

The Public Health Call to Action for Alcohol Use - Northamptonshire

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%** binge drink on their heaviest drinking day*
- 1.2%** are alcohol dependent, equivalent to **6,535** individuals

In a 2017 survey of **secondary school** pupils in Northamptonshire:

- 44%** of respondents had ever had an alcoholic drink
- 12%** had been drunk at least once
- 4%** drank at least once per week



*Binge drinking is defined as 8+ units for men, or 6+ units for women

Treatment



In the period Mar 17-Feb 18, **897** adults in Northamptonshire were treated for alcohol use, of which **39.1%** 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 2017/18, **106** under 18s were engaged in structured treatment for alcohol use, typically with concurrent cannabis usage, of which **65.1%** 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 2016/17, there were **15,718** alcohol related hospital admissions for Northamptonshire patients (assessed across all diagnoses)



In 2014/15-16/17, **192** under 18s were hospitalised for alcohol specific conditions



In 2016/17, there were **611** hospital admissions for mental/ behavioural issues due to alcohol



In 2016, there were **3,717** years of life lost in the county due to alcohol related conditions



In 2014-16, there were **159** deaths due to alcohol specific conditions



In 2014-16, there were **183** alcohol related road traffic accidents in the county

9.01 - Admission episodes for alcohol-related conditions (Broad) **1.02 - Years of life lost due to alcohol-related conditions (Persons)**

2016/17		2016	
Area	Value	Area	Value
England	2,185	England	624
Northamptonshire	2,273	Northamptonshire	563
Corby	2,696	Corby	1,056
Daventry	1,892	Daventry	312
East Northamptonshire	1,995	East Northamptonshire	506
Kettering	2,336	Kettering	541
Northampton	2,641	Northampton	707
South Northamptonshire	1,743	South Northamptonshire	334
Wellingborough	2,293	Wellingborough	357

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



National survey results[^] show that men are roughly **twice** as likely to drink at levels hazardous to health than women (AUDIT score 8+)



In 2016, **6.7%** of 16 and 17 year olds were not in employment, education or training (NEET)



In 2016/17, **11.5%** of GP patients aged 18+ were recorded as having depression



In 2016/17, the rate of domestic abuse related crime reported to the police was **27.3 per 1,000** population

[^] APMS 2014; Data sourced from Public Health England unless stated otherwise. Icons by Freepik from flaticon.com
Produced by Public Health Intelligence, Northamptonshire County Council

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 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

- Development of Countywide Substance Misuse Partnership and Strategy
- Assurance that the advice relating to safe alcohol use is consistent
- Increasing the number of settings for IBA training, strengthening the link between mental health and drugs and alcohol services
- Continued improvement in treatment outcomes for service users
- Increase in the number of people entering treatment

*Making every contact count