

Alcohol

Executive Summary

Alcohol misuse and related harm is a continued and growing concern. Alcohol has become increasingly affordable and as a result consumption has increased. Alcohol is strongly associated with injuries, crime and violence, teenage pregnancy, loss of workplace productivity and homelessness. In North Somerset parental alcohol problems are strongly associated with the abuse and neglect of children and with domestic abuse. Alcohol increases the risk of stroke, hypertension, throat and mouth cancer, and liver disease. In North Somerset alcohol is estimated to cost the NHS over £3m in healthcare costs each year.

Needs of the population

Nationally 27% of adults regularly drink more than the sensible drinking limits. In North Somerset, this equates to 45,079 adults. Of these it is estimated that about 3.4% are dependent drinkers. This equates to just under 6,000 people. It is estimated that 25,000 adults in North Somerset binge drink. Over the last five years alcohol specific hospital admissions in North Somerset have been rising, however this appears to have leveled off in 2010/11.

People living in the most deprived areas of North Somerset are over four times more likely to be admitted to hospital for alcohol specific conditions than those in the least deprived areas. North Somerset has a high rate of claimants on Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism. Alcohol is a major factor in child protection cases, with alcohol cited in 34% of cases in initial case conferences (multiagency discussions concerning cases of child neglect or abuse).

In 2012, the Place survey of 4,669 people in North Somerset found that the highest levels of drinking in men were in those aged 45-59; self employed or business owners; and in Clevedon. In women the highest rates were in those aged 45-59 years; and business owners. Those most likely to binge drink were those aged 30-44 years; full-time employed or homemakers; living in more deprived area; and living in the neighbourhood for less than 5 years.

Link to crime

According to the 2009/10 British Crime Survey, victims believed the offender(s) to be under the influence of alcohol in 50% of all violent incidents. A third of Great Western Ambulance Service call outs to violent incidents in North Somerset are to Weston-super-Mare town centre and 80% of those calls are made between night-time economy hours. A six month snapshot in 2011 revealed that across North Somerset there were a small number of locations

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which have experienced five or more violent offences. These hotspot locations for violent crime are also mirrored for Anti Social Behaviour calls. Weston-super-Mare central ward accounted for 1179 (20%) of Anti Social Behaviour reported to the police in 2012. These calls relate to rowdy/nuisance behaviour mostly linked to licensed premises and alcohol use.

Alcohol related sexual offences have been decreasing over the last three years however there was an increase in 2011/12. North Somerset is in line with the average for the South West. Alcohol abuse is common among domestic abuse perpetrators and following experience of domestic abuse women are 15 times more likely to develop alcohol problems than non abused women. 2,243 incidents of domestic violence were reported to the police in 2011-12 by both female and male victims.

Current services

A number of alcohol related services are commissioned. These include early intervention schemes such as Pubwatch, and brief advice and intervention in GP practices; treatment programmes including the alcohol outreach service for adults, ARCH. Which is provided by the Addiction Recovery Agency (ARA), an alcohol liaison service at Weston General Hospital and an Alcohol Arrest Referral Scheme; and rehabilitation services including an outpatient detoxification service.

North Somerset provided specialist treatment to only 6% (372 people) of the estimated number of dependent drinker in 2011/12. National benchmarking places North Somerset as worse than the average for access to specialist treatment. The national recommendation is that 10-15% of drinkers should access treatment. The profile of those people accessing specialist treatment indicates they are more likely to live in areas of higher deprivation. This is consistent with the national profile. ARCH has successfully engaged with people in the smaller towns and villages in North Somerset. In the first half of 2012/13, 48% of clients accessing ARA were parents. Local specialist alcohol services demonstrate good outcomes compared with the national average of people successfully completing treatment and not returning within six months.

Recommendations for consideration

1. Increase access to alcohol treatment, education and awareness-raising for safer drinking amongst higher risk groups
2. Ensure equitable access to alcohol treatment services.
3. Promote community safety through collaborative working and information sharing between health services and community safety agencies, particularly in relation to night time violent offences and domestic abuse

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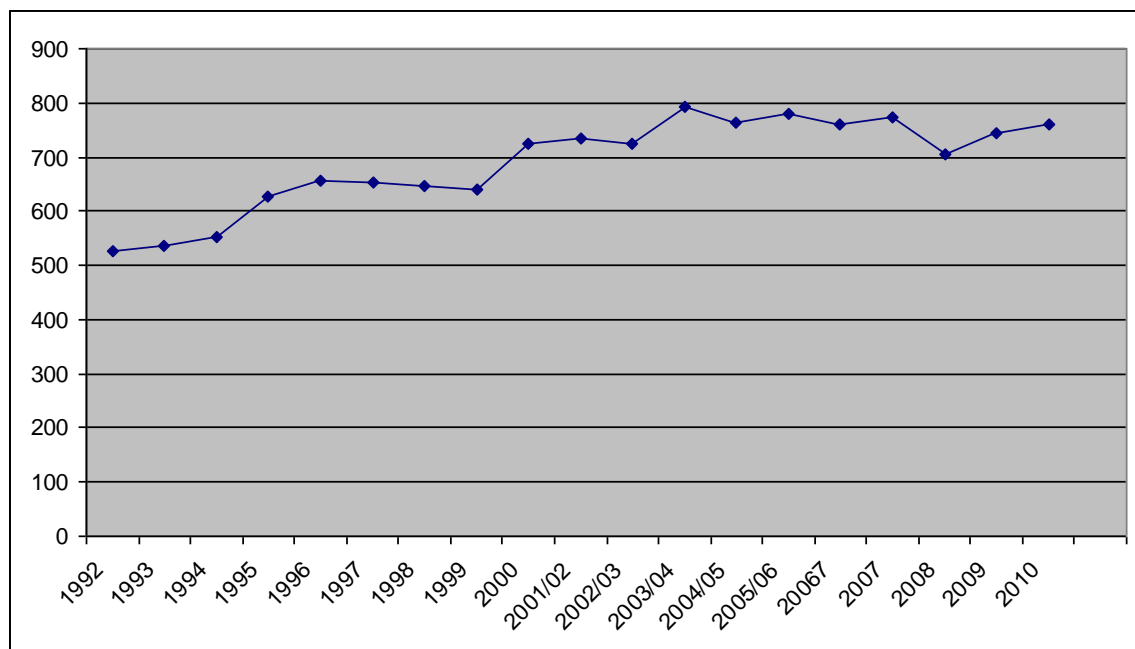
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Why is this important?

Nationally, alcohol misuse and related harm is a growing concern and is recognised to be the single largest factor influencing community wellbeingⁱ. The impact of alcohol misuse encompasses alcohol related illness and injuries, crime and violence, teenage pregnancy, loss of workplace productivity and homelessness. Alcohol has become increasingly affordable and consumption increased by 121% between 1950 and 2000 and has continued to increase. More than 10 million people (31 per cent of men and 20 per cent of women) regularly drink above the guidelines set by the government resulting in a corresponding rise in alcohol related disease and mortality.

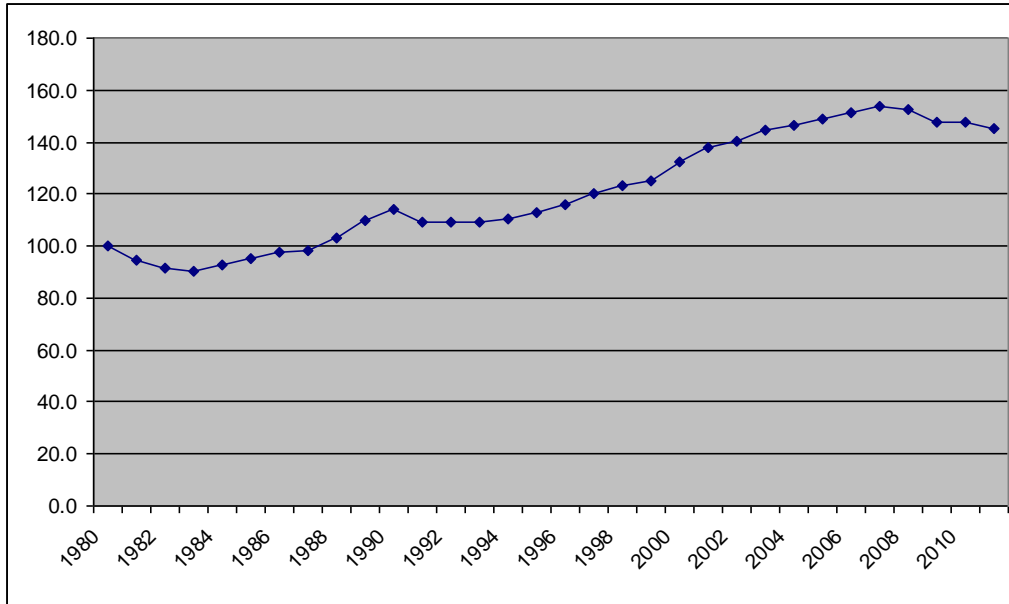
Graph 1: Household consumption in the UK of alcoholic drinks, 1992 to 2010 in the home



Source: <http://www.ic.nhs.uk/>ⁱⁱ

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Graph 2: The UK increasing affordability of alcohol index 1980 to 2010



Source: [http://www.ic.nhs.uk// ii](http://www.ic.nhs.uk//ii)

Note: An important adjustment was introduced for the first time in 'Statistics on Alcohol: England, 2011' so that the revised Real Households' Disposable Income (RHDI) index tracks, exclusively, changes in real disposable income per capita. The adjusted RHDI index was then carried forward to produce an adjusted affordability of alcohol index. Both the unadjusted RHDI index and the unadjusted affordability of alcohol index (as used in 'Statistics on Alcohol: England 2010' and prior publications) are presented alongside the revised indices for comparability purposes in the 'Statistics on Alcohol: England 2011' report.

The cost to the NHS alone is an estimated £2.7 billion a year and the estimated to cost the UK economy in excess of £25 billion every yearⁱⁱⁱ. Alcohol harm related hospital admissions and subsequent deaths have almost doubled over the last 10 years. In North Somerset is estimated to cost the NHS over £3m in healthcare costs each year^{iv}. Excessive drinking is a major cause of disease, accounting for 9.2% of disability-adjusted life years (DALYs) worldwide with only tobacco smoking and high blood pressure as higher risk factors (Prime Minister's Strategy Unit 2004). Increased media coverage combined with rising health and policing costs means that we are more aware of the problem than ever before.

Over the last five years alcohol specific hospital admissions in North Somerset have been rising, however this appears to have levelled off in 2010/11. Rates in North Somerset are higher than in South Gloucestershire but lower than in

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Bristol. The overall trend across Bristol, North Somerset and South Gloucestershire is the same.

Drinking above recommended limits exposes individuals to increased risk to some common conditions^v. Men who regularly drink above 3 to 4 units per day are four times more likely to develop hypertension, twice as likely to have a stroke and thirteen times more likely to develop risk liver disease than men who drink within recommended limits. Women who regularly drink above recommended limits of 2-3 units per day are twice as likely to develop hypertension, four times more likely to have a stroke and thirteen times more likely to develop liver disease than women who drink within recommended limits. Reducing the risk of these conditions can potentially save years of ill health, disability death and the negative impact these have on the individual, the family and on local services.

- 80,000 babies under 1 year old in England are thought to live with a parent who is a problem drinker (Cuthbert et al, 2011)
- Children of parents who misuse alcohol are more likely to sustain non intentional injuries.
- Parenting may be inconsistent and unpredictable; it may be neglectful, with no safe boundaries. Children often take on a parenting role for their parent and siblings; they may have poor attendance and under achieve at school. They often have emotional problems, including low self esteem and lack of confidence.
- The issue of parental alcohol misuse often remains hidden with many children and young people suffering and growing up in silence.
- Between 1999-2009, nearly 40,000 children calling ChildLine raised the issue of parental (or other significant person) drinking (Wales et al, 2009 in Hill, 2011). Children reported feelings of insecurity and fear.
- Accurate data about the number of children living with parental alcohol misuse is not available but it is estimated that in the UK 30% of children under 16 years of age live with an adult binge drinker, 22% with a hazardous drinker and 2.5% with a harmful drinker (Manning et al, 2009).
- Research shows that when domestic violence and parental alcohol misuse co-exist the effect on all aspects of children's lives is more serious (Devaney 2008).
- A national Crime Concern survey of Social Workers in 2009 highlighted the overwhelming number of cases of children with child protection issues whose parents were both in abusive relationships and misusers of alcohol.
- Parental alcohol misuse is strongly correlated with family conflict, and with domestic violence and abuse. This poses a risk to children of immediate significant harm and of longer-term negative

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consequences..

- Research shows that parental alcohol misuse can lead to risky behaviour in children: anti social/criminal behaviour; misuse of drugs and/or alcohol; teenage pregnancy;
- Over three quarters of young offenders who misuse alcohol have a history of parental substance misuse or domestic abuse in their family (Delargy et al, 2010)
- Studies examining intergenerational patterns of alcohol consumption have generally concluded that children growing up with parental alcohol problems are more likely to develop risky drinking behaviour than those who have not experienced parental problems of this kind in England.
- Harms associated with parental alcohol misuse are not necessarily correlated with the level of alcohol consumption. Policy must ensure that it does not take a narrow focus on parents who are dependent drinkers but that it considers how to best support children who may be affected by a range of patterns of parental alcohol consumption, including dependent drinking but also, for example, binge or harmful drinking.
- Adults, who were brought up by parents with alcohol problems, describe feelings of shame; shortage of money; arguments; violence; stress; worry and embarrassment about taking friends home. These adults are more likely than others to have considered suicide; have eating disorders; drug addiction; above average alcoholic and mental health problems; and to have been in trouble with the police.

Policy drivers

There are a number of national policy drivers related to alcohol these include:

1. The National Drug Strategy 2010
2. 'No Health without Mental Health' (Cross government strategy) 2011
3. The Police Reform and Social Responsibility Act 2011
4. Putting Full Recovery First (Cross government 'roadmap' for treatment systems) March 2012
5. Government Alcohol Strategy (Home office) March 2012

National monitoring of indicators

Alcohol related hospital admissions continue to be monitored nationally and are reflected in the new national Public Health Outcomes Framework^{vi}. Alcohol misuse may contribute to other indicators in the Public Health Outcomes Framework including domestic abuse, violent crime, older people's perceptions of community safety and excess weight in adults.

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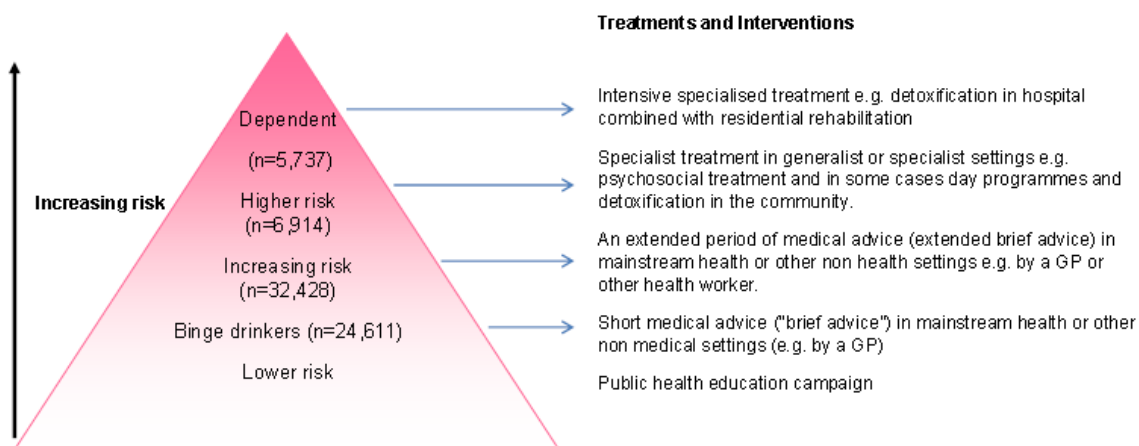
What are the needs of the population?

This chapter focuses on the health harms associated with alcohol misuse for adults and provides some indicators of the harms caused to children and young people. The needs of the population can be assessed using two types of data, these are: synthetic estimates and local data. Synthetic estimates use national data applied to the local population.

Estimated need

Synthetic data tells us that most adults (73%) are estimated to drink within sensible drinking limits which are not to regularly exceed 3-4 units per day for adult men and not to regularly exceed 2-3 units per day for adult women. However 27% of adults drink above these limits increasing the risk of harm to health.

Estimates of alcohol related harm in North Somerset



Source: Alcohol Systems Model^{vii}

Definition of terms

Dependent. Likely to have increased tolerance of alcohol, suffer withdrawal symptoms and have lost some degree of control over their drinking. May have withdrawal fits (delirium tremens: e.g. confusion or hallucinations usually starting between two or three days after the last drink)

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Higher risk: Men regularly drinking more than 50 units/week; women regularly drinking more than 35 units/week

Increasing risk: Drinking over the limits recommended by the Department of Health: Men regularly drinking more than 21 units/week; women regularly drinking more than 14 units/week

Lower risk: Drinking below the limits recommended by the Department of Health

Binge Drinkers: Binge drinking is defined as; drinking more than double the daily limit on one occasion(i.e. more than 8 units for a man- or three quarters of a typical bottle of wine and 6 units for a woman- just over half of a typical bottle of wine).

Local profile of need

Health and wellbeing

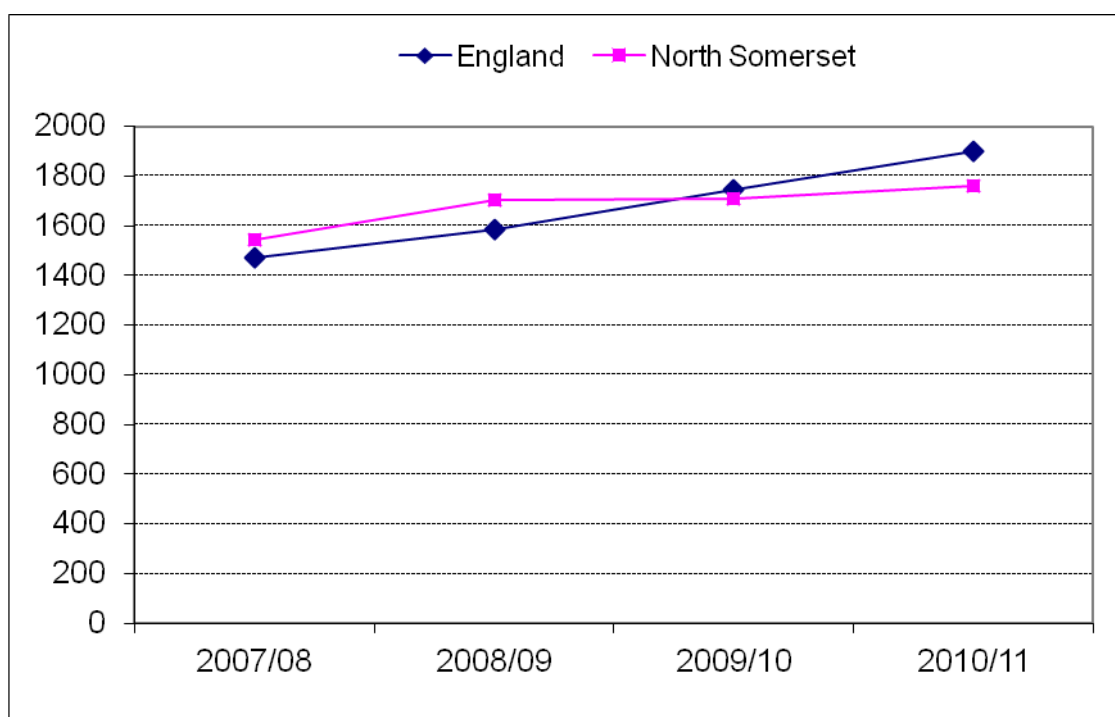
- In North Somerset, 48% of clients accessing ARA (Addiction Recovery Agency) were parents (Quarter 1, 2012-2013).
- In 2011/12 alcohol misuse by a parent/carer was cited as a reason in 34% of cases of ‘initial child protection case conferences’. This rose to 42% in the first two quarters of 2012/13.
- In 2011/12 24 (21.2%) of North Somerset families ‘initial child protection case conferences’ involved both domestic violence and alcohol.
- 40% of young people accessing treatment with the Substance Advice Service report that alcohol is their main substance.
- In North Somerset only an estimated 6% of dependent drinkers access treatment. To see real change in the health of the population the national recommendation is that 10-15% of drinkers should access treatment.
- North Somerset has a higher proportion than the national average of working age people claiming incapacity benefit with the primary reason of alcoholism.
- Over the last five years alcohol specific hospital admissions have been rising, however this appears to have levelled off in 2010/11. Rates in North Somerset are higher than in South Gloucestershire but lower than in Bristol. The overall trend across Bristol, North Somerset and South Gloucestershire is the same.
- Of North Somerset residents admitted for alcohol specific hospital admissions 27% had repeat admissions during 2009/10.

Admissions to hospital for ‘alcohol related conditions’ is an important way of measuring alcohol related harm. The term “alcohol related conditions” includes

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conditions which are 'alcohol specific' or 'wholly attributable to alcohol', such as 'alcoholic liver disease'. It also includes conditions which are partially attributable such as high blood pressure and cancers of the mouth and throat. In 2010/11 the rate in North Somerset (1,706 per 100,000 population) was significantly higher than both the England average and the South West average. Recently the rate has levelled off, halting the increase. This rate is 'directly standardised' which indicates that the rate takes into account the age profile of the population and is therefore considered to be useful in making comparisons with other areas. In 2009/10 North Somerset residents with alcohol related and specific admissions occupied 8,314 bed days. One in four admissions were alcohol specific (either chronic, acute, mental or behavioural problems). Just under half were caused by hypertension (45%) and one in ten by cardiac arrhythmia.

Graph 3: Trends in alcohol related hospital admissions, all ages (2007/08 to 2010/11)



Inequalities

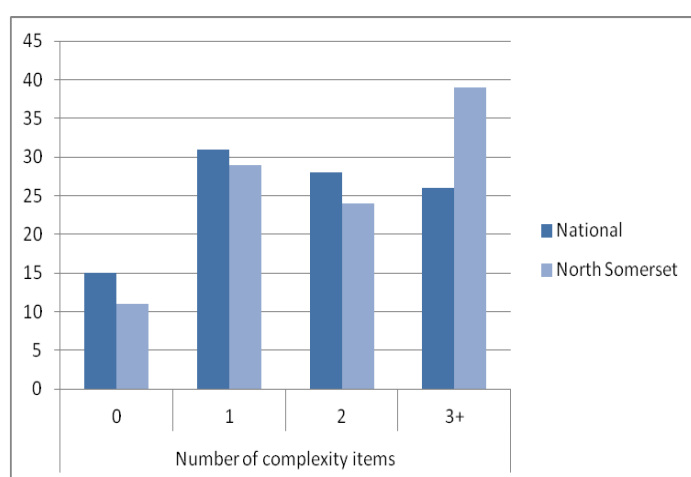
National data demonstrates that people living in the poorest 20% of areas have higher mortality rates for alcohol specific conditions. People living in the most deprived areas of North Somerset are over four times more likely to be admitted to hospital for alcohol specific conditions than those in the least deprived areas.

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North Somerset has a high rate of claimants on Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism. North Somerset ranks 299th^{viii} out of 354 local authority areas where 354 is the highest rank.

The profile of North Somerset residents accessing specialist treatment in 2010/11 indicates that they have more complex needs than the national average. This is defined by the co-existence of other complex issues in addition to alcohol. In North Somerset these most frequently include: unemployment, a previous drug problem, living with children, three or more previous alcohol treatment episodes and housing need.

Graph 4: Complexity Index for people accessing specialist treatment



Source National Alcohol Treatment Monitoring System Performance Reports^{ix}

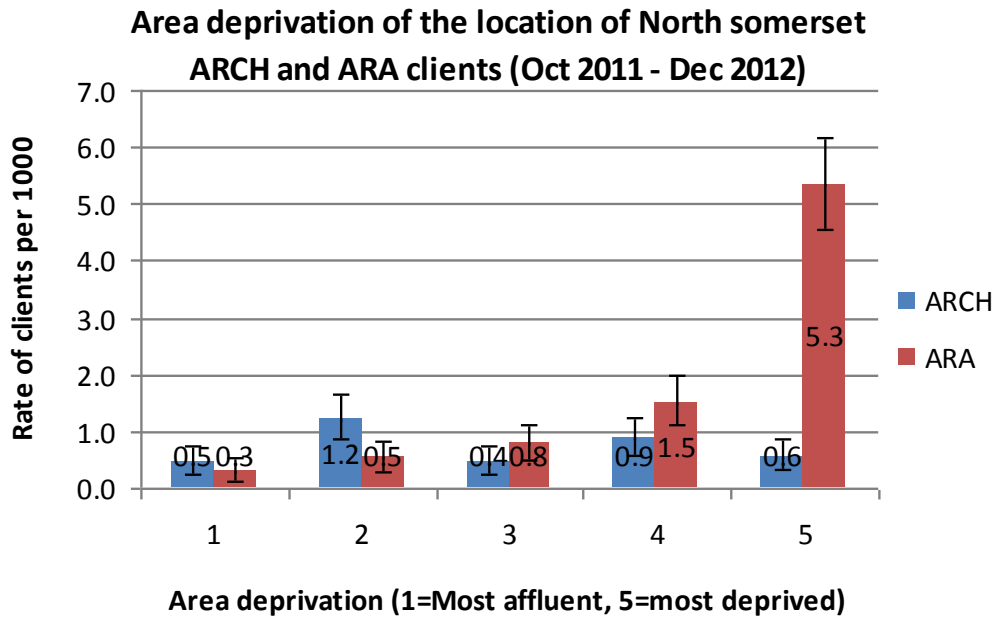
ARCH is a community outreach service that was launched in 2011 to improve access to alcohol treatment services for people living in the most deprived areas in Weston and to reduce the geographical barriers to access for people living outside Weston. The ARCH service is delivered in a partnership with a small number of GP surgeries and open to all North Somerset residents allowing increased accessibility to support for local communities. A regular service is delivered out of GP practices in Portishead, Clevedon, Nailsea, Yatton, Long Ashton and Bournville in Weston-super-Mare¹. Flexibility has been built into the service to enable patients living in other areas to be seen as the need arises. The ARCH service delivers brief interventions (maximum of five sessions per client), covering all the elements of ARA support except for group interventions.

¹ These GP practices are: Harbourside Family Practice (Portishead); Clevedon Riverside Group & the Green Practice (Clevedon); Nailsea Family Practice, Yeo Vale Medical Practice (Yatton); Long Ashton Surgery and the Locality Health Centre (Weston-super-Mare)

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The graph below indicates that people accessing local specialist alcohol services are more likely to be from higher deprivation areas.

Graph 6



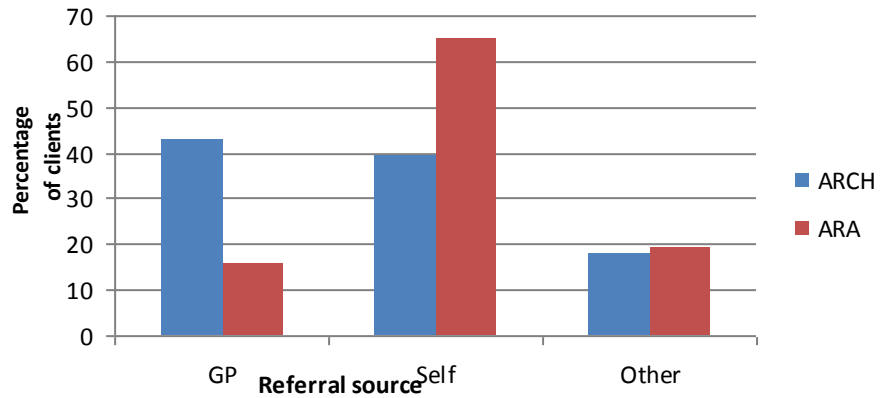
Route of access to services

Most people accessing the main alcohol treatment service in North Somerset self refer. By locating the ARCH service in GP surgeries there has been an increased proportion of people being referred by their GP into the service.

Graph 7

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**Referral source of North Somerset clients to
ARCH and ARA (Oct 2011 - Dec 2012)**



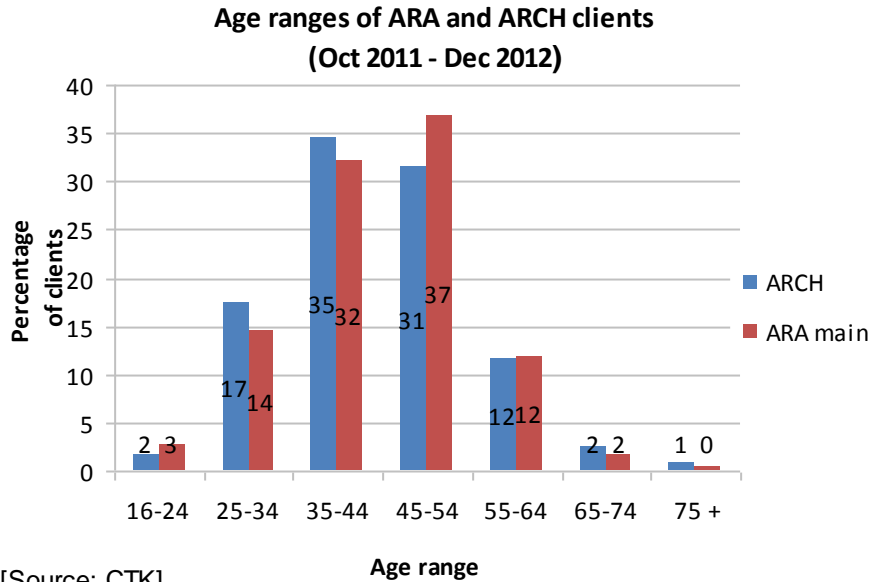
NB. 'Other' group comprised of following: Drugs service, Other health provider, Social services, Criminal justice, Relative/concerned other, Other

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Demographic profile of service users

The age profile of people accessing community alcohol treatment services demonstrates that those accessing services are in the working age population and are predominantly in the 35 to 44 and 45 to 54 age groups.

Graph 8



[[Source: CTK]

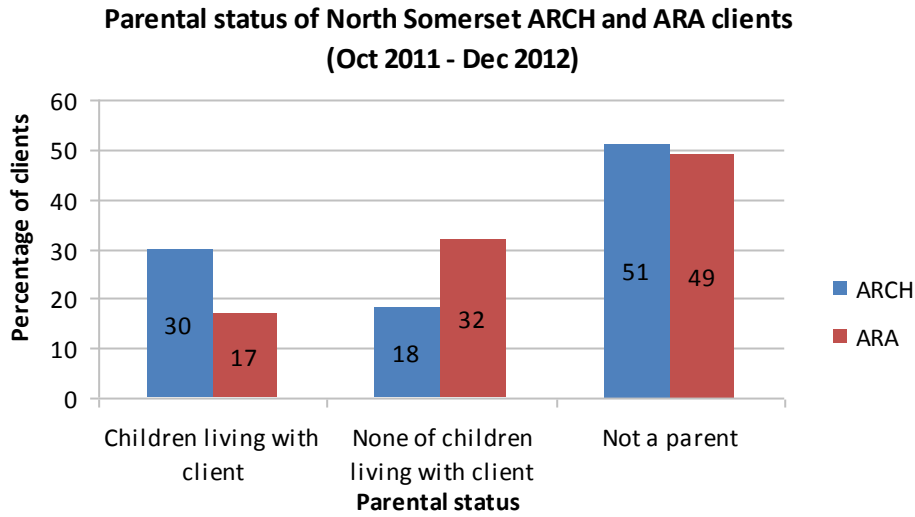
97% clients accessing services are white British. This reflects the local population profile.

Parental status

Approximately 50% of clients accessing the main ARA service in North Somerset, do not have children, however a greater proportion of ARCH clients than ARA clients live with children (30% in comparison to 17% respectively). ARCH clients may find it easier to use the outreach service due to the shorter travel times and childcare commitments.

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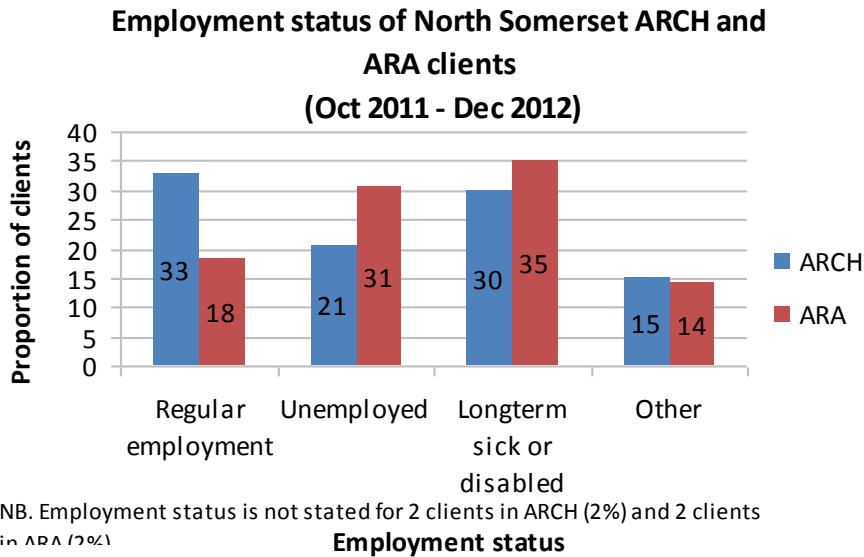
Graph 9:



Employment status

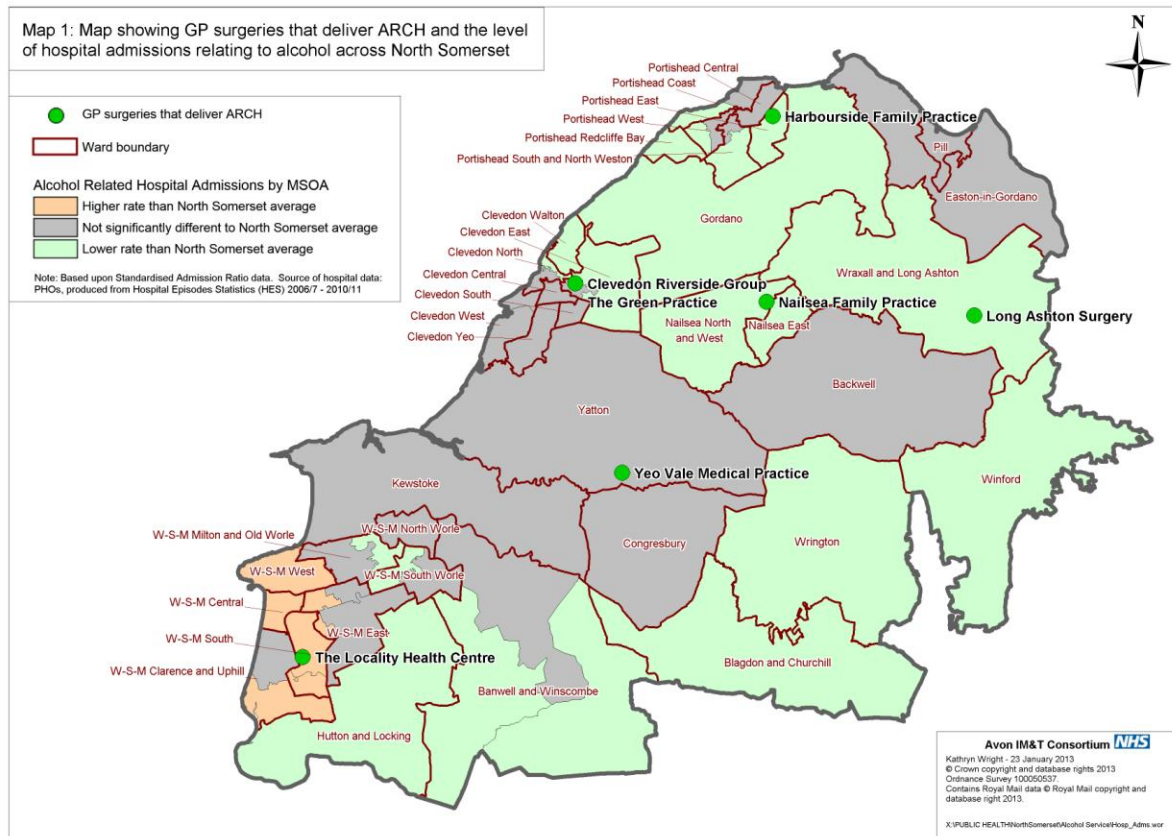
As illustrated by the graph below, 33% of ARCH clients are in regular employment. This is almost twice the proportion of clients in regular employment at ARA. Approximately a third of ARCH and ARA clients have a long-term sickness or disability.

Graph 10:



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The map below shows the location of the GP surgeries that deliver ARCH in North Somerset and indicates the level of need across the region according to the rate of alcohol related hospital admissions². The Locality Health Centre is located in Weston-Super-Mare, within close proximity to wards with the highest rate of alcohol related hospital admissions. Other surgeries delivering ARCH are distributed widely across the region, providing broader coverage.



Outcomes from treatment and residual levels of need

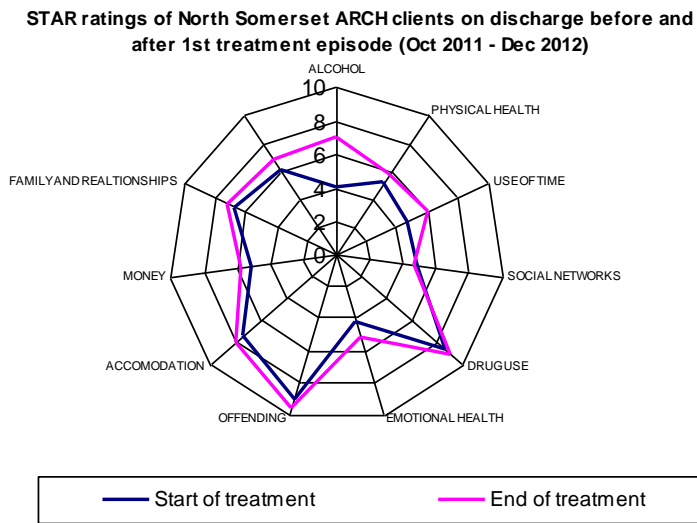
Despite the profile of complex needs of some of North Somerset residents local treatment services achieve better than average outcomes for service users. In 2011, 52% of Clients in North Somerset compared with 43% nationally, completed treatment successfully and did not return within 6 months.

The graphs below show comparisons of outcomes using the 'Outcomes STAR' for alcohol misuse ratings between ARCH and ARA clients. The STAR rating is

² Proxy data, based on MSOA rather than Ward area has been used for this map.

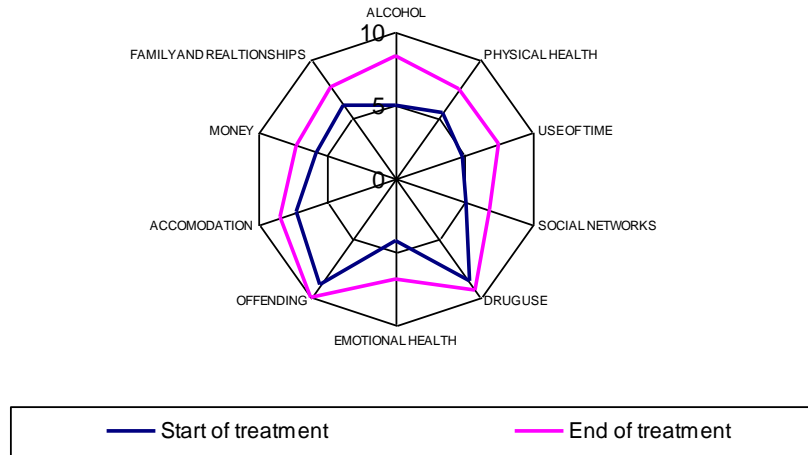
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used as a measure of wellbeing based upon ten areas of life. The client is asked to rate each area on a scale of 1 (lowest) to 10 (highest). This rating has been recently introduced as a treatment outcome measure and therefore there is limited data (data for 16 ARCH and 46 ARA clients' first treatment episode). However, the graphs below show trends for ARCH and ARA with the greatest areas of improvement in alcohol consumption, emotional and physical health, family relationships, and use of time. Areas of particular remaining need after discharge were: emotional health, social networks and money.



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**STAR ratings of North Somerset ARA clients on discharge before and after 1st treatment episode
(Oct 2011 - Dec 2012)**



Community safety

- According to the 2009/10 British Crime Survey, victims believed the offender(s) to be under the influence of alcohol in 50% of all violent incidents, similar to the level in the 2008/09 survey.
- A third of Great Western Ambulance Service call outs to violent incidents in North Somerset are to Weston super Mare town centre and 80% of those calls are made between night-time economy hours.
- A six month snapshot in 2011 revealed that across North Somerset there were a small number of locations which have experienced five or more violent offences. These hotspot locations for violent crime are also mirrored for Anti Social Behaviour calls. Particularly aggravating factors identified on hotspot streets were crime generators such as fast food outlets and taxi ranks which attracted large groups of individuals late in the evening.
- Weston super Mare central ward accounts for 20% of Anti Social Behaviour reported to the police. These calls relate to rowdy/nuisance behaviour predominantly linked to licensed premises and alcohol use. 1 in 2 of all ASB calls in Central ward happen during Night Time Economy Hours of 8pm to 4am and are alcohol aggravated.
- Alcohol related sexual offences have been decreasing over the last three years however there was an increase in 2011/12. North Somerset is in line with the average for the South West.
- Alcohol abuse is common among domestic abuse perpetrators and following experience of domestic abuse women are 15 times more likely to

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develop alcohol problems than non abused women. 2,243 incidents of domestic violence were reported to the police in 2011-12 by both female and male victims. This is likely to be a significant under-estimate of the true incidence since domestic abuse is one of the most under-reported of crimes. Extrapolation of British Crime Survey data indicates that 6,328 women alone would have experienced domestic abuse in this period.

Future trends in alcohol related harm

Local and national trends indicate that we can expect the rates of alcohol related hospital admissions to continue to rise. Locally, new investments are expected to impact on admission rates however continued and sustained strategic required particularly to influence the cost and availability of alcohol to see a reduced burden on the NHS and wider health and well being services.

Current services

A number of alcohol related services are commissioned. These include:

Early intervention

- 'Pubwatch' has been set up as a partnership of licensees working together as an independent group to pre-empt crime and anti-social behaviour in licensed premises. The 23 licencees in 'Pubwatch' work closely with the police, North Somerset Council and Weston Town Centre Partnership to maintain a safe and secure social environment for customers and staff.
- A 'Cumulative Impact Zone' has been established in the centre of Weston due to the high concentration of licensed premises in a defined area in Weston town centre. This special saturation policy enables the council to refuse applications for new premises or material variations of existing licenses.
- Identification and brief advice has been launched in primary care settings. This is an opportunistic way of identifying people who are drinking above recommended limits, followed by the delivery of simple alcohol advice. These are effective interventions directed at patients drinking at increasing or higher-risk levels and are not usually concerned about or seeking help for an alcohol problem.

Identification and Brief Advice is provided in

- Primary Care teams
- A&E Departments -
- Criminal justice settings such as Probation and arrest referral schemes

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- Advice and Information about recommended drinking levels is provided by health trainers in South and Central ward in Weston super Mare. Health trainers are based at Health Central and the For All Healthy Living Company.
- Articles have appeared in 'North Somerset Life Magazine' to promote sensible drinking and provide information for self assessment and local alcohol services

Reducing the impact

- Brief intervention, educational and diversionary activities work are provided to young people by the Substance Advice Service working with community services.
- An alcohol outreach service for adults (ARCH) is provided by ARA to address barriers to people accessing services such as those who have previously had transport difficulties in accessing alcohol services, families, friends and carers of people drinking above safe limits, people affected by domestic violence, families with in receipt of targeted support form children's services
- One to one motivational enhancement therapy from the core ARA service in Weston.
- An Alcohol Liaison Service at Weston General Hospital provides assessment of alcohol problems and extended brief interventions and effective transition planning into primary care or specialist alcohol services.
- An Alcohol Arrest Referral scheme has been established in police custody suites. Workers within these programmes, engage with and assess individuals with substance related issues whilst in custody, and offer a gateway, or 'referral route' into either community treatment, ongoing support whilst in court or prison based treatment programmes. 18 arrest referrals to local alcohol services were made from April to July in 2012.
- A Business Improvement District (BID) scheme has been agreed in Weston-Super-Mare town centre and local businesses pay a levy. One of its major projects for the next five years is safety and security in the night-time-economy hours which will include street wardens, responding to calls to clean environ-crime and to improve links between licensees and police. The overall goal is to attain purple flag status for the night-time economy, the gold standard for a safe and enjoyable night out.

Rehabilitation

- A new out-patient service for alcohol detoxification was launched in 2012. These are accessed following assessment by ARA; the local community alcohol service. In patient detoxification and new intensive community

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support programmes have been launched for people whose drinking is having an impact on several services (eg hospitals, social services, police, and probation).

- A care pathway to enable Alcohol Treatment Requirements has been established enabling the courts to direct offenders into alcohol treatment provided by ARA.
- Alcohol specified activity is provided for some offenders on licence as part of an 'Addressing Substance Related Offending' (ASRO) approach. This provides six structured one to one sessions plus relapse prevention sessions and is delivered by Avon and Somerset Probation Trust. This has achieved a 60% success rate in 2011/12 and has taken pressure off the main specialist alcohol service by working with those who are not alcohol dependent.

Community voice

The Place survey was undertaken between 3 September and 27 October 2012. A total of 4,699 questionnaires were sent to a random sample of households in North Somerset. 53% of households responded, yielding 2,469 responses (53% response rate). The survey is conducted annually and responses were weighted to allow for differences in response rates for certain demographic groups.

The survey included specific questions about alcohol consumption:

"In the past 7 days, roughly how many units of alcohol have you drunk?"

8% of men and 3% of women in North Somerset drank over the nominal safe weekly limit (25 units for men; 18 units for women)

This compares favourably to a national survey reporting 13% of men drinking 22 - 35 units and 10% of women drinking 15 - 25 units per week (General Lifestyle Survey 2010).

The highest levels of drinking more than the recommended weekly units were observed in the following groups in North Somerset:

Men: age group 45-59 years, self-employed or business owners, highest level in Clevedon

Women: age group 45-59 years, business owners

People in North Somerset who drink heavily tend to be older than those identified in a national survey (25-44 years).

A further question was asked about binge drinking:

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“In the past 7 days how many individual sessions have you had where you have drunk”

If you are a man: 8 or more units in that session

If you are a woman: 6 or more units in that session

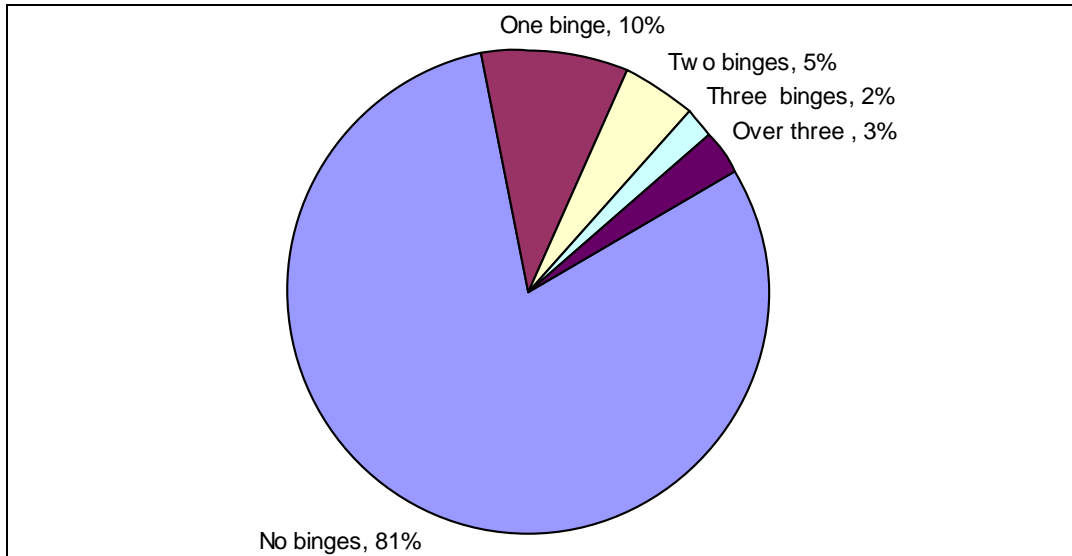
19% of respondents had at least one session in the last week where they drank more than double the recommended daily limits. This is the same proportion as reported nationally^x.

Around half of these had one binge drinking session but a quarter had three or more binge drinking sessions.

More men (22%) than women (17%) had one or more sessions in the last week where they consumed more than double the recommended daily limits.

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Graph 11: Number of sessions in the last week over the recommended limits in North Somerset.



People more likely to binge drink (ie having more than one session in the last week) were

- 30-44 years old,
- Full-time employed or homemaker
- Living in more deprived areas and
- Living in the neighbourhood for less than 5 yrs.

Three quarters of respondents would like to change some aspect of their lifestyle to improve their health. When asked which area of their life people would most like to change to be more healthy about one third said they thought that weight loss would make them more healthy and only 2% would like to drink within lower-risk alcohol limits.

Alcohol contains 'empty calories' and can contribute to weight gain. For example one large glass of wine (250ml) or one 500ml can of strong cider may contain around 200 calories. The relevance of calories in alcohol may be one way to motivate people to consider reducing alcohol consumption. Learning from the Place Survey will be used to inform local education and awareness raising work in North Somerset.

What works

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A robust evidence base exists for population level and individual level interventions to reduce alcohol related harm. Seven 'High Impact Changes' to reduce alcohol related harm have been identified. These are:

High Impact Change	Details
1. Partnership Working	Partnership working to share information for the Joint Strategic Needs Assessment for service planning or service delivery.
2. Control impact of alcohol in the community	Community Safety partnerships and controls through licensing and other controls.
3. Influence change by identifying high profile champions	Identification of champions from the Clinical Commissioning Groups, local hospital, social services, local authority elected members.
4. Improve the effectiveness and capacity of specialist treatment	Effective treatment for dependent drinkers.
5. Appoint an alcohol health worker	Hospital based worker to provide medical management of in patients, liaise with local alcohol services, provide education and support for other hospital staff, identify patients with alcohol problems and provide brief advice.
6. Provide help to encourage people to drink less	Opportunistic screening and advice for increasing and higher risk drinkers.
7. Use social marketing to target higher risk drinkers	Systematic use of social marketing methods to target people who regularly drink at levels which will be harming their health.

Further information, on-line training resources and case studies are available via the links below.

Alcohol Learning Centre

<http://www.alcohollearningcentre.org.uk/>

HubCAPP - Hub of Commissioned Alcohol Projects & Policies

<http://www.alcohollearningcentre.org.uk/LocalInitiatives/>

NICE Guidance on Alcohol prevention and treatment

<http://guidance.nice.org.uk/Topic/PublicHealth>

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Recommendations

A new action plan is in development as part of the alcohol strategy review. This will reflect the three new partnership priorities and the work to reflect 'business as usual' to reduce alcohol related harm.

Priority One

Increase access to brief intervention and alcohol treatment services, specifically for those people living in the most deprived areas of North Somerset and for those with dependent children.

Priority Two

Provide education and awareness-raising for safer drinking with adults, especially those living alone and for parents as an early intervention where children may be at risk of neglect or harm.

Priority Three

Promote community safety through collaborative working and information sharing between health services and community safety agencies, particularly in relation to night time violent offences and domestic abuse.

The recommendations below relate to the previous strategy. These will be updated and published here when the new action plan is agreed in 2013.

Ongoing work

1. Service specifications and care pathways into treatment and other support services need to be reviewed to ensure they offer maximum clinical and cost effectiveness and meet the needs of the local population
2. The evidence base for Identification and Brief Advice (low level intervention Tier 1) recommends that frontline staff groups are trained to ensure systematic access to screening and brief advice and where appropriate connections into treatment services. New national research and the evaluation of a local pilot in primary care will be used to inform rollout of IBA in other primary care teams.
3. The NHS Health Check includes screening for alcohol use disorders. Those eligible for this service are adults age 40 to 74 and do not have a diagnosis of hypertension, diabetes, chronic kidney disease stages 3 to 5 or hypercholesterolemia.

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4. New lines of engagement between the Alcohol Strategy Implementation Group and licensing, community policing and children and young people's services will be embedded through joint working
5. There needs to be scaled response tailored to the needs of different groups, to ensure there is a population level impact.

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Version Control

Date	Author	Version	Amended Sections	Summary of Change	Changes to recommendations
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ⁱ North Somerset Partnership (2008) *North Somerset Alcohol Harm Reduction Strategy 2008 – 2011* online Available:
<http://www.northsomersetpartnership.org.uk/whoweare/deliverypartnerships/saferstrongercommunities/northsomersetalcoholharmreductionstrategyfinal.pdf>

ⁱⁱ <http://www.ic.nhs.uk/article/2021/Website-Search?productid=7172&q=alcohol&sort=Relevance&size=10&page=1&area=both#top>

ⁱⁱⁱ Department of Health (2008) *Reducing Alcohol Harm: Health Services in England for Alcohol Misuse*, London, National Audit Office

^{iv} Bolam. B, Coast. J, (2008) 'Comparison of methods for estimating the subnational cost of alcohol misuse', *Public Health* 122, 307–312

^v Department of Health, Home Office, Department for Education and Skills and Department for Culture, Media and Sport(2007) *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*, London, Department for Health

^{vi} <http://www.phoutcomes.info/>

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<http://www.alcohollearningcentre.org.uk/Topics/Browse/Data/Datatools/alcoholSystemsModel/>

^{viii} The number of claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism per 100,000 working age population, August 2010. (NWPFO from Department for Work and Pensions data and Office for National Statistics mid-year population estimates).

^{ix} National Alcohol Treatment Monitoring System Performance Reports
<https://www.ndtms.net/Reports.aspx#>

^x General Lifestyle Survey 2010. The Office For National Statistics (ONS).

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