7.3.6 Alcohol (Adults and older people) Brighton & Hove JSNA 2015

Why is this issue 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. As alcohol has become increasingly affordable, consumption has increased – by 121% between 1950 and 2000.[1]

Overall, 26% of men and 17% of women now drink above the recommended limits and there has been a corresponding rise in alcohol related disease and mortality.[1] The cost to the NHS alone is an estimated £2.7 billion a year and the cost of alcohol related harm is estimated to cost society £21 billion annually.[2]

As indicated in the recently published National Alcohol Strategy,[2] fifty years ago the United Kingdom had one of the lowest drinking levels in Europe. However, it is now one of the few European countries whose alcohol consumption has increased.

National trends indicate that levels of alcohol consumption may have peaked. A fall in young people drinking has contributed to this reduction.[3] Despite this positive change, alcohol harms have been little affected and may contribute to popular perception of England's drinking culture.

In 2012/13 there were just over a million (1,008,850) alcohol related hospital admissions 65% (651,010) of which were due to conditions which were categorised as partly attributable chronic conditions.[4] In 2013/14, 53% of violent incidents involving adults were alcohol-related.[5]

Key outcomes

- ***Reduce the number of people entering prison with substance dependence issues who are previously not known to community treatment (Public Health Outcomes Framework)***
- ***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)***

Local outcomes

- ***Reduce number of alcohol-related hospital admissions per 1,000 population[6]***
- ***Increase the number of people successfully completing treatment***
- ***Increase the number of people from LGBT and BME communities accessing treatment***
- ***Increase in those leaving treatment with no housing need reported***

Impact in Brighton & Hove

The 2012 Department of Health Profiles[7] provide an estimate of 24% of adults in the city drinking at increasing risk or higher risk levels, not significantly different to the 22% across England (modelled data based upon 2008/09 data from the General Lifestyle Survey).

Increasing risk drinking is defined as usual consumption of between 22 and 50 units of alcohol per week for men and between 15 and 35 units of alcohol per week for women. Higher risk drinking is defined as usual consumption of over 50 units of alcohol per week for men, and over 35 units of alcohol per week for women.

Comparing local data from the Health Counts survey[8] with the Health Profiles data highlights significant differences, with 17% of respondents to the local survey stating that they drink above recommended limits: 14% at increasing risk and 4% at higher risk (figures do not sum due to rounding). The percentage of people drinking at increasing or higher risk levels has fallen significantly since 2003 but is higher than 1992 levels.

[1] Health and Social Care Information Centre. Statistics on Alcohol: England, 2012. Available at http://www.hscic.gov.uk/pubs/alcohol12 [Accessed 23/08/2015]
[2] HM Government. The Government's Alcohol Strategy. March 2012.
3 Office of National Statistics. Adult Drinking Habits in Great Britain. 2013. 13th February 2015
[4] Health and Social Care Information Centre. [Accessed 22/07/2015]
[5] Office for National Statistics. 5 facts about alcohol-related violence. Part of Crime Statistics, Focus on Violent Crime and Sexual Offences, 2013/14 Release. Available at: http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2013-14/sty-facts-about-alcohol-related-violence.html [Accessed 03/09/2015]

[6] Brighton & Hove Safe in the City Quarterly Performance and Activity report.
[7] Public Health England. Health Profiles. Available at: www.healthprofiles.info/ [Accessed 03/09/2015]
[8] NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 1992-2012. 2013. Available at: http://www.bhconnected.org.uk/content/surveys [Accessed 03/09/2015]

7.3.6 Alcohol (Adults and older people) Brighton & Hove JSNA 2015

Within Brighton & Hove, the impact of alcohol is considerable. However, the sale of alcohol through pubs, clubs and restaurants is very important to the economy of the city, and this fine balance must be considered when implementing policies locally.

Each week in the city there is an average of:

- 84[9] ambulance call-outs due to alcohol
- 51[10] attendances at Brighton A&E department related to alcohol
- 9 people under the age of 25 years seen by Safe Space
- 95 alcohol-related inpatient hospital admissions for adult residents
- 3 deaths associated with the impact of alcohol (almost one death a week wholly attributable to alcohol).[11]

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.[12] Alcohol is also an important contributor to health inequalities.

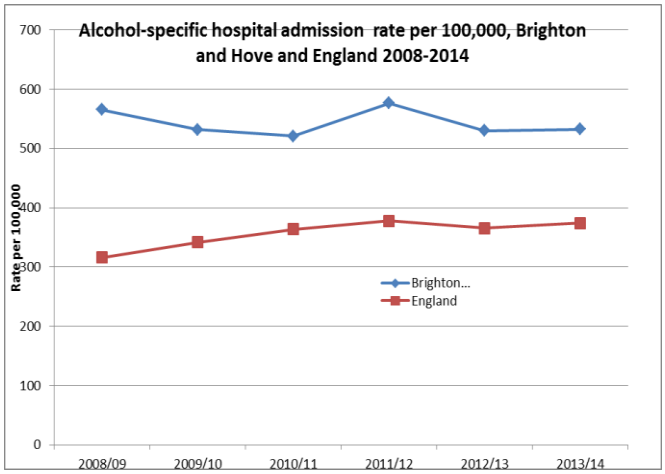
Alcohol-related A&E attendances to the Royal Sussex County Hospital continue to rise.[13]

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 a third of attendances. Patients from neighbouring areas Fishersgate (Portslade), Peacehaven, Newhaven and Lewes made up 11% of the total.[14]

Although the trend for alcohol specific hospital admissions is relatively stable (Figure 1), these continue to be higher in Brighton & Hove than England.

Alcohol plays a part in tenancy breakdown and evictions within hostel accommodation leading to a cohort of revolving door clients with complex needs who are not moving on to greater independence. Of those evicted from hostel accommodation in 2011/12, 60% had alcohol misuse issues and 52% of those evicted were evicted for an incident or incidents which took place when they were under the influence of alcohol.

Figure 1: Alcohol specific hospital admission rate per 100,000, Brighton & Hove and England 2008/09-2013/14



Source: Secondary Users Service (Hospital activity data)

Where we are doing well

Services for drug and alcohol community based treatment have recently been re-tendered, and a new partnership, 'Pavilions', has been operational since 1st April 2015. Drug and alcohol service provision is now integrated, and services should become more accessible in the future.

Pavilions will work in an integrated way with other service providers to ensure that service users receive the most effective intervention for their needs, at the most suitable time, in an appropriate setting and their care planning process will not be duplicated but transferable across settings. Service users will be 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 will be 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

[9] South East Coast Ambulance Service (SECAmb). Alcohol related call outs 2014/15
[10] Royal Sussex County Hospital. A&E Alcohol Related attendances 2014 weekly average
[11] Public Health England. Local Alcohol Profiles England (LAPE) Brighton & Hove. Available at: http://www.lape.org.uk/ [Accessed 03/09/2015]
[12] Brighton & Hove Safe in the City Partnership. Strategic Assessment 2011 Alcohol Misuse and Alcohol related crime and disorder. 2012.
[13] Royal Sussex County Hospital. A&E Alcohol Related attendances April 2008-March 2015
[14] Royal Sussex County Hospital. A&E Alcohol Related attendances analysed by postcode 2014-15

parent, strong sense of self within the community and financial resilience.

The strong partnership working that exists between providers and commissioners will continue under the new partnership.

Outcomes for people accessing alcohol treatment services improved in 2013/14 and 2014/15, and higher numbers of individuals were supported to successfully complete treatment.

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.[15]

The nature of alcohol excess and addiction means that it is often the most vulnerable who are victims.[16]

Alcohol-related attendances at A&E are 50% 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 (10th out of 152 local authorities) and has the 4th highest rate of alcohol related mortality in England.[11]

The Brighton & Hove alcohol needs analysis[17] indicated that:

- Lesbian, gay, bisexual and transgender people living in St. James Street and Kemp Town were more likely to drink alcohol than those in other areas; those who lived in rented and privately owned property were more likely to drink than those in social housing; and those who were frequently concerned about their use of alcohol or amount they drank had experienced problems in getting accommodation.
- Longer-term alcohol-related health problems are seen in increasing numbers of 35-54 year old males being admitted to hospital for alcohol specific conditions i.e. for alcohol intoxication, dependence and harmful use.
- Young men aged 19-29 years old were the most frequent group attending A&E for alcohol or assault reasons.
- Ethnicity was not shown to be a significant factor in assaults recorded by either A&E or the police, or in all alcohol-related attendances to A&E.
- People with severe and enduring mental illness are three times more likely to be alcohol dependent than the general population. Up to 10% of problem drinkers have severe mental illness, 50% have a personality disorder and up to 80% have neurotic disorders.

Local data from the 2012 Health Counts survey[8] suggests that:

- There is not a significant relationship between increasing or higher risk drinking by 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.
- If just looking at inequalities in higher risk drinking, these have fallen between 2003 and 2012. Higher risk drinking in 2012 no longer shows any association with deprivation in Brighton & Hove.
- 18% of men and 17% of women drink above the recommended levels (21 or more units or more for a man and 14 or more 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. However, the recommended limits are different for males and females, so the actual consumption levels may be similar, in younger age groups in particular.

[15] 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
[16] National Treatment Agency. Quarterly Alcohol Summary Report
[17] Brighton & Hove Community Safety Partnership. Alcohol Needs Assessment. 2010. Available at: http://www.bhconnected.org.uk/content/needs-assessments

- 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.[18]
- 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.
- 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.

Predicted future need

The month-on-month alcohol-related hospital admission rate is starting to fall, with 136 admissions (per 100,000) on average per month during 2014-15 compared with 142 during 2013-14.[19] A similar picture is shown in respect of alcohol related hospital admissions (broad definition[20]) which have started to flatten off (2013/14, 1,256) following a fall in activity between 2011/12 (1,324) and 2012/13 (1,257).[11] However, data relating to alcohol specific and 'narrow[21]' definitions continue to place local activity as significantly worse than other local authority areas.

As the number of rough sleepers is rising, there may be a corresponding rise in those who are street drinking which would cause a rise in anti-social behaviour and fear of crime amongst the community.

What we don't know

Alcohol treatment providers report relatively low levels of uptake from people from BME communities. There may be some issues with capturing this information when people do present to treatment services, but anecdotally it is felt that people from Black and Minority Ethnic (BME) communities are less likely to present to treatment.

Service user consultation is an integral part of service provision, but there is much we could still learn, in order to continue to improve services and make them as 'user-friendly' as possible. This should encourage more people into treatment.

Key evidence and policy

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

In 2010 the Government published a new drug strategy. 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

[18] Hurcombe, R., Bayley, M., and Goodman, A (July 2010) Ethnicity and Alcohol: A review of the UK literature. Joseph Rowntree Foundation.
[19] Brighton & Hove Safe in the City. Quarterly performance and activity report.
[20] 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.
[21] 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.
[22] Alcohol-use disorder – Preventing the development of hazardous and harmful drinking. NICE PH Guidance, PH24 – Issues. June 2012.

volunteering or paid employment. This strategy applies to both drug and alcohol treatment.[23] The recent re-commissioning of treatment services is in line with the move to recovery focused services.

Recommended future local priorities

Work will continue with Pavilions to ensure that the newly commissioned services better meet the needs of local residents. A key priority will be to ensure that services are accessible to all community groups. To do this, Pavilions will provide targeted accessibility which will involve, but not be limited to, the following:

- Targeted marketing e.g. focus on health and sexual health to meet the needs of Men who have Sex with Men (MSM)
- Visual representation of target group in publicity and around buildings e.g. BME and same sex couples
- Access points and sessions specific and exclusive to target group e.g. women-only with crèche facility, home visits for older persons, Lesbian, Gay, Bisexual and Transgender (LGBT), veterans , people with mental health needs
- Staff, volunteers and recovery mentors recruited from across target groups
- Setting up peer-led support initiatives specific to target group
- Targeted harm reduction messages and language
- Physical arrangements for those physically challenged
- Culturally sensitive points of entry and materials, which reflect local needs.
- Learning difficulties and cognitive impairment

The aim is to ensure that as many people as possible are supported to overcome their alcohol problems.

Key links to other sections

- Rough sleeping and single homeless
- Substance misuse and alcohol (Children and young people)
- Substance misuse (Adults and older people)
- Dual diagnosis
- Urgent care

Further information

Safe in the City Alcohol Needs Analysis 2010
www.bhlis.org/resource/view?resourceId=1051

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

Last updated

September 2015

[23] HM Government: Drug Strategy 2010. Reducing demand, restricting supply, building recovery. Supporting people to live a drug free life.