

Most people who have alcohol-related health problems aren't dependent on alcohol. They're simply people who have regularly drunk more than the recommended levels for some years. Alcohol's hidden health harms usually only emerge after a number of years. And by then, serious health problems may have developed.

Liver problems, reduced fertility, high blood pressure, increased risk of various cancers and heart attack are some of the numerous harmful effects of regularly drinking more than the recommended levels.

Understanding and quantifying patterns of alcohol consumption in the population is challenging. **What do we know?**

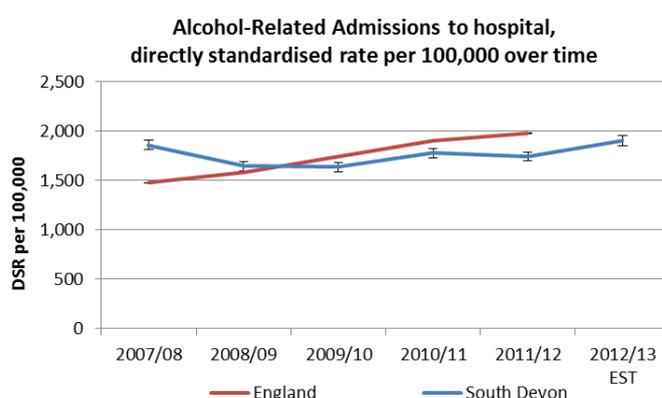
- Modelled estimates suggest a **lower proportion** of the South Devon and Torbay over 16 population **binge drink** (around 18.4% or about 44,000) compared to the England average (20.1%) (2007/08 data from LAPE modelled across South Devon). Binge drinking is defined as consuming eight or more units in a single session for men and six or more for women.
- Information recorded through A&E attendances, does not reliably facilitate alcohol specific analysis of attendances.
- One measure of alcohol consumption is the measure of alcohol attributable hospital admissions.

Alcohol attributable hospital admissions across South Devon

The rates of alcohol attributable hospital admissions across South Devon are generally similar to the national average (figure 1). However rates by locality show some noticeable variation (figure 2), rates in

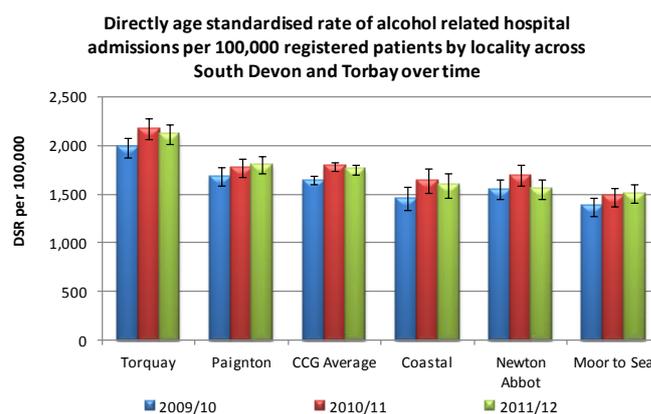
Torquay are significantly higher than rates in Moor to Sea.

Figure 1: Alcohol admissions



Source: Hospital admissions (SUS)

Figure 2: Locality alcohol admissions

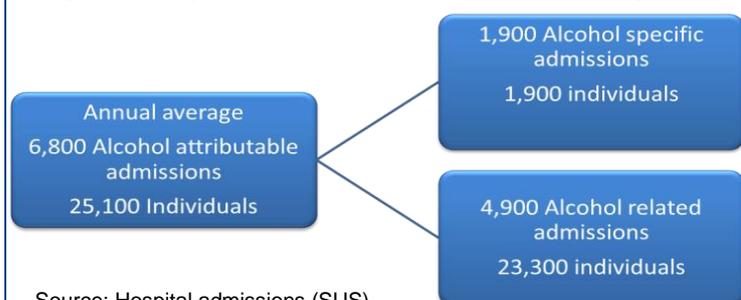


Source: Hospital admissions (SUS)

There are two types of alcohol attributable admission; **specific** and **related**. *Specific* conditions are those considered wholly attributable to alcohol, whilst *related* are conditions where alcohol could be considered a risk factor for that disease.

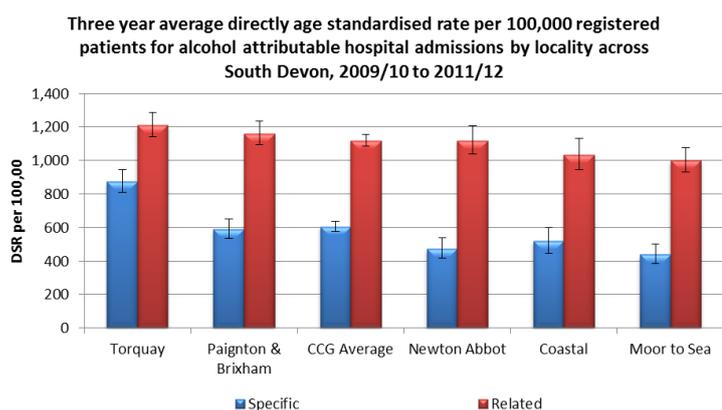
On average, there are some 6,800 hospital admissions that could be due to alcohol per year. Of which just over two thirds are due to alcohol related admissions, and around a third are alcohol specific.

Figure 3: Type of admission (3 year average)



Source: Hospital admissions (SUS)
Numbers may not add due to rounding

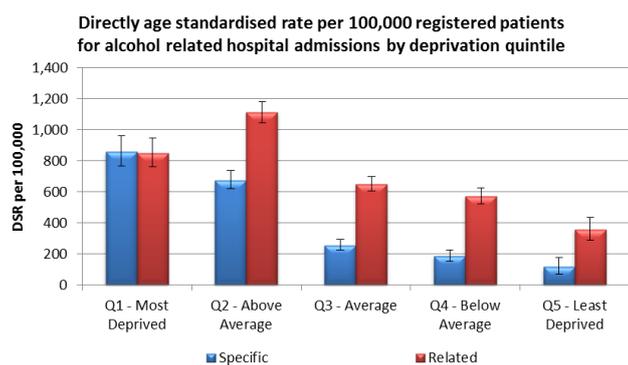
Figure 4: Type of admission by locality



Source: Hospital admissions (SUS)

Rates of alcohol specific admissions are highest in the more deprived neighbourhoods (figure 5). However, there is less variation between communities for alcohol related admissions

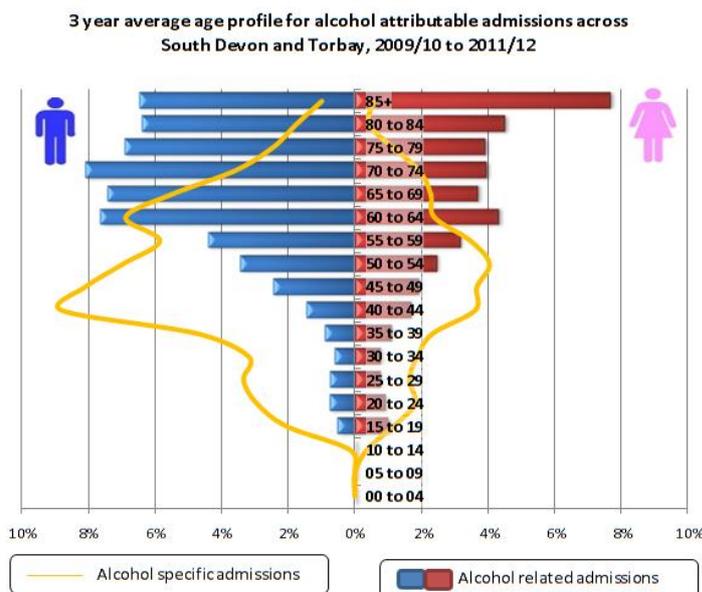
Figure 5: type of admission by deprivation



Source: Hospital admissions (SUS)

There is a clear relationship with age, as we would expect given the relationship between age and burden of disease, most noticeable in alcohol related admissions and is due to admissions for diseases such as hypertension.

Figure 6: Age profile of type of admission



For alcohol specific conditions, the peak is within the 40 to 54 age groups. This is in contrast to the alcohol related admissions which increase with age.

Around 85% of alcohol specific admissions are due to mental and behavioural disorders due to use of alcohol. For alcohol related admissions, around 40% of admissions are for hypertensive diseases.

Table 1: Top three diseases by specific and related alcohol admission

Alcohol specific admission	Alcohol related admission
Mental and behavioural disorders due to use of alcohol	Hypertensive diseases
Ethanol poisoning	Cardiac arrhythmias
Alcoholic liver disease	Epilepsy and Status epilepticus

Source: Hospital admissions (SUS)