



## Local Alcohol Profiles for England: May 2017

### Main findings

- There were 339,000 hospital admissions where the main reason for admission was attributed to alcohol in England in 2015/16 (the narrow measure)
- The rate of admissions for alcohol-related conditions rose by 1.9% in 2015/16 although the trend remains largely flat.
- The rate of admissions where the primary or any secondary reason for admission was linked to alcohol (broad measure) increased by 2.5% in 2015/16, continuing the upward trend.
- Increases in alcohol-related admissions on both the broad and narrow definitions are driven by chronic conditions which are partially attributable to alcohol.
- The downward trend in alcohol-specific admissions in under 18s continued with a 4.3% fall in the latest period.
- There is an increasing trend in the rate of alcohol-related admissions for the over 65s.
- Each year there are an estimated 19,000 new cancer cases which can be attributed to alcohol

## Introduction

This latest update to the Local Alcohol Profiles for England (LAPE) includes:

- the addition of 2015/16 admissions to the hospital indicators
- the addition of 2013-2015 data for alcohol-related cancer incidence
- the addition of 2016 data for Incapacity Benefit claimants due to alcoholism
- some revisions to back-series due to minor methodological changes and corrected data for alcohol-related hospital admissions by age group.

Following a user consultation on the LAPE tool, a decision was taken to simplify the hospital admission indicators which are presented by replacing all “person-based indicators” i.e. those which measure the number of people admitted with “admission-based” indicators which count the number of separate admissions. As a result of this change, all the hospital indicators in LAPE are now calculated on the same basis. For more information about our user consultation see the consultation report<sup>1</sup>.

### Glossary of key terms used in LAPE

Broad definition	A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This represents a broad measure of alcohol-related admissions but is sensitive to changes in coding practice over time.
Narrow definition	A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a narrower measure. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.
Wholly attributable	Wholly attributable conditions are those which are known to be solely caused by alcohol consumption
Partially attributable	A partially attributable condition is one where it is known that a proportion of the cases are caused by alcohol consumption. Examples are circulatory disease and certain cancers.

<sup>1</sup> [https://fingertips.phe.org.uk/documents/LAPE%20User%20Survey%20Report\\_08.03.17.pdf](https://fingertips.phe.org.uk/documents/LAPE%20User%20Survey%20Report_08.03.17.pdf)

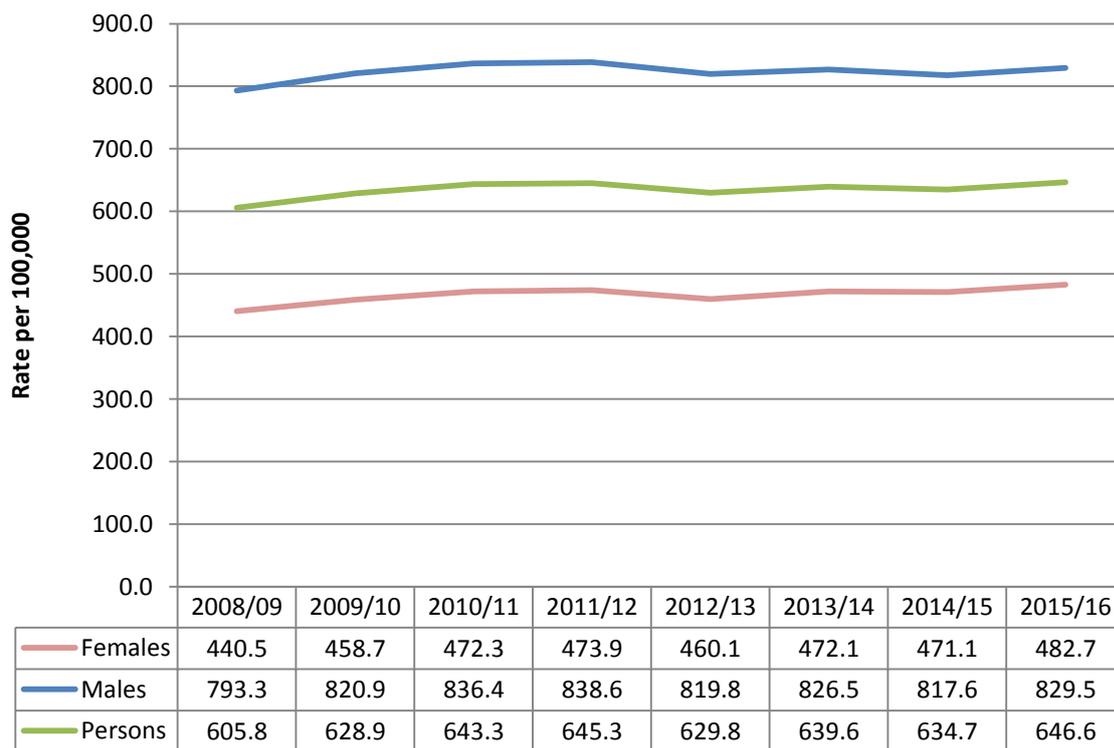
# 1. Summary of the latest national trends in alcohol-related hospital admissions

## 1.1 Hospital admissions for alcohol-related conditions (Narrow definition: hospital admissions where the primary reason for admission relates to alcohol)

In 2015/16 there were 339,000 hospital admissions for alcohol-related conditions in England (on the narrow definition), an increase from 330,000 in 2014/15. 61% of the patients admitted were men.

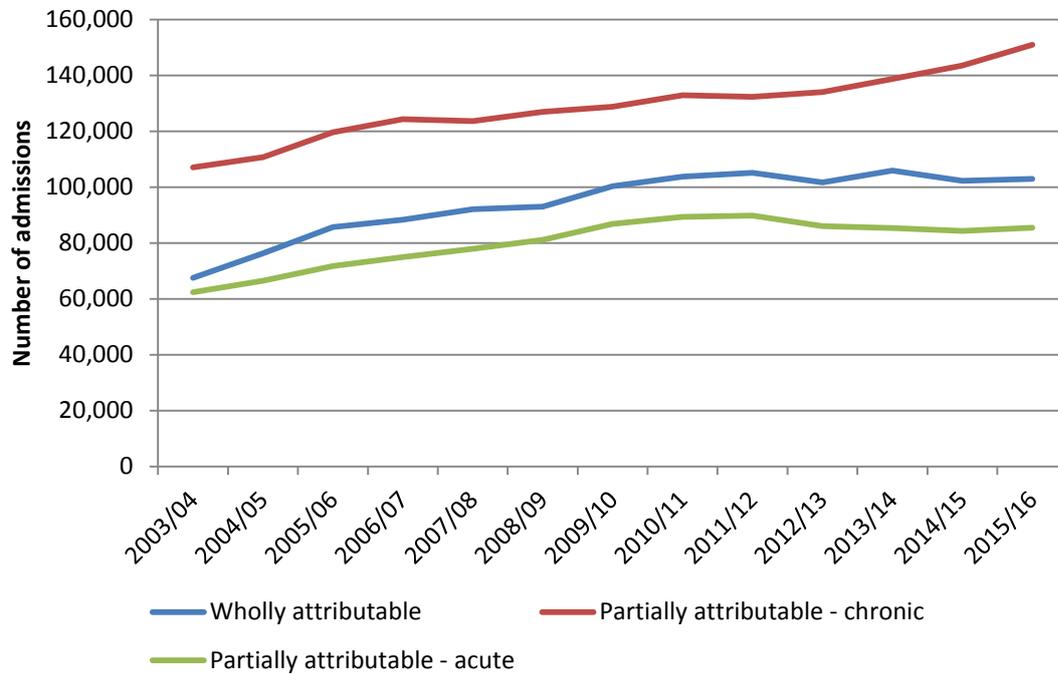
The rate of alcohol-related hospital admissions rose by 1.9% to 646.6 per 100,000 in 2015/16 following a fall in 2014/15. The rate rose for both males (+1.5%) and females (+2.5%) in the latest year. The trend in admission rates on the narrow definition is largely flat (see Figure 1).

**Figure 1** – Rate of alcohol-related hospital admission (Narrow definition) by gender, England



The rise in alcohol-related admissions in the latest year was driven by an increase in admissions for chronic conditions which are partially attributable to alcohol. Admissions for wholly attributable conditions and partially attributable acute conditions have remained flat since 2010/11 (see Figure 2).

**Figure 2 – Number of alcohol-related hospital admissions (Narrow definition) by type of condition, England**



**1.2 Hospital admissions for alcohol-related conditions** (Broad definition: admissions where the primary or any secondary reason for admission relates to alcohol)

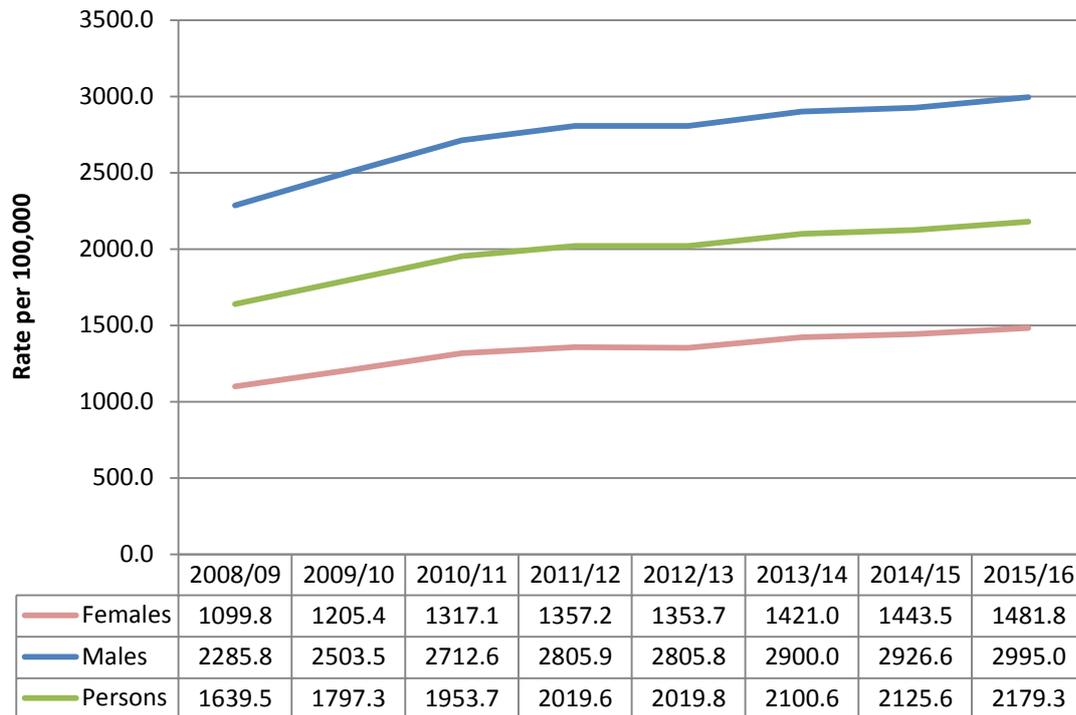
There were 1.12m alcohol-related hospital admissions on the broad definition in England in 2015/16.

The rate of admissions increased by 2.5% between 2014/15 and 2015/16 to 2179 per 100,000. This continues the upward trend which has been observed throughout the LAPE period and is, at least in part, related to changes in coding practices whereby more conditions are routinely included in admission records than in the past (see Figure 3).

The annual increase was similar for women (+2.7%) and men (+2.3%).

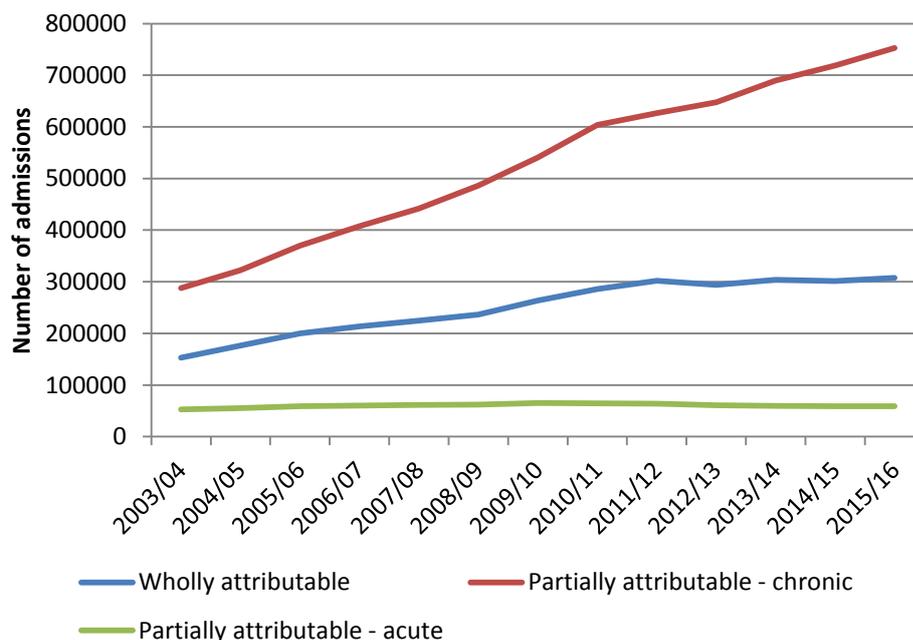
**(Note:** This indicator is affected by changes in coding practice, in particular the increasing use of multiple diagnosis fields. Hence, it is a less reliable measure of trends in alcohol-related harm than the narrow measure which only takes account of the primary diagnosis).

**Figure 3 – Rate of alcohol-related hospital admission (Broad definition) by gender, England**



The rise in the number of admissions on the broad definition, both in the latest year and over the longer term, is strongly driven by increases in partially attributable chronic conditions. These conditions now make up two-thirds of all the alcohol-related admissions and the number of alcohol-related admissions for partially attributable chronic conditions has doubled over the past 10 years (Figure 4).

**Figure 4 – Number of alcohol-related hospital admissions (Broad definition) by type of condition, England**



### 1.3 Alcohol specific admissions for those aged under 18

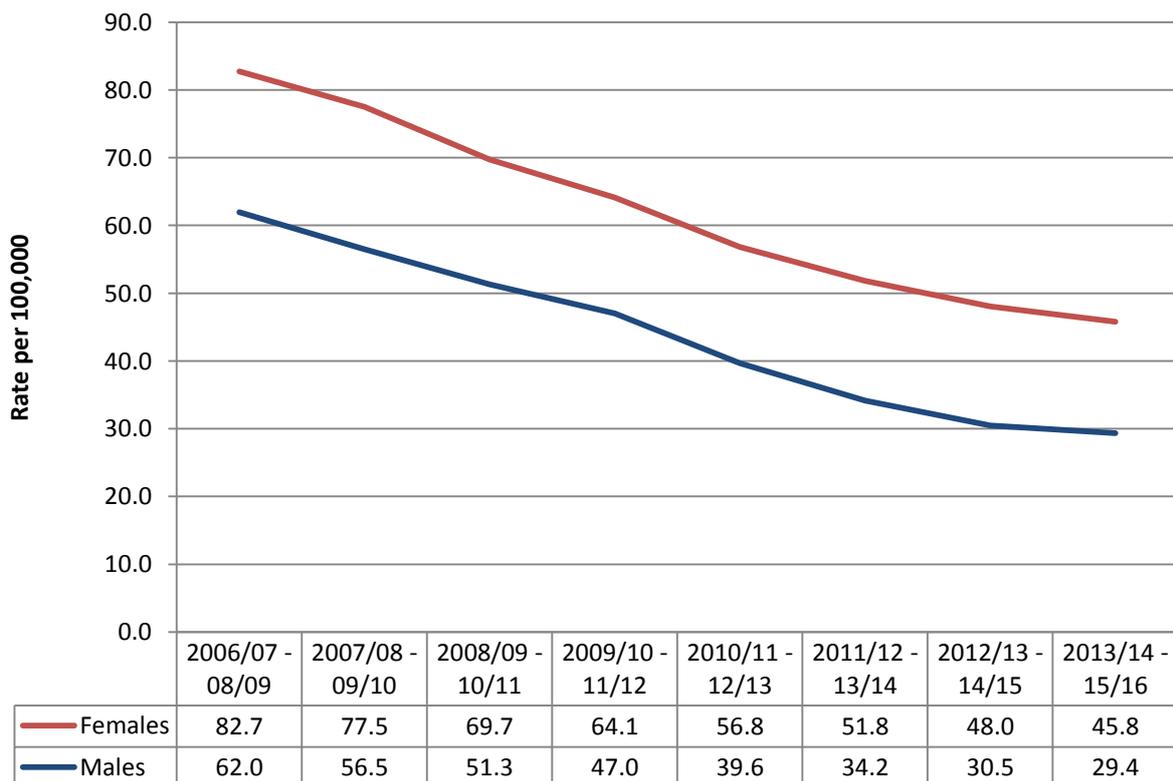
Between 2013/14 and 2015/16 there were 12,998 hospital admissions for alcohol-specific conditions where the patient was under 18.

The rate of alcohol-specific admissions amongst under 18s fell by 4.3% in the latest 3-year period to 37.4 admissions per 100,000 in the population. There were falls for both females (down 4.7% to 45.8 per 100,000) and males (down 3.7% to 29.4 per 100,000). This continues the strong downward trend that has been observed over the past decade.

Admissions for females in this age group continue to be noticeably higher than for males. This is in contrast to the majority of alcohol harm indicators where males are typically higher. However, the strong downward trend is observed for both males and females

**Note:** This indicator has previously been expressed in terms of the number of people aged under 18 that were admitted to hospital. The new indicator measures the number of separate admissions.

Figure 5 – Rate of alcohol-specific hospital admissions in under 18s by gender, England



## 1.4 Hospital admissions (narrow definition) by age band

Of the 339,000 alcohol-related admissions in England in 2015/16 (on the narrow definition), 84,000 were people under 40, 158,000 were aged between 40 and 64 and 98,000 were people aged 65 or over.

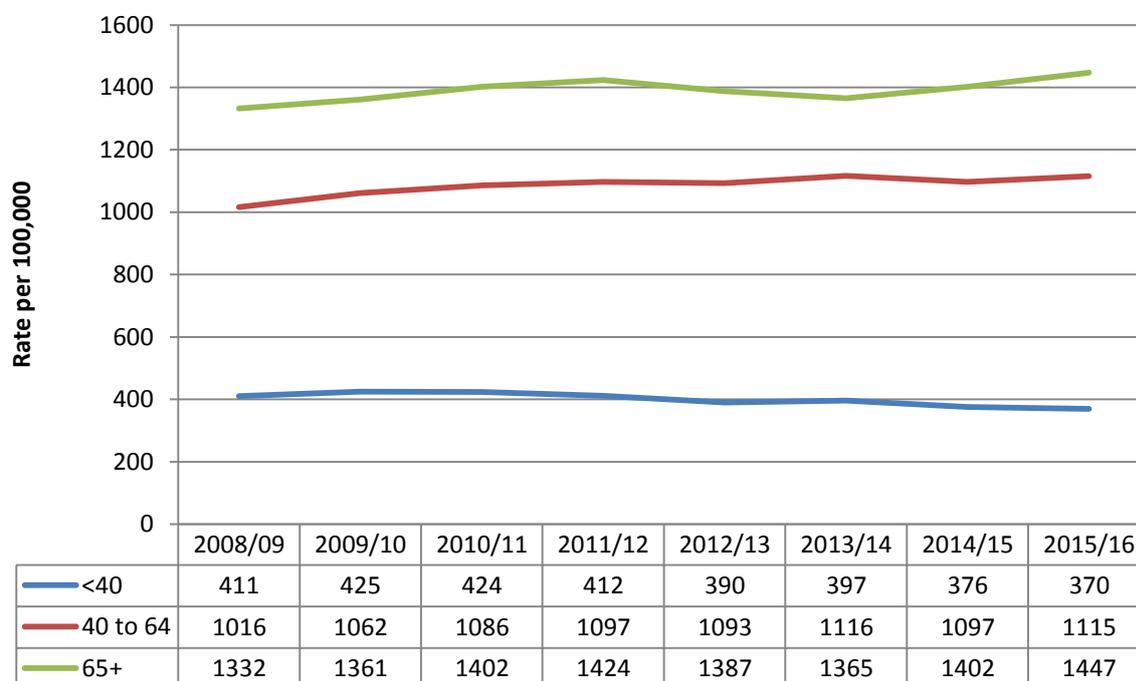
In the latest year, the rate of admission for under 40s remained flat at 314 per 100,000 whilst the rate for 40 to 64s rose by 1.9% (to 904 per 100,000) and the rate for over 65s rose by 3.4% (to 1006 per 100,000).

Figure 6 and Figure 7 below show the rate of alcohol-related admissions by age group for males and females separately since 2008/09.

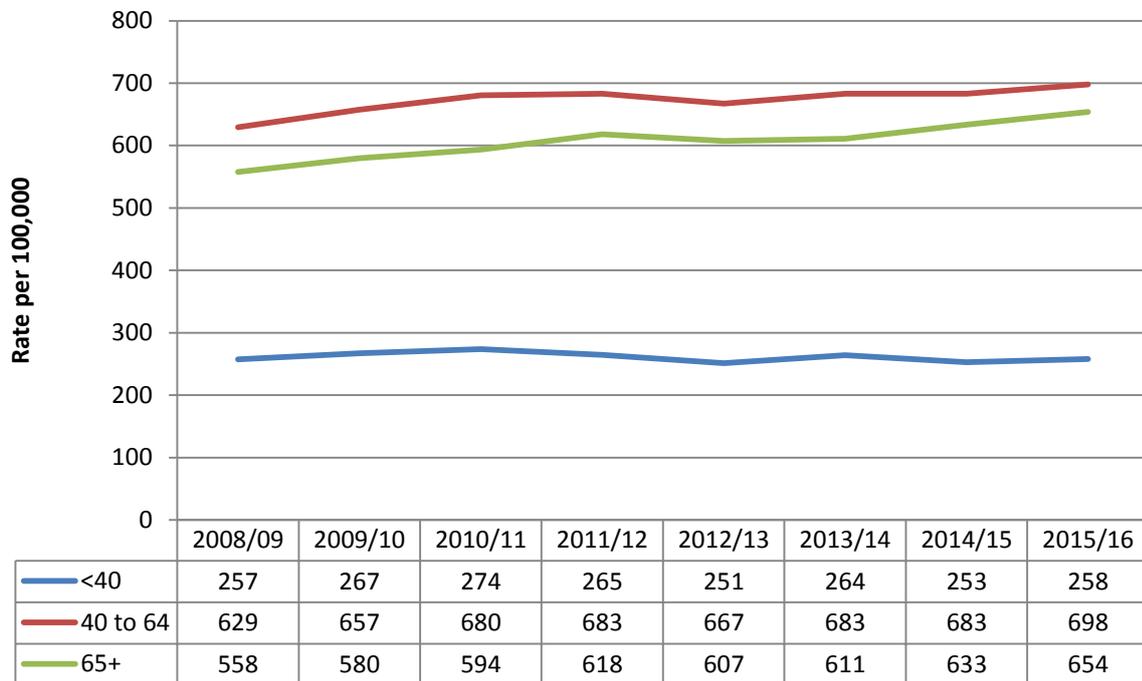
Overall, the data shows increasing admissions for those aged 65 and over and a downward trend for those under 40, particularly for males. For women the rate is higher for 40 to 64s than for over 65s whereas for men it is highest in the over 65s.

**Note:** An error was discovered in the age-group data which was published in May 2016. A fully revised back-series has now been produced and replaces all previously published data.

**Figure 6 – Rate of alcohol-related hospital admissions (narrow measure) by age group, Males, England**



**Figure 7 – Rate of alcohol-related hospital admissions (narrow measure) by age group, Females, England**



## 2. Alcohol-related cancer

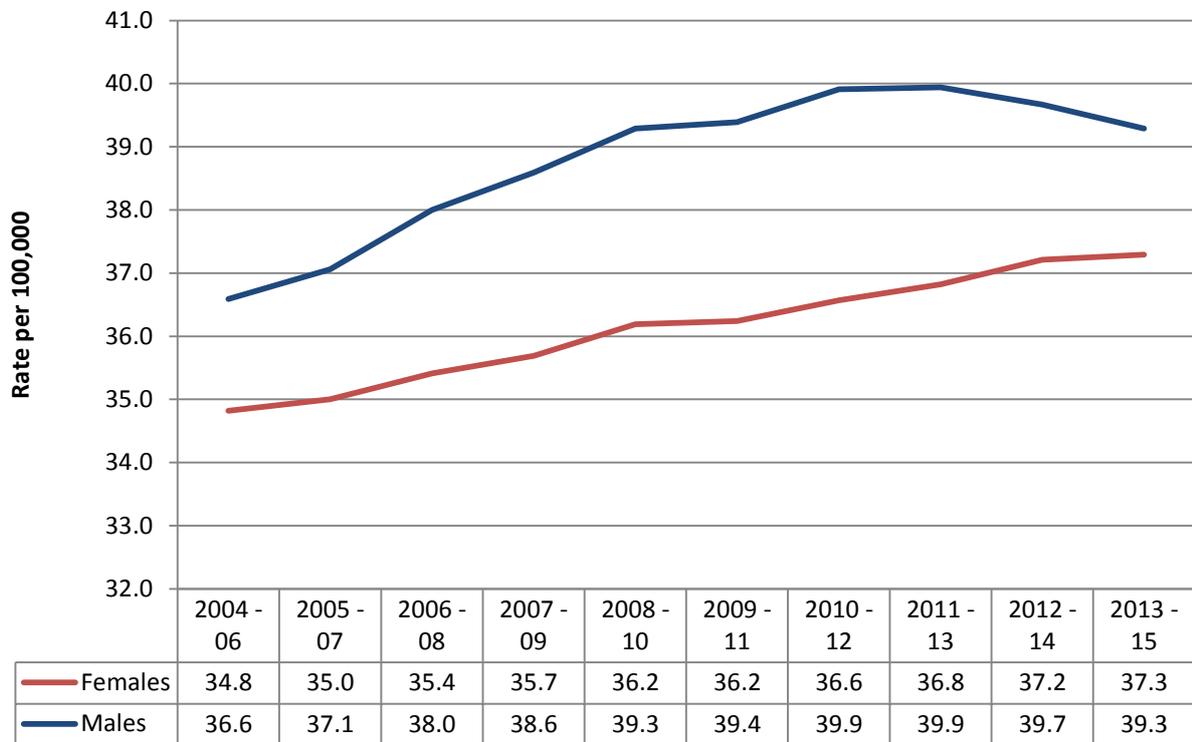
Estimates of alcohol-related cancer are calculated by applying alcohol-attributable fractions<sup>2</sup> to cancer registration statistics for the six cancer types which are known to have an alcohol link (mouth, throat, breast, stomach, liver and bowel cancer).

Between 2013 and 2015 there were an estimated 56,780 cancer registrations which were related to alcohol consumption. This equates to approximately 19,000 new cancer cases each year attributed to alcohol.

The rate of alcohol-related tumours increased gradually between 2004-06 to 2011-13 for men and women. Since that period there have been falls in the rate for men but continued increases for women. In the latest time period (2013 to 2015) the rate for males fell by 1% (to 39.3 alcohol-related cancers per 100,000 in the population) whilst for females it rose very slightly (to 37.3 per 100,000).

<sup>2</sup> Attributable fraction values, or population attributable fractions, are the proportion of a health condition or external cause that is attributable to the exposure of a specific risk factor (such as alcohol) in a given population

**Figure 8 – Rate of alcohol-related cancer incidence by gender, England**  
 (Note: the y-axis is a broken axis and doesn't start at zero)



## Background

- The Local Alcohol Profiles for England (LAPE) have been published since 2006. These profiles have been designed to help local government and health services assess the effect of alcohol use on their local populations. They inform commissioning and planning decisions to tackle alcohol use and improve the health of local communities.
- LAPE is an interactive data tool which enables local areas to compare and benchmark themselves <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- Definitions and methodology for all LAPE indicators is described in our user guide [http://www.lape.org.uk/downloads/LAPE%20User%20Guide\\_Final.pdf](http://www.lape.org.uk/downloads/LAPE%20User%20Guide_Final.pdf)

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