The Public Health Call to Action for Alcohol Use

Prevalence

Estimated prevalence of drinking behaviours in Northamptonshire adults aged 18 and over (2011-14):
- 10.4% abstain from alcohol.
- 27.9% drink more than the recommended 14 units per week.
- 19.6% are alcohol dependent, equivalent to 6,535 individuals.
- 1.2% are alcohol dependent, equivalent to 6,535 individuals.

* Binge drinking is defined as 8+ units for men, or 6+ units for women. Binge drinkers do not necessarily exceed the recommended weekly limit.

In a 2019 survey of secondary school pupils in Northamptonshire:
- 45% of respondents had ever had an alcoholic drink
- 12% had been drunk in the last month.
- 4% drank at least once per week

Treatment

In 2018/19, 997 adults in Northamptonshire were treated for alcohol use, of which 37.7% successfully completed treatment and did not return to services within 6 months.

In 2016/17, 13.3% of Northamptonshire adults accessing specialist treatment for alcohol misuse were also in contact with mental health services.

Local data shows that in 2018/19, 144 under 18s accessed substance misuse services for alcohol use, typically with concurrent cannabis usage, of which 75.2% successfully completed.

Costs

In 2018/19, the total budget for substance misuse services (combined drugs and alcohol) is £7 million, which includes:
- £5.5 million for structured treatment services including detox and specialist prescribing.
- £800k for holistic recovery services supporting housing, employment, wellbeing and social integration.
- £380k for young people’s treatment and prevention services.
- £160k for services to support families affected by substance misuse.
- £155k for drug and alcohol awareness training aimed at professionals and workplaces.

Health Burden

In 2017, there were 4,107 years of life lost in the county due to alcohol related conditions

In 2015-17, there were 151 deaths due to alcohol specific conditions

In 2017/18, there were 544 hospital admissions for mental/behavioural issues due to alcohol

In 2014-16, there were 125 alcohol related road traffic accidents in the county

In 2017/18, there were 15,874 alcohol related hospital admissions for Northamptonshire patients (assessed across all diagnoses)

In 2015/16-17/18, 175 under 18s were hospitalised for alcohol specific conditions

Risk Factors

A local study of Adverse Childhood Experiences (ACES) found that 48.7% of people in the county experienced at least one ACE, and 10.6% had 4+ ACES.

Compared to people with no ACEs, those with 4+ ACES were 1.6 times more likely to be high risk drinkers.

In 2017, 5.8% of 16 and 17 year olds were not in employment, education or training (NEET).

In 2017/18, 12.3% of GP patients aged 18+ were recorded as having depression.

In 2017/18, the rate of domestic abuse related crime reported to the police was 26.8 per 1,000 population.

^ APMHS 2014; *Children and Young People’s Health and Wellbeing Survey 2019, SHEU. Data sourced from Public Health England unless stated otherwise. Icons by Freepik from flaticon.com. Produced by Public Health Intelligence, Northamptonshire County Council

Compared with benchmark

Better  Similar  Worse  Lower  Similar  Higher
Vision:
Our vision is to prevent, treat and reduce the health and social related harms caused by unsafe alcohol misuse to individuals, families and communities in Northamptonshire. We want to ensure the best use of resources to meet the needs of the population, whilst enabling a high functioning system.

Our Priorities/Objectives

Whole system approach
Successfully tackling alcohol misuse requires good partnership working working across the system to understand the potential causes, raising awareness of the risks within the population, reducing illegal supply and minimising barriers people face in successful recovery.

Achieved through:
• Developing a strategy and establishing a county partnership for substance misuse.
• Working with licensing authorities to ensure safe supply.

Widening access to services
Reducing the barriers for those with a mental health and substance misuse problem (dual diagnosis) accessing treatment. Ensuring that those from the whole population are able to access service regardless of geography or any of the protected characteristics.

Achieved through:
• Working with service providers to ensure that there is regular monitoring of access.
• Working with NHS to minimize barriers in relation to dual diagnosis.
• Social marketing of the risks.

Behavioural approaches
Increasing the number of people into the treatment service who require support, improving awareness effects of increased/higher risk drinking within the population and improvement in treatment outcomes for people within the treatment service.

Achieved through:
• Earlier identification and Intervention.
• Recognising that Recovery is as important as treatment in minimising the harms caused by alcohol.

Evidence Based Approach
Ensuring that the service and wider systems work around reducing alcohol misuse utilise the most up to date guidance and research.

Achieved through:
• Updating Joint Strategic Needs Assessment (JSNA) chapter for alcohol.
• Undertaking research.
• Regular engagement with service users.

Our Commitment / Enablers

Reducing inequalities: services which mitigate inequalities and work to overcome- by location, approach, policy.

System partnerships: engage and co produce with partners and stakeholders e.g. NHS, local government, schools, workplaces and prisons.

Continued investment in prevention: better access to target populations and promoting MECC*.

Engagement and co-production of research: aligning with evidence. Evaluation to monitor and assure service delivery and quality.

Embed Health in All Policies: a common way of analysing the health impact of alcohol; creating places which support and generate good health; governance/policy ideas based on collaboration.

Measures of Success

• Increase in the proportion of successful completion of alcohol treatment to be above 40%.
• Reduction in admission episodes for alcohol-related conditions to be below 680 per 100,000.
• Reduction in road traffic accidents involving alcohol to be below 100 per 1,000.
• Reduction in hospital admissions due to alcohol related liver disease.
• Reduction in rate of admission episodes for alcohol-specific conditions for Under 18s to be below 175 per 100,000 over a three year rolling period.

*Making every contact count