

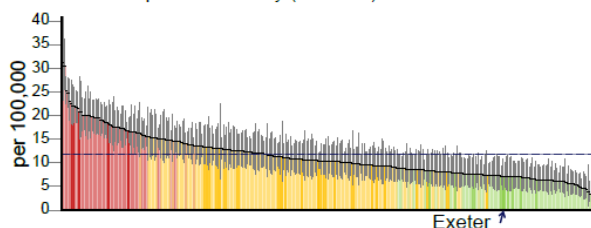
Brief outline of key messages from the Exeter Local Alcohol Profile

Public Health England published the latest Local Alcohol profiles in June 2015. They are designed to help local organisations to monitor the impact of alcohol on local communities and to monitor services and initiatives that are put in place to try to prevent and reduce harm from alcohol. They provide information around hospital admissions and mortality linked to alcohol and present the information in a range of ways to make it as useful as possible.

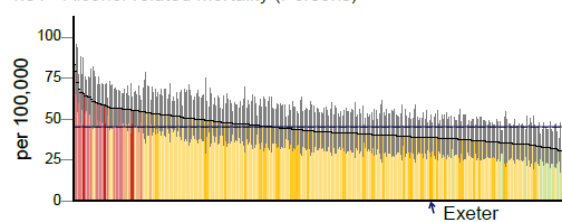
The profile looks at admissions in two ways, alcohol-specific conditions and alcohol-related conditions. Alcohol-specific conditions are where alcohol is causally implicated in all cases of the condition; for example alcohol-induced behavioural disorders and alcohol-related liver cirrhosis. Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls. There are also two versions of this, a broad and a narrow definition which relates to primary and secondary conditions.

The Exeter profile shows generally the Exeter population fare better or the same as the England average when looking at alcohol mortality. This is the same for both alcohol specific and alcohol related mortality. This is the case for both males and females, but rates are slightly higher in males.

2.01 - Alcohol-specific mortality (Persons)

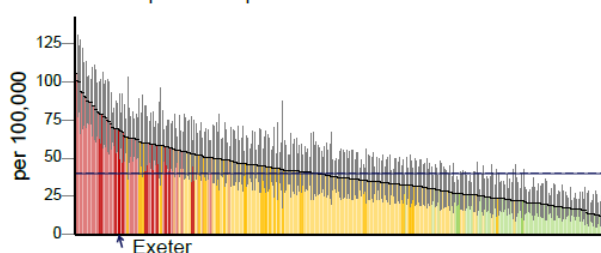


4.01 - Alcohol-related mortality (Persons)

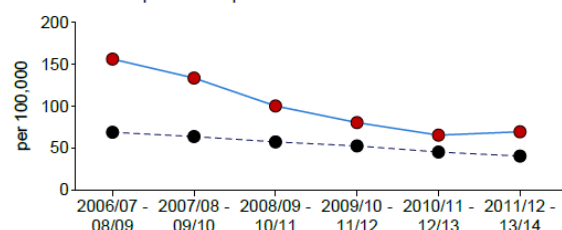


Hospital admissions in Exeter show a different picture to mortality. Alcohol specific admissions are high in under 18 year olds compared to England, however the trend chart below also shows the rates have decreased over time. Alcohol specific admissions are also high in people of all ages but the trend graph for these show an increasing trend.

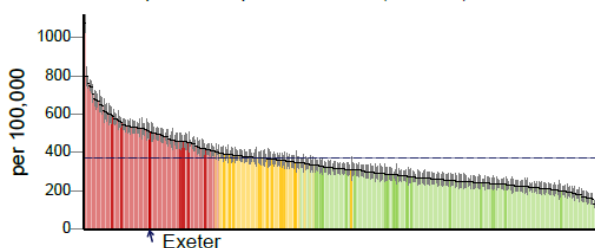
5.01 - Alcohol-specific hospital admission - under 18s



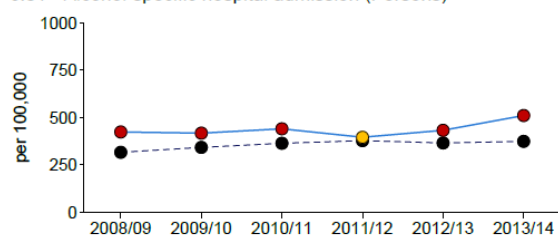
5.01 - Alcohol-specific hospital admission - under 18s



6.01 - Alcohol-specific hospital admission (Persons)

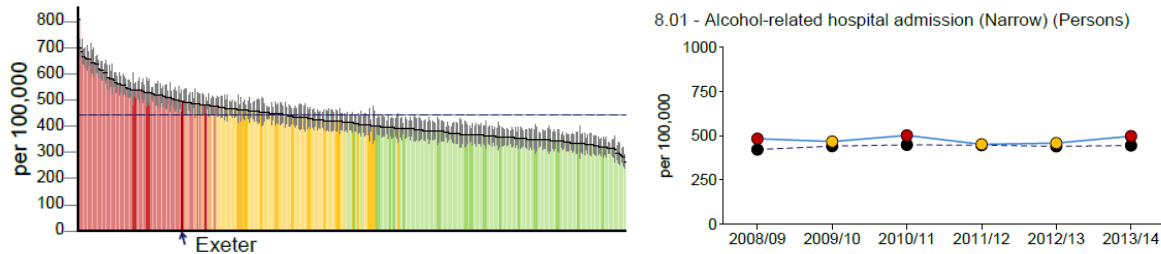


6.01 - Alcohol-specific hospital admission (Persons)



Alcohol related admissions differ between the broad or narrow definition. The broader definition shows Exeter to have better rates compared to the England average. The narrow definition shows a very different picture. Rates in Exeter using the narrow definition show rates to be significantly higher than the national average, and again showing a slight upward trend.

8.01 - Alcohol-related hospital admission (Narrow) (Persons)



There is variation between different cause groups as well. Alcohol related cancer admissions for females are higher than the England average. Alcohol related cardiovascular disease admissions are significantly lower than the England average for both male and females. Rates of alcohol-related admissions for alcoholic liver disease are significantly higher than the England average in males. Alcohol related admissions for mental and behavioural disorders due to use of alcohol are significantly higher than the national average in both males and females.

The differences between alcohol-specific and the narrow definition of alcohol-related admissions compared to the broad definition of alcohol-related admissions and also mortality is one between immediate and longer-term harm. Alcohol-specific and narrow definition of alcohol related admissions picks up more immediate harm, particularly in relation to mental and behavioural disorders, poisonings, accidents and self-harm and this tends to be higher locally. This corresponds with mental health being an outlier locally and also the changing patterns of alcohol usage in higher income groups. Long-term harm is a greater focus of the broad-definition which picks up chronic conditions due to alcohol use, and is lower. There are a couple of reasons behind the difference. One might be that the changing patterns of alcohol use reflected in the more immediate acute causes are yet to translate into long-term chronic problems – which are likely to take many years. Another may relate to protective factors which mean that the development of chronic conditions is lower in certain areas, which may relate to quality of life, diet and lower incidence of other health-related behaviours. The pattern is a very complex one without a single simple solution.