Delivering meaningful, healthier, longer lives for the people of Northamptonshire
Introduction

- Alcohol represents a major public health concern in England. Of the mood-altering substances used in the UK, experts see alcohol as the most harmful in terms of individual harm and harm to others, followed by heroin and crack cocaine.
- Alcohol dependence and harmful alcohol use are associated with increased risk of physical and mental health problems, including gastrointestinal disorders, in particular liver disease, neurological and cardiovascular disease, depression and anxiety, and premature death. There are many wider societal problems caused by chronic alcohol misuse.
- One in four of adults drink more than the government’s lower-risk guidelines. More than two and a half million adults drink at higher-risk levels.
- Alcohol-related harm costs society £21 billion a year. It is responsible for 8% of all hospital admissions, with 1.2 million individuals being admitted in 2010/11. Fifteen thousand people die prematurely each year because of alcohol. About 32% of these deaths are from liver disease, 21% from cancer and 17% from cardiovascular illnesses, such as heart disease and strokes. There are almost a million alcohol-related violent crimes a year in the United Kingdom.
- Alcohol costs the Northamptonshire economy at least £139m annually. This is made up of costs to the NHS of about £38m, costs to the workforce and wider economy of about £36m, costs to social services of about £34m and costs of alcohol-related crime of about £31m.
- There is marked inequality in both mortality and in resource use from alcohol. Areas of highest deprivation have two to three times higher loss of life and two to five times more admissions to hospitals than in more affluent areas.
- Treating alcohol problems is highly cost-effective. Analysis from the UK Alcohol Treatment Trial suggests that for every pound spent on alcohol treatment, the public sector saves £5. Public Health England says that every pound spent on young people’s alcohol interventions brings a benefit of £5 to £8.
- One of the priorities in In Everyone’s Interest, Northamptonshire’s Health and Wellbeing Strategy 2013-16, is “tackling alcohol and drugs issues to protect communities and improve lives”.

Key Points

- Mortality rates from alcohol-related causes in Northamptonshire are similar to those in England as a whole. In men in Northamptonshire the rates showed a downward trend, from 223 to 176 deaths per year, between 2006 and 2010, the most recently published year. Corby’s rate was the highest of the 326 local authorities in England over that period. The life expectancy of an average man in Corby would be 20.4 months longer if there were no deaths in the borough before 75 years of age attributable to alcohol; this figure is also higher than anywhere else in England.
- Among women, mortality attributable to alcohol is lower than in men. There are no trends in mortality attributable to alcohol in Northamptonshire or in any of its districts.
- The estimated prevalence of higher-risk and binge drinking in each district in Northamptonshire is similar, and close to the average for England. Given the other statistics showing specific patterns of drinking in different parts of the County, these estimates are probably not accurate.
• From 2006 to 2010, rates of alcohol-related admissions rose sharply in Northamptonshire for men and women, though they are now showing signs of beginning to fall. They remain higher than comparators in Corby and Northampton. This is likely to be because of higher levels of drinking in those districts.

• Both Corby and Northampton have rates of recorded alcohol-related crime and of violent alcohol-related crime which are significantly higher than for England as a whole. Corby’s rates are in the top ten per cent for local authorities in England. Kettering also has significantly higher rates of violent alcohol-related crime.

• Most clients of the alcohol service are young and middle-aged men, with the ratio of male to female clients reducing in older age groups. However, age-specific alcohol consumption in the UK varies little between 16 and 64 years in either sex. This suggests that middle-aged and older people are not making use of the service in proportion to their need.

• White people are slightly more frequent users of the service than would be expected on the basis of the ethnic composition of the County’s population. However, different communities have different patterns of alcohol use.

• The Northamptonshire Partnership published an Alcohol Harm Reduction Strategy 2010 – 2015. It specified four priorities:
  • Providing education and awareness
  • Managing the supply and pricing of alcohol
  • Delivering health and treatment services
  • Reducing alcohol-related crime and disorder

• The strategy is a broad-based, evidence-based and comprehensive approach to combating alcohol-related problems in Northamptonshire which includes all the key high-impact changes.

• There are as yet no reports on the implementation of the strategy.

• The drugs and alcohol service was recently re-commissioned. It currently costs between £5 million and £6 million per year, of which about £1.2m is on alcohol services.

• Recent results show an increase in numbers in treatment in Northamptonshire for alcohol problems, compared with a year earlier.

• A key measure of the effectiveness of services is the proportion of people receiving treatment for alcohol problems who are abstinent by the end of treatment. In Northamptonshire, this figure is 30%, substantially lower than the 63% figure for England. However, the period under review was shortly after the new provider had begun work, and so the results are probably not representative of longer-term performance.

Recommendations

• Northamptonshire should
  • continue to implement the Alcohol Harm Reduction Strategy
  • prepare reports on progress.

• Northamptonshire should consider what targets and indicators to use to drive and monitor its alcohol policy, either before 2015 or as part of the successor strategy. These should
include measures of progress in reducing the health consequences of excessive alcohol consumption alongside the existing crime reduction targets. Options include:

- The proportion of people drinking excessive or harmful amounts of alcohol, or binge-drinking. The County should consider undertaking local surveys, the results of which could then be used to measure progress in helping people adopt safer drinking behaviour.
- The number and proportion of accident and emergency department visits which are alcohol-related.
- The number of hospital admissions which are alcohol-related.
- Mortality from alcohol-related causes.

An obvious measure of progress is the proportion of people drinking excessive or harmful amounts of alcohol, or binge-drinking. At present, the only local measures of this are synthetic estimates that rely on the application of rates derived from national surveys to the local population. As we have seen, these are of doubtful accuracy in Northamptonshire, probably because local drinking patterns in some parts of the County do not resemble national ones. The County should consider undertaking local surveys of drinking attitudes and behaviour, the results of which could then be used to measure progress in helping people adopt safer drinking patterns.

- Commissioners should develop their response to the different needs across the county and target action appropriately.

Both Corby and Northampton have rates of recorded alcohol-related crime and of violent alcohol-related crime which are significantly higher than for England as a whole. Commissioners need to ensure that response to this need is targeted appropriately. This should draw on the body of knowledge of drinking patterns and work with the community to reduce the damage done by alcohol abuse. As part of this, a Community Alcohol Partnership could be developed. Community Alcohol Partnerships tackle underage drinking in local communities through co-operation between alcohol retailers and licensees and local stakeholders. By providing advice, guidance and resources, they support communities in developing their own capacity to deliver a co-ordinated, localised response to underage alcohol misuse. The focus might be widened from underage drinking to the development of a consensus with local businesses about the supply of alcohol.

- The accessibility of the service should be reviewed, in particular to find ways to engaging female excessive drinkers and older drinkers.

Most clients of the alcohol service are young and middle-aged men, and White people are slightly more frequent users of the service than would be expected on the basis of the ethnic composition of the County’s population. The accessibility of the service should be reviewed, in particular to find ways to engaging female excessive drinkers and older drinkers.

**Key early priorities are:**

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This needs assessment was prepared by the Public Health Action Support Team on behalf of Northamptonshire County Council.
• Targeting action where it is needed most.
• Finding ways of engaging female excessive drinkers and older drinkers.

This needs assessment should be read in conjunction with the reports on cancer, mental health and sexual health.

Why is alcohol an important health issue in Northamptonshire?

Alcohol represents a major public health concern in England. Of the mood-altering substances used in the UK, experts see alcohol as the most harmful in terms of individual harm and harm to others, followed by heroin and crack cocaine.

Alcohol dependence and harmful alcohol use are associated with increased risk of physical and mental health problems, including gastrointestinal disorders, in particular liver disease, neurological and cardiovascular disease, depression and anxiety, and premature death.

Eighty-five per cent of adults in England drink alcohol and 26% of adults drink more than the government’s lower-risk guidelines. More than two and a half million adults drink at higher-risk levels. The impact of this on society and on public spending resource use is substantial. Alcohol-related harm costs society £21 billion a year. It is responsible for 8% of all hospital admissions, with 1.2 million individuals being admitted in 2010/11. There are almost a million alcohol-related violent crimes a year in the United Kingdom. Fifteen thousand people die prematurely each year because of alcohol. About 32% of these deaths are from liver disease, 21% from cancer and 17% from cardiovascular illnesses, such as heart disease and strokes. There is marked inequality in both mortality and in resource use, with areas of highest deprivation having two to three times higher loss of life and two to five times more admissions to hospitals than in more affluent areas.

• Much alcohol-related harm is preventable. The introduction and development of comprehensive integrated local alcohol treatment systems helps hazardous, harmful and dependent drinkers, their families and social networks, and the wider community. Alcohol treatment has both short- and long-term economic benefits. For example, provision of alcohol treatment to 10% of the dependent drinking population within the UK would reduce public sector resource costs by between £109 million and £156 million each year. Analysis from the UK Alcohol Treatment Trial suggests that for every £1 spent on alcohol treatment, the public sector saves £5. Public Health England says that every pound spent on young people’s alcohol interventions brings a benefit of £5 to £8. Every 5,000 patients screened in primary care may prevent 67 accident and emergency department visits and 61 hospital admissions.

Consumption guidelines

The government’s lower-risk drinking guidelines, introduced in 1995, recommend that:

• Men should not regularly drink more than three to four units a day
- Women should not regularly drink more than two to three units a day
- After an episode of heavy drinking, it is advisable to refrain from drinking for 48 hours to allow tissues to recover.

In 2012, the House of Commons Select Committee on Science and Technology recommended that the Government consider advising individuals to take at least two alcohol-free days a week.

In 2008, the Department of Health adopted terminology that communicates differing levels of risk across three broad levels of consumption: lower risk, increasing risk and higher risk.

Increasing risk was defined as:

- Men who regularly drink more than three to four units a day, but drink less than higher risk levels
- Women who regularly drink more than two to three units a day, but drink less than higher risk levels.

Higher risk is defined as:

- Men who regularly drink more than eight units a day or more than 50 units of alcohol per week
- Women who regularly drink more than six units a day or more than 35 units of alcohol per week.

Binge drinking is defined as:

- Adults who drink at least twice the daily recommended amount of alcohol in a single drinking session (eight or more units for men, six or more units for women).

Consumption

The 2011 Health Survey for England reported that 87% of men and 81% of women had drunk alcohol at least occasionally in the last year. Eighteen per cent of men drank alcohol on five or more days in the previous week, compared with 10% of women.

Generally, the frequency of drinking increases with age, and this increase is greater for men than women. For example, 29% of men aged 75 and over had drunk on five or more days in the last week. Among women, the highest prevalence of drinking on five or more days in the last week was found among those aged 65 to 74 years (19%).

By contrast, young people are more likely to drink heavily on a single occasion. Sixty-seven per cent of men and 68% of women aged 16 to 24 years drink above the recommended level; 45% and 46% respectively drink more than twice the recommended maximum, constituting binge drinking. This behaviour is less common in older people. For example, among those aged at least 75 years, 27% of men and 16% of women drank above the recommended amount, and 8% and 2% respectively reported binge drinking.
However, despite prevalence of drinking in the last year being high among adults, a substantial proportion of adults did not drink in the week before the survey (31% of men, 46% of women). 13% of men and 19% of women were non-drinkers. The Health Survey for England did not report drinking according to ethnicity.

Survey measures of alcohol consumption are generally acknowledged to underestimate consumption. Comparisons of survey measures with HM Revenue and Customs data on alcohol taxed for sale suggest that survey estimates of consumption represent between 55% and 60% of the true figure. However, survey data provide a reliable means of comparing drinking between different groups and of measuring trends in drinking over time.

One of the priorities in In Everyone’s Interest, Northamptonshire’s Health and Wellbeing Strategy 2013-16, is “tackling alcohol and drugs issues to protect communities and improve lives”. The document notes “Both violent crime and levels of domestic abuse are well above those experienced in comparator areas, and are amongst the highest rates in the country.” There are two associated measures or targets, to be achieved by 2016. Northamptonshire aims to reduce

- the number of victims of alcohol-related crime to no more than 2,450, and
- the number of victims of alcohol-related crime in or around licensed premises to be no more than 500.

Neither Corby Clinical Commissioning Group’s document Shaping Healthcare Services in Corby 2013/14 nor Nene Clinical Commissioning Group’s Top Priorities mentions alcohol.

**What is the local picture?**

**Alcohol-attributable mortality**

For Northamptonshire as a whole, rates of death attributable to alcohol are similar to those for England as a whole, and to those of the statistically similar counties.

Figures 1 and 2 show the mortality attributable to alcohol in each district in Northamptonshire for men and women respectively from 2006 to 2010.

Alcohol-related mortality in men for Northamptonshire over this period showed an overall downward trend. The number of deaths each year fell from 223 to 176, though small numbers of deaths in each district introduce statistical instability and the changes are partly because of random fluctuation. In Corby and Northampton the trend was downwards, while in Kettering alcohol-related mortality rose. Corby’s rate was the highest of the 326 local authorities in England. The life expectancy of an average man in Corby would be 20.4 months longer if there were no deaths before 75 years of age attributable to alcohol – this figure is also higher than anywhere else in England. Alcohol-related mortality rates in Daventry and South Northamptonshire are significantly lower than for England.

Each graph in Figure 1 has a different vertical axis, which may mask the extent of the differences that it shows: mortality rates in Corby are more than twice those seen in any other district, and about five times higher than those in South Northamptonshire.

**Figure 1: Alcohol-attributable mortality, males, Northamptonshire districts, 2006 to 2010**
This needs assessment was prepared by the Public Health Action Support Team on behalf of Northamptonshire County Council.

Source: Public Health England DSR = directly standardised rate.
Among women, mortality attributable to alcohol is lower than in men (Figure 2). There are no clear trends in Northamptonshire or in any of its district and borough council areas. None of the districts has an alcohol-attributable mortality rate significantly different from that of England. The rates reported in Corby are higher than elsewhere, though the difference is less marked than for men. Alcohol-related mortality among women in Corby is in the highest ten per cent of local authorities in England.

**Figure 2: Alcohol-attributable mortality, females, Northamptonshire districts, 2006 to 2010**
Alcohol consumption

Figure 3 shows synthetic estimates of the proportion of drinkers who engage in higher-risk and binge drinking in Northamptonshire. These prevalences are similar, and all are close to the average for England.
This needs assessment was prepared by the Public Health Action Support Team on behalf of Northamptonshire County Council.

Synthetic estimates are modelled from national survey data. The estimate assumes that the relationships identified in the national General Lifestyle Survey between alcohol consumption and age, sex and ethnicity are the same at the local authority level; the model-based estimates take no account of any additional local factors that may impact on the true prevalence. This assumption may not be reliable. As these estimates build on survey data, population groups which are not well-represented in surveys may be systematically under-represented in synthetic estimates. The approach also does not reflect different drinking cultures which may affect the pattern of alcohol consumption locally. Specifically, it is hard to explain the startlingly high rates of alcohol-related mortality and hospital admissions observed in Corby if rates of higher risk and binge drinking there are so similar to those elsewhere in Northamptonshire and England. It is likely that the high admission and mortality rates are accurate and the estimates of drinking behaviour are unreliable because of differences between the actual drinking behaviour of Corby residents and the assumption used in the models.

Alcohol-attributable admissions
Figures 4 and 5 show rates of hospital admissions attributable to alcohol in each district in Northamptonshire, for men and women respectively, from 2006 to 2010. For both genders, there was a clear upward trend. As with mortality, the vertical axes show that rates were higher in Corby, and lower in South Northamptonshire. In comparison with England, Corby’s rates were significantly higher for both men and women. Corby lay on the eightieth centile for alcohol-related admissions for men, and the ninetieth centile for women. For men, rates are significantly lower than England in all the other districts apart from Northampton; for women, they are significantly lower in Daventry and South Northamptonshire.
Figure 4: Alcohol-attributable hospital admissions, males, Northamptonshire districts, 2006 to 2010

Source: Public Health England DSR = directly standardised rate

This needs assessment was prepared by the Public Health Action Support Team on behalf of Northamptonshire County Council.
Figure 5: Alcohol-attributable hospital admissions, females, Northamptonshire districts, 2006 to 2010

Source: Public Health England DSR = directly standardised rate
Why might admissions have risen when mortality did not? One possibility is that rising consumption of alcohol, or a less healthy pattern of consumption, are already leading to increases in the incidence of alcohol-related illnesses and injuries which lead to admissions; however, this may not yet have led to increases in mortality because alcohol-related diseases are often not rapidly fatal. Another possibility is that trends in medical practice are leading to patients with similar clinical problems becoming more likely to be admitted for investigation or treatment, though it seems unlikely that this would explain the changes observed in Northamptonshire.

More recent data suggest that the rise in alcohol-related admissions in Northamptonshire is slowing. Figure 6 shows the rates of alcohol-attributable admissions for the County for 2008/9 to 2012/13. The rate of increase was 17% in 2009/10, 4% in 2010/11 and 2% in 2011/12; in 2012/13 the provisional figures show a fall of 10%. There were still nearly 13,500 hospital alcohol-related admissions in 2012/13. Data from 2012/13 still provisional and yet to be validated.

**Figure 6: Alcohol-attributable hospital admissions, Northamptonshire, 2008/9 to 2012/13**

![Graph showing alcohol-attributable hospital admissions, Northamptonshire, 2008/9 to 2012/13](graph.png)

Source: Hospital episode statistics. Polynomial trend-line displayed. 2012/13 data are provisional.

To what extent are the data in Figure 6 the result of general national trends rather than factors specific to Northamptonshire? Figure 7 compares the rates of increase in alcohol-related admissions in Northamptonshire and England over the nine years from 2002/3. It shows that the rates were rising faster in Northamptonshire than elsewhere for the first eight years. In the last two years covered (2009/10 to 2011/12), Northamptonshire’s admission rates rose less steeply than those for England. This suggests that the stabilisation discernible in Figure 6 is specific to Northamptonshire.
The accident and emergency departments at Northampton and Kettering General Hospitals treated 1,753 assault patients between 1 April 2012 and 31 March 2013, an average of 34 cases per week. Of these assaults, half involved the use of alcohol, with alcohol involvement being most common amongst patients aged 18 to 24. Although the majority of alcohol-related assaults took place on the street or in licensed premises, almost a quarter occurred in the home.

Figure 8 compares rates of hospital stays for alcohol-related harm in Northamptonshire with the three statistically similar shire counties. It indicates that there are only minor differences between Northamptonshire and its statistical near-neighbours.
Alcohol-related crime

The pattern of alcohol-related crime varies substantially between districts in Northamptonshire. Both Corby and Northampton have rates of recorded alcohol-related crime and of violent alcohol-related crime which are significantly higher than for England as a whole. Corby’s rates are in the top ten per cent for local authorities in England. Kettering also has significantly higher rates of violent alcohol-related crime. By contrast, both these rates are significantly lower in Daventry, East Northamptonshire and South Northamptonshire than in England; South Northamptonshire’s are in the lowest five per cent in England. This pattern of alcohol-related crime being associated with urban and relatively deprived communities is commonly seen in England.

These results are consistent with reported rates of alcohol consumption, but are also affected by variation in the reporting and recording of crime. The estimates are based on attributing a fixed proportion of the reported incidence of each crime to alcohol, on the basis of previous surveys of how many arrested people had positive breath tests for alcohol. The statistics are therefore not sensitive to whether a higher or lower proportion of different crimes are alcohol-related in different communities.

Costs

Local analysis indicated that alcohol costs the Northamptonshire economy at least £139m annually. This is made up of costs to the NHS of about £38m, costs to the workforce and wider economy of about £36m, costs to social services of about £34m and costs of alcohol-related crime of about £31m.

What inequalities are there in health status and access to services?

Table 1 compares the ethnicity of alcohol service users and the population of Northamptonshire. It shows that White people are slightly more frequent users of the service than would be expected on the basis of the ethnic composition of the County’s population, a difference which is too large to be attributable to chance (χ² = 9334, P < 0.001). This difference
may arise because drinking problems are more common among White people – perhaps because some ethnic groups do not use alcohol. An alternative explanation is that drinking problems are at least as frequent in ethnic minority communities, but members of those communities experience difficulties in accessing services.

### Table 1: Ethnicity of those in treatment for drinking problems and all residents, Northamptonshire, fourth quarter 2012/13 and 2011

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Service users (number, %)</th>
<th>Residents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>490 (94)</td>
<td>91</td>
</tr>
<tr>
<td>Mixed</td>
<td>6 (1)</td>
<td>2</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>7 (1)</td>
<td>4</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>5 (1)</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3 (1)</td>
<td>0</td>
</tr>
<tr>
<td>Not stated or unknown</td>
<td>8 (1)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>519 (100)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adult alcohol partnership quarterly performance report and Office for National Statistics
\(\chi^2 = 9334, P < 0.001.\) Calculated by PHAST

To assess which of these explanations are correct, we would need to know the prevalence of problem drinking in members of different ethnic minorities in Northamptonshire, information which is not available. Research from Joseph Rowntree Foundation in 2010 explored the relationship between ethnicity and alcohol in the UK, using published evidence:

- Most minority ethnic groups have higher rates of abstinence and lower levels of drinking compared to people from white backgrounds.
- Abstinence is high amongst South Asians, particularly those from Pakistani, Bangladeshi and Muslim backgrounds. But Pakistani and Muslim men who do drink do so more heavily than other non-white minority ethnic and religious groups.
- People from mixed ethnic backgrounds are less likely to abstain and more likely to drink heavily compared to other non-white minority ethnic groups.
- People from Indian, Chinese, Irish and Pakistani backgrounds on higher incomes tend to drink above recommended limits.
- Frequent and heavy drinking has increased for Indian women and Chinese men.
- Drinking among Sikh girls has increased whilst second generation Sikh men drink less than first generations.
- Irish, Scottish, and Indian men, and Irish and Scottish women have higher than national average alcohol-related deaths in England and Wales.
- Sikh men are over-represented among people with liver cirrhosis.
- People from minority ethnic groups have similar levels of alcohol dependence compared to the general population, despite drinking less.

Figure 9 shows the age and gender of clients of specialist Northamptonshire alcohol services who started treatment in 2012/13. Most clients are young and middle-aged men, with the ratio of male to female clients reducing in older age groups. However, age-specific alcohol consumption in the UK varies little between 16 and 64 years in either sex. This suggests that
middle-aged and older people may not have access to the service in proportion to their need, perhaps because denial and stigma make it harder for them to access services.

**Figure 9: Age profile of clients of alcohol services, Northamptonshire, 2012/13**

In the lesbian, gay, bisexual and transgendered community, binge drinking is high across all genders, sexual orientations and age groups, with 34% of males and 29% of females reporting binge drinking at least once or twice a week. Available comparable data (from the ONS General Lifestyle Survey 2010) suggests that binge drinking is around twice as common in gay and bisexual males, and almost twice as common in lesbian, gay and bisexual females, when compared to males and females in the wider population.

- 41% of lesbian and bisexual women drink on three or more days in a week compared to 36% of women in general.
- 42% of gay and bisexual men drink alcohol on three or more days a week compared to 35% of men in general.
- 62% of trans-gendered people may be dependent on alcohol or engaging in alcohol abuse.

Alcohol also contributes to the problem of domestic violence.

**What is the evidence base for interventions? What is best practice?**

The Government's [alcohol strategy](#) released in 2012 makes a commitment to:

- Reducing the availability of cheap alcohol
- Acting on unacceptable marketing
- Encouraging local communities to take action including having greater community involvement in licensing decisions
- Creating shared responsibility with industry
- Supporting individuals to change through prevention and early intervention.
It builds on the [Drugs Strategy 2010](#), which emphasised the importance of supporting people with alcohol dependency. The [National Institute of Health and Care Excellence](#) (NICE) has published guidance on alcohol-related problems:

- **Public health guidance on the prevention and early identification of alcohol-use disorders among adults and adolescents**
- **Public health guidance on produce for use in primary and secondary schools on sensible alcohol consumption**
- **A guide for commissioners on services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults**
- **A clinical guideline on the diagnosis, assessment and management of harmful drinking and alcohol dependence in adults and in young people**
- **A clinical guideline on the diagnosis and clinical management of alcohol-related physical complications**

The NICE pathway for alcohol-use disorders, produced in 2011, sets out action for both prevention and for diagnosis and management (Figure 10).

**Figure 10: NICE pathway for alcohol use disorders**

[Diagram showing the pathway for alcohol use disorders]

The Department of Health published [commissioning guidance](#), including on reducing [alcohol-related harm](#).

**Signs for Improvement**, published in 2009, presented commissioning interventions to reduce alcohol-related harm, identifying a number of high impact changes which were thought to have the greatest potential for impacting on health outcomes. Figure 11 shows the relative impact on alcohol-related admissions, according to three different levels of impact.

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What is the pattern of services in Northamptonshire at present?

The Northamptonshire Partnership published an Alcohol Harm Reduction Strategy 2010-2015. It specified four priorities:

- Providing education and awareness
- Managing the supply and pricing of alcohol
- Delivering health and treatment services
- Reducing alcohol-related crime and disorder.

Providing education and awareness is aimed at stopping and reversing the rise in the number of alcohol related hospital admissions in Northamptonshire. It involves alcohol awareness programmes and training, establishing partnerships with job centres and other work to change the culture and behaviour of communities through social influence using cultural groups and positive role models. Young people will receive appropriate, evidence-based education about safe and sensible alcohol consumption via personal, social and health education lessons in school. This is reinforced by the provision of information and advice to parents, carers and others who look after young and vulnerable people about keeping and supplying alcohol in the home.

Managing the supply and pricing of alcohol involves review of the local statement of licensing policy, enforcement of compliance and influencing the licensed trade to develop and implement responsible policies.
The contract to *deliver health and treatment services* was awarded to Crime Reduction Initiatives. This charity, which works with people with alcohol and substance misuse problems, has been the service provider in Northamptonshire since February 2013. It is responsible for the full range of interventions/treatments (NICE approved) within the NDMS waiting time limit. Two liaison nurses work in the hospitals assessing and managing detoxification and liaising with the community-based services. The service is developing a county-wide presence, establishing community clinics within hot-spot locations in Northamptonshire. The nurses aim to use appropriate referrals to reduce the number of patients repeatedly readmitted with alcohol-related problems. Public Health England says that one alcohol liaison nurse can prevent 97 accident and emergency visits and 57 hospital admissions.

Reducing alcohol-related crime and disorder involves establishing pathways from the criminal justice system to treatment services, developing a planned and balanced night-time economy using all relevant legislation, encouraging and supporting towns to consider pursuing accreditation for safe environments, and promoting a highly visible policing style in town centres.

The Alcohol Harm Reduction Strategy is a broad, evidence-based and comprehensive approach to combating alcohol-related problems in Northamptonshire which includes all the key high-impact changes.

**What is the cost of current services?**

The drugs and alcohol service currently costs between £5 million and £6 million per year. It is not possible to separate fully the costs of the two categories of user, because the services are inter-dependent, but about £1.2m is spent on alcohol services.

**What is the evidence of progress in developing these services?**

**Implementation of alcohol strategy**

The Alcohol Strategy stated that “The DAAT Chief Officers Group will monitor the action plan with quarterly performance reports. An annual report on the effectiveness of the strategy and delivery plan will be presented to the Chief Executives group. The Strategy will be reviewed annually by the DAAT Chief Officer Group, taking into account national, regional and local policy and other developments.” No annual reports have been produced yet, though but one is being planned.

**Data from Public Health England**

Public Health England supplies quarterly data to commissioners to assist local areas to monitor performance of drugs and alcohol services and compare that to national and cluster trends. The latest figures are for the first quarter of 2013/14. They show:

- A 36% increase in numbers in treatment in Northamptonshire for alcohol problems, compared with a year earlier
- A 10% fall in numbers completing treatment (ie ending treatment abstinent), from 228 of 570 (40%) to 231 of 778 (30%). This is substantially lower than the 63% figure for England.
- A doubling in the proportion of clients completing treatment who re-present with alcohol problems, from 8 of 125 (6%) to 16 of 131 (12%). These are however small numbers which may be statistically unstable.
- Timely treatment is available, with only 2% of clients waiting more than three weeks to start treatment.

any case, the period under review was shortly after the new provider had begun work, and so the results are probably not representative of longer-term performance.

Hospital admissions for alcohol

Figure 12 shows the latest information from Public Health England is the Joint Strategic Needs Assessment Support Pack. This confirms Corby and Northampton as areas of high prevalence for alcohol abuse, and indicates increases in admissions across most of the County since 2004 to 2006. These figures show that the longer term adverse trend noted above are continuing, and suggest that the implementation of the alcohol strategy has yet to have full impact on this measure of alcohol-related damage. As mentioned above, Northamptonshire’s rate of increase in hospital admissions is slowing.
Mortality and months of life lost

Figure 13 shows that alcohol’s effects in shortening life for Northamptonshire residents was higher in 2012/13 than in 2004 to 2006. This is on contrast to Figures 1 and 2, which cover a more recent period and show a moderation of the rise in mortality.

In comparison with England and with its nearest neighbours, Northamptonshire shows more adverse change, especially in Corby and Northampton, the areas with the most severe problems. Mortality would be expected to show a slower responsiveness to changes in consumption patterns than admissions, because the effects of alcohol on health are mostly slowly cumulative rather than sudden, but these results certainly give no grounds for complacency. However, the fact that the comparator period is quite some time ago makes this approach to detecting trends less relevant and the results hard to interpret.
Figure 13: Mortality and months of life lost due to alcohol, districts in Northamptonshire and national and nearest neighbour comparators, 2012/13

Source: Public Health England

**Alcohol-related crime**

Although alcohol-related crime remains higher in Northamptonshire than in comparator areas (415), the trend is downward in all parts of the County, except South Northamptonshire. This suggests that the focus on alcohol-related crime in the alcohol strategy is bearing fruit.

Figure 14: Alcohol-related crime, districts in Northamptonshire and national and nearest neighbour comparators, 2012/13

Source: Public Health England
A key measure of the effectiveness of services is the proportion of people receiving treatment for alcohol problems who are abstinent by the end of treatment. In Northamptonshire, this figure is 81%, substantially higher than the 63% figure for England.

Service quality
The service provider in Northamptonshire has a policy of adherence to national standards, though not audits of this are available. Its commitment to service quality and effectiveness is underpinned by a payment by results regime which awards 25% of the base contract against performance.

What do service users and carers say about their needs and the services that they receive?

The commissioner regularly canvasses service users for their opinions on how the treatment system can be improved as part of a commissioning cycle; there are however no written reports. The commissioner is currently piloting a programme of quarterly consultation of service users.

What additional information is needed?

The following information would be of use:

- **Local surveys of alcohol consumption.** The modelled estimates of the prevalence of alcohol consumption are at marked variance with local intelligence and with mortality and hospital information systems. Specifically, they seem not to reflect drinking culture and behaviours in Corby and, to a lesser extent, Northampton. Specific information on patterns of alcohol consumption in ethnic minorities would also be of value. Acquiring accurate local information would assist in targeting messages about safe consumption, and identifying drinkers who would benefit from brief interventions or more formal treatment.
- **Further investigation of the drinking culture in Corby.** Specific characteristics of sections of the town’s population are associated with unusual norms of drinking behaviour which in turn give rise to substantial and pervasive adverse effects. There is considerable local intelligence about these, but it has not yet been possible to address the fundamental issues effectively.
- Although the service provider’s commitment to following national guidance is reassuring, it would be valuable to see audit information to confirm that this is the case. This would fulfil the commissioner’s responsibility for assuring the quality of the service that they put in place.

Conclusions

1. Although Northamptonshire is not significantly different from other parts of England on measures of excessive drinking and its adverse consequences, alcohol-related problems are exceptionally severe in Corby and to a lesser extent in Northampton. Alcohol problems are concentrated in parts of the Corby community, where they are even more damaging than overall statistics for the Borough would suggest.
2. The Alcohol Harm Reduction Strategy 2010-2015 is an appropriate approach to the prevention and treatment of alcohol-related problems in Northamptonshire.
3. Although there is little available information as yet on its implementation, there are some initial indications that it is having an effect.

**What are the recommendations to improve and support commissioning and forward planning to ensure quality of care and value for money?**

- **Northamptonshire should**
  - continue to implement the Alcohol Harm Reduction Strategy
  - prepare annual reports on progress

- **Northamptonshire should consider what targets and indicators to use to drive and monitor its alcohol policy, either before 2015 or as part of the successor strategy.** These should include measures of progress in reducing the health consequences of excessive alcohol consumption alongside the existing crime reduction targets. Options include:
  - The proportion of people drinking excessive or harmful amounts of alcohol, or binge-drinking. The County should consider undertaking local surveys, the results of which could then be used to measure progress in helping people adopt safer drinking behaviour.
  - The number and proportion of accident and emergency department visits which are alcohol-related
  - The number of hospital admissions which are alcohol-related
  - Mortality from alcohol-related causes.

An obvious measure of progress is the proportion of people drinking excessive or harmful amounts of alcohol, or binge-drinking. At present, the only local measures of this are synthetic estimates that rely on the application of rates derived from national surveys to the local population. As we have seen, these are of doubtful accuracy in Northamptonshire, probably because local drinking patterns in some parts of the County do not resemble national ones. The County should consider undertaking local surveys of drinking attitudes and behaviour, the results of which could then be used to measure progress in helping people adopt safer drinking patterns.

- **Commissioners should develop their response to the different needs across the county and target action appropriately.**

Both Corby and Northampton have rates of recorded alcohol-related crime and of violent alcohol-related crime which are significantly higher than for England as a whole. Commissioners need to ensure that response to this need is targeted appropriately. This should draw on the body of knowledge of drinking patterns and work with the community to reduce the damage done by alcohol abuse. As part of this, a Community Alcohol Partnership could be developed. Community Alcohol Partnerships tackle underage drinking in local communities through co-operation between alcohol retailers and licensees and local stakeholders. By providing advice, guidance and resources, they support communities in developing their own capacity to deliver a co-ordinated, localised response to underage alcohol misuse. The focus might be widened from underage drinking to the development of a consensus with local businesses about the supply of alcohol.

- **The accessibility of the service should be reviewed, in particular to find ways to engaging female excessive drinkers and older drinkers.**
Most clients of the alcohol service are young and middle-aged men, and White people are slightly more frequent users of the service than would be expected on the basis of the ethnic composition of the County’s population. The accessibility of the service should be reviewed, in particular to find ways to engaging female excessive drinkers and older drinkers.