

Charting the 'natural history' of heavy drinking

What happens to those heavy drinkers who never come into contact with addiction services? Dr Alison Rolfe and Professor Jim Orford give an insight to their behaviour patterns.

Given that 7 per cent of men and 3 per cent of women in Britain currently drink at potentially harmful levels¹, many heavy drinkers appear not to be accessing help, yet there is very little research charting the experiences of this group. One exception to this general rule is the Birmingham Untreated Heavy Drinkers project, a longitudinal research study funded by the Department of Health, which has been following the 'natural history' of heavy drinking amongst a cohort of over 300 drinkers since 1997.²

Drinking patterns over the past eight years have been very varied amongst the sample who, when recruited to the study, were drinking over 50 units (men) or 35 units (women), and had not sought treatment in the previous ten years. At the most recent interview (in 2003) almost a third of the cohort reported taking action to reduce consumption and nearly half were contemplating taking action. Whilst there is considerable diversity in levels and patterns of alcohol consumption within the sample, average levels of alcohol consumption have decreased over time, as have average levels of psychological dependence on alcohol.

There is, however, still cause for concern, since 52 per cent of the sample are still drinking at or above 'potentially harmful' levels (50/35 units per week), and 8 per cent of participants have gradually increased their drinking over time. The health of participants is also relatively poor, particularly for younger participants, yet they are no more likely than the general population to visit their GP surgery. When they do see their GP, drinking is frequently not discussed, even though over half of those who had contact with their GP during the past year were drinking at potentially harmful levels (50+ / 35+ units per week). Only just over a quarter of those drinking at this level reported said their GP had commented on their drinking.

Amongst the most serious risks to health for the cohort are smoking, drug use, drink driving and engaging in other risky behaviours such as being inappropriately aggressive. Cohort members are twice as likely as the

general population to use accident and emergency. They are also considerably more likely to use hospital inpatient and outpatient services. Nonetheless, comments and discussion about alcohol consumption are even less frequent for those using hospital services than for those visiting their GP, with drinking being discussed during only 9 per cent of inpatient admissions, 5 per cent of outpatient visits and 3 per cent of accident and emergency visits. Given the relatively high use of hospital services by the sample, accident and emergency may constitute a prime site for screening and referral for brief interventions, but the study suggests that this may currently be an under-used resource.

Between 2001 and 2003, 8 per cent of participants sought advice or treatment for their drinking, and just 4 per cent received professional treatment, most commonly in the form of non-residential alcohol agencies. However, others had reduced drinking without seeking professional treatment. Comparison between these two groups highlights several key differences. Those who sought professional help described having more drinking-related problems and tended to feel less 'in control' of their drinking. Those who reduced without professional help often did so in collaboration with others who were also taking action to change, including friends and partners. Such collaboration may allow a sense of reciprocity. Those who sought professional help also identified collaboration with others as an important aspect of achieving and maintaining change. However, they were less likely to have such support available in their existing social networks.

The Birmingham study is set to run for a full ten years, with final interviews planned for 2007. Findings to date suggest that not all heavy drinkers require professional intervention in order to reduce their drinking. They may cut down successfully without such assistance, particularly if they are able to draw on the support of other drinkers who are motivated to cut down. It is also noteworthy



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that some previously heavy drinkers appear able to decrease and to maintain their drinking within 'sensible' limits. However, others continue to drink at potentially harmful levels over many years. For this latter group, these findings highlight the need for more awareness of alcohol issues amongst primary care workers, and the need for more screening and brief intervention work, both in primary care and in A&E departments. At the present time, this research indicates that many heavy drinkers may currently be slipping through the treatment net.

References

1. Office of National Statistics (2001) *Living in Britain. Results from the 2000 General Household Survey*. London: Stationary Office.
2. Dalton, S., Orford, J., Webb, H. and Rolfe, A. (2004) *Birmingham Untreated Heavy Drinkers Project. Report on Wave Four*. Unpublished report for the Department of Health. (Contains the most recent findings and is available from authors on request). Reports on waves 1 to 3 of the research are available on the web, at: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/AlcoholMisuse/fs/en

Dr Alison Rolfe and Professor Jim Orford are at the School of Psychology, University of Birmingham. The views expressed in this article are those of the authors and not necessarily those of the Department of Health.