

Alcohol

JSNA Report

August 2015

This report

This report has been prepared jointly by Knowsley Council, the Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

Its purpose is to provide an analysis of **alcohol** in order to determine the following:

- How much impact does this issue have on local people?
- Can this impact be reduced through local action?
- Can local action reduce health inequalities?
- Will local action on this help address other issues too?

Understanding these things helps the HWB determine the level of priority that this issue should be given in the Borough's Health and Wellbeing Strategy.

This is one of a series of reports that comprise Knowsley's Joint Strategic Needs Assessment (JSNA).

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Further information

For a PDF copy of this report, and other research intelligence products, visit **Knowsley Knowledge** – the website of Knowsley's JSNA.

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A number of acronyms have been used throughout this document and are given below:

A & E	Accident and Emergency
ASK	Alcohol Services Knowsley
ASA	Advertising Standards Agency
AUDIT	Alcohol Use Disorders Identification Test
CPD	Continued Professional Development
GP	General Practitioner
HRBS	Health Related Behaviour Survey
IBA	Identification and Brief Advice
JSNA	Joint Strategic Needs Assessment
KMBC	Knowsley Metropolitan Borough Council
LGBT	Lesbian, Gay, Bisexual and Transgender
MARAC	Multi-Agency-Risk-Assessment-Conference
MoCAM	Models of Care for Alcohol Misusers
MUP	Minimum Unit Price
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
SDVC	Specialist Domestic Violence Courts
TV	Television
UK	United Kingdom

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ALCOHOL

1. WHY IS ALCOHOL IMPORTANT?

Alcohol is considered as the second biggest cause of preventable death in the UK (after smoking). Alcohol misuse and excessive consumption affects most sectors across society, e.g. health, family breakdown, anti-social behaviour and crime. It is estimated to cost society £21 billion per year, with costs to the NHS directly being £3.5 billion per year.

It is estimated that in a community of 100,000 people, each year:

- 2,000 people will be admitted to hospital with an alcohol-related condition;
- 1,000 people will be a victim of alcohol-related violent crime;
- Over 400 11-15 year olds will be drinking weekly;
- Over 13,000 people will binge-drink;
- Over 21,500 people will be regularly drinking above the lower-risk levels;
- Over 3,000 will be showing some signs of alcohol dependence;
- Over 500 will be moderately or severely dependent on alcohol.¹

The Government's Alcohol Strategy states that about a third of adult men (25-64) and a fifth of women in the same age group say they drink at levels above the lower-risk guidelines. The numbers in this age group admitting that they drink at levels more than twice the lower risk guidelines were 8% of men and 4% of women. Many in this age group are parents, whose excessive parental drinking may be a risk to their children.²

People regularly use alcohol, e.g. as a means of relieving stress. This routine use of alcohol puts them at risk of developing chronic alcohol related diseases such as liver disease; diabetes; cardiovascular disease; and cancers of the breast and gastrointestinal tract.¹

Up to one-third of alcohol-related A&E attendances are for under 18 year-olds and more people under the age of 25 report getting very drunk than any other adult age group. Under 25s also have the highest risk of being a victim of violent crime.²

¹ The Home Office (2012). The Government's Alcohol Strategy. Crown Copyright.

² Department of Health (2009). Guidance on the Consumption of Alcohol by Children and Young People. Department of Health.

The advice from the Chief Medical Officer is that there is no safe drinking level for under 15s and young people aged between 16-17 years should drink infrequently or no more than one day per week.²

For adults, the NHS recommends that:

- Men should not regularly drink more than 3-4 units of alcohol a day.
- Women should not regularly drink more than 2-3 units of alcohol a day.
- After a heavy drinking session, alcohol should be avoided for 48 hours.

It is also recommended that people aged 65 or over should not drink more than 1.5 units on any one day and have at least two alcohol free days a week³.

Drinking alcohol to excess can cause liver disease. The liver is the largest organ in the body and is responsible for metabolic processes, including food and drugs, producing waste products and storing energy. Without a functioning liver, toxins build up in the blood which can lead to death.

Fatty liver changes occur as a result of too much alcohol and also as a consequence of obesity and diabetes. Liver cells accumulate fatty deposits which can cause damage. The accumulative risks of obesity, diabetes and alcohol can lead to further damage. In the long term, scarring, or cirrhosis can result. Alcoholic hepatitis can also occur when the liver becomes inflamed and damaged.

Longer term, the damage from alcoholic cirrhosis can develop. Changes to the liver structure and functioning can be irreversible. Around 15-30% of heavy drinkers will develop cirrhosis. The damage to the liver can result in damage to other organs eg the brain and kidneys

Alcohol is also associated with an increased risk of a number of other health effects including depression and mental health problems, high blood pressure and cardiovascular disease, some cancers (eg breast cancer, head and neck cancers), weight gain and sexual problems. The impact on the foetus is also well recognised. There can also be psychosocial impacts on relationships, employment, risk of crime and debt in problem drinkers.

³ Royal College of Psychiatrists (2011). *Our Invisible Addicts*, Royal College of Psychiatrists London.

2. WHAT IS THE SCALE OF THE CHALLENGE FOR KNOWSLEY?

2.1 Alcohol Related Hospital Admissions

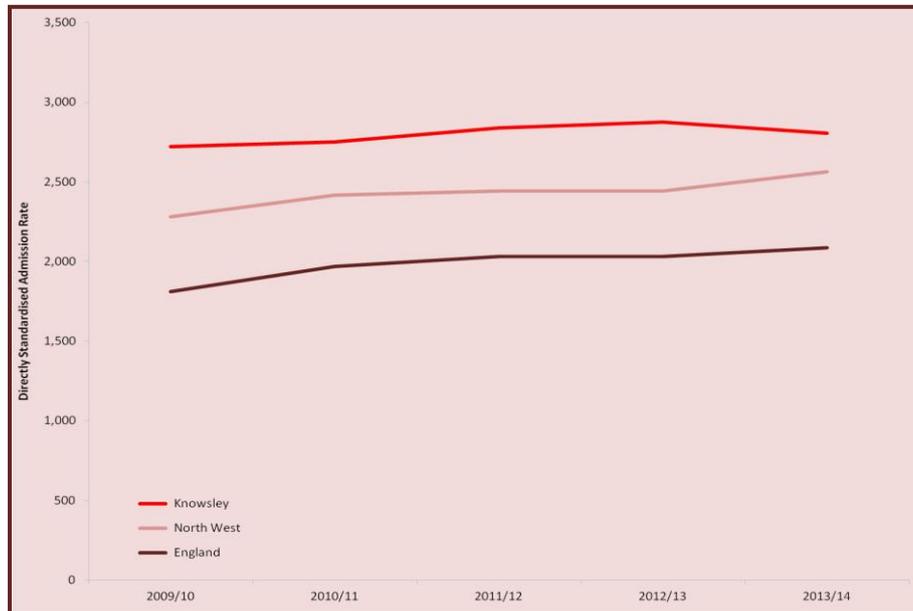


Figure 1: Alcohol related hospital admissions, 2009/10 to 2013/14
Source: Local Alcohol Profiles for England

During 2013/14, there were an estimated 3,853 hospital admissions related to alcohol in Knowsley. This led to a rate of 2,804 alcohol related admissions per 100,000 population, significantly higher than England (2,086) and the North West region (2,565).

Since 2009/10, there has been a 3% increase in the rate of alcohol related hospital admissions in Knowsley. Although there has been an increase in the borough, this has not been as large as the increase observed in the North West region (12%) or England (15%). Between 2012/13 and 2013/14, there was a fall in the rate of alcohol related hospital admissions in Knowsley which was in contrast to England and the North West region. The gap in the rate between Knowsley and England has narrowed by 21% since 2009/10.

Out of 39 local authority areas in the North West region, Knowsley had the 15th highest rate of alcohol related hospital admissions during 2013/14.

The rate of alcohol related admissions for Knowsley males was 3,869 per 100,000 males in 2013/14, twice as high as the rate for females (1,849 per 100,000 females) and a statistically significant difference.

Area	2009/10	2013/14	Change
Knowsley	2,722.2	2,809.5	3.2%
Halton	2,515.4	2,870.3	14.1%
Liverpool	2,900.4	2,938.2	1.3%
St Helens	2,393.8	2,643.4	10.4%
Sefton	2,263.0	2,342.3	3.5%
Wirral	2,299.0	2,949.5	28.3%
Middlesbrough	3,023.3	3,478.4	15.0%
Kingston upon Hull	2,089.1	3,247.2	55.4%
North West	2,282.5	2,570.3	12.6%
England	1,812.6	2,111.5	16.5%

Table 1: Rate of Alcohol related hospital admissions, 2013/14
Source: Local Alcohol Profiles for England

In comparison with other local authority areas in the Liverpool City Region, as well as areas in Knowsley's Statistical Neighbour Group, Knowsley has a relatively high rate of hospital admissions related to alcohol (3rd behind Middlesbrough and Liverpool). However, the rate of increase since 2009/10 is much lower than most neighbouring / similar areas, with only Liverpool experiencing a lower rate of increase.

2.2 Alcohol use and Mortality

Latest intelligence about alcohol from numerous sources tells us the following about alcohol use in Knowsley.

- It is estimated that there are:
 - 11,357 increasing risk / hazardous drinkers.
 - 4,539 Higher risk / harmful drinkers.³
- Alcohol attributable mortality in Knowsley is lower than the North West as a whole (although not significantly so), however deaths related to alcohol are on the increase.⁴
- Males from Knowsley have lower levels of alcohol specific mortality and deaths from chronic liver disease than the North West as a whole however for females the rate for chronic liver disease mortality is slightly higher.⁴
- Knowsley has significantly higher rates of hospital admissions for alcohol related harm than the North West and England⁵.
- Males and females from Knowsley have significantly higher rates of alcohol attributable and specific hospital admissions than their counterparts from the North West.

⁴ KMBC Public Health Intelligence Team (2009).

⁵ Public Health England (2013). Local Alcohol Profiles for England.

- In the 2012/13 Adult Health & Lifestyle Survey, a higher proportion of males than females stated that they drink alcohol on a weekly basis.⁶
- Based on the 2012/13 Knowsley Adult Health & Lifestyle Survey, those from Knowsley living in the least deprived quintile were more likely to drink on a weekly basis than those from the most deprived quintile and were also more likely to 'binge' drink. (NB Researchers refer to drinking more than eight units of alcohol for men and more than six for women in one go or on one day as binge drinking).⁶
- Alcohol use is an issue in primary schools which increases during secondary school. The Health Related Behaviour Survey (HRBS) undertaken annually in Knowsley between 2004 and 2013 has consistently indicated an increase from year 8 to year 10, particularly alcohol use among females.⁷
- Findings from the HRBS suggest that 8% of primary aged boys and 3% of girls said they had at least one alcoholic drink (more than just a sip) in the last week. By year 8 in secondary school this had risen to 10% for both boys and girls; by year 10 there was a further increase to 12% of boys and 23% of girls who had consumed at least one alcoholic drink in the last week.⁷
- A survey carried out by Trading Standards North West found that the majority (69%) of 14-17 year olds in Knowsley think that 'getting drunk is fun'.⁸
- 15% of 14-17 year olds in Knowsley claimed to buy alcohol themselves.⁸
- 3% of young people in Knowsley claimed to have fake ID.⁸

2.3 Alcohol Related Crime

Although alcohol is seen by many as a less addictive and less harmful substance, historical research has shown that a much wider range of offences are influenced by the use of alcohol. It is linked to many aspects of violence (domestic violence being one example) and anti-social behaviour as well as having strong influences on young people.

Historical analysis found that the vast majority of alcohol related crime is not reported to police due to the nature of the crime, such as domestic violence and fights outside places such as nightclubs. However, from what we do know, violence offences involving alcohol account for over 35% of all offences involving violence in Knowsley. Further analysis into this data revealed that the vast majority of these offences were recorded as "assault with less serious injury".

The lack of a significant night time economy in Knowsley means the borough has statistically lower levels of violence, and therefore lower levels of alcohol related violence, than areas

⁶ Knowsley Adult Health & Lifestyle Survey 2012/13

⁷ Schools Health Education Unit (2013) Health Related Behaviour Survey

⁸ Trading Standards North West (2015) The Young Persons Tobacco and Alcohol Survey

with a night time economy. The highest concentrations of public bars and public houses are found in Kirkby and Prescott town centres, but both have low levels of violence. The number of alcohol related violence offences in these areas is beginning to fall due to the number of public houses and clubs closing. The advent of the availability of cheaper alcohol in supermarkets and shops has led to more offences in residential locations being recorded due to alcohol than in and around licensed premises.

Alcohol can be a major causal factor in a number of crimes, especially crimes involving violence. One particular offence, domestic violence, can be influenced by alcohol more than any other. Domestic violence is one area that has been targeted in Knowsley for a number of years with the implementation of programmes such as the Knowsley Specialist Domestic Violence Courts (SDVC) and associated help lines as well as the MARAC meetings to help vulnerable residents in Knowsley.

Although alcohol use, by either perpetrator or victim, can make the situation worse, the use of alcohol does not in itself lead to violence: many people are abusive whether or not they have been drinking – and many people drink without becoming violent.

3. WHO IS MOST AT RISK?

- Gender and age/life stages

Surveys report that, not only do more men than women drink, but men also consume more than women. Historically, drinking has been socially acceptable primarily for men, but it is increasingly more acceptable for women to consume alcohol. Women are less likely to drink alcohol frequently or heavily, or to report drinking related problems.

There are also gender differences in settings where women and men drink, with women more likely to drink in private as opposed to public places. This contributes to the invisibility of women's alcohol use making it less likely for them to seek help for their alcohol use related problem (World Health Organisation 2005).⁹

Information from The Age UK Blog (2013)¹⁰ tells us that alcohol-related illness, hospital admissions and mental health disorders have all increased in the older population. Alcohol represents a growing problem for older people, their families and carers, and for public services.

Data examined by Age UK shows that:

- over 1.4 million (or over 14 per cent) of older men and women in the UK drink more units of alcohol than is recommended to be safe.

⁹ World Health Organisation (2005) *Gender Health and Alcohol Use* World Health Organisation

¹⁰ Age UK (2013) *Alcohol Misuse Amongst Older People* Age UK Blog 9th September 2013
<http://ageukblog.org.uk/2013/09/09/alcohol-misuse-amongst-older-people/>

- People aged over 65 report the highest rates of drinking alcohol 5 or more days per week.
- In England during 2012/13, there were more admissions to hospital of people aged over 65 for alcohol-related injuries and illness than 16 to 24 year olds

A lot of the factors that can influence alcohol intake are increased in later life and can be caused by social isolation and loneliness, which can be triggered by things such as a bereavement, retirement or redundancy. (Age UK 2013)¹⁰

- Families

Locally almost a third of victims of domestic violence and a fifth of perpetrators had consumed alcohol (Merseyside Police 2010)¹¹. Half of the men in perpetrator programmes have substance misuse issues (Chermack, Fuller and Blow 2000)¹² and are eight times more likely to commit violence on a day in which they have consumed alcohol (Fals-Stewart 2003)¹³.

Alcohol consumption by an expectant mother may cause foetal alcohol syndrome and pre-term birth complications (World Health Organisation 2014)¹⁴

- Ethnicity

A literature review (Hurcombe, Bayley & Goodman 2010)¹⁵ found that most minority ethnic groups have lower rates of frequent and heavy drinking and higher rates of abstinence, compared with the British population as a whole and people from white backgrounds. Drinking behaviour differed considerably between and within different minority ethnic group populations.

- Income and deprivation

The relationship between socioeconomic groups and alcohol consumption is complex. Data seems to show that those in the highest income groups are buying and consuming large quantities of alcohol yet alcohol related harm falls disproportionately on the unemployed, manual workers, and those on low incomes (Institute of Alcohol Studies Website 2014)¹⁶.

¹¹ Merseyside Police, 2010.

¹² Chermack, S.T., Fuller, B.E., & Blow, F.C. (2000). Predictors of expressed partner and non-partner violence among patients in substance abuse treatment, *Drug and Alcohol Dependence*, 58 (1-2), 43-54.

¹³ Fals-Stewart W. (2003). The occurrence of partner physical aggression on days of alcohol consumption: A longitudinal diary study. *Journal of Consulting and Clinical Psychology*, 71 (1), 41-52.

¹⁴ World Health Organisation (WHO) (2014) *Fact Sheet on Alcohol* WHO May 2014 <http://www.who.int/mediacentre/factsheets/fs349/en/>

¹⁵ Hurcombe R, Bayley M & Goodman A (2010) *Ethnicity and alcohol: Review of the UK Literature* The Joseph Rowntree Foundation

¹⁶ Institute of Alcohol Studies (2014) *Socio Economic Groups Relationship with Alcohol* Institute of Alcohol Studies website accessed August 2014 <http://www.ias.org.uk/Alcohol-knowledge-centre/Socioeconomic-groups/Factsheets/Socioeconomic-groups-relationship-with-alcohol.aspx>

- People with disabilities

“The more vulnerabilities a person has, the more likely the person is to develop alcohol-related problems as a result of alcohol consumption”. (World Health Organisation 2014)¹⁴.

- People with drug and alcohol problems

The effects of illegal drugs are unpredictable. When mixed with alcohol the effects are often exaggerated, which can result in anything from nausea to heart failure (Drinkaware 2014)¹⁷.

‘Legal highs’ refer to substances used like illegal drugs such as cocaine or cannabis, but not covered by current misuse of drugs laws. This means they are legal to process or use. Although these drugs are marketed as legal substances, this doesn’t mean that they are safe or approved to use. They can cause serious health risks, and if used in conjunction with alcohol the risk is greater.

- People with mental health problems

Alcohol problems are more common among people with severe mental health problems. Drinking to deal with difficult feelings or symptoms of mental illness is sometimes called ‘self-medication’ by people in the mental health field. This is often why people with mental health problems drink. But it can make existing mental health problems worse (Mental Health Foundation 2014).¹⁸

- LGBT

Data suggests that compared with the general population LGBT people are approximately twice as likely to binge drink at least once a week. (Lesbian and Gay Foundation 2014)¹⁹

- Carers

It is estimated that 1.5 million people are affected by a relative’s drug use ([UK Drug Policy Commission](#)), unfortunately this does not include those affected by alcohol misuse as these figures are much harder to quantify. <http://www.carers.org/help-directory/substance-misuse>

¹⁷ Drinkaware (2014) *Alcohol and Illegal Drugs* Drinkaware Website March 2014 <https://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol/effects-on-the-body/alcohol-and-illegal-drugs/>

¹⁸ Mental Health Foundation (2014) *Help and Information – Alcohol* Mental Health Foundation website accessed August 2014 <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/A/alcohol/>

¹⁹ Lesbian and Gay Foundation (2014) *Part of the Picture: lesbian, gay and bisexual people’s alcohol and drug use in England: Briefing sheet for commissioners & policy makers* Lesbian and Gay Foundation

4. WHICH AREAS OF THE BOROUGH ARE MOST AFFECTED?

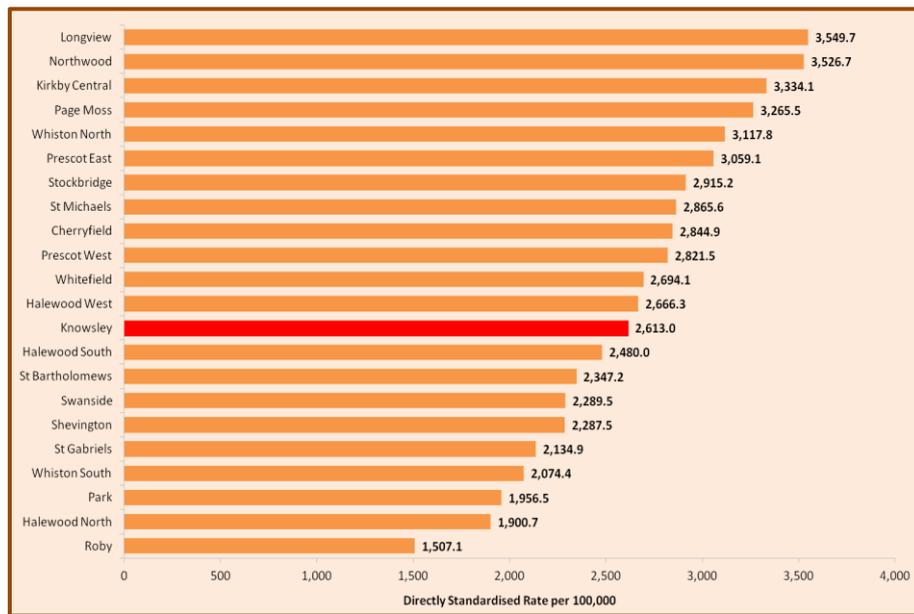


Figure 2: Alcohol related hospital admissions by electoral ward (rolling 12-month), 2012/13 Q2
 Source: St Helens & Knowsley Informatics Team

Alcohol related hospital admissions in Knowsley during the 12 months to September 2012 show a wide variation amongst Knowsley's electoral wards. Hospital admission rates due to alcohol ranged from 1,507 admissions per 100,000 population in Roby electoral ward to 3,550 admissions per 100,000 population in Longview electoral ward; Longview's rate being 2.4 times higher than Roby.

The rate of alcohol related admissions in Knowsley is high and this is demonstrated by the fact that only two electoral wards had a lower rate of admissions than England; Roby and Halewood North electoral ward (1,901 admissions per 100,000 population).

5. HOW DO RESIDENTS, COMMUNITIES AND STAKEHOLDERS VIEW THIS ISSUE?

5.1 *Big Drink Debate survey, 2008*

Results for Knowsley from the 2008 Big Drink Debate public survey conducted by MORI in the North West showing opinions to alcohol found that in Knowsley:

- 44.6% of respondents avoid town centres at night because of the drunken behaviour of others.
- 44.6% thought that action is needed to tackle alcohol-related behaviour in local areas.
- 75.9% thought drunken behaviour of others is a concern locally.
- 58.3% thought alcohol-related crime is a concern locally.
- 45.4% thought alcohol-related litter is a concern.
- 71.6% thought children drinking in the streets/parks is a concern.
- 74.7% thought that serving large measures increases people's alcohol use.
- 77.6% thought that low prices and discounts increase people's alcohol use.
- 52.9% thought that very strong alcoholic drinks increase people's alcohol use.
- 61.9% thought alcohol advertising increases people's alcohol use.
- 58.8% thought extending licensing hours increases people's alcohol use.
- 69.4% thought allowing street drinking increases people's alcohol use.
- 21.9% thought alcohol related fires were a concern.

5.2 *Stakeholder engagement for the 2014 Alcohol Reduction Strategy and Action Plan*

During 2014, an alcohol reduction strategy and action plan was developed. As part of the process significant engagement was undertaken with stakeholders, the key insight gained included the following:

Stakeholder Engagement with staff from a wide variety of organisations told us:

- There is a need for better data in order to respond to licensing applications.
- There is a need to target men over 50 who are often reluctant to engage with services, and find strategies to engage older people some of whom are being found to drink large quantities at home.
- Look at social norms when talking to young people using a web-based or mobile app.
- Pathways for pregnant drinkers need to be more specific.
- Services should undertake joint home visits with the substance misuse team.
- GPs told us that there is a need for training for GPs via CPD.

- Pharmacists said that they would like more visual aids to use when making brief interventions.

The general public told us that:

- There is an imbalance being created between home and social drinking due to cheaper alcohol in off-sales.
- There is a concern about TV shows that seem to promote heavy drinking as desirable.
- Healthy Knowsley website should be used to promote service and provide information.
- Substance misuse services need to be widely promoted to the public.
- The hidden harm project for children of substance misusers needs to be continued.
- Local charitable and voluntary groups should be encouraged to develop community projects that address the issues due to their influence with local communities.

5.3 Evaluation of the Cheshire and Merseyside Public Health Network Drink a Little Less, See a Better You social marketing campaign, 2010

The Drink a Little Less, See a Better You social marketing campaign was an eight week intervention that incorporated the NHS Health Check and Wind Down initiative. It was run in five pubs across Cheshire and Merseyside including one in Knowsley. The evaluation found evidence of behaviour change in terms of:

- reducing alcohol consumption;
- changing eating habits;
- seeking out help from GPs to follow up on results received and advice given. There was evidence of increasing awareness about possible health risks from certain activities and the importance of seeking advice from health professionals at an early stage.

The pub is a valued social setting so it is unlikely that people will displace it from their daily lives. They go there for a drink but, because of the social aspects, they are amenable to engaging with other activities while there. It was evident from this small-scale pilot that the pub has potential to act as a gateway to key population groups who have unmet health needs.

5.4 ASK Alcohol Services Retention Strategy insight report 2010

Around 30% of people referred to Alcohol Service Knowsley (ASK) did not attend, and a number of clients began a treatment programme but failed to meet their end goals before dropping out of the service. This study was carried out to explore ways in which this could be improved.

Overall, experience of ASK by those who had engaged with the service was extremely positive:

- Not Alcoholics Anonymous.
- One-to-one, personal.
- Individual, tailored approach.
- Non-judgmental, genuine.
- Not abstinent.
- Knowledgeable – ex alcoholics.
- Staff – warm, caring, develop rapport.
- Provides faith.
- Open door approach - Lapse not relapse.
- Educational but casual.
- Focus away from alcohol.
- Established, history of progress.

Recommendations were made for changes to the marketing/communications approach and service delivery to align them better with the customer journey.

“They need to be more well-known and people need to know it’s nothing like AA”

“Instead of advertising with doctors, they need to get ASK out in the community and tell them about the service”

“After a few months it would be really good to have a catch up”.

This feedback was used to help inform the specification when the service went out to tender in 2013. ASK no longer provide the alcohol service in Knowsley.

6. HOW DOES THIS ISSUE IMPACT ON SERVICE PROVISION AND USE?

Harmful levels of alcohol use including binge drinking and high frequency alcohol consumption has a significant impact on a variety of services that have to deal with the impacts.

From a health services perspective,

- Ambulance Service – transporting increasing numbers of people to hospital who have drunk too much, and who are injured whilst drunk.
- Accident and emergency units – dealing with increasing numbers of people brought to hospital who have drunk too much.
- Acute hospital wards and services – treating alcohol-related illnesses.
- Alcohol Treatment services – treating the increasing numbers of people who drink at harmful and hazardous levels, and those who are dependent on alcohol.

From a crime and disorder perspective, alcohol abuse has a significant impact on police dealing with crime and disorder related to alcohol, including, violence, domestic violence and alcohol associated road traffic accidents.

Domestic violence services and refuges – dealing with the increasing numbers of people experiencing domestic violence as a result of alcohol.

Social services – providing support to increasing numbers of people and their families affected by alcohol-related illness and alcohol dependence.

7. EVIDENCE OF WHAT WORKS

The Department of Health has identified a series of high impact changes aimed at addressing the increasing challenges of alcohol related harm. High Impact changes have been extensively used across the NHS and local government to highlight practical measures that can be implemented at a local level. The high impact changes for alcohol are:

7.1 *Work in partnership*

- Through collaboration between the relevant partners, develop the JSNA to specifically understand the needs of alcohol-related harm. Clarify the impact arising across agencies from alcohol-related harm and the known expenditure through prevention and treatment.
- Agree the appropriate partnership response to the needs and determine any strategic priorities for alcohol-related harm.
- Commission across the spectrum for both those people at risk from harm as well as those already experiencing harm.
- Develop the necessary information sharing protocols and agreed data sources between partners.

7.2 *Develop activities to control the impact of alcohol misuse in the community*

- Ensure that all the existing laws, regulations and controls available to local partners are used effectively to minimise alcohol-related harm including the powers under the Licensing Act (2003) and the Violent Crime Reduction Act (2006).
- The local Development Framework should be used to reduce alcohol harm and enable inappropriate proposals to be rejected by planners at an early stage.
- Manage the night-time economy to reduce harm.

7.3 *Influence change through advocacy*

- Identify high-profile champions to provide leadership within partner organisations and a focus on actions to reduce alcohol-related harm. Champions within local acute trusts, social services, elected members, probation and the police can help galvanise change and action.
- Champions can help build the case for investment and highlight the potential savings across the local area.

7.4 *Improve the effectiveness and capacity of specialist treatment*

Any partnership will need to commission for outcomes. Models of Care for Alcohol Misusers (MoCAM) describes the overall outcomes sought (to the individual, to others directly affected by their behaviour and to the wider community), and an improvement in

the health and social functioning of the alcohol misuser. However, these goals are usually measured through progress towards measurable outcomes in the following domains:

- Reduction of alcohol consumption – this may be an abstinence goal or a moderation goal.
- Reduction in alcohol dependence.
- Amelioration of alcohol-related health problems – such as liver disease, malnutrition or psychological problems.
- Amelioration of alcohol-related social problems – such as family and interpersonal relationships, ability to perform effectively at work, avoidance of criminal activity.
- General improvement in health and social functioning.

Providing evidence-based, effective treatment will not only increase treatment opportunities, but may well be the most immediate opportunity to reduce alcohol-related admissions.

Reviewing care pathways, access times and blockages in treatment provide the opportunity to improve the local treatment system.

7.5 Appoint an alcohol health worker

The Royal College of Physicians recommend that every acute hospital have an Alcohol Health Worker or an Alcohol Liaison Nurse to manage patients with alcohol problems within the hospital and liaise with community services. A study in Liverpool has indicated that this service saved 15 admissions or re-admissions per month and acted as a focus for other alcohol-related support.

It is claimed²⁰ that alcohol care teams can bring qualitative and quantitative improvements such as:

- Improving quality and efficiency of care.
- Reducing admissions, re-admissions and length of stay for patients with alcohol-related problems.
- Contributing to a potential reduction in alcohol related A&E attendances.
- Reducing mortality related to the misuse of alcohol by systematically identifying alcohol-related conditions.
- Reducing the duration of detoxifications in hospital by working with services in the community to complete detoxification after discharge.

Evaluations indicate that return on investment from effective alcohol care teams can be between £3.50 and £3.85 per £1.00 invested.

²⁰ Moriarty KJ. Alcohol Care Teams: reducing acute hospital admissions and improving quality of care. 2014. NICE Quality and Productivity: Proven Case Study. Provided by the British Society of Gastroenterology and Bolton NHS Foundation Trust. <http://arms.evidence.nhs.uk/resources/qipp/29420/attachment>

7.6 IBA – Provide more help to encourage people to drink less

Identification and Brief Advice (IBA) is an opportunistic intervention using standard alcohol screening questions (AUDIT).

These are effective interventions which are directed at patients drinking at increasing or higher risk, who are not yet presenting with, or seeking advice or treatment for alcohol-related problems.

IBA can be implemented in a number of settings:

- Primary care – targeting increasing risk and higher risk groups.
- A&E Departments.
- Specialist settings e.g. fracture clinics, sexual health clinics.
- Criminal justice settings such as probation and arrest referral schemes.
- Registered social landlords.

7.7 Amplify national social marketing priorities

Evidence is emerging that in addition to educational campaigns, targeted social marketing efforts aimed at higher-risk drinkers can reduce alcohol-related hospital admissions. Many people who drink harmfully, including dependent drinkers, are able to reduce the amount they drink without needing professional treatment. This is often achieved through self-help or support from family and friends. An important part of this is estimating how much they actually drink and planning how they can reduce this. There needs to be a wide range of ways in which people who want to reduce their drinking can seek help that is appropriate to their needs. These might include help lines, internet-based guidance and self-help or mutual aid groups.

The partnership may wish to develop complementary resources for people who want to reduce their alcohol consumption alongside those that may already exist for people seeking to lose weight or stop smoking, for example. By closely linking its social marketing and new kinds of support for harmful drinkers with the services provided by the local substance misuse service, the partnership can encourage and support people who want to reduce or stop drinking in getting the kind of support or treatment best suited to their needs and motivations.

It is recommended that social marketing activity is commissioned which builds on the evidence, strategy and tools available through the national programme, ensuring this promotes the local available services response.

7.8 Minimum Unit Price (MUP)

There is strong evidence to support the introduction of MUP on alcohol as an effective means of reducing consumption and alcohol related harm. MUP has been successfully

implemented in Canada and has resulted in an 8.4% reduction in consumption of all beverages, reductions in alcohol related deaths and a shift from high to low strength beers and wine. A number of other benefits have also been seen such as a reduction in antisocial behaviour and public violence at weekends.

It is estimated that the introduction of a 50p MUP would be expected to save 960 lives in the North West each year, however, the effects would be experienced much wider than health, wellbeing and mortality,²¹ for example with reductions being seen in such areas as anti-social behaviour and loss of working days. There is no evidence to suggest that MUP would negatively impact on responsible drinkers, with the financial impact on sensible drinkers expected to be as little as 5p extra per week.

There has been some national debate around an increase in Duty, rather than the introduction of MUP, however, MUP is favoured due to its targeted approach and would only impact on cheaper alcohol which is sold in the greatest quantities. Alcohol in pubs and bars would be unlikely to be affected as this is already generally sold over the recommended price of 50p per unit.

8. WHAT IS THE CURRENT POLICY DIRECTION?

National

The Government's Alcohol Strategy¹ includes commitments at a national level to:

- Introduce a minimum unit price for alcohol.
- Consult on a ban on the sale of multi-buy alcohol discounting.
- Introduce stronger powers for local areas to control the density of licensed premises, including making the impact on health a consideration for this.
- Pilot innovative sobriety schemes to challenge alcohol-related offending.
- Work with the ASA and Ofcom to examine ways to ensure that adverts promoting alcohol are not shown during programmes of high appeal to young people.
- Encourage all hospitals to share non-confidential information on alcohol-related injuries with the police and other local agencies.
- Review the alcohol guidelines for adults.
- Include an alcohol check within the NHS Health Check for adults from April 2013.

²¹ Department for Health (2009). Signs for Improvement: Commissioning Interventions to Reduce Alcohol-related Harm. Department of Health.

- Develop a model pathway to reduce under 18 year olds' alcohol related A&E attendances.
- Develop an alcohol interventions pathway and outcome framework in prisons.
- Produce a cost-benefit analysis to make the case for local investment in alcohol interventions and treatment services for offenders.
- Work with pilot areas to develop approaches to paying for outcomes for recovery from drug or alcohol dependency.

Local – Alcohol Plan for Knowsley

Aim

The aim of this plan is to reduce the harm caused in Knowsley by alcohol and the attendant issues such as ill health and alcohol-related crime.

Objectives

- To develop the Substance Misuse Board by ensuring high level representation from a range of partners to guide the delivery of the alcohol plan.
- To develop the pathways to ensure clear recovery/treatment options for substance misusers.
- To improve the detection and enforcement of under-age and illicit alcohol sales.
- To work to reduce the availability of 'super strength alcohol'.
- To ensure that young people receive education/information on sensible drinking and the potential harmful effects of harmful and hazardous drinking in an interactive and innovative way, using evidenced based approaches.
- To reduce alcohol related crime and disorder.
- To maintain pressure for minimum unit pricing of alcohol.
- To use all available routes to influence licensing decisions and planning applications for premises selling alcohol.
- To ensure that the all age all substance misuse treatment and recovery service maintains high standards and continues to improve the outcomes for service users in Knowsley.
- To ensure carers of substance misusers are given sufficient support and information.
- Seek improved outcomes for those in substance misuse services.
- To ensure that people presenting at A&E or being admitted to hospital for alcohol related conditions are quickly linked into services to support them.

- To increase public awareness of the substance misuse services.
- To ensure that the Identification and Brief Advice (IBA) programme reach is extended across as many areas as possible.
- To seek opportunities to involve community organisations and groups, including faith groups to engage the community in this issue.
- To support workplaces to support and inform their staff about alcohol harms.
- To produce information that enables people who live and work in Knowsley to understand the health and social risks associated with alcohol misuse.
- To communicate the vision for alcohol improvement and key alcohol health messages to Knowsley residents and the Knowsley workforce.
- To reduce drinking in pregnant women.
- Develop and promote leisure activities that are not related to drinking.

9. FUTURE CHALLENGES

- Funding cuts to public sector organisations will lead to further strains on alcohol services. Cuts to services and also capacity within these services could have a negative impact on the population of Knowsley, particularly if it is allied with increasing prevalence of people in need of treatment.
- The government has backed away from the introduction of a minimum unit price for alcohol which would have made a big impact on reducing alcohol harm. Knowsley is part of the group of Cheshire and Merseyside authorities looking at ways to move this issue forward, looking at local options for introducing this measure.
- The alcohol screening tool used for the general population is not necessarily suitable for older people. There is a lack of resources and information that take into account the advice of the Royal College of Psychiatrists around safer drinking levels for this age group. There is also a lack of understanding of this amongst health professionals and others who work with this population group. This combined with a reluctance to raise the issue due to the person's age means that older people are often left drinking at levels which are in excess of the guidance and sometimes at dangerously high levels.
- There is a lack of clarity about the message that should be given to pregnant women about drinking during pregnancy. The Department of Health recommends that pregnant women, or women trying for a baby, should avoid alcohol altogether. However they go on to say that if women do choose to drink, to minimise risk to the

baby, the advice is to not have more than one to two units of alcohol once or twice a week, and not to get drunk. This is confusing not only to the general public but for health care professionals who find this guidance difficult to interpret and deliver. There are calls for clearer messaging stating that no alcohol should be consumed whilst trying to conceive and whilst pregnant, as is the case in several other countries.

10. SOURCES OF EVIDENCE AND FURTHER INTELLIGENCE

Local Alcohol Profiles for England - <http://www.lape.org.uk>

Knowsley Public Health Statistical Compendium 2014/15 - <http://www.knowsley.gov.uk/pdf/public-health-statistical-compendium-2014-15.pdf>

Knowsley Adult Health & Lifestyle Survey 2012/13 - <http://www.knowsley.gov.uk/pdf/knowsley-health-and-lifestyle-survey-2012-13.pdf>

NICE Guidance on Alcohol - <https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol>