Alcohol Strategy
2017-2020
Consultation Draft
Introduction

Alcohol is an accepted part of many cultures as a means of relaxation and celebration, and can have a positive impact on social and community life. The alcohol industry provides employment through production, retail and the night-time economy. However, as a widely available intoxicant and potentially addictive substance, it lends itself to misuse and has attendant health risks.

Alcohol is the leading risk-factor for ill-health, early death and disability among people aged 15 to 49 in England, and the fifth leading risk factor for these across all age groups. [1] It is a potential factor in more than sixty medical conditions including liver damage, cardiovascular disease and certain cancers, [2] and is linked to poor mental health and suicide.

Alcohol misuse doesn’t only affect the person drinking. It can also have adverse effects on children and families, and is often a factor in crime and antisocial behaviour, and in absenteeism and lower productivity at work.

The City & Hackney’s Health and Wellbeing Profile covers alcohol both as a lifestyle issue, [3] and as substance misuse when it becomes harmful to the drinker’s health or wellbeing, or those of other people [4]. Key observations from the Health and Wellbeing Profile include:

- Alcohol consumption in the UK has fallen since 2005, especially in younger age groups. But people under-report how much they drink, with heavier drinkers more likely to do so
- Alcohol-related hospital admissions have risen by almost two-thirds since 2005, and more steeply for men than women. In the UK, an estimated one third of accident & emergency attendances are alcohol-related (this doubles at weekend peak-times), as are 22-35% of GP visits.
- Harmful drinking at a young age can affect physical development, and is associated with other risk-taking behaviours. Parenting, parental drinking, and alcohol marketing all affect young people’s drinking behaviour.
- Almost half of the victims of violent crime believe their attacker to have been under the influence of alcohol, and alcohol is a risk factor in domestic abuse
- There is a strong relationship between mental ill health and alcohol (and other substance) misuse

The Health and Wellbeing Profile also includes evidence from a recent survey which asked Hackney residents about their drinking¹. Among adults in the borough:

- 33% were lower risk drinkers (30% of men and 36% of women).
- 27% drank at hazardous or potentially harmful levels (35% of men and 19% of women)
- Around one-third of 25-44 year-olds were hazardous or harmful drinkers, compared to 13% of 16-24 year-olds and 16% of people over 64. [3]

Among 15 year-olds in the City and Hackney, 71% said they didn’t drink, 19% drank only a few times a year, and only 11% once a month or more.

¹ See Appendix 1 for definitions of some terms used in this strategy
Overall, estimates suggest that there are potentially 26,492 increasing risk drinkers in Hackney, 11,529 drinking at higher-risk levels, and 26,263 binge-drinkers. [5] [6] As many as 1,800 people in Hackney may be moderately or severely alcohol-dependent, requiring medically-assisted withdrawal to stop drinking. [7]

**How can we tackle alcohol misuse in Hackney?**

Some measures to tackle alcohol misuse require action at national level, including certain action in relation to alcohol affordability, advertising, and licensing law. However, there is still much that we can do locally - in partnership with stakeholders across the public, private and voluntary sectors - to reduce alcohol-related harms in Hackney. Following consultation events with key stakeholder, the following objectives have been developed to help reduce alcohol-related harms in Hackney

- Encourage healthier drinking behaviours
- Commission appropriate and responsive treatment services
- Support families, carers, and young people affected by alcohol misuse
- Improve drinking environments

This strategy sets out a number of actions to meet these broad objectives over the next three years. This gives us time to make progress, review outcomes and re-calibrate priorities in step with evolving trends and best practice around tackling alcohol misuse. To ensure the delivery of actions identified in the strategy, a supporting action plan will be developed and monitored annually. Over the time period of the strategy, the health and social care landscape is likely to change significantly: with devolution and greater integration of services. By reducing levels of alcohol misuse, we can free up resources for other health and care needs, which will help to improve people’s quality of life.

**Guiding principles**

This strategy sets out to achieve real and lasting benefits for the people of Hackney, and to do this there are several important principles that underpin our objectives:

- Reduce health inequalities by challenging the ‘alcohol harm paradox’ [8] whereby the poorest people are disproportionately affected by alcohol-related ill-health.
- Promote early identification and intervention in relation to alcohol misuse for adults
- Work to prevent and address alcohol consumption by children
- Respond to different patterns of alcohol misuse and support relapse prevention.
- Work with hazardous / harmful drinkers - and those close to them - to co-design interventions, and thus maximise their uptake and effectiveness.
- Bring together health and other relevant professionals who come into contact with at-risk drinkers, to ‘make every contact count’.
- Focus on the health benefits of reduced drinking, rather than alcohol-related harms.
- Apply evidence-based solutions, while leaving space for innovation.
1. Encourage healthier drinking behaviours

Reducing alcohol consumption can have a positive impact on other health goals, for example better sleep, losing weight, and reducing stress. In order to encourage healthier drinking behaviours, we need to look at why people drink at levels that put their current or future health and wellbeing at risk. Personal, social and cultural factors can influence people’s attitudes to alcohol, and the likelihood that they will drink at hazardous or harmful levels. [3] We need to take account of different patterns of drinking, what people drink and in what contexts. We also need to use the right language and communicate with people in a way that resonates with them, given that some disregard Government guidelines on alcohol consumption or perceive them as having little relevance to their drinking behaviour. [9]

Taking account of differing circumstances and aspirations, and fostering peer support, makes it more likely that we reach the right people in the right ways. In doing this we will work with Hackney’s diverse communities to develop relevant and sustainable approaches to reducing hazardous and harmful drinking, and this underpins the range of actions identified in this section.

There are two key strands running through our approach to encouraging healthier drinking behaviours: work to boost resilience as the ability to adapt to stressful circumstances in the context of alcohol related harm, and earlier identification of hazardous and harmful drinking.

Develop prevention and outreach activity with children and young people

In Hackney, a range of prevention and outreach work is carried out by the Young Hackney Substance Misuse Service to encourage young people not to drink, delay the age at which they start drinking, and to reduce harm for those that do. This includes work with a range of education and health services and in community and youth settings. Specific work is also carried out with schools to promote effective alcohol policies.

Hackney’s Education, Prevention and Outreach Strategy for children and young people sets out specific actions to tackle substance misuse. The strategy includes work to develop the knowledge and capacity of families and carers, teachers, health and care services to address drug and alcohol misuse; and also aims to involve children and young people themselves in the design and delivery of interventions that seek to increase their resilience, whether through social media, schools, colleges and community settings

Promote healthy behaviours through national and local campaigns

Public Health England promotes two large scale campaigns led by the charity Alcohol Concern: Dry January and Alcohol Awareness Week. These well-advertised national campaigns encourage conversations about alcohol and healthier drinking, and may influence social norms around drinking. By providing opportunities to discuss alcohol control measures, and to shape views about drinking at a social level, they can be pivotal in changing how people think about alcohol, and promote long-term health gains. [10]

These campaigns focus on alcohol, but by introducing healthy attitudes to drinking into other health campaigns – for example on diet and exercise, or the links between smoking and drinking for some [11], the role of alcohol across health outcomes can be reinforced. In
Hackney we will continue to ensure that national campaigns are supported and local campaigns on healthy behaviours incorporate messages around alcohol.

**Promote identification and brief advice (IBA) across health services**

The three-question AUDIT-C [12] is the standard health service screening tool for hazardous and harmful drinking. “Identification and Brief Advice” combines screening with motivational prompts to encourage lower-risk drinking and advice on reducing alcohol-related harm. [13] IBA can promote earlier identification of alcohol use issues for adults and is a cost-effective intervention in primary care, [14] with the long-term potential to cut the number of alcohol-related deaths and hospital admissions.

Local GPs can currently use IBA as part of the Health Check for new patients, people aged 40-74, and those with a long-term condition such as cardiovascular disease or liver damage. Offering more patients IBA in primary care, for example where drinking adversely affects medication, patients with high blood pressure, [15] or those affected by depression or stress, [16] is likely to have positive effects on those conditions as well as reducing alcohol-related ill-health. The use of IBA is also being incentivised for use in community mental health and acute settings through the NHS England’s Commissioning for Quality and Innovation (CQUINs) payments framework.

Widespread use of community pharmacies for health issues, including Medicine Use Reviews, also presents an opportunity to sign-post people to appropriate services. [17] As such, we need to ensure community pharmacies are provided with accurate information and support to facilitate this.

**Encourage advice and sign-posting in a range of settings**

The ability to ‘make every contact count’ [18] in reducing alcohol-related ill-health is an opportunity. Interventions can be matched to the context and training appropriate staff to recognise alcohol-related ill-health, use simple screening tools, and signpost to services, may lead to healthier behaviours, earlier identification of hazardous and harmful drinking and more people to engaging with treatment.

There may also be opportunities to work with employers to support healthy working environments. This is part of an employer’s duty of care to their workers, and can also minimise absenteeism or ‘presenteeism’, and drive gains in productivity. Hackney is using and promoting the use of the London Healthy Workplace Charter, [19] a framework of actions on health issues, to improve the working environment and help employers to make their workplaces healthier and happier.

**Promote self-help and alcohol-free alternatives**

For some, self-help and social or digital resources may be appealing and help to change drinking patterns as well as providing positive reinforcement. Group activities, volunteering and peer support, are also effective in improving health, wellbeing, and social cohesion. [20] A range of options are available which may help reduce isolation and improve resilience and wellbeing of those of all ages.

There are many smartphone-apps that log alcohol consumption and give tips on healthier drinking, some offer advice on related health issues. On-line groups such as Club Soda and
Soberistas host discussions and organise activities on alternatives to alcohol, and provide mutual support in reducing drinking. These resources are evolving quickly, and we can promote and publicise those with proven appeal and efficacy.

**To encourage healthier drinking behaviours, we will:**

- Deliver Young Hackney’s Education, Prevention and Outreach Strategy and promote the active engagement of partners in its delivery
- Engage with schools and other education bodies to promote effective alcohol policies and best practice in this area
- Promote national alcohol health campaigns in Hackney, throughout the organisation and in local media;
- Promote responsible and healthy drinking as part of other relevant local and national health campaigns
- Work with the Clinical Commissioning Group, the GP Confederation and Homerton University Hospital Foundation Trust to increase the use of IBA in primary and acute care, especially in respect of conditions impacted by alcohol misuse including mental ill health
- Support community pharmacies to signpost patients to appropriate services
- Work with partners in social care, housing, employment services and other organisations in the statutory and voluntary sector to enhance the advice and sign-posting they are able to offer.
- Work with local employers and their staff, business organisations and trade unions, to promote responsible drinking and sensitive and effective responses to harmful drinking.
- Work with voluntary and community organisations to develop responses to hazardous or harmful drinking, based on people’s assets, strengths and aspirations
2. Commission appropriate and responsive treatment services

Hackney’s Public Health service currently invests over £4m a year in community treatment for substance misuse for adults at the Hackney Recovery Service (HRS). Whilst over three-quarters of service users in 2014/15 were in treatment for drug misuse, 498 people received support for alcohol misuse.

However, the first treatment many people get as a result of alcohol misuse is from the emergency services: in 2014/15 there were 2,416 alcohol-related ambulance call-outs in Hackney and 1,183 local residents were admitted to hospital because of alcohol misuse. [21] [3] [5]

As such, enhancing referral routes from primary care, hospitals and social care is a priority if more people are to get the treatment they need in good time, rather than waiting until they need an emergency intervention. This will involve promoting stronger awareness of the range of responsive and relevant treatment services available and ensuring these are well coordinated and effective.

Address barriers to treatment

A lack of awareness, by individuals as well as agencies of the alcohol recovery services available can present a barrier to treatment. In addition the way services are designed and delivered, assumptions about what they offer, and perceived stigma of being in treatment, can limit people’s access.

In addressing this we will need to raise the profile of effective recovery services to overcome people’s reluctance to seek support for alcohol misuse, [22] offer interventions in familiar places, and seek out the views of people who don’t currently access treatment: their experience of these barriers may produce the most useful insights into overcoming them.

Commission appropriate and effective community treatment

Hackney Recovery Service provides a range of evidence-based interventions from 1:1 motivational keyworking, behavioural therapies and structured group-work programmes, to assisted withdrawal and preparation for residential detoxification and rehabilitation. Pharmacological treatment can be effective alongside psychosocial support. Treatment is not ‘one size fits all’: interventions must be appropriate to the individual’s health and social situation, and take account of their circumstances and aspirations, in order to encourage sustained engagement.

Peer support and mutual aid are central to effective treatment: people who’ve been through the recovery process may have more credibility with those who are apprehensive about using services. [1] Hackney Recovery Service hosts several mutual aid groups – including Alcoholics Anonymous and SMART [23] that encourage service users to support each other to sustain their recovery, prevent relapse and promote social reintegration.

Successful completion is a key measure of treatment services. In Hackney, successful alcohol treatment completions have been below the national rate for some time, however there are indications that these are now improving. Public Health and Hackney Recovery
Service are exploring ways to further improve the treatment available, looking at where and how it is offered, as well as the types of interventions offered, and this strategy will take that work forward.

**Promote outreach and assertive engagement**

Hackney Recovery Service regularly conduct outreach to assertively engage with those who may have complex health and social needs. This includes working alongside police and council enforcement operation to engage members of the public with complex health and social needs, as well as outreach at key events in the borough.

Those with complex health and social needs are more likely to present to hospital accident and emergency departments than to community treatment. Coordinating care across hospital departments (covering physical and mental health), community treatment services and other relevant agencies, is central to improving the welfare of ‘frequent attenders’. Together with City & Hackney NHS Clinical Commissioning Group, Hackney Council has a shared commitment to reducing alcohol-related harms and addressing the needs of frequent attenders in this is key.

**Strengthen care pathways and respond to multiple needs**

Regardless of how and where someone’s alcohol misuse is identified, access to appropriate treatment should be timely and trouble-free. No single service will have the capacity to address all a client’s needs: we need to ensure coordinated care pathways are in place. Those pathways must be adaptable to the needs of a diverse client group and, while their aim is to support people to achieve recovery, also recognise that dependent drinkers may relapse before becoming stable.

People with a severe alcohol misuse disorder are likely to have other physical and/or mental health problems that may require urgent care. Particularly in the case of mental health services, there is a need to ensure strong links between treatment services. Additionally, addressing alcohol-related harms in palliative care, and as safeguarding or mental capacity issues, is likely to become more pressing with an ageing population and will require effective inter-agency cooperation.

Hackney Multiple Needs Service offers holistic and intensive support to a small number of people with needs around mental health, insecure housing, substance misuse and offending. The service is a pilot which seeks to give some stability to people by ensuring that they can access the support they need in a planned way, and in turn improve their health and wellbeing.

**Build recovery capital**

Recovery capital refers to the personal, physical, cultural and social assets that an individual has, or can develop, in order to successfully recover from alcohol or drug misuse. [22] Hackney Recovery Service reintegration hub offers a wide range of activities that promote education, training and employment for people who misuse alcohol. In the wider community, Hackney Council can forge links between the health services and the voluntary sector organisations that can respond to people’s aspirations.
Holistic recovery means developing the strengths and assets that can protect against harmful drinking, and reinforcing self-efficacy and self-esteem. The process may entail rebuilding social connections and community involvement discussed in the previous section. Social Prescribing schemes, ranging from the arts, education and exercise on referral, to group activities and volunteering, have shown their effectiveness in sustaining recovery. [24] Public Health can play a part in publicising their existence, and supporting them to help people recover alcohol misuse

To ensure appropriate and responsive treatment services, we will:

- Promote well designed and delivered alcohol treatment services that are accessible to all
- Identify and address the barriers people face in accessing treatment
- Map the local services that have the potential to tackle alcohol-related ill-health, and strengthen the links and care pathways between them
- Strengthen the links between mental health and alcohol treatment services, and develop a formalised pathway agreed by services
- Develop responsive outreach and assertive engagement for people who misuse alcohol including those who present frequently to A&E and acute care
- Support effective community-based interventions for harmful drinkers with complex health and social needs
- Capture and act on learning from the Multiple Needs Service pilot through robust evaluation
- Work with our partners in health and social care, Hackney Recovery Service, employment and housing services, community groups and voluntary organisations, as well as current and potential service users to achieve these actions
3. Support families, carers and young people affected by alcohol misuse

Harmful drinking can affect personal and family life: people living with, or close to, someone who misuses alcohol are also likely to suffer adverse effects. These may include impacts on emotional wellbeing, physical and mental health, and financial circumstances. Alcohol misuse is often correlated within conflict and abuse, including within a domestic setting. [25] Addressing the complex impacts of alcohol misuse in a family environment requires well-coordinated services able to meet diverse needs.

Promote a whole-family approach

Where alcohol misuse is taking place, in families as with individuals, focusing on alcohol misuse in isolation from other problems is unlikely to be productive. Earlier identification of alcohol problems and better inter-agency work, as outlined in previous sections of this strategy, are both essential.

Work to address stigma is also key in supporting families, and it should be acknowledged that not all parents who misuse alcohol will have significant problems with parenting. Parents should be encouraged to seek non-judgemental help, support and treatment with alcohol misuse according to their needs. Support should be focused on reducing the harm alcohol causes to individuals and their families and this might include a range of different support, from work by substance misuse midwives with expectant mothers affected by alcohol misuse, through to work between treatment services, children’s services, health services and others to meet a range of family needs.

There is also an opportunity for alcohol treatment services to work with specific initiatives in this area, such as the Troubled Families programme, to enhance their capacity to tackle alcohol misuse in a family context.

Address the impacts of parental alcohol misuse

Children and young people in particular may experience “hidden harms” from a family member’s drinking: as well as the risk of immediate harm, there may be longer term impacts on their emotional health and wellbeing, social functioning and educational engagement. [26] Children and young people affected by parental alcohol misuse may also be more likely to start drinking at a younger age and engage in other risky behaviours.

There will be instances where the severity of these harms requires rapid intervention, and statutory services are in place to address this need. There are also circumstances where alternative or additional support is appropriate, to address the emotional and social impacts of parental or familial alcohol misuse on children and young people. A range of support is available through the Young Hackney Substance Misuse Service and Hackney Recovery Service to address these needs.
Provide support for families and carers affected by alcohol misuse

Friends, families and carers can play an important role in supporting their loved ones in achieving recovery from alcohol misuse. Depending on circumstances, a restorative model, with a strengths-based approach, can be used to help families become a positive social network, supportive of change. [22]

As such, there are a range of services available for adult family members or carers of those misusing alcohol. This includes a dedicated Families and Friends service at Hackney Recovery Service, catering for those who are involved in the care of someone misusing alcohol. In addition, the Young Hackney Substance Misuse Service provides support and advice to parents and carers who may be concerned about the drinking behaviour of their child or young person.

These services are in addition to more generalised carers support services offered within Hackney, and ensuring support for families and carers is well coordinated is key.

To provide support for families, carers and young people affected by alcohol misuse we will:

- Engage with partners to promote strong links between alcohol misuse services, services for children and families, and professionals in other health and care services (eg domestic abuse).
- Promote the use of alcohol screening for frontline staff working with parents and carers to support early identification and intervention
- Ensure proactive support is available through statutory services and through Hackney Recovery Service and the Young Hackney Substance Misuse Service to address the impacts of parental alcohol misuse on children and young people
- Work with a range of services to ensure coordinated support is available for families and carers affected by alcohol misuse
4. Improve drinking environments

Hackney has a vibrant evening and night-time economy that attracts many people to the borough, and balancing the social and commercial benefits of the night-time economy with potential costs is key. By involving the community, and working with licensed premises and the emergency services we can help to improve drinking environments and reduce risky alcohol use and alcohol-related assaults, injuries and accidents. [27]

Ensure Public Health engagement in the licensing process

Hackney Public Health is a “responsible authority” under the Licensing Act 2003, working with local partners to examine the impact current and potential licensed premises. Despite the lack of a specific public health objective within the Licensing Act, Hackney Public Health is able to use its data to negotiate new conditions or make representations on licensing applications in line with the four licensing objective (promoting public safety, prevention of crime, disorder, public nuisance and harm to children). Less formally, Public Health also encourages licensees to adopt voluntary licence conditions, such as a minimum unit price, safety in licensed premises and guidelines on third-party delivery services.

Public health evidence is also being submitted as part of the review of Hackney’s Statement of Licensing Policy, as evidence suggests that there are fewer alcohol-related hospital admissions in areas with robust alcohol health and licensing policies. [28] Hackney is also involved in an independent study investigating how to strengthen public health contributions to licensing processes and will learn from the findings of this once available.

We will also continue working with partners and other London councils to promote diversity in the night-time economy and hospitality sector with arts or cultural venues and restaurants alongside bars and night-clubs.

Address alcohol-related anti-social behaviour and crime

Areas with a high concentration of pubs and clubs often have increased levels of violence, sexual assault and public disorder, especially at weekends. In addition, lower level antisocial behaviour, including street urination, noise and littering, can also affect other people’s wellbeing, and incur significant costs for emergency and environmental services. [1] Alcohol is often a common factor in these negative impacts.

Local services, working in partnership with alcohol outlets, can do much to reduce these harms. Hackney’s collaborative work on alcohol licensing operates in a similar way to the Local Alcohol Action Areas promoted by the Government. [29]

A key area in addressing alcohol related anti-social behaviour is work in relation to off-sales. The off-licence trade makes up an increasing proportion of alcohol sales, while having little influence over how and where people consume the alcohol they sell. There are a range of voluntary schemes focused on reducing off-sales of high strength alcohol to tackle crime and disorder problems associated with street drinking. Accompanied by assertive outreach, such schemes may encourage harmful and dependent street drinkers to access treatment.

In addition to work in addressing alcohol related anti-social behaviour, there is also a need to ensure effective interventions for people whose drinking causes, or exacerbates offending behaviour. Hackney Recovery Service provides several such interventions, including:
• Providing keyworkers in police custody suites to assess detainees’ drug and alcohol use
• Working with Probation and the Community Rehabilitation Company to make recommendations for Community Orders, and delivering the mandatory Alcohol Treatment Requirements that magistrates can impose as part of such Orders;
• Working in prisons to support people ‘through the gate’, who may have withdrawn from alcohol during their incarceration and/or need ongoing support.

**Improve the environment in pubs, bars and clubs**

Pubs, clubs and bars are social spaces, with an important and positive role in reducing isolation. There are a number of ways in which we can contribute to enhancing and improving the offer to create healthier environments.

This includes work such as The Nudging Pubs project, run by Club Soda and Blenheim in Hackney, which promotes ‘mindful drinking’ and alcohol-free alternatives in licensed premises. It has attracted interest from a range of bars in the borough, and has produced a guide to the best venues based on their selection of low-alcohol and alcohol-free drinks. [30]

Supporting the creation of spaces with alcohol-free options is in addition to Hackney Council’s role as the licensing authority: ensuring that licensees meet basic duties in acting responsibly for example by not serving people who are already intoxicated, and not promoting excessive drinking.

Better guardianship in venues can also make for safer drinking environments. Campaigns such as ‘Ask for Angela’ [31] can help to reduce the incidence of sexual assault, and using polycarbonate drinks containers rather than glasses can avoid serious injury. [32]

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**To improve drinking environments, we will:**

- Promote responsible alcohol sales, by:
  - Collating and analysing health-related data in support of licensing representations
  - Encouraging licence applicants to agree voluntary conditions
  - Ensuring public health concerns are considered in the drafting of the Council’s Statement of Licensing Policy
- Ensure that Public Health represented on Hackney’s Hospitality Improvement Board to promote balance in the night-time economy
- Explore the feasibility of measures to reduce alcohol-related harms in relation to off-sales
- Continue to provide treatment interventions that address alcohol misuse as a factor in offending
- Encourage licensed premises to take measures that improve the safety and health of their customers and the wider community
- Promote initiatives such as Nudging Pubs
Conclusion

Attitudes to alcohol vary, but there is relative consensus on the harms caused by alcohol misuse. These affect individuals, their friends and families, and the wider community, and need to be tackled at each level.

This strategy sets out how Hackney Public Health can play its part, and the importance of working collaboratively with other actors in the borough. Government policy around health in general, and alcohol in particular, is likely to change in coming years, and positive working relationships between stakeholders will ensure that we can adapt to such change.

We will conduct a review of the delivery of actions against this strategy once a year, and update these if needed. We will evaluate our achievements in three years, by which time we hope to have realised benefits for everyone in Hackney: by reducing the potential harms caused by alcohol, and in so doing level some of the health inequalities that adversely affect many people in the borough.
Appendix 1: Definitions of drinking and risk

The National Institute for Health & Care Excellence refers to hazardous and harmful drinking, and alcohol dependence:

- **Hazardous** – a pattern of alcohol use that increases someone’s risk of harm
- **Harmful** – a pattern of use that is causing damage to physical or mental health, and may in addition have adverse social consequences
- **Dependence** is defined as a strong desire to drink, difficulty in controlling alcohol use and persisting despite harmful consequences, prioritising alcohol over other activities and obligations, increased tolerance and sometimes a physical withdrawal state. Psychological therapy, with medication if needed, is used to treat mild dependence. Moderate and severe dependence generally require assisted withdrawal.

(NICE does not quantify these terms according to the amount of alcohol consumed.)

**Alcohol units**: one unit is 10ml of pure alcohol (ethanol), and the number of units of alcohol in any drink can be calculated using the following formula:

$$\text{Units} = \text{quantity in centilitres} \times \% \text{ Alcohol By Volume}$$

So, for a 125ml glass of 14% ABV wine: $12.5 \times 0.14 = 1.75$ units
Or a pint (568ml) of beer at 4% ABV: $56.8 \times 0.04 = 2.27$ units

**Low risk** - guidelines published by the UK Government’s Chief Medical Officers in 2016 [34] set a low risk level of 14 units of alcohol a week for men and women, with no differentiation above this - except to the extent that health risks rise with the amount of alcohol consumed. Low risk means a less than 1% chance, over a lifetime, of dying from an alcohol-related condition, but the CMOs stressed that, for some cancers, there is no safe level of drinking.

In its 2016 review, [1] Public Health England defined different alcohol risk levels according to units of alcohol consumed:

- **Increasing risk** – between 14 and 50 units a week for men, and 14 to 35 units for women
- **Higher risk** – over 50 units a week for men, and over 35 units for women
- **Extreme risk** – over 75 units a week, for men and women

In addition, **binge drinking** is defined as more than 8 units on one occasion for men, and 6 for women.

This strategy uses the terms “hazardous” and “increasing risk” interchangeably, while “harmful” drinking comprises both “higher risk” and “extreme risk”.


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