
Factsheet: Management of excess alcohol consumption

Demographics

	England Population Data	Source
Average (nationally) of preventable death from alcohol	6775 ¹	ONS 2013
Average national excess alcohol intake prevalence (baseline figure)	1,000,000 (4% 16-65s)	UoSterling 2013
Potential Years of Life Lost (under 75s) from alcohol	84330 (assuming age of death at the mid-point of each of the ranges given in ONS data)	

Interventions recommended by NICE for the diagnosis and management of alcohol-use disorders (CG 115)²

Current figures suggest that 111,000 people aged 18 or over are in contact with structured treatment for substance misuse, primarily alcohol. This suggests that 9/10 problem drinkers are not receiving specialist alcohol treatment. Young people are under-represented in these services.

A number of recommendations are made by NICE in the above guideline. The detailed meta-analysis is available in the full guidance. The following is a broad summary with an indication of the quality of evidence and the number of individuals that could be reached if implemented nationally.

All figures quoted are statistically significant to $P \leq 0.05$ RR = relative risk SMD = standard mean difference

¹ Office for National Statistics (2013) Alcohol-related deaths in the United Kingdom for 2011. [Online] available from: http://www.ons.gov.uk/ons/dcp171778_296289.pdf [Accessed November 2013]

² National Institute for Health and Care Excellence (2011) *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*. [CG115]. London: National Institute for Health and Care Excellence

	Quality of evidence	Representative Outcome	Potential numbers affected if implemented nationally
Psychological Interventions			
Brief intervention delivered in primary care, emergency departments or social services ³	High	Mean reduction in alcohol intake 38-51g/week lasting 1 year or longer	Applicable to the majority of problem drinkers (based on likelihood of presenting to services)
Psychological therapies for moderate and severe dependence	Moderate	Cognitive behavioural therapy: reduction in relapse at 6/12 RR 0.75; improved abstinence at 18/12 SMD 0.74	Applicable to approximately 250,000 individuals in England
Community based assisted withdrawal for persons with >15 units/day intake			Applicable to approximately 250,000 individuals in England
Intense structured community based intervention for socially isolated/ complex and comorbid and as second line	High	SMD - 0.09 at 6/12 but not at 12 and 15/12	Applicable to approximately 30,000 individuals in England
Residential drug assisted rehab for homeless /extremely high intake individuals	Evidence unclear		Applicable to approximately 5-10,000 individuals in England
Pharmacological Interventions			
Acamprosate or naltrexone in combination with psychological intervention for non-responders to Psych therapies alone	High	Abstinence up to 12/12 acamprosate: RR 0.83, combination acamprosate and naltrexone: RR 0.43 at 6/12	Applicable to approximately 100-150,000 individuals in England

¹⁹ Kaner E, Bland M, Cassidy P, Coulton S, Dale V, P. D, et al. Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): Pragmatic cluster randomised controlled trial. BMJ. 2013

Interventions that can be used for the prevention of alcohol-use disorders (University of Sheffield 2009⁴⁾

Making changes to the price, marketing and availability of alcohol are all potential methods for preventing alcohol-use disorders. There is considerable evidence, both from economic modelling and from the experience of countries that have carried out such interventions that making alcohol less affordable reduces alcohol-related harm.

In Canada a minimum price intervention in 2010 led to sustained reduction in per capita ethanol consumption and a 32 percent reduction in alcohol-related mortality.

	Quality of Evidence	Outcome
50p /unit minimum charge ⁵	Moderate (modelling study)	Reduction of 3100 deaths per year
10% price increase on all alcohol	Moderate (modelling study)	Reduction of 1455 deaths per year

²⁰ University of Sheffield (2009) Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0 Report to the NICE Public Health Programme Development Group. [Online] Available from: <http://www.nice.org.uk/nicemedia/live/11828/45668/45668.pdf>

²¹ University of Stirling (2013) Health First: an evidence-based alcohol strategy for the UK. [Online] Available from: <http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf> [accessed 1 November 2013]