

Alcohol-induced ill health, Homelessness and A&E Attendance- Challenges for our Community

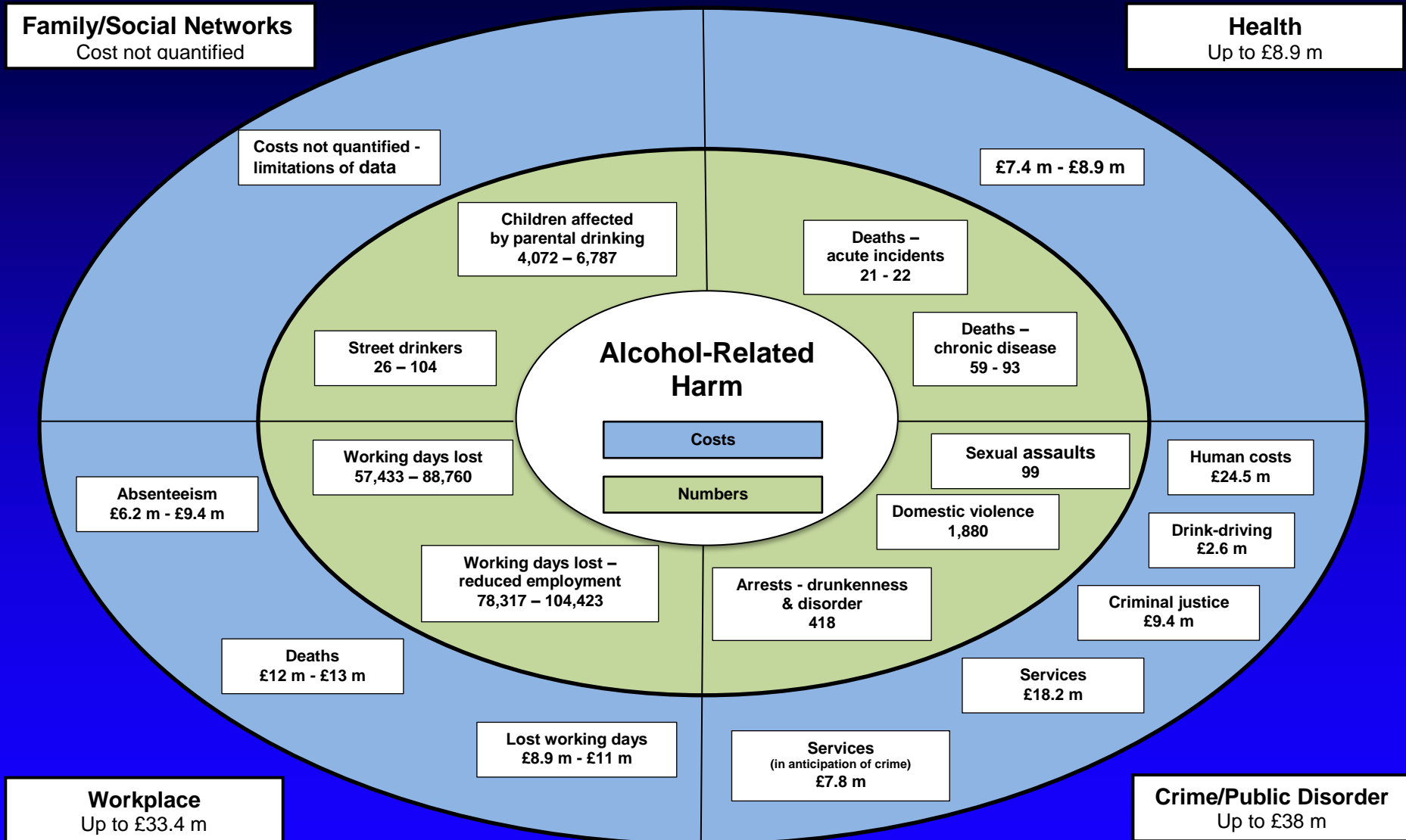
17th Preston Heath Mela
April 14th 2018

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Alcohol Services Lead, British Society of Gastroenterology

Alcohol burden of harm - Bolton





Every year
alcohol
costs
the NHS...



*UK Home Office

In 2016
alcohol
cost
the UK
between...



**£27-£52
BILLION***

*The Lancet



Alcohol results in
167,000
years of working life lost
each year in England*

*Public Health England

There are over **1 MILLION**
alcohol-related
hospital admissions
each year in England*



*UK Home Office

Drink driving causes
240 deaths and
more than
8,000 casualties
each year*



*Office of National Statistics

RIP
**26,000
PEOPLE
A YEAR**

**...die from
alcohol-related
causes in the UK***

*Local Alcohol Profiles for England, National Records of Scotland, Public Health Wales Observatory, Northern Ireland Statistics and Research Agency

**Alcohol is linked with over
200 diseases
and injuries***

*World Health Organization



**Deaths from liver disease have
increased over the last 30 years by**



*British Liver Trust

**AN ESTIMATED 9 PEOPLE
DIE EACH DAY FROM
ALCOHOL-RELATED
CANCER IN ENGLAND***

*Alcohol Health Alliance analysis

1 IN 4

**people drink above the
low-risk guideline of
14 units a week***

*Public Health England



**Alcohol is responsible
for 10% of the burden
of death and disease
in the UK***

*Balakrishnan et al. (2009)





53%

of all
violent crime
is alcohol-
related*

*Crime Survey of England
and Wales



36%

of domestic violence
incidents involve alcohol*

*Crime Survey of England and Wales

ON AVERAGE, PARAMEDICS SAY THAT

37% OF THEIR
TIME

is spent dealing with
alcohol-related incidents*

*Institute of Alcohol Studies



50% of
paramedics
report sustaining an injury
whilst dealing with
someone who was drunk*

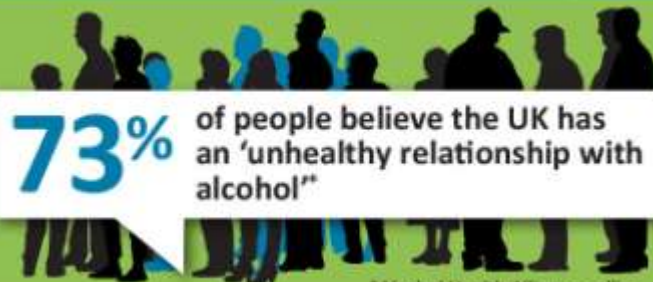
*Institute of Alcohol Studies



67% OF
PEOPLE


believe the government should
be doing more to reduce the harm
done in society by alcohol*

*Alcohol Health Alliance polling



73% of people believe the UK has
an 'unhealthy relationship with
alcohol'

*Alcohol Health Alliance polling



82% of people are unaware of the alcohol consumption guidelines*

*Alcohol Health Alliance polling

Enough alcohol is sold in England for every drinker to drink the equivalent of...



*Alcohol Health Alliance analysis of MESAS data and Nielsen sales figures



Only **1** in **10**

...PEOPLE ARE AWARE OF THE LINK BETWEEN ALCOHOL AND CANCER*

*Cancer Research UK

ONLY **16%**



...of the public are aware that even low levels of alcohol consumption can be damaging to health*

*Alcohol Health Alliance polling

No alcohol products inform consumers of the link between alcohol and cancer, stroke or heart disease*



*Alcohol Health Alliance audit of alcohol products

86% of the public support mandatory labelling of all alcohol products*

*Alcohol Health Alliance polling



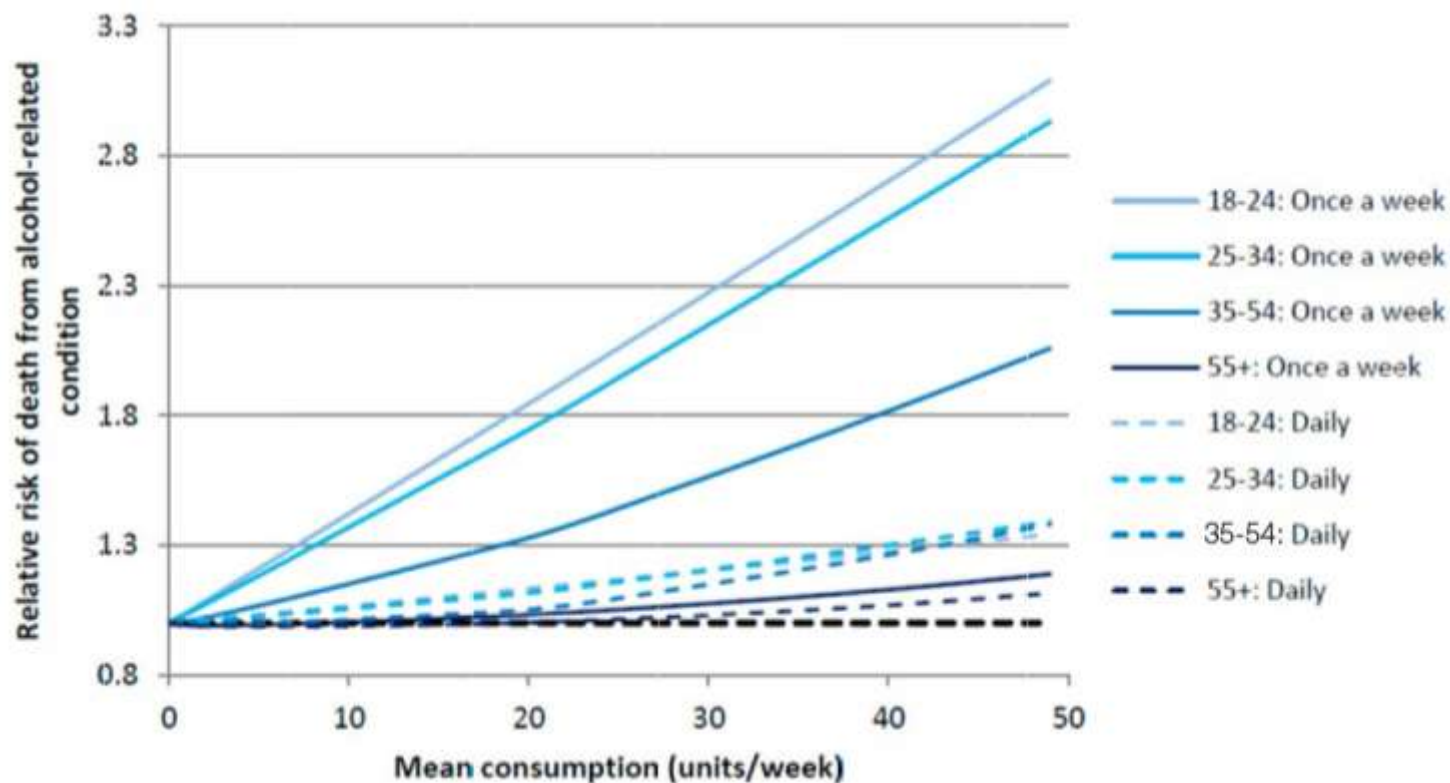
Units of Alcohol



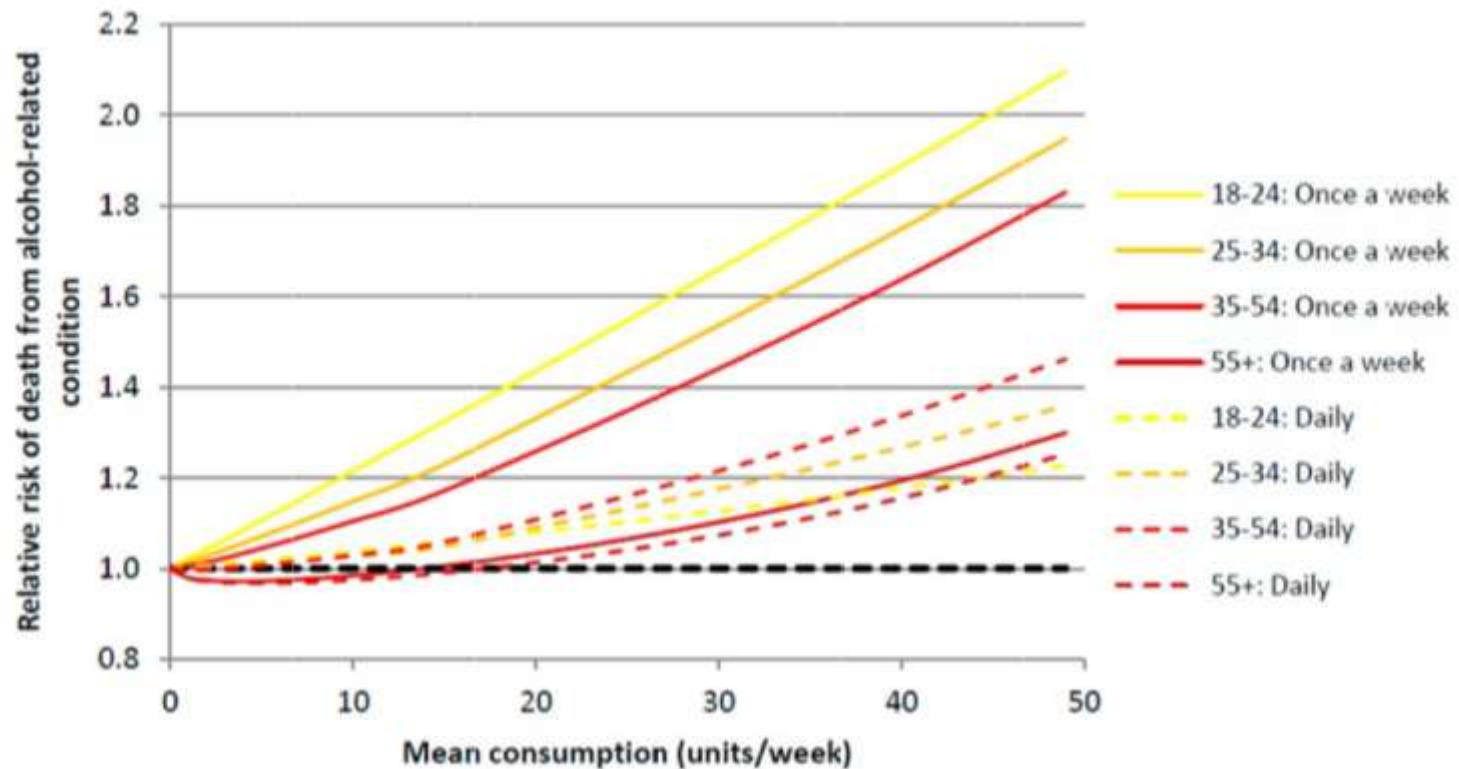
From the Health Authority, London

Each of the above drinks contains one unit of alcohol
(one unit equals approximately 8g alcohol)

Male relative risk of alcohol-related mortality by mean weekly consumption, number of drinking days and age



Female relative risk of alcohol-related mortality by mean weekly consumption, number of drinking days and age



Table

Alcohol – Health Harms, Associations and Organ Damage

CARDIOVASCULAR	MUSCULOSKELETAL	REPRODUCTIVE SYSTEM	SURGICAL AND ANAESTHETIC
Coronary Artery Disease	Osteoporosis	Menstrual disorders	Acute Alcohol Withdrawal
Amyloidosis	Myopathy	Ovulation disorders	Preoperative problems
Atrial Fibrillation	Rhabdomyolysis	Impaired Conception	Cross-tolerance to anaesthetics
Atrial flutter		Impaired Sperm production	Autonomic dysfunction
Hofsky-Hart Syndrome	DIABETES, ENDOCRINE, METABOLISM	Loss of libido	Impaired wound, skin, bone healing
Ventricular	Obesity	Impotence	Increased infections
Torades de peinos	Diabetes mellitus Type 1	Testicular atrophy	Anaesthesia risk
Sudden death	Diabetes mellitus Type 2	Gynaecomastia	Increased length of stay
Cardiomyopathy	Alcohol-related leukodystrophy	Loss of body and pelvic hair	Increased mortality
Hypertension	Hypertension		
Cognitive Cardiac Failure	Hypokalaemia	PREGNANCY COMPLICATIONS	PERSONALITY AND MOOD
Beri beri	Pseudo-Cushing's syndrome	Spontaneous Abortion	Reduced inhibition
Ischaemic Stroke	Inhibited secretion of ADH	Stillbirth	Anxiety
Haemorrhagic Stroke	Beri Beri Intoxication	Pre-term delivery	Depression-Unipolar or Bipolar
	Hyperlipidaemia	Reduced foetal growth	Panacea
LIVER	Fatty's syndrome	Reduced foetal weight	Aggression
Fatty Liver (Steatosis)	Hypocoelestasis	Foetal Alcohol Syndrome	Loss of self-esteem
Neutrophilia	Hypomagnesaemia	Foetal Alcohol Spectrum Disorder	Suicidal ideation and suicide
Cirrhosis	Hypophosphataemia		
Hepatocellular Carcinoma	Reduced Vitamin D1 Absorption	CANCER	TOLERANCE
	Reduced vitamin A12	Oesophagus	Increased liver metabolism
GASTROINTESTINAL	Gout	Larynx	Increased risk of organ damage
Malnutrition	Scary	Oesophagus	
Anorexia		Female Breast	COMBINATION USE
Nausea and Vomiting	HAEMATOLOGICAL	Liver	Smoking
Gastrooesophageal Reflux	Anaemia	Colonel	Cannabis
Mulberry Warts near	Iron deficiency	Stomach	Angiotensins
Oesophageal rupture	Megaloblastic	Pancreas	Cocaine
Gastrointestinal haemorrhage	Haemolytic	Lung	Sedatives
Variation	Macrocystosis	Gallbladder	Opioids
Gastritis	Leucopenia		Polypharmacy abuse
Peptic ulcer	Thrombocytopenia	VIOLENCE AND INJURIES	Intoxication Alcohol
Acute Pancreatitis	Folate deficiency	Road Accidents	
Chronic Pancreatitis	Congestive	Workplace Accidents	YOUNG PEOPLE VULNERABILITY
Malabsorption	Hemorrhoids	Falls	Other substance use
Durkheim		Bulb Infection	Sexually transmitted diseases
Haemorrhoids	RENAL	Assaults	Unstable and repeated use
	Glomerulonephritis	Facial injuries	Sexual assault
RESPIRATORY	Acute Kidney Injury	Burns	Unplanned pregnancy
Pneumonia	Chronic Kidney Disease	Fire Deaths	Cognitive impairment
COPD	End Stage Renal Disease	Drownings	Late life dependence
Asthma	Late Pain	Self-harm	Impaired reproductive function
Tuberculosis	Pelvic-ureteric obstruction	suicide	Criminal record
Respiratory Distress Syndrome	IGA Nephropathy		Reduced job prospects
Aspiration Pneumonia	Myoglobinuria from Rhabdomyolysis	ALCOHOL WITHDRAWAL SYNDROME	
Lung abscess	Renal Oculi failure	Associated with Dependence	OLDER PEOPLE VULNERABILITY
Bronchiectasis		Anxiety	Stigma
	SKIN	Tumors	Atypical presentation
NERVOUS SYSTEM	Poornia	Pain	Failed recognition
Amblyopia	Diplopia	Hallucinations	Reduced total body water
Night blindness	Acute retinitis	Delirium tremens	Reduced lean body mass
Subdural haematomas	Fungal infections	Corneal ulcers	Reduced gastric alcohol dehydrogenase
Extradural haematomas		Death	Malnutrition
Blackouts	IMMUNE SYSTEM AND INFECTIONS		Falls
Epilepsy	Impaired immunity	PHYSIOLOGICAL RESPONSES	Hypertension
Aphasia	Pneumonia	Hypoglycaemia	Insomnia
Respiratory depression	Tuberculosis	Immunity	Incontinence
Coma	HIV and AIDS	Dehydration	Self-harm
Brain damage	Non-Adherence to HIV treatment	Impaired Vision and Hearing	Social isolation
Impaired memory, planning, judgment	Septicemia	ARDS	Interactions with medications
Anterograde amnesia	Urinary tract infection	Facial flushing	Prescribed
Dementia	Biliary sepsis	Hypothermia	Over-the-counter
Wernicke-Korsakoff Syndrome	Spontaneous Bacterial Peritonitis	Dizziness	Dual diagnosis
Cerebellar degeneration		Dehydration	
Hepatic Encephalopathy			
Peripheral Neuropathy			
Narcosis			
Radial nerve injury (Saturday Night Palsy)			
Compartment Syndrome			
Central Pontine Myelinolysis			
Mitochondria-Biguanide disease			

ALCOHOL-RELATED DISEASE

Meeting the challenge of improved quality of
care and better use of resources

A Joint Position Paper
on behalf of the
British Society of Gastroenterology,
Alcohol Health Alliance UK and the
British Association for Study of the Liver

Alcohol Care Teams:

to reduce acute hospital admissions and
improve quality of care

Provided by: **The British Society of Gastroenterology and the Royal Bolton
Hospital NHS Foundation Trust**

Publication type: **Quality and productivity example**

MORIARTY K.J. Alcohol Care Teams: to reduce acute hospital admissions and improve quality of care. Published on behalf of the British Society of Gastroenterology. 2011. Quality, Innovation, Productivity and Prevention (QIPP) Publication on NHS Evidence website
(<http://www.library.nhs.uk/qipp/ViewResource.aspx?resID=407304&tabID=289&catID=15080>).

RECOMMENDATIONS

DGH serving a population of 250,000



Key Recommendation (1)

DGH Requirement

A multidisciplinary “Alcohol Care Team,” led by a Consultant, with dedicated sessions, who will also collaborate with Public Health, Primary Care Trusts, patient groups and key stakeholders to develop and implement a district alcohol strategy.

New Way of Working 2009

4 Bolton Gastroenterologists work 2 week blocks solely on the wards

- Daily Ward Rounds and MDT meeting
- See all Acute Gastroenterology Admissions and Ward Referrals

Results

- Mortality 11.2% to 6.0%
- Length of Stay 11.5 to 8.9 days
- 37% Increase in Ward Discharges

Downside

- Loss of 10 Clinic/Endoscopy Sessions in 2 weeks

Conclusion

- This Quality Innovation requires Consultant Gastroenterology/Hepatology Expansion

Key Recommendation (2)

DGH Requirement

Coordinated policies on detection and management of alcohol-use disorders in Accident and Emergency departments and Acute Medical Units, with access to Brief Interventions and appropriate services within 24 hours of diagnosis.

SHORT AUDIT - C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

SCORE

AUDIT-C positive = 5+



Note Top Ten: fall, collapse etc

PADDINGTON ALCOHOL TEST 2009

'make the connection'

PATIENT IDENTIFICATION STICKER:

NAME

D.O.B.

- A. **PAT** for **TOP 10** presentations - circle as necessary. B. **Clinical Signs** of alcohol use C. **BAC**, NB change: PTO
- | | | | |
|--|-------------------------|------------------------|----------------------------|
| 1. FALL (incl. trip) | 2. COLLAPSE (incl. fit) | 3. HEAD INJURY | 4. ASSAULT |
| 5. ACCIDENT | 6. UNWELL | 7. GASTRO - INTESTINAL | 8. CARDIAC (i. Chest pain) |
| 9. PSYCHIATRIC (incl. DSH & OD) please state | 10. REPEAT ATTENDER | Other (please state) | |

[BAC] =mg/100ml blood

EARLY IDENTIFICATION TO REDUCE RE-ATTENDANCE

Only proceed after dealing with patient's 'agenda,' i.e. patient's reason for attendance.
"We routinely ask all patients having ... (above presentation) ... do you drink alcohol?"

1 Do you drink alcohol? YES (go to #2) NO (end)

2 What is the most you will drink in any one day? (UK alcohol units)

Use the following guide to estimate total daily units.
(Standard pub units in brackets; home measures often three times the amount!)

Beer /lager/cider	Pints (2)		Cans (1.5)		litre bottles (4.5)	
Strong beer /lager /cider	Pints (5)		Cans (4)		litre bottles (10)	
Wine	Glasses (1.5)		750ml bottles (9)		Alcopops	
Fortified Wine (Sherry, Port, Martini)	Glasses (1)		750ml bottles (12)		330ml bottles (1.5)	
Spirits (Gin, Vodka, Whisky etc)	Singles (1)		750ml bottles (30)			

4 Do you feel your attendance at A&E is related to alcohol? YES (PAT+ve) NO

"Can we advise that your drinking is harming your health".

4 Do you

5 We would like to offer you further advice. Would you be willing to see our alcohol nurse specialist (ANS)? YES NO

"The Teachable Moment"

PAY OFF

For every 2 patients referred
to the Alcohol Nurse Specialist

(i.e. appointment accepted)

There will be one less re-attendance
within the next 12 months.

Screening and referral for Brief Intervention

Lancet 2004;364:1334-9

Key Recommendation (3)

DGH Requirement

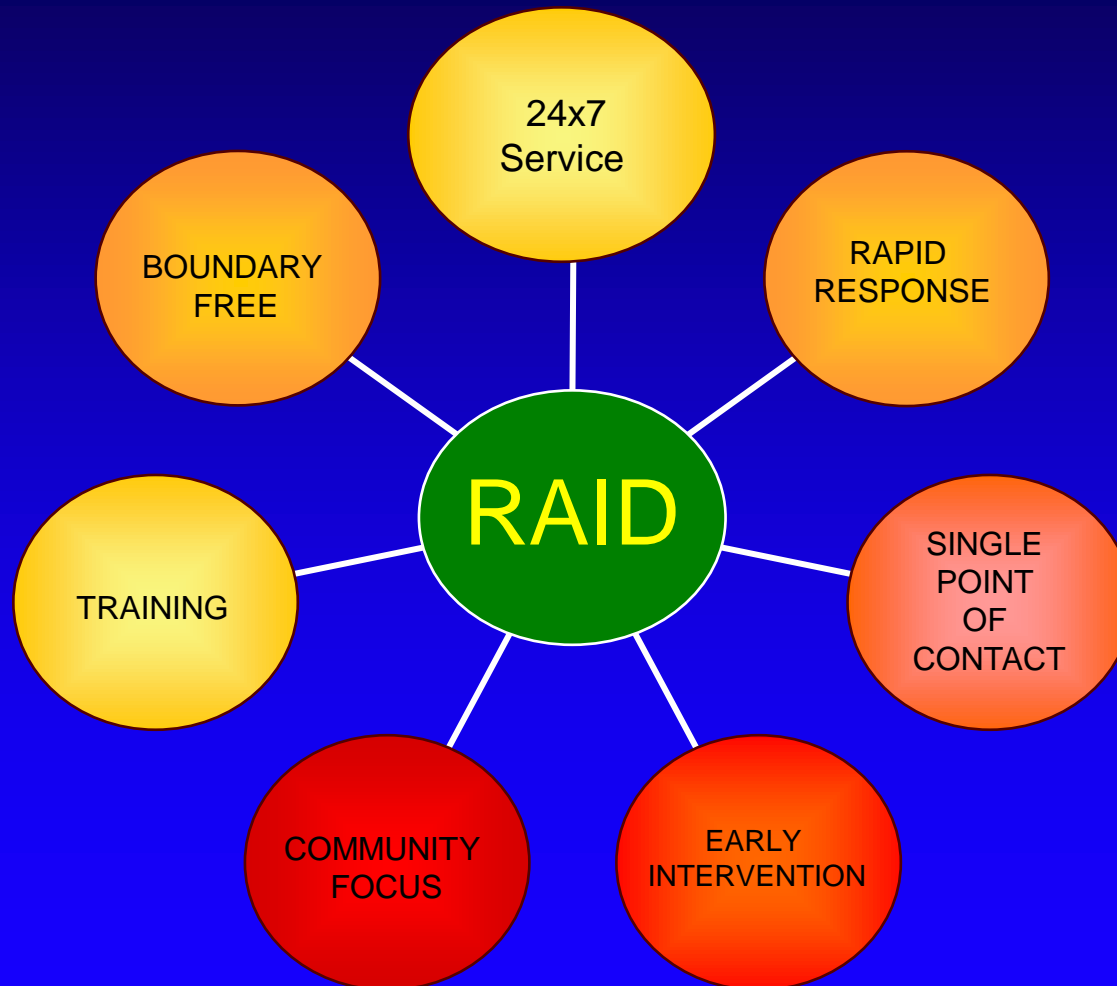
A 7-Day Alcohol Specialist Nurse Service and Alcohol Link Workers' Network, consisting of a lead healthcare professional in every clinical area.

Key Recommendation (4)

DGH Requirement

Liaison and Addiction Psychiatrists, specialising in alcohol, with specific responsibility for screening for depression and other psychiatric disorders, to provide an integrated acute hospital service, via membership of the “Alcohol Care Team.”

Rapid Assessment Interface Discharge (RAID)



Key Recommendation (5)

DGH Requirement

Establishment of a hospital-led, multi-agency Assertive Outreach Alcohol Service, including an emergency physician, acute physician, psychiatric crisis team member, alcohol specialist nurse, Drug and Alcohol Action Team member, hospital/community manager and Primary Care Trust Alcohol Commissioner, with links to local authority, social services and third sector agencies and charities.

Salford Alcohol Assertive Outreach Team

- 54 Patients Case – Managed in Community for 6 months
- In 3 months following Intervention
 - 67% reduction in Hospital Admissions
 - 59% reduction in A&E Attendances

Hughes et al. Frontline Gastroenterology 2013;4:130-134

Key Recommendation (7)

DGH Requirement

Integrated Alcohol Treatment Pathways between primary and secondary care, with progressive movement towards management in primary care.

Triple Aim - Quarterly Report: DECEMBER 2017

Section 5

	ALCOHOL											ALCOHOL RELATED ADMISSIONS (18+ list size)				
Practice	16+ List Size	Audit C Nos.	Audit C - % of Target 16+	PEER AVG Audit C - % of Target 16+	Audit C - score ≥ 5	% Audit C - score ≥ 5	PEER AVG	Audit 10	% Audit 10 of Audit C positive	Audit 10 score 8 - 15	Audit 10: 16-19	Audit 10 score ≥ 20	12 months to Dec 16 / 1,000	% PEER AVG	12 months to Dec 17 / 1,000	% PEER AVG
Sidda	1,551	1,143	73.7%	73.8%	4	0.3%	3.0%	2	50.0%	1	0	0	N/A	1.20	N/A	0.97
The Olive Family Practice	2,648	2,233	84.3%		75	3.4%		16	21.3%	9	3	2	N/A		N/A	
3D Medical	1,052	1,030	97.9%		11	1.1%		6	54.5%	2	0	1	N/A		N/A	
Al-Fal Medical	2,983	2,362	79.7%		40	1.7%		30	75.0%	7	1	1	0.35		0.00	
Deane Medical	2,642	1,530	57.9%		113	7.4%		23	20.4%	7	2	3	2.34		1.52	
Prasad & Hanif	4,854	3,293	67.8%		101	3.1%		72	71.3%	35	2	8	0.90		0.43	
Bolton General Practice	3,981	2,925	73.5%	68.8%	67	2.3%	12.4%	67	100.0%	36	8	12	3.86	2.25	1.83	1.65
Uddin & Partners	3,276	2,076	63.4%		419	20.2%		116	27.7%	58	6	5	1.34		N/A	
Bolton Medical Centre	4,144	3,594	86.7%		313	8.7%		219	70.0%	85	5	8	5.58		3.54	
Jeyam & Jesudas	2,701	1,730	64.1%		417	24.1%		45	10.8%	22	1	7	1.89		3.82	
Loomba & Partner	3,099	960	31.0%		167	17.4%		104	62.3%	47	6	12	2.62		1.00	
Hendy & Rizwan	3,283	1,980	60.3%		372	18.8%		74	19.9%	31	5	4	1.30		1.59	
Great Lever One	1,658	1,296	78.2%		268	20.7%		37	13.8%	19	0	2	2.50		0.62	
Beehive Surgery	2,092	1,573	75.2%		124	7.9%		108	87.1%	46	2	8	2.06		1.50	
Dakshina-Murthi	1,622	1,121	69.1%		32	2.9%		10	31.3%	5	0	0	1.26		1.29	
Karim & James-Authe	3,204	2,262	70.6%		300	13.3%		83	27.7%	29	0	0	1.29		0.65	
Swan Lane Medical	6,127	4,702	76.7%	60.1%	521	11.1%	21.5%	46	8.8%	26	1	4	1.02	2.40	0.68	2.63
Counsell & Partners	6,138	3,352	54.6%		661	19.7%		185	28.0%	93	3	10	2.46		3.03	
Zarrouk & Partner	1,711	822	48.0%		90	10.9%		5	5.6%	5	2	1	2.43		4.22	
Deane Clinic	N/A	N/A	-		N/A	N/A		N/A	N/A	N/A	N/A	N/A	4.90		2.35	
Orient House Medical	2,409	1,426	59.2%		111	7.8%		29	26.1%	17	2	1	3.05		2.60	
Hallicker & Partner	3,242	1,807	55.7%		317	17.5%		84	26.5%	46	3	3	2.95		2.90	
Burnside Surgery	3,926	2,604	66.3%		691	26.5%		435	63.0%	206	11	10	0.52		1.57	
Bolton Community Practice	9,753	6,248	64.1%		1,573	25.2%		595	37.8%	256	25	22	1.63		1.38	
Spring View Medical	4,070	2,520	61.9%		587	23.3%		140	23.9%	47	5	5	1.26		3.02	
Stonehill Medical	10,606	6,607	62.3%	61.9%	1,273	19.3%	21.1%	878	69.0%	467	37	35	3.70	2.29	3.22	2.82
Lyon & Partners	5,193	2,442	47.0%		735	30.1%		161	21.9%	68	3	10	4.03		3.16	
Alastair Ross Medical	5,303	2,908	54.8%		342	11.8%		84	24.6%	35	5	9	1.77		2.34	
Fig Tree Medical	3,906	2,518	64.5%		641	25.5%		233	36.3%	122	9	6	2.86		4.46	
Barua	2,556	1,658	64.9%		506	35.9%		459	77.0%	364	10	6	1.17		1.96	
Dalefield Surgery	5,202	4,057	78.0%		1,120	27.6%		294	26.3%	131	19	16	2.00		2.18	
The Dunstan Partnership	8,237	5,836	70.9%		1,007	17.3%		516	51.2%	189	15	16	1.37		3.00	
Lowe & Partners	5,101	2,516	49.3%		299	11.9%		77	25.8%	43	5	3	1.42		2.21	
Garnet Fold	4,996	3,310	66.3%		897	27.1%		194	21.6%	99	1	4	1.67		2.27	
Crompton View Surgery	4,180	2,320	55.5%	55.6%	484	20.9%	27.8%	166	34.3%	64	5	5	2.78	2.20	3.21	2.38
Cornerstone Surgery	3,244	1,896	52.3%		646	38.1%		384	59.4%	217	13	16	3.17		3.50	
Kearsley Medical	10,809	4,752	44.0%		1,150	24.2%		356	31.0%	177	11	10	2.41		3.05	
Kirby & Partners	5,251	3,054	58.2%		599	18.6%		155	27.2%	58	7	1	1.44		1.38	
Jain & Subramanian	2,432	1,347	55.4%		299	22.2%		88	29.4%	54	1	1	2.54		2.98	
Spring House Surgery	5,925	2,854	48.2%		662	23.2%		392	59.2%	219	8	10	2.20		1.04	
Harwood Group Practice	10,704	7,081	66.2%		2,646	37.4%		236	8.9%	105	3	6	1.42		1.65	
Heaton Medical	8,450	5,885	67.3%	58.2%	1,117	19.6%	28.6%	553	49.5%	119	11	13	1.36	1.13	0.86	1.18
Pike View Medical	6,529	2,866	40.8%		686	25.7%		429	62.5%	134	5	8	0.97		2.68	
Kildonan House	12,493	7,171	57.4%		2,199	30.7%		497	22.6%	218	13	22	2.44		1.90	
Stable Fold Surgery	6,144	3,039	49.5%		760	25.0%		657	86.4%	247	10	10	0.82		0.67	
Unsworth Group Practice	16,675	11,369	68.2%		3,363	29.6%		116	3.4%	52	10	7	1.60		1.91	
Mandalay Medical	8,227	3,464	42.1%		1,233	35.6%		819	66.4%	327	26	18	1.02		0.63	
Edgworth Medical	2,423	1,327	54.8%		375	28.3%		270	72.0%	108	6	2	0.44		0.42	
Liversedge & Partners	5,149	3,717	72.2%		1,257	33.8%		471	37.5%	164	9	3	0.41		0.41	
	241,881	147,983	61.2%		31,730	21.4%		11,016	34.7%	4,916	335	366	1.93		2.05	

Key Recommendation (8)

DGH Requirement

Adequate provision of Consultants in gastroenterology and hepatology to deliver specialist care to patients with alcohol-related liver disease.



Measuring the Units

A review of patients who died with
alcohol-related liver disease

Summary

- Clear opportunities to improve care:
 - Organisation of services
 - Alcohol care teams
 - 7 day alcohol specialist nurse service
 - Assessment of patients
 - Screening hospital patients for alcohol misuse and referral for support
 - Specialist review
 - Within 24 hours for admissions with decompensated ARLD
 - Escalation of care
 - Actively pursued for acute deterioration



Royal College of
General Practitioners

THE LANCET



Children's Liver
Disease Foundation
lighting childhood
liver disease



Royal College
of Physicians



BRITISH SOCIETY OF
GASTROENTEROLOGY



Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity, and viral hepatitis

Roger Williams, Richard Aspinall, Mark Bellis, Ginette Camps-Walsh, Matthew Cramp, Anil Dhawan, James Ferguson, Dan Forton, Graham Foster, Sir Ian Gilmore, Matthew Hickman, Mark Hudson, Deirdre Kelly, Andrew Langford, Martin Lombard, Louise Longworth, Natasha Martin, Kieran Moriarty, Philip Newsome, John O'Grady, Rachel Pryke, Harry Rutter, Stephen Ryder, Nick Sheron, Tom Smith

Hospital Alcohol Care Teams

Every acute hospital should establish:

- A consultant-led, multidisciplinary, patient-centred Alcohol Care Team, integrated across primary and secondary care
- A 7- day alcohol specialist nurse service
- Co-ordinated policies for the Emergency Department and Acute Medical Units
- A Rapid Assessment, Interface and Discharge (RAID) Liaison Psychiatry Service
- An Alcohol assertive outreach team (for frequent attenders)
- Formal links with local authority, CCGs, public health and other stakeholders

Alcohol Care Teams - Impact

Alcohol Care Teams Consultant Lead

- 2009 10% of Trusts
- 2013 23% of Trusts (NCEPOD)
- 2014 66% of Trusts (PHE)
 - 45% Gastroenterologist/Hepatologist
 - 18% Psychiatrist
 - 11% Emergency Medicine
 - c. 25% Alcohol Specialist Nurse

Alcohol Specialist Nurses

- 2009 42% of Trusts
- 2013 79% of Trusts (NCEPOD)
- 2014 96% of Larger Trusts (PHE)
- 2016 83% of all 207 UK Trusts (Lancet 2016)

Alcohol Care Team Partnership Working

Hospital - Based

- Patients and Families
- Trust Board
- All Consultants
- A&E & Acute Medical Wards
- Dietician
- Link Worker
- Nutrition Nurse
- Occupational Therapy
- Physiotherapy
- RAID
- Safeguarding Team
- Social Worker

Community Services

- Bolton Drug and Alcohol Service
- Chapman Barker Detox Unit
- Charitable Organisations
- Child and Family Services
- Homeless Welfare
- High Impact Team
- Mental Health Teams
- Police
- Primary Care
- Probation
- Public Health
- Social Services

Partnerships

- Academy of Royal Colleges
- Alcohol Concern
- Alcohol Health Alliance
- BASL
- Bolton Evening News
- British Liver Trust
- BMJ and Lancet
- BSG
- Clinical Commissioning Group
- D.H.
- Home Office
- NICE
- N.W. Regional Health Authority
- RCP

Excluded from Society

- 50% of the rough sleeper population are alcohol reliant (Rough Sleepers Unit 1999)
- Over half of male prisoners (58% of remand and 63% of sentenced prisoners) and over one third of female prisoners (36% remand and 39% sentenced prisoners) engaged in hazardous drinking in the year prior to going to prison (ONS 1999)

78% of deaths in homeless hostels are due to... high strength cider and beer*

*Based on Thomas Reach figures



1 IN 4

patients in alcohol treatment drink white cider*

*Figures from services in Glasgow and Edinburgh



"Almost all high strength cider sold in Scotland IS CONSUMED BY DEPENDENT AND HARMFUL DRINKERS"

*Oxley, J et al (2014)



CHEAP

LOW PRICE

75-85% white cider drinkers choose it because it's cheap*

*Goodall, J. (2011)

★★★★★
7.5 litres of strong white cider – containing the equivalent of 53 shots of vodka – costs the same as a standard cinema ticket*

ADMISSION

*Mugby Health Alliance Price Report 2016



"Our figures indicate super-strength drinks are doing more damage than both heroin and crack cocaine"

Thomas Reach, Homeless Charity



=
the same amount of alcohol as

22 shots of vodka*

*Alcohol Health Alliance Price Report 2016

Leading white cider brand Frosty Jack's is a favourite with children in specialist alcohol treatment services*

*Alcohol Concern survey 2015



attracts the lowest duty per unit of any alcohol product

Between 2012-2017 alcohol duty cuts will cost the taxpayer...

*HM Government, Budget 2015 Policy settings



Raising duty on strong white cider would leave 80% of cider sales unaffected*

*Based on MESAS alcohol retail sales dataset 1996-2015



66% of people would support increasing tax on strong white cider*

*Alcohol Health Alliance survey 2016



Local Authority Cuts

