JSNA Summary 2013

Alcohol

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:**

- 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.