Alcohol

JSNA Report

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Related Information	Alcohol Plan for Knowsley 2014 - 2017

Contents

1. WHY IS ALCOHOL HARM REDUCTION IMPORTANT?

Alcohol is considered the second biggest cause of preventable death in the UK (after smoking), with alcohol misuse affecting most sectors across society; health, family breakdown, anti-social behaviour and crime (road traffic collisions, anti-social behaviour, and domestic violence). Alcohol is estimated to cost society £21 billion per year with costs to the NHS directly estimated at £3.5 billion per year; accident and emergency attendances, ambulatory service, hospital services, and treatment[1].

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 (in those aged 65+ this is over three times higher than those aged under 40 years)[15];
- 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 regularly drink above the lower-risk levels;
- Over 3,000 show some signs of alcohol dependence;
- Over 500 will be moderately or severely dependent on alcohol[2]

1.1 Drinking Guidelines and Prevalence

The advice from the UK Chief Medical Officer states;

- Men and women should not regularly drink more than 14 units of alcohol per week
- Drinking should be spread over three or more days if someone is regularly drinking as much as 14 units a week
- If someone is wanting to cut down on drinking, then they should try to have several drink-free days each week[3]

It has also been 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 week[4]. With regards children aged under 15, guidelines state that they should not be given any alcohol, even in small quantities. Furthermore, children aged 15 to 17 should not be given alcohol on more than one day a week — and then only under supervision from carers or parents[5].

Most adults in the UK consume alcohol[6] with its use influenced by social and cultural norms[7]. In 2016, over half (57%) of the population in England reported drinking alcohol in the previous week, equating to 25.3 million adults. This was a 10.9% decrease in the last decade[8]. According to Public Health

[1] Institute of Alcohol Studies. (2016). Estimates of the cost of alcohol Fact Sheet.
[2] The Home Office. (2012). The Government's Alcohol Strategy, 2012 – 2015. Crown Copyright.
[3] Dpt of Health. (2016). UK Chief Medical Officers' Alcohol Guidelines Review; Summary of the proposed new guidelines.
[4] Royal College of Psychiatrists. (2011). Our Invisible Addicts. London.
[5] Consultation on children, young people and alcohol". Dcsf.gov.uk. Archived from the original on 14 June 2013.
[6] Health and Social Care Information Centre. (2015).
[7] Jones, L. and Sumnall, H. (2016). Understanding the relationship between poverty and alcohol misuse. CPH LJMU.
[8] Statistics on Alcohol 2017. NHS Digital.

England, around 9 million adults in England are hazardous drinkers with 2.2 million also harmful drinkers. An estimated 1.6 million adults in England may have some degree of alcohol dependence, and of these around 250,000 may be moderately or severely dependent on alcohol[9].

However, it is widely acknowledged that national surveys underestimate levels of alcohol consumption, as shown in the discrepancies between survey data and those from taxation figures on alcohol sales. For example, the difference between the General Lifestyle Survey and taxation data amounts to around 430 million units per week, meaning that around one bottle of wine per adult drinker per week is unaccounted for in national survey data[10, 11]. Furthermore, there are certain populations that are underrepresented in surveys such as homeless populations, students, military personnel, prisoners, and dependent drinkers[12].

1.2 Health Risks and Harms

Drinking above the recommended 14 units per week can increase the risk of developing a range of health problems including chronic alcohol related diseases such as liver disease; high blood pressure and cardiovascular disease; depression and anxiety and some cancers (e.g. breast cancer, head and neck cancers); weight gain and sexual performance. There can also be psychosocial impacts on relationships, employment, and debt in problem drinkers.

Liver disease (LD) is the third most common cause of premature mortality in the UK and people are dying at younger ages from LD. Unlike all other major causes of mortality in the UK, LD mortality rates have shown a continued rise over the past half century; the LD mortality rate in the UK has increased by more than 400% since 1970 in contrast to a decline in mortality rate in all other chronic diseases over the same period[13]. Comparative data from across Europe shows that this rise has not been seen in other European countries, highlighting the need to take action in the UK[14].

The impact of drinking alcohol in pregnancy is well recognised, including damage to the brain and other organs of the developing baby, as well as adverse pregnancy outcomes such as stillbirth, premature birth, and low birthweight[15]. One of the potential outcomes of drinking alcohol during pregnancy is the risk of developing Fetal Alcohol Syndrome (FAS). FAS is associated with a wide range of effects including permanent brain damage, growth, physical features, cognitive and behavioural and emotional problems[16]. Impacts after pregnancy are also risks such as sudden infant death and associated risks of parental alcohol consumption.

[9] Public Health England. (2014).
[10] CPH, LJMU. (2015). Understanding the alcohol harm paradox in order to focus the development of interventions.
[11] Meier, P.S. et al. (2013). Adjusting for unrecorded consumption in survey and per capita sales data: Quantification of impact on gender- and age-specific alcohol-attributable fractions for oral and pharyngeal cancers in Great Britain.
[12] Bellis, MA. Et al. (2009). Off Measure: How we underestimate the amount we drink. London: Alcohol Concern.
[13] Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity, and viral hepatitis. The Lancet. November 2014.
14 Liver disease: a preventable killer of young adults: Public Health England. September 2014.
[15] World Health Organisation (WHO) (2014). Fact Sheet on Alcohol.
[16] Popova, S. (2017). Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. The Lancet, Global Health, Volume 5, No. 3.

1.3 Treatment

Nationally, over 145,000 adults presented for alcohol problems in 2015/16, with 60,000 treated for alcohol problems alongside other substances, and 85,000 treated for problematic drinking[17] (due to methodology changes it is not possible to compare information in the 2015/16 National Drug Treatment Monitoring System (NDTMS) report to previous years).

2. WHO IS MOST AT RISK?

- **Gender –** Evidence suggest that more men drink and often consume more alcohol than women**.** Normal strength beer was the most popular choice for men, while wine (including champagne) was most popular with women on the heaviest drinking day[8].

- **Age** - The number of younger people reporting ever having tried alcohol and regularly drinking alcohol is declining nationally.

  However alcohol represents a growing problem for older people, their families and carers, and for public services. In England, during 2016/17, there were more admissions to hospital for people aged over 65 for alcohol-related conditions when compared to those aged under 40 years[18]. In addition, Age UK found that people aged over 65 reported the highest rates of drinking alcohol on five or more days per week[19].

  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.

- **Deprivation -** The relationship between socioeconomic status (SES) and alcohol is complex. Whilst UK studies suggest that people who experience social and economic disadvantage in early life or adulthood are at greater risk of adopting problem drinking behaviours in later life. Analysis of existing household survey data suggests that different SES groups do not differ in the amount and frequency of alcohol drunk across the week. However, there are important differences in 'binge drinking', beverage choice, and patterns of heavy drinking across SES.

  There is also good evidence that people in low SES show a greater susceptibility to the harmful effects of alcohol (alcohol related disease, mortality and hospital admissions), but a lack of published evidence means that it is not possible to conclude what underlies this.

- **Ethnicity -** Drinking behaviour differs considerably between and within different minority ethnic group populations. Minority ethnic groups have lower rates of frequent and heavy drinking and higher rates of abstinence,

[17] Annual Publications from NDTMS – Statistics. (2015/16).
18 PHE. (2015/16). Local Alcohol Profiles.
[19] Age UK (2013). Alcohol misuse amongst older people. Blog, 9th September 2013.

compared with the British population as a whole and people whose ethnicity is classed as White British[20].

People from mixed ethnic backgrounds have high rates of current use and are less likely to abstain than people from non-white minority ethnic groups. However, South Asian groups, particularly those from Pakistani, Bangladeshi and Muslim backgrounds are most likely to abstain from drinking alcohol[21].

- **Lesbian, Gay, Bisexual and Transgender (LGBT)** - The LGBT population are more likely to drink alcohol when compared to the rest of the population, and are approximately twice as likely to binge drink at least once a week[22].

- **Mental Health -** 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, but it can make existing mental health problems worse[23].

- **Young People -** The proportion of children aged 8 to 15 who have ever had a proper alcoholic drink (not just a sip) is falling. But of those that do chose to regularly drink, the occurrence increases with age, from less than 0.5% of 11 year olds to 10% of 15 year olds.

  Boys who had drank in the last week were more likely than girls to have drunk beer, lager or cider. Girls were more likely to have drunk spirits, alcopops or wine, martini or sherry.

- **Veterans -** UK statistics are not readily available due to poor tracking of veterans. According to Combat Stress, a charity who works with veterans with mental health, 43% of the veterans registered with the charity have a current problem with alcohol.

3. NATIONAL POLICY DRIVERS

The Government's Alcohol Strategy 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.

[20] ONS. (2016). Adult drinking habits in Great Britain: 2005 to 2016.
[21] Hurcombe, R. et al. (2010). Ethnicity and alcohol: a review of the UK literature. Joseph Rowntree Foundation, York.
[22] Lesbian & Gay Foundation. (2014). Part of the Picture: Lesbian, gay and bisexual people's alcohol & drug use in England.
[23] Mental Health Foundation. (2014). Mental Health and Alcohol – Alcohol Mental Health Foundation website.

- Work with the Advertising Standards Agency 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.
- 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.

4. LOCAL POLICY DRIVERS

4.1 Alcohol Plan for Knowsley

The existing Alcohol Plan is currently being reviewed, with an updated plan being scheduled to be published by for early 2019. Below provides details of the existing Alcohol Plan.

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.

5. ALCOHOL USE IN KNOWSLEY

Knowsley Summary

- **Over a quarter of adults drink above the recommended guidelines each week**
- **12.7% of adults do not drink alcohol at all**
- **The number of young people (11 to 15 years) having drank alcohol in the last week is falling**
- **More 14 to 17 year olds have tried alcohol in the last week compared to 11 to 15 year olds**
- **Over two thirds of 14 to 17 year olds think that getting drunk is fun and over half think it is normal to get drunk**

5.1 Adults

In Knowsley, it is estimated that 28.3% of adults drink over the recommended 14 units per week, similar to the North West and England (27.6% and 25.7% respectively). In addition, 12.7% of people in Knowsley do not drink alcohol at all; again this was similar to the North West and England (16.3% and 15.5% respectively)[24].

Knowsley residents living in the least deprived quintile were more likely to drink on a weekly basis than those from the most deprived quintile and were

[24] Health Survey for England (2011-14). LAPE.

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)[25].

5.2 Young People

In 2017, 12% of 11 to 15 year olds stated that they had drank alcohol in the last week, a drop of 57.1% since 2008, with girls more likely to drink when compared to boys. The most popular alcoholic drinks that young people drank were; premixed drinks, wine, prosecco and spirits, similar to 2008. When asked where they drank alcohol, 13% said it was either at their own home, or relatives or a friend's home, again similar to 2008. There has been a continuing fall in young people claiming to drink in pubs / clubs and outside in streets and parks in Knowsley[31].

The likelihood of a young person having drank alcohol increases with age, with more 14 to 17 year olds having tried alcohol in the last 7 days when compared to 11 to 15 year olds.[26]

Over two thirds of 14 to 17 year olds in Knowsley think that getting drunk is fun (69%, down by 3% since 2013), and over half think it is normal to get drunk (55%, down by 2% since 2013). There has also been a significant fall since 2011 in the percentage of 14 to 17 year olds drinking alcohol just to get drunk (58% in 2009, 40% in 2015). Interestingly there has also been a continuing fall in the percentage of 14 to 17 year olds claiming to have been violent or got in a fight whilst drunk (14% in 2007, down to 2% in 2015)**Error! Bookmark not defined.**.

6. IMPACT OF ALCOHOL ON KNOWSLEY RESIDENTS

Knowsley Summary

- **Knowsley's mortality rate from alcohol has risen by 3.2% in the last 9 years and is currently the eleventh highest in the North West**
- **Knowsley alcohol hospital admissions are significantly higher than the North West and England and have increased in the last 7 years**
- **Male mortality rate and hospital admissions from alcohol are over double that for females**
- **In the last 5 years successful completion of treatment has risen – with almost half of people in treatment completing**
- **The most common age for those adults in treatment was 45 to 54 years**
- **Over half of those in treatment referred themselves**

[25] Adult Health & Lifestyle Survey. (2012/13).

6.1 Alcohol Mortality

Public Health England produce estimates of Alcohol related mortality. This data is worked out using deaths from alcohol-related conditions based on underlying cause of death. All causes of deaths from Ethanol poisoning, Methanol poisoning and toxic effect of alcohol are included. Children aged less than 16 years were only included for alcohol-specific conditions and for low birth weight. Each alcohol related death is assigned an alcohol attributable fraction based on underlying cause of death (and all cause of deaths fields for the conditions: ethanol poisoning, methanol poisoning, toxic effect of alcohol).

There were 78 deaths from alcohol related conditions in Knowsley in 2017, with a mortality rate of 57.03 per 100,000; the eleventh highest in the North West and slightly higher than the North West rate of 55.01 and significantly higher than the England rate of 46.15. Since 2008 the mortality rate in Knowsley has risen by 3.2%, whereas the North West and England rate has fallen during the same period (-6.9% and -4.8% respectively).

The mortality rate for males in Knowsley was 82.35 per 100,000 in 2017, over double that for females; 35.87 per 100,000. Since 2008, the male rate increased by 1.7% with the female rate increasing by 8.0% since 2008.

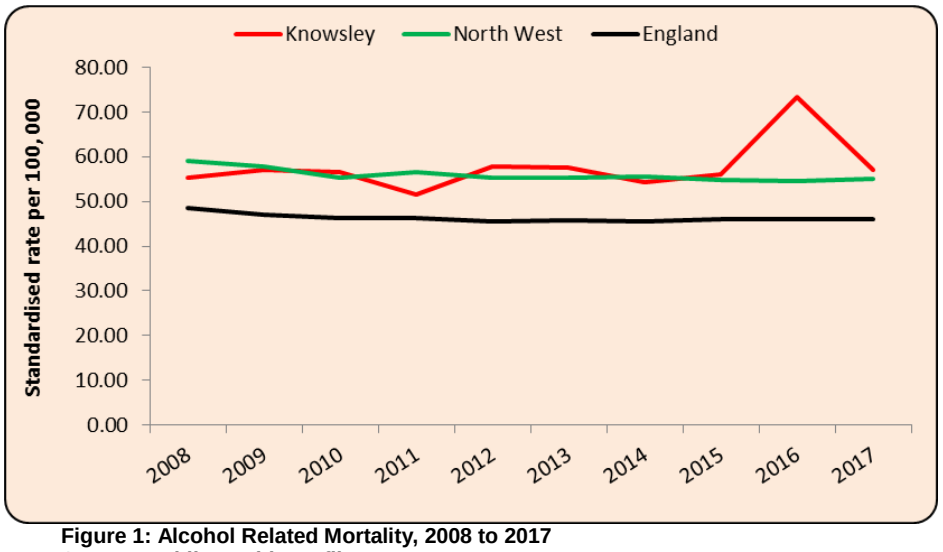

Figure 1: Alcohol Related Mortality, 2008 to 2017
Source: Public Health Profiles, PHE

6.2 Liver Disease Mortality

There were 57 deaths from alcoholic liver disease in Knowsley in 2015/17, with a premature (under 75 years of age) mortality rate of 14.51 per 100,000, the tenth highest in the North West. Knowsley was significantly higher than England but similar to the North West. Since 2010/12 the mortality rate in Knowsley has risen by 16.9%, whereas the North West has fallen by -2.3% with the England rate increasing by 0.5%.

The mortality rate for males in Knowsley was 18.87 per 100,000 in 2015/17, over three quarters higher than that of females; 10.64 per 100,000. However, since 2010/12, the premature mortality rate for males has increased by 37.6%, whereas for females the rate has fallen by -5.7%. Rates for males and females can fluctuate significantly from year to year due to small numbers, however in 2015-17 rates for both male and females are currently significantly higher than England but are both similar to the North West.

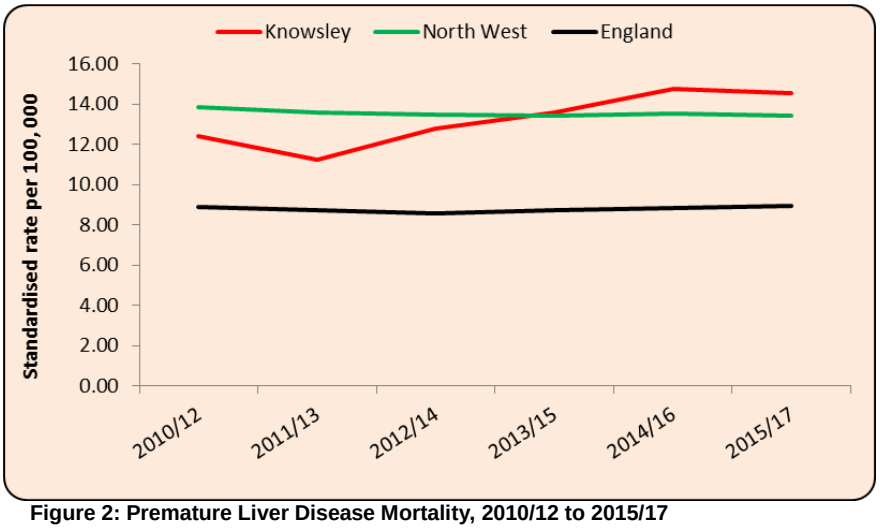

Figure 2: Premature Liver Disease Mortality, 2010/12 to 2015/17
Source: Public Health Profiles, PHE

6.3 Hospital Admissions

During 2017/18, there were an estimated 4,363 hospital admissions related to alcohol in Knowsley; a rate of 3,084 alcohol related admissions per 100,000 population, significantly higher than England (2,224) and the North West region (2,590).

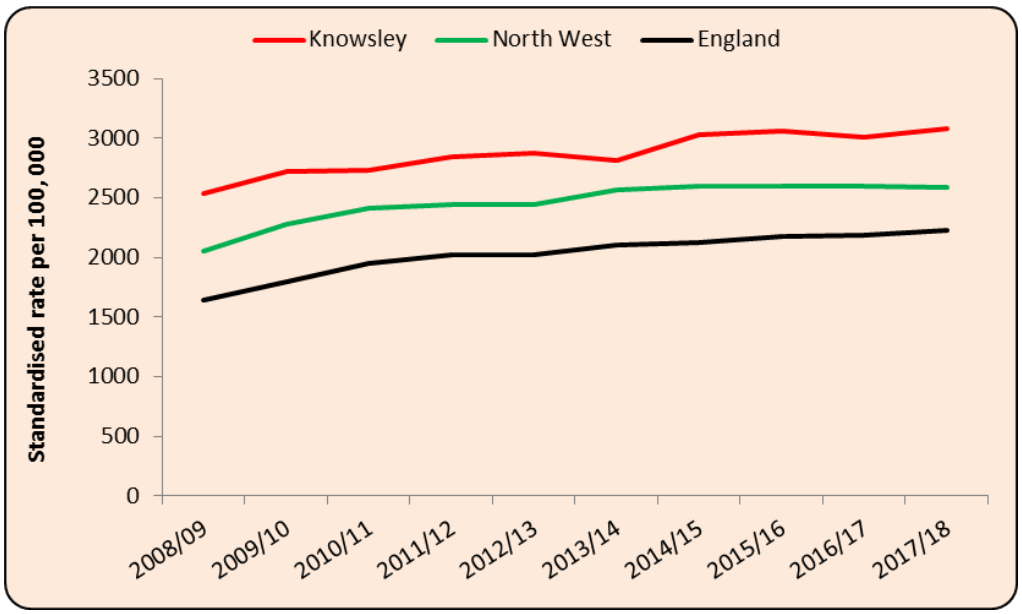

Figure 3: Hospital Admissions Related to Alcohol, 2008/09 to 2017/18
Source: Public Health profiles, PHE

Since 2008/09, there has been a 21.7% 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 (26.0%) or England (35.6%). 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 4.4% since 2008/09.

Out of 23 local authority areas in the North West region, Knowsley had the 6th highest rate of alcohol related hospital admissions during 2017/18.

The rate of alcohol related admissions for Knowsley males was 4,261 per 100,000 in 2017/18, over twice as high as the rate for females (2,124 per 100,000). Since 2008/09, there has been a 16.4% increase in the rate of male alcohol related hospital admissions in Knowsley compared to 21.7% in females.

Area	2008/09	2017/18	% change
Knowsley	2534.0	3084.3	21.7%
North West	2055.3	2589.9	26.0%
England	1639.5	2223.8	35.6%

Table 1: Rate of Alcohol related hospital admissions, 2017/18
Source: Local Alcohol Profiles for England

Alcohol related hospital admissions in Knowsley during 2016/17 show a wide variation amongst Knowsley's electoral wards. Hospital admission rates due to alcohol ranged from 1,667.6 admissions per 100,000 population in Roby electoral ward to 5,654.3 admissions per 100,000 population in Whitefield electoral ward; Whitefield's rate being over 3 times higher than Roby.

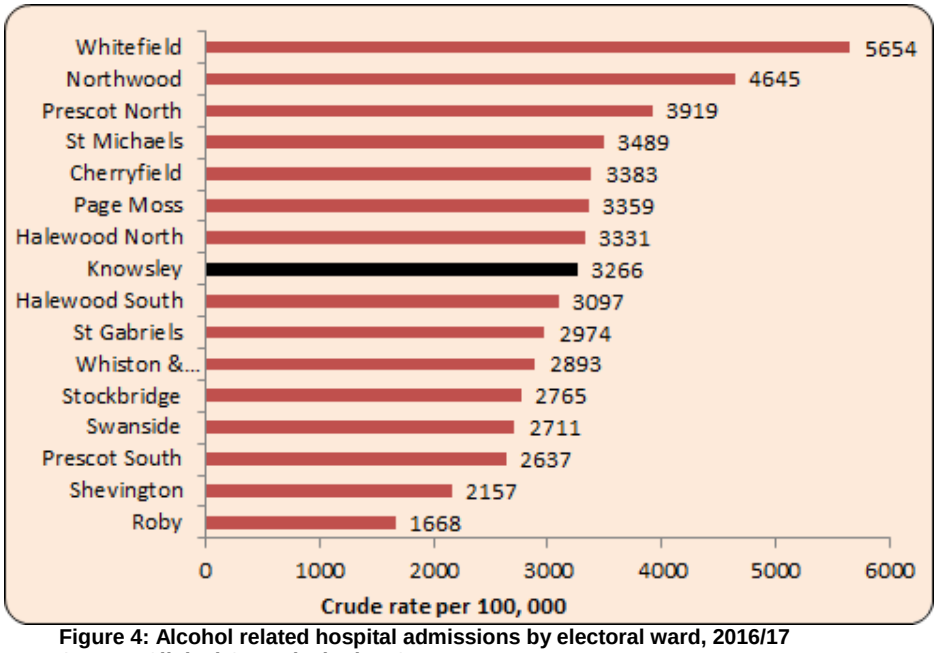

Figure 4: Alcohol related hospital admissions by electoral ward, 2016/17
Source: Clinical Commissioning Group

6.4 Treatment

In Knowsley, in 2017/18 302 people aged over 18 were in treatment at specialist alcohol misuse services. This was a 29.9% decrease since 2014/15, when there were 431 people in treatment. In addition in 2017/18 (45.0%) of those in treatment successfully completed it and did not represent themselves within 6 weeks, which was higher than the North West and England (43.1% and 38.9% respectively). In the last 5 years the rate of successful completion of treatment within 6 weeks has risen in Knowsley by 34.7% which was higher than the North West and England (4.8% and 11.4% respectively)[18]. The most common age for those adults in treatment was 50 to 59 years accounting for 34%[26].

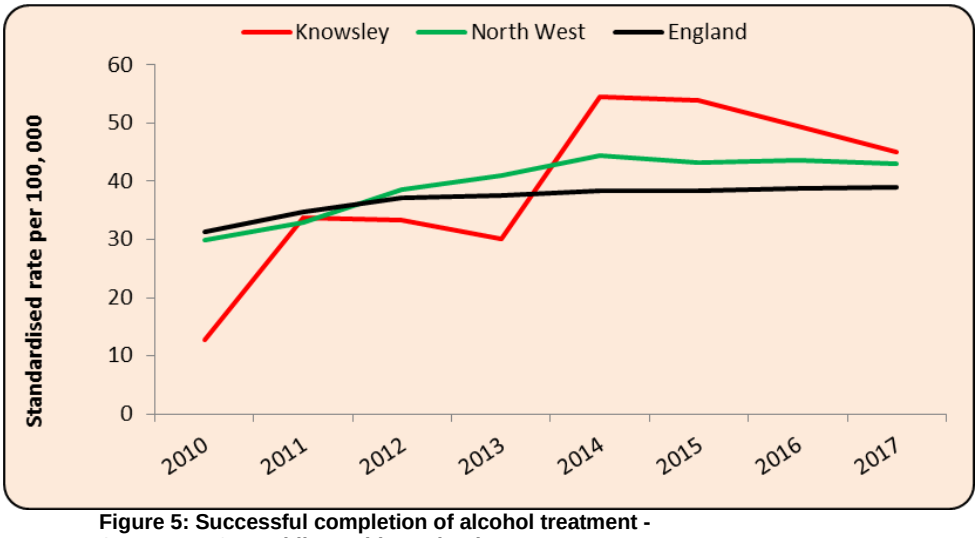

Figure 5: Successful completion of alcohol treatment - Source: PHOF, Public Health England

Of those in alcohol treatment in Knowsley, 42% referred themselves, 29% were referred by their GP, 9% by hospital and 8% by CJS.

6.5 Alcohol Related Crime

Alcohol can be a major causational factor in a number of crimes, especially crimes involving violence. 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, when compared to areas with a night time economy. The highest concentrations of public bars and public houses are found in Kirkby and Prescot town centres, but both have low levels of violence which is falling due to the number of public houses and clubs closing.

However, historical analysis has found that the vast majority of alcohol related crime is often not reported to police due to the nature of the crime, such as domestic violence and disputes outside places such as nightclubs. From

[26] PHE. (2018/19). Police Crime Commissioners support pack. Key drug and alcohol data.
PHE. PCC support pack 2018-19: key drug and alcohol data. Summary of area data for Police and Crime Commissioners.
[18] PHOF, Public Health England
[27] ONS. (2016). British Crime Survey.

what we do know, alcohol accounts for 40% to 50%[27] of all violent offences nationally, which would equate to approximately 1,000 to 1,250 alcohol related violent offences in Knowsley in 2016/17. Further analysis into this data revealed that the vast majority of these offences were recorded as "assault with less serious injury".

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 Multi-Agency-Risk-Assessment-Conference meetings to help vulnerable residents in Knowsley.

7. COMMUNITY, PATIENTS & STAKEHOLDER VIEWS

7.1 Big Drink Debate Survey, 2008

In 2008 a comprehensive public survey was carried out by Big Drink Debate, conducted by Ipsos MORI in the North West. Unfortunately this has not been repeated since. In Knowsley opinions to alcohol found that:

- 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.

7.2 Stakeholder Engagement for 2017/18 Re-commission of Knowsley Integrated Recovery Services

As part of the re-commissioning process of Knowsley Integrated Recovery Services, a detailed stakeholder engagement process was conducted. This included engagement with local Health Professionals, GP's, Pharmacists, service staff, service users and the general public.

Different engagement techniques were used to best suit the partners and individuals consulted. These included; a stakeholder engagement event (Health Professionals), Focus Groups (Service Users and Peer Mentors) and Survey Monkey's (GP's, Pharmacists, Staff and General Public).

Feedback from all stakeholders was collated and analysed, and recommendations for the service specification included:

- Include a focus on volunteer development and sharing of stories in promotion
- Request that initial assessments are offered in a community/clinical venue away from the hub's as a point of entry for those who are anxious about attending. *Create a slope, not a step*
- Provide a programme that supports carers, family and friends
- Low level mental health support in house, and better links to mental health services
- Sites should be attractive, on transport links just outside of town center
- Further develop education, training and employment focus for service users
- Further develop community education (including GP's) and sharing of information to reduce stigma and promote positive stories
- Wider promotion plan included designed to reduce stigma, working with Knowsley Public Health on a possible campaign to reduce the stigma associated with attending drug and alcohol services. Promotion plan must include out-reach plans for those who are digitally excluded.

7.3 Drink Less Enjoy More Campaign 2017/18

Drink Less Enjoy More (DLEM) was introduced in Liverpool in 2015 to promote compliance with Section 141 of the 2003 Licensing Act. This states that patrons who are excessively drunk should be refused service of alcohol. The campaign has evolved over time and has shown to be successful in reducing the number of alcohol sales made to intoxicated patrons. With the support of Directors of Public Health across Cheshire and Merseyside, the three core components of the work – communication, bar staff training and enforcement have been shared with neighboring Local Authority Areas with the intention for all areas to implement it locally from October to December 2017.

Liverpool John Moores University are leading on the evaluation across Cheshire and Merseyside and the full evaluation is expected March/April 2018.

8. EVIDENCE OF WHAT WORKS

High Impact Changes in Addressing Alcohol Harm

- **Work in partnership**
- **Develop activities to control the impact of alcohol misuse in the community**
- **Influence change through advocacy**
- **Improve the effectiveness and capacity of specialist treatment**
- **Appoint an alcohol health worker**
- **IBA – Provide more help to encourage people to drink less**
- **Amplify national and social marketing priorities**
- **Minimum Unit Pricing**

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.

8.1 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.

8.2 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.

8.3 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.

8.4 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.
- Improvement of alcohol-related health problems – such as liver disease, malnutrition or psychological problems.
- Improvement 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.

8.5 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 claimed[28] that alcohol care teams can bring qualitative and quantitative improvements such as:

- Improving quality and efficiency of care.

[28] 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

- 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 spent.

8.6 Identification and Brief Advice (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 - Alcohol Use Disorders Identification Test).

These are effective interventions which are directed at patients drinking at increasing or higher risk, and 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.

8.7 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.

Local services and partnerships 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.

Local social marketing activity should be commissioned to build upon the national programme, to promote the available local services.

8.8 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,[29] 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.

9. FUTURE CHALLENGES

- The number of alcohol-related hospital admissions in Knowsley continues to rise. Much work has been done to address this and during 2018/19 there will be focus on this issue, exploring additional work that could have an impact on this such as liver disease mortality rates which have been rising in recent years.

- 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

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

authorities looking at ways to move this issue forward, looking at local options for introducing this measure.

- Balancing business growth and the development of a thriving local leisure and night time economy versus mitigating against any potential issues as a result of changing alcohol consumption patterns in the borough.

- Under current rules in England, Licensing Authorities can only listen to, but not act on expert health-related evidence provided by Public Health when considering alcohol licensing applications. This is not the case in Scotland where health is included as a fifth licensing objective, therefore all health implications such as hospital admissions and local addiction levels can be considered in licensing applications.