

Reducing alcohol harm: Early intervention and prevention

Health visitors are well placed to offer early intervention and support to reduce alcohol-related harm.

According to the most recent Health Survey for England (2019 data)¹, 80% of participants reported drinking alcohol in the past year. 19% of adults had drunk at levels putting them at increasing risk (between 14 and 35 units for women, between 14 and 50 units for men). 4% of adults reported average weekly consumption of alcohol at levels above this, defined as higher risk. Drinking above low-risk levels can contribute to chronic and acute ill health, alcohol-related accidents and hospital admissions.

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages².

Alcohol misuse contributes (wholly or partially) to 200 health conditions, with many leading to hospital admission. This is due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time³.

Liver mortality rates in England have increased 43% between 2001 and 2019, to the extent that liver disease is now the second leading disease causing premature death among people of working age².

- Alcohol harm is also a major risk factor driving health disparities which have been exacerbated by the pandemic. Before the pandemic, the rate of alcohol-related hospital admissions and deaths had been steadily increasing. A review of alcohol consumption and harm in 2021 by Public Health England⁴ suggested that the pandemic had accelerated these trends.
- Alcohol harm costs the UK over £21 billion a year. The estimated cost to the NHS is £3.5 billion. Alcohol Change UK⁵ reports that every day 20 people die as a result of their drinking, but alcohol-related harm is not inevitable. The Office for Health Improvement and Disparities publishes Local Alcohol Profiles for England² with further data and commentary by NHS Digital⁶.
- Alcohol harm covers a range of three subcategories, which include low risk. In England, over 10 million people consume alcohol at levels above the [UK Chief Medical Officer's \(CMO\) low-risk drinking guidelines](#)⁷ and increase their risk of alcohol-related ill health.
- Alcohol consumption is not solely a problem that affects the health and social aspects of individual drinkers. The harm originating from alcohol can have a negative impact on others, including children and family members, adults, co-workers, strangers, neighbourhoods and communities, and society.
- Public Health England's review⁸ of alcohol's harm to others specifically reviewed the impact on children - verbal abuse was the most common type of harm (5.1%), followed by witnessing violence (2.2%). The least common types of harm reported were: being physically hurt; and not having enough money for the child's needs. More research is needed to understand the full extent of these harms – they may be low in prevalence, but their severity is high; or conversely be considered less severe, but their negative impact on children may be significant, particularly when they are experienced over a period of time.
- Health visitors can keep up with guidance from The Office for Health Improvement and Disparities by accessing "Alcohol: Applying All our Health"³.

[More information on page 2](#)

For additional resources see www.ihv.org.uk

The information in this resource was updated on 01/06/2022.

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Taking action as a frontline health professional:

Tackling alcohol-related harm is an important route to reducing health inequalities in general. Health visitors are ideally placed to have meaningful conversations with parents about their level of alcohol use. Anxiety about having constructive conversations, or negative attitudes held by healthcare professionals, have been shown to present a barrier to effectiveness^{9,10}.

You can access free alcohol identification and brief advice e-learning to become confident in identifying those at risk from alcohol and delivering brief advice to change behaviour - <https://bit.ly/2QjEJmu>

Providing simple alcohol advice has been found to result in:

- Reductions in weekly drinking between 13% and 34% (2.9 to 8.7 fewer units per week) with a significant effect on health risk.
- Reduction from 50 units/ week to 42 units/ week reduces the relative risk of alcohol-related conditions by about 14% and the absolute risk of lifetime alcohol-related death by 20%.

Health visitors need to be aware of the following:

Health visitors need to be aware of, and to communicate, the health risk associated with regularly drinking more alcohol than the low risk guidelines to best help support individuals to change their drinking behaviour, if they need it.

A unit of alcohol is equivalent to 8g or 10ml of pure alcohol (ethanol). This corresponds to approximately:

- One 25ml measure of spirits (40% abv)
- Half a 175ml glass of average-strength wine (12.5% abv)
- Half a can (250ml) of standard-strength lager (4% abv)

High alcohol consumption in pregnancy can increase the risk of miscarriage, preterm birth, low birth weight and the risk of foetal alcohol spectrum disorder (FASD). In March 2022, The National Institute for Health and Care Excellence (NICE) published a new comprehensive quality standard designed to improve the diagnosis and assessment of FASD¹¹. Health visitors should give clear and consistent advice on avoiding alcohol throughout pregnancy, and explain the benefits of this, including preventing FASD and reducing the risks of low birth weight, preterm birth and the baby being small for gestational age.

More advice on reducing alcohol-related harms can be found in the linked **iHV Good Practice Points: Foetal Alcohol Spectrum Disorders** - available here: <http://bit.ly/2SKpk02>.

Key definitions

The CMO's guidelines about drinking are that:

- Men and women should not regularly drink more than 14 units a week. This level is considered to be 'low risk'.
- Those who do drink as much as that should spread their drinking evenly over three or more days, but also ensure they have drink-free days each week.
- Increased risk is drinking:
 - over 14 units and up to 50 units a week for men; and
 - over 14 units and up to 35 units a week for women.
- Higher risk drinkers are:
 - men who drink more than 50 units a week; and
 - women who drink more than 35 units a week.

Alcohol consumption during any stage of childhood can have a detrimental effect on development, and young people may have a greater vulnerability than adults to the harmful effects of alcohol use.

An alcohol-free childhood is the healthiest and best option, and children under 15 should not drink alcohol at all.

For adults, regularly exceeding these guidelines represents increasing risk to long-term health. The more frequently the guidelines are exceeded, and the amount consumed increases, the greater the risk.

Binge drinking increases the risk of harm. Binge drinking is:

- 8 units of alcohol in a single session for men
- 6 units of alcohol in a single session for women.

Alcohol dependence is defined as a cluster of physiological, behavioural and cognitive features where the use of alcohol takes on a much higher priority for an individual than other behaviours that previously had greater value.

Alcohol brief interventions generally aim to moderate a person's alcohol consumption to sensible levels and to eliminate harmful drinking practices (such as binge drinking), rather than to insist on complete abstinence—although abstinence may be encouraged, if appropriate.

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Good Practice Points for Health Visitors

- Ask parents about their alcohol use and provide simple, brief advice and support to help them minimise harmful alcohol consumption.
- Identifying risk usually means asking a set of questions from a validated alcohol use screening test¹² and scoring the answers (or giving patients an AUDIT-C card to self-complete) then feeding back to the patient what their score indicates about their health risk.
- Provide information on calculating alcohol units and encourage families you work with to think about their health risk (and cut back if indicated).
- Signpost those who are above “low risk” to trusted sources of information, such as:
 - the NHS website - <https://bit.ly/2u9BzZH>
 - Better Health - <https://bit.ly/2F9Njxl>
 - or apps such as ‘NHS Drink Free Days’ (available at Better Health)
- Make yourself aware of local specialist services via your local authority public health team.
- If you identify someone with signs of alcohol dependence, refer them to specialist services.
- Whilst a helpful response to support an alcohol-dependent parent will impact positively on children within the family, it can be very easy to lose sight of children’s health and wellbeing needs in the face of the parental difficulties¹³. However, their needs, and the impact of living in a family with alcohol dependent parents on their safety and wellbeing, should always be addressed as a priority in line with the ‘paramountcy principle’ of the Children Act 1989. Follow your local safeguarding procedures if you are concerned that a child is at risk of significant harm.

For brief advice, motivational interviewing and health coaching to help you have non-judgemental conversations that are tailored to individual needs, please read Public Health England’s blog “It’s good to talk: Making the most of our conversations” - <https://bit.ly/2ucUqTN>

Further information:

- **Public Health England (2021) Guidance:** Parents with alcohol and drug problems: adult treatment and children and family services. <https://bit.ly/3awul7l>
- **House of Commons Library (2021)** Alcohol Harm: debate pack. <https://bit.ly/3NYGAsK>
- **Public Health England (2018)** The public health burden of alcohol: evidence review. <https://bit.ly/2SKCr1h>
- **Scottish Intercollegiate Guidelines Network (2019)** Children and young people exposed prenatally to alcohol. Network Guideline SIGN 156. <https://bit.ly/3jZJgZc>

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