foetal Alcohol Spectrum Disorder as a result of drinking in pregnancy, which could equate to around 80 live births a year in Manchester.

Safeguarding: Children and young people involved in care proceedings are especially likely to have parents with alcohol problems. An English study found that 60-70% of all care proceedings in three London boroughs involved parental substance misuse. Parental alcohol misuse often features alongside domestic abuse and parental mental health problems in these cases, and is particularly linked with cases of neglect.

Young people's alcohol misuse: Local surveys indicate that between one in five (20%, from a sample of 11 to 19-year-olds) and one in three (29%, from a sample of 14 to 17-year-olds) young people in Manchester report drinking alcohol at least once a week. Regular alcohol consumption is more likely in young people who are vulnerable and/or have other needs; and there is a relationship between substance misuse and other risky behaviours such as unprotected/unplanned sex. Local research suggests high levels of parental permissiveness in relation to alcohol use by young people in Manchester, with nearly two thirds of young people (60%) reporting being allowed to drink alcohol at home.

Priority 2: Educating, informing and involving the community in their own health and wellbeing

General physical health: Regularly drinking above the recommended daily limits increases the risk of developing alcohol-related health problems. These can accumulate over time, and include liver and kidney disease, pancreatitis, heart disease, high blood pressure, depression, and strokes. Alcohol is now the second biggest risk factor for cancer after smoking, with links to a range of cancers including oral and breast cancers. There are also links between alcohol and other public health issues such as obesity and poor mental health.

Environmental influences: Whilst the choice to drink alcohol ultimately rests with an individual, the increased availability and affordability of alcohol is widely acknowledged to have contributed to the significant rise in alcohol-related harm over recent years. NICE guidance finds a clear positive relationship between increased outlet density and alcohol consumption in adults, and that increases in alcohol outlet

density tended to be associated with increases in alcohol consumption and alcohol-related morbidity and mortality and a range of other outcomes including those related to crime. Alcohol-related crime, disorder and antisocial behaviour also impacts on communities in other ways, including physical environment and mental health and wellbeing of individuals.

Parental influences: The majority of young people will try alcohol at some point, though most will not go on to develop problematic drinking behaviours. However, research indicates that young people are more likely to drink, to drink frequently and to drink to excess if they:

- receive less supervision from a parent or other close adult;
- spend more than two evenings a week with friends or have friends who drink;
- are exposed to a close family member, especially a parent, drinking or getting drunk;
- have positive attitudes towards and expectations of alcohol; and
- have very easy access to alcohol.

Alcohol-related mortality: The rate of alcohol-specific mortality for men in Manchester is 33 per 100,000 of the population (2.5 times the rate for England); for women in Manchester it is 13 per 100,000 (twice the national rate). It is estimated that alcohol misuse results in an average of 16.6 months of life lost for men and 7.1 months for women, compared to national averages of 9.1 and 4.2 months respectively. Alcohol-related deaths have a strong deprivation and gender gradient. Recent research focussing on high levels of alcohol-related mortality in deprived UK cities has found disproportionate increases in alcohol-related deaths among younger women (born 1970-1979).

Priorities 3 and 4: Moving more health provision into the community/Best treatment in the right place at the right time

Primary care: Early identification and intervention is central to reducing levels of alcohol misuse and preventing alcohol-related health and other harms. Given the overall prevalence of increasing/higher risk and dependent drinking in Manchester, it is likely that a significant proportion of individuals presenting to primary care services for other conditions are also at risk of developing alcohol-related problems. Systematic risk assessment and management approaches, such as NHS Health Checks, play an important role in preventing the development of alcohol-related health problems.

Hospital admissions: There were 13,783 admissions to Manchester hospitals for alcohol-related conditions in 2010/11, approximately a 150% increase since 2002/03. Manchester's alcohol-related hospital admissions rate is 3,279 per 100,000 of the population, one of the highest in the North West (average rate of 2,429 per 100,000) and significantly higher than the rate for England (1,898 per 100,000). There is a strong link between alcohol-specific hospital admissions and deprivation, with three quarters (73%) being generated by people who live in the most deprived areas of the city (3–4 times the rate of admissions from the least deprived areas of the city).

Accident and emergency attendances: It is estimated that 35% of attendances at hospital Accident and Emergency Departments (A&Es) are alcohol-related; this can

rise to 70% at peak times. There are an estimated 90,000 A&E attendances a year across the three Manchester hospitals; which includes a number of individuals who have repeat attendances. Alcohol-related A&E attendances can be as a result of individuals' own alcohol misuse, or that of others (i.e. being a victim of alcohol-related violence).

Repeat attendances/admissions: Analysis of alcohol-related A&E attendances and hospital admissions has found that a significant proportion of these are generated by a small group of individuals who repeatedly present for treatment – in some cases because they feel unable to access healthcare in the community i.e. primary care services. Many of these individuals have complex needs that require intervention from a range of health and social care services.

Access to community-based alcohol treatment: Department of Health guidance states that treatment should be available for 15% of the local dependent drinking population. Public Health England data indicates that 22% of dependent drinkers are in treatment in Manchester, compared to 13% nationally. Whilst Manchester performs well compared to other areas in terms of access to treatment, investment in community-based alcohol treatment remains low compared to similar approaches for other populations e.g. drug users

Priority 5: Turning round the lives of troubled families

See information in section 4.4 of main report.

Priority 6: Improving people's mental health and wellbeing

Mental health issues among alcohol misusers: A study by the Department of Health suggests that 80% of people with alcohol problems have anxiety and depression, with over 30% having severe depression, and that up to 50% of people with mental health problems may misuse alcohol and/or drugs. People with drug and alcohol problems are more vulnerable to self-harm (especially women) and suicide (especially men). It is estimated that alcohol is a factor in between 16% and 40% of suicides.

Alcohol misuse among individuals with mental health issues: Conversely, individuals with emotional and mental health issues may drink to help alleviate feelings or symptoms of those conditions ('self-medication'). A You Gov poll in 2009 reported that twice as many men (16%) as women (8%) reported drinking alcohol to cope with negative emotions. 90% of inpatient psychiatric admissions are assessed as having drug or alcohol problems.

The impact of others' alcohol misuse on mental health and wellbeing: Alcohol misuse also impacts in other ways that can affect health and wellbeing. The British Crime Survey reports that 50% of victims of violent crime perceive their attacker to be under the influence of alcohol. Drinking can also increase vulnerability to certain types of crime (sexual assault, violence and mugging). Local data suggests that alcohol may feature in half of all reported domestic abuse incidents. The physical and mental health and wellbeing of carers and other family members can also be affected by an

individual's alcohol misuse, and in some cases their own alcohol use may increase as a coping mechanism.

Long term conditions: Prolonged excessive alcohol use can result in alcohol-related brain disorders including Wernicke-Korsakoffs syndrome. Post-mortem studies suggest that Wernicke-Korsakoffs syndrome occurs in about 2% of the general population and 12.5% of dependant drinkers.

Priority 7: Bringing people into employment and leading productive lives

Workplace: The 2008 General Lifestyle Survey (GLF) suggests that those employed in managerial and professional roles exhibit the highest levels of weekly alcohol consumption, with the lowest consumption seen in routine and manual worker households. It is estimated nationally that up to 17 million working days are lost each year through alcohol-related absence. Alcohol misuse can directly or indirectly affect the productivity of workers in their workplace, and may result in shorter working lives.

Unemployment: Levels of abstinence from alcohol are higher among the unemployed population, but those who do drink do so at higher levels than those in employment. Research suggests that poor health behaviours, such as high alcohol consumption, are exacerbated by unemployment; and that significant negative health impacts can arise as a result of unemployment, both for the unemployed and their families, with this impact exacerbated when alcohol misuse is also involved. Co-existing problems such as physical and mental health problems and housing problems can further impact on individuals' ability to secure and sustain employment.

Benefits: Manchester has higher than average rates of Incapacity Benefit (IB) claimants with alcohol dependency - 350 per 100,000 of the population, compared to 173 per 100,000 across the North West. It should be noted that alcohol dependency does not of itself confer entitlement to disability-related benefits such as IB, and that individuals with alcohol or drug dependency may have other diagnoses, for example mental illness, which result in their incapacity for work.

Priority 8: Enabling older people to keep well and live independently

Consumption patterns: In common with the general population, alcohol consumption among older adults has increased in recent years. Alcohol-related health problems in this cohort can be a reflection of late onset drinking (as a reaction to changes in lifestyle and wellbeing), or the cumulative impact of a life time of higher risk drinking, which may be exacerbated by general poor health and interactions between alcohol and prescribed medication.

A&E attendances: Analysis of alcohol-related A&E presentations by over 60s at Royal Bolton Hospital found that the average weekly alcohol intake by men was 78.5 units and for women was 47 units. The main reasons for A&E presentation included acute intoxication, falls, circulatory problems and alcohol related liver disease. Secondary reasons included neglect or malnutrition, complications of alcohol related liver disease, and high blood pressure. Studies have shown that alcohol use can be a risk factor in as many as 1 in 3 falls in older people.

Hospital admissions: Over the last 10 years (2002-2012), there has been a 150% increase nationally in the number of over-60s admitted for alcohol-related mental and behavioural disorders (compared to a 94% increase seen in the 15-59 age-group during the same period). Between 2011 and 2012, there were 9,814 hospital admissions across England for people aged 60 and over with alcohol related mental and behavioural disorders and 9,275 admissions for alcohol related liver disease in the same age group.

Dementia: Prolonged excessive drinking is a risk factor for developing a range of dementias such as vascular dementia and Alzheimer's disease, as well as alcohol-related dementia and cognitive impairment including Wernicke-Korsakoff syndrome (a specific form of alcohol-related brain damage). People affected tend to be men between the ages of 45 and 65 with a long history of alcohol misuse. It is more common among people in deprived communities. Unlike other forms of dementia there is some possibility of recovery or partial recovery if this condition is recognised and managed early enough.