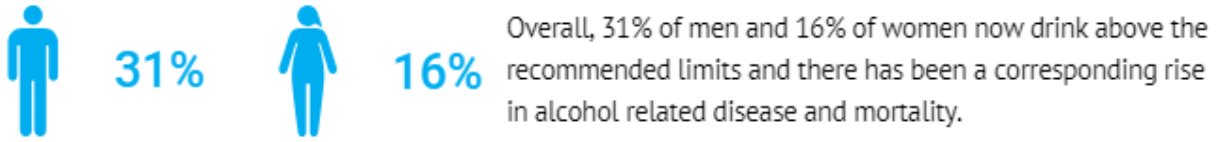
7.3.6 Alcohol (Adults and older people) Brighton & Hove JSNA 2019

What does this topic summary cover?

- What is the impact of alcohol in Brighton & Hove?

Why is this topic important?

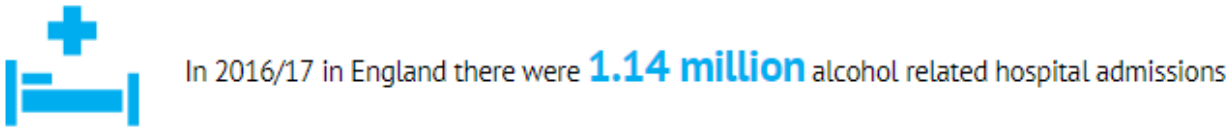
The impact of alcohol misuse is widespread encompassing alcohol related illness and injuries as well as significant social impacts including crime and violence, teenage pregnancy, loss of workplace productivity and homelessness. In the UK since 1980 alcohol has become 64% more affordable and until 2000 consumption increased, before falling between 2000 and 2015.[1]



The cost to the NHS alone is an estimated £3.5 billion a year and the cost of alcohol related harm is estimated to cost society £21 billion annually.[2]

The last National Alcohol Strategy was produced in 2012.[2] The strategy included commitment to consult on the minimum unit price for alcohol and set out proposals to crack down on harmful drinking and reduce the impact of alcohol on local communities.

National trends indicate that levels of alcohol consumption may have peaked. A fall in young people drinking has contributed to this reduction.[3] However, this is not the case for those aged 65+ and this cohort are now drinking at higher levels. Despite the overall fall in alcohol consumption, alcohol harms have been little affected.



51% (576,212) of these admissions were due to conditions which were categorised as partly attributable cardiovascular condition.[4] In 2016/17, 40% of violent incidents involving adults were alcohol-related.[5]

National outcomes

- ***Increase successful completion of alcohol treatment (Public Health Outcomes Framework)***
- ***Reduce under 75 mortality rate from liver disease (Public Health Outcomes Framework and NHS Outcomes Framework)***
- ***Reduce alcohol related admissions to hospital (Public Health Outcomes Framework)***
- ***Increase the number of adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison (Public Health Outcomes Framework)***

Local outcomes

- ***Reduce the number of alcohol-related hospital admissions per 1,000 population***

[1] NHS Digital. Statistics on Alcohol: England, 2018. Available at https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2018
[2] HM Government. The Government's Alcohol Strategy. March 2012.
[3] Office of National Statistics. Adult Drinking Habits in Great Britain. 2013.
[4] Public Health England. Local Alcohol Profiles. Available at: https://fingertips.phe.org.uk/profile/local-alcohol-profiles
[5] Office for National Statistics. The nature of violent crime in England and Wales: year ending March 2017. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thenatureofviolentcrimeinenglandandwales/yearendingmarch2017

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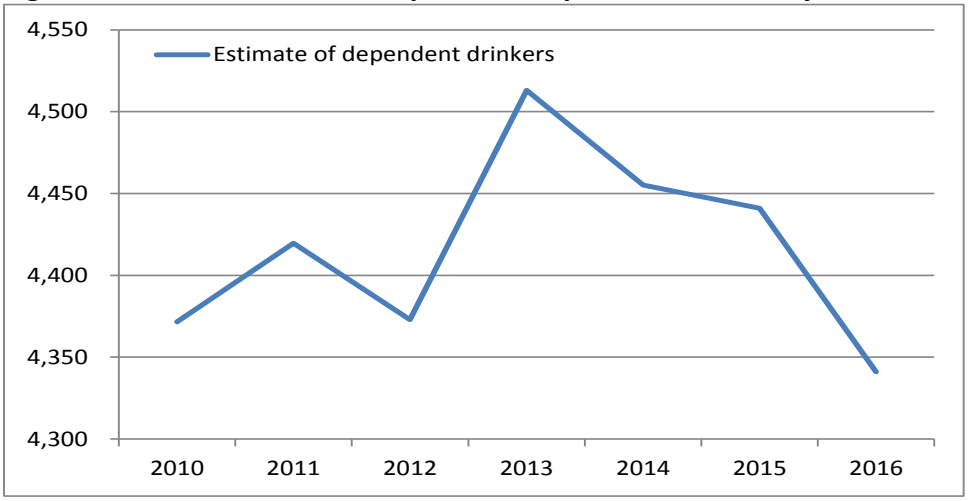
- ***Increase the number of people successfully completing treatment and not re-presenting within 6 months***
- ***Increase the number of people from LGBT and BME communities accessing treatment***
- ***Increase the number of adults who are parents accessing treatment***

Current picture in Brighton & Hove

Modelled estimates of Alcohol Dependence in the City for 2016-17 based on the Adult Psychiatric Morbidity Survey 2014 show that the number of Dependent Drinkers is **4,341**

Brighton and Hove has an estimated rate of 1.84% which places the city in 21st highest place out of 151 local authorities.[6]

Figure 1: Estimated Alcohol Dependent Population in the City



The Department of Health Profiles[7] provide an estimate of 41.9% of adults in the city drinking over 14 units of alcohol a week, significantly higher than England (modelled data based upon 2011 to 2014 data from the Health Survey for England), and places the city in 4th highest place out of 149 local authorities.

The Chief Medical Officers' guideline[8] for both men and women is that to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.

The 2012 Health Counts survey shows that the percentage of people drinking above the recommended limits has fallen significantly since 2003 but is higher than 1992 levels.

In 2017 PHE commissioned the University of Sheffield to provide estimates for the number of dependent alcohol users with children living in the household and the number of children in those households.[9] Table 1 shows the estimated met treatment need figures for Brighton and Hove are much lower than the national averages. This highlights the large numbers of children living in households with alcohol-dependent parents whose needs are not currently being recognised or met.

[6] Alcohol Dependent prevalence in England. Available at: https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england
[7] Public Health England. Local Alcohol Profiles. Available at: https://fingertips.phe.org.uk/profile/local-alcohol-profiles
[8] UK Chief Medical Officers' Low Risk Drinking Guidelines. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf
[9] PHE Problem parental drug and alcohol use toolkit Available at: https://www.gov.uk/government/publications/parental-alcohol-and-drug-use-understanding-the-problem

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Table 1: Annual met treatment need estimates, alcohol dependency 2014/15 to 2016/17

Adults with an alcohol dependency	Brighton and Hove			Benchmark	National
	Prevalence	*Treatment*	*% met need*	*%*	*%*
Total number of adults with a dependency who live with children	906	123	14%	18%	21%
Total number of children who live with an adult with a dependency	1710	201	12%	18%	21%

Within Brighton & Hove, the impact of alcohol is considerable. The sale of alcohol through pubs, clubs and restaurants is important to the economy of the city, and this fine balance is taken into account when implementing policies locally.

Each week in the city there is an average of:

74 Ambulance call outs due to alcohol

37 A&E attendances relating to alcohol

10 people under the age of 25 years seen by Safe Space

89 Alcohol related inpatient hospital admissions for adult residents

2 Deaths associated with the impact of alcohol (almost one death a week wholly attributable to alcohol)

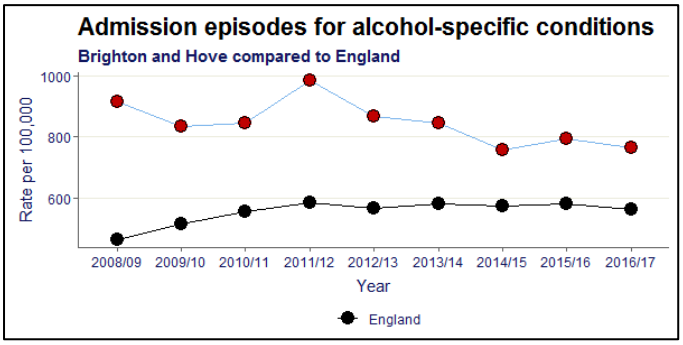
The costs to Brighton & Hove of alcohol misuse are estimated at £107 million per year: £10.7 million due to the health impact, £24.5 million due to economic effects and £71.8 million as a result of crime.[10] Alcohol is also an important contributor to health inequalities.

Alcohol-related A&E attendances to the Royal Sussex County Hospital have been falling since 2015.[11] Geographical analysis of the area of residence of those attending A&E in relation to alcohol has revealed that non-residents of the city make up 30% of attendances. Patients from neighbouring areas Shoreham, Peacehaven, Newhaven and Lewes made up 8% of the total.[12]

Although the trend for alcohol specific hospital admissions is relatively stable (Figure 2), these continue to be higher in Brighton & Hove than England.

[10] Brighton & Hove Safe in the City Partnership. Strategic Assessment 2011 Alcohol Misuse and Alcohol related crime and disorder.
[11] Royal Sussex County Hospital. A&E Alcohol Related attendances April 2008-July 2018
[12] Royal Sussex County Hospital. A&E Alcohol Related attendances analysed by postcode 2017-18

Figure 2: Alcohol specific hospital admissions in Brighton & Hove and England 2008/09-2016/17



Source: Local Alcohol Profiles for Brighton & Hove and England 2017

Significant numbers of people within commissioned supported accommodation services have alcohol issues. Across supported housing for single homeless adults, snapshots taken at the same point each year show high self-reporting of a need to manage an alcohol problem, rising to 60% in 2017 in high (24-hour) support services, and to 45% in low support services.[13]

Predicted future trends

Alcohol Related Admissions show long term improvement across all measures with more steeply declining rates in Brighton & Hove compared to England. Estimates for 2017/18 indicate this trend is expected to continue.

The alcohol-related hospital admission rate (narrow definition) has been falling since 2011, with 738 admissions (per 100,000) during 2011-12 compared with 606 during 2016-17. An indication of the full impact of alcohol on hospital admissions can be seen by looking at the broad measure[14] which shows admissions have started to increase again (2016/17, 1,919) following a fall in activity between 2011/12 (2,161) and 2014/15 (1,815). Although alcohol Specific admissions[15] for the city have fallen they continue to exceed those for the South East and England. Estimates for 2017/18 indicate the gap between Brighton & Hove and England rates is closing but they continue to place local activity as significantly higher than other local authority areas.

Local inequalities

It is a recognised paradox that households in more deprived areas are less likely to drink at increasing risk levels but are more likely to experience alcohol related mortality.[16]

The nature of alcohol excess and addiction means that it is often the most vulnerable who are victims.[17]

Alcohol-related attendances at A&E are 40% higher in city residents from the most deprived quintile compared with those in the most affluent quintile of the population. Brighton & Hove is ranked in the top quartile of local authorities for alcohol specific mortality (29th out of 152 local authorities) and has the 42nd highest rate of alcohol related mortality in England.[18]

[13] Brighton & Hove City Council. Commissioning Team Contract Monitoring.
[14] Alcohol-related conditions including 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.
[15] Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.
[16] Bellis MA. Jones L. Morleo M. Understanding The Alcohol Harm Paradox to focus the development of interventions. Centre for Public Health, Liverpool John Moores University
[17] National Treatment Agency. Quarterly Alcohol Summary Report
[18] Public Health England. Local Alcohol Profiles. Available at: https://fingertips.phe.org.uk/profile/local-alcohol-profiles

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Local data[19] shows that:

- The average age of those in treatment is increasing in the city and is currently 45 years and 7 months for males and 43 years and 8 months for females. Women made up 37% of the treatment population in 2017.

22% of those in treatment for primary alcohol use have reported a mental health treatment need and are likely to present with more complex needs. Women are over-represented amongst those clients reporting a dual diagnosis.

- There is under representation from the Black and Minority Ethnic (BME) groups within the treatment population (12.9%) compared with 19.5% within the City.
- In Brighton & Hove, 13.4% of those in alcohol treatment live with a child under 18.
- Almost a third of those in treatment for alcohol (31.2%) are in regular employment.

A third of the treatment population (32.9%) report one or more disabilities.

- There are approximately 6% of the treatment population with an urgent housing problem and they are mostly sleeping rough. A further 10% are identified as having a housing problem.

Local data from the 2012 Health Counts survey[20] suggests that:

- There is not a significant relationship between increasing or higher risk drinking and deprivation. In 2012 consumption at these levels had fallen since 2003 in all quintiles, with the exception of those living in the middle quintile where increasing or higher risk drinking actually increased.
- 18% of men and 17% of women drink above the recommended levels (using the Health Counts definitions of over 21 units for a man and over 14 units for a woman). Over the last decade the proportion of men reporting drinking above safe levels has actually fallen by 9% while for women, the proportion has remained stable at 17%

Among men, unsafe drinking is more common in older age groups, whereas in women it peaks in middle age. Younger women are more likely than younger men to drink above recommended limits.

- Drinking at increasing or higher risk was higher for LGB&U or other respondents (23%), but is not statistically significantly different to all respondents.
- Also, though higher for White British (19%) than BME respondents (12%), drinking at increasing or higher risk levels is not significantly different to all respondents for White British or BME respondents.
- People of White Irish ethnicity are more likely to be at increasing/high risk of alcohol related harm (25% compared to 18% across all ethnic groups in the city). Other Ethnic, Asian or Asian British and Black or Black British groups are more likely not to drink alcohol. These findings correspond to national research.[21]
- No statistically significant differences were observed in the percentages based on marital status, employment status, by limiting long-term illness or disability, or for carers.

[19] NDTMS (Nebula) extract 2017 Primary alcohol users in treatment.

[20] NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 1992-2012. Available at: http://www.bhconnected.org.uk/content/surveys

[21] Hurcombe, R., Bayley, M., and Goodman, A (July 2010) Ethnicity and Alcohol: A review of the UK literature. Joseph Rowntree Foundation.

- Increasing or higher risk drinking is significantly more likely in respondents who define themselves as having no religion (24%) than all respondents. Whereas respondents who are Christian (12%), or who have another religion (8%), are significantly less likely to drink at increasing/higher risk levels than all respondents.
- Individuals who rent their houses from a housing association or a local authority have significantly lower rate of drinking at higher or increasing risk levels (10%) than all respondents.

Respondents with no qualifications are significantly less likely (10%) than all respondents to drink at increasing or higher risk levels.

What's working well?

Services for drug and alcohol community based treatment were re-tendered in 2015, and a new partnership, 'Pavilions', has been operational since 1st April 2015. Drug and alcohol service provision is now integrated. Service users are engaged, involved, retained and reviewed to ensure progression through treatment and recovery and are supported to ensure positive, planned outcomes.

As part of the recovery journey, service users are provided with support to gain and maintain recovery capital such as having positive relationships, having a sense of physical, mental and emotional wellbeing, meaningful occupation of their time, adequate housing, being a caring parent, strong sense of self within the community and financial resilience.

A strong partnership ethic is fostered between providers and commissioners.

Outcomes for people accessing alcohol treatment services have been improving since 2013, increasing numbers of individuals are being supported to successfully complete treatment and in 2017-18 44% left treatment successfully and did not re-present to treatment.

Watch this space

NICE clinical guidance identifies the need for the use of screening and brief interventions, alongside structured brief advice and extended brief interventions.[22]

In 2017 the Government published a new drug strategy. However it was acknowledged that many areas of the strategy applied to both alcohol and drugs. The strategy puts the emphasis on supporting people to recover fully from their substance misuse problem (including alcohol), and reintegrate in the community. This continues to focus on the right treatment services being available, but also prioritises things such as appropriate housing, training/education opportunities and structured daily activities such as volunteering or paid employment. This strategy applies to both drug and alcohol treatment.[23]

Partnerships between children's services and alcohol and drug services, combined with effective identification and interventions have been shown to minimise the longer term impact of parental alcohol and drug use on a child's future health and wellbeing. Addressing problem parental alcohol and drug use is best achieved through strong partnerships across the range of services which work with issues that often occur alongside alcohol and drug problems. Commissioners and service providers will need to consider how issues such as poverty, parenting responsibilities, physical and mental health, domestic violence and abuse, housing and worklessness can be addressed when developing and delivering services to ensure an integrated response with the needs and rights of the child paramount.

A re-procurement of services for drug and alcohol community based treatment is taking place in 2019.

[22] Alcohol-use disorder – Preventing the development of hazardous and harmful drinking. NICE PH Guidance, PH24 – Issues. June 2012.
[23] HM Government: Drug Strategy 2017.

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Information on the data used

Safe in the City Alcohol Needs Assessment 2014
http://www.bhconnected.org.uk/content/needs-assessments

The Government's Alcohol Strategy 2012
http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy

NICE guidance – preventing the development of hazardous and harmful drinking (PH24)
http://www.nice.org.uk/guidance/PH24

NHS Digital. Statistics on Alcohol: England, 2018. Available at
https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2018

Ambulance call-outs: South East Coast Ambulance Service (SECAmb). Alcohol related call outs 2017/18

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