Alcohol

JSNA Insight Pack
January 2020
The Northamptonshire JSNA

From 2019 the Northamptonshire JSNA will consist of a collection of three types of presentation, an Insight Pack, a JSNA Briefing Document and an In-Depth Needs Assessment. Definitions of these products are below. In addition other work that compliments the JSNA, or is of interest or is similar to the three types of product mentioned will be published alongside the JSNA products if it is appropriate and helpful to do so.

This is a JSNA Insight Pack focused on alcohol.

### Insight Pack
An Insight Pack will highlight the key facts and local needs about a particular subject. This will be presented, where possible, in a very visual format with charts and infographics and will include relevant data produced with comparisons.

There will be a short narrative accompanying this which will provide an overview of the subject. This may result in recommendations for further, more detailed work in the JSNA programme.

### JSNA Briefing Document
A JSNA Briefing Document is designed to provide an overview of a subject area, usually accompanied by an Insight Pack (though not all Insight Packs will be accompanied by a Briefing Document).

The Briefing Document will summarise the local needs, risk factors, current services in place, evidence to support commissioners and considerations and recommendations for local commissioning. This product may result in recommendations for more detailed analysis and/or an in-depth Needs Assessment.

### In-Depth Needs Assessment
An In-Depth Needs Assessment will include a detailed analysis of the subject area. Typically this can take up to 6 months to deliver and will usually only be completed if it is either clear at the outset that one is required or a JSNA Briefing Document has been completed that recommended an In-Depth Needs Assessment be delivered.

Each full needs assessment will be delivered by a working group and truly delivered in partnership across all relevant organisations for the subject area.
Alcohol harm

- Alcohol is a poison.
- As a drug it causes depression and can harm the body and mind.
- Around 340 deaths, 48.4 in every 100,000 deaths in Northamptonshire are related to alcohol (2018).
- Alcohol is one of the leading causes of preventable ill-health and death in Northamptonshire, contributing to more than 200 health conditions.
- Sustained heavy drinking of alcohol* is a risk factor for the onset of all types of dementia, and especially early-onset dementia.

Challenges

- Our challenge in Northamptonshire is for the population to take responsibility and to balance the social benefits of alcohol with its safe consumption.
- We need to make people aware that alcohol is not an equal opportunities substance – it will adversely effect some people more than others.

Approach to alcohol harm reduction

Education based approach

- All people in Northants to be aware of the dangers of alcohol consumption, and able to implement strategies for safer alcohol consumption.

Settings based approach

- Safer consumption in the night time economy and at home
- That local suppliers of alcohol routinely promote messages reinforcing individual responsibility for its safe consumption.

*heavy drinking. is defined by WHO and the European Medicines Agency as drinking at least 60 g of pure alcohol per day for men and at least 40 g for women (NB: a UK unit of alcohol contains 8 grams of pure alcohol, so we could convert the above into Units if you think that would be more accessible)
An estimated 6,535 people, 1.18% of the population of Northamptonshire, were dependent on alcohol in 2014/15.

Data from Northamptonshire Police shows that in 2018/19 there were 7,494 reported crimes linked to alcohol in the county, 4,973 (66%) of which were violence against the person.

In 2018/19 there were 806 presentations to emergency departments in Northamptonshire for assaults involving alcohol, 41% of all assault presentations.

In 2018 there were 340 deaths and nearly 5000 hospital admissions related to alcohol in Northamptonshire. Highest rates are found in those living in urban areas of the county which could be linked with the availability of alcohol.

In 2018/19, 731 children were assessed by Children's Social Care where parental alcohol use was flagged as a concern.

Alcohol is one of the leading causes of preventable ill-health and death in Northamptonshire (GBD, 2017), contributing to more than 200 health conditions.

1 in 4 of the population is estimated to drink more than the recommended weekly levels.

The poorest in society are at greater risk of alcohol’s harmful impacts on health.

There were approximately 175 hospital admissions in Northamptonshire for those aged under 18 years (35.3 per 100,000 hospital admissions in under 18s) specifically attributable to alcohol (2015/16 – 17/18).

In 2018/19, 731 children were assessed by Children’s Social Care where parental alcohol use was flagged as a concern.
Introduction

Alcohol use is one of the leading causes of global burden of disease, currently in the top 10 risk factors for early death and ill-health nationally and locally in Northamptonshire (Global Burden of Disease Study, 2017).

Alcoholic drinks are widely available and consumed by the majority of the adult population. While most drinkers enjoy alcohol with no long term consequences, there is no safe limit for consumption and alcohol is responsible for a wide variety of harms to the individual and society as a whole.

The revised guidelines remove references to daily limits and equalise the low risk limit for men and women out of recognition of the health impacts of drinking, particularly in relation to the development of cancer. It is also the first time that UK guidelines provide a clear message of abstinence for pregnant women.

Approximately [1 in 4 men and 1 in 10 women nationally are drinking more than the new limit of 14 units per week](Health Survey for England). Estimates also show that [1.4% of the adult population aged 18 and over may be dependent on alcohol](2014 Adult Psychiatric Morbidity Survey).

Addiction and physical dependence occur over a prolonged period of regular use, during which the user slowly develops tolerance towards the substance and eventually begins to suffer withdrawal symptoms if they cease to take it. At this point, taking the substance is prioritised above other behaviours which the user previously considered important, despite this causing physical, psychological or social harm. Criminality, mental health issues and a family history of substance misuse can increase the likelihood of an individual developing a drug or alcohol dependence.

Heavy and dependent drinkers are disproportionately responsible for the cost of alcohol to society. The National Social Marketing Centre estimated that [the total social cost of alcohol to England in 2006/07 was £55.1 billion](This comprises both direct costs to individuals, households and public services and indirect costs linked to illness, disability and death. Since these estimates were published, alcohol specific and alcohol related hospital admissions have been increasing nationally and the overall burden placed on public services as a result of alcohol use will have increased.

Locally, the majority of Public Health investment in alcohol services goes towards providing specialist addiction treatment for dependent users. These users are more likely to have complexities resulting from long term alcohol abuse, including:

- An increased risk of developing physical health problems;
- Chaotic lifestyle and behaviour;
- Problems with personal relationships and family breakdowns;
- Domestic violence (perpetrator and/or victim);
- Criminality and a criminal record;
- Self-neglect;
- Unemployment; and
- Housing issues.

Services need to address the causes of addiction both to make treatment more sustainable and to reduce the potential for the spread of addictive behaviours in families and communities.

Alcohol harm is not inevitable. Both policy and shifting attitudes can create reductions in specific harms. The greatest gains are made by preventing people falling into problematic consumption in the first place (Alcohol Concern, 2018).

Key areas for change include improved knowledge, better policy and regulation, improved drinking behaviours, shifting cultural norms and more and better support and treatment (Alcohol Change UK, 2018).
Prevalence

Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually (Alcohol Concern, 2018). Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. Some people are at a higher risk of harm due to a range of factors including family health history, physical health, mental health and smoking status.

An estimated 6,535 people, 1.18% of the population of Northamptonshire, were dependent on alcohol in 2014/15.

Alcohol dependence is a syndrome characterised by a strong and sometimes overpowering desire to drink, which may take priority over other previously valued activities, and physical withdrawal symptoms if the person stops drinking.

Nearly one in five (19.6%) of respondents to the Health Survey for England in Northamptonshire reported consuming more than 6 (for women) or 8 (for men) units of alcohol on their heaviest drinking day of the past week (2011-14).

This level of consumption is defined as ‘binge drinking’. Drinking very large amounts of alcohol on a single occasion increases the likelihood of experiencing acute alcohol-related harms.

An estimated 10.6% of the county’s residents abstained from drinking alcohol according to the Health Survey for England responses, combined for the years 2011–14.

In January 2016 the Chief Medical Officer issued revised guidance on alcohol consumption https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking. The new guideline advises that in order to keep to a low level of risk of alcohol-related harm adults should drink no more than 14 units of alcohol a week.

Nearly one in five (19.6%) of respondents to the Health Survey for England in Northamptonshire reported drinking in excess of 14 units of alcohol per week (2011-14).

27.9% of respondents to the same survey in Northamptonshire reported drinking in excess of 14 units of alcohol per week (2011-14).

In January 2016 the Chief Medical Officer issued revised guidance on alcohol consumption https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking. The new guideline advises that in order to keep to a low level of risk of alcohol-related harm adults should drink no more than 14 units of alcohol a week.

This is statistically significantly lower than the national average of 15.5%. Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. Since alcohol consumption at any level is potentially harmful, only abstainers are at zero risk.
Prevalence

National survey results from 2018 show that the prevalence of harmful and dependent alcohol use in men is greater than amongst women. Male respondents were more likely to drink than their female co-respondents, roughly twice as many in most age groups and particularly at higher drinking levels.

Survey data shows that White British adults were most likely to drink harmfully, while adults from Asian backgrounds were the least likely. This difference is likely to be a result of social/cultural differences between communities and norms of abstinence in some religious groups.

Lesbian, gay, bisexual and transgender people may be more likely to misuse alcohol than heterosexuals. A 2013 survey by Stonewall found that 42% of gay and bisexual men reported drinking 3 or more days in the previous week compared to 35% of men in general. Evidence also suggests an increased lifetime prevalence of alcohol dependence in lesbians, gays and bisexuals.

Homelessness and alcohol

Problems with drugs or alcohol can be part of a person’s spiral into homelessness and levels of drug and alcohol abuse are relatively high amongst the homeless population. Of course not everyone who has problems with alcohol or drugs becomes homeless and not every homeless person has problems with drug or alcohol abuse.

However, two thirds of homeless people cite drug or alcohol use as a reason for first becoming homeless. Being homeless is incredibly stressful. It is not uncommon for those traumatised by homelessness to seek solace in drugs and/or alcohol.

Military Personnel and Veterans

Data from a 2016 screening and advice initiative by the Defence Primary Health Care dental centre indicates that alcohol misuse within the UK Armed Forces population is higher than in the UK general population, with estimates of increased risk drinking levels within the Armed Forces ranging from 39% to 67% of the military population.

Between 2016/17, 61.2% of regular UK Armed Forces personnel were considered potentially at increasing or higher risk drinking. Alcohol drinking and misuse in the Army has a historical relationship and some evidence highlights that alcohol drinking patterns may be different depending on age and rank, with younger, single men being more at risk of alcohol misuse.

More recent evidence highlights that drinking patterns in the Army and drinking cultures have continued to change and alcohol intake is reducing.

As with civilian members of the community, veterans can be vulnerable to substance misuse. Veterans sometimes use alcohol and/or drugs to cope with the physical and psychological effects of military service. These risks can be increased if their physical and/or mental health reduces their ability to find and hold long-term, fulfilling employment and secure accommodation. However, it is not possible to quantify how many veterans are misusing alcohol within local authority areas.
Prevalence – School survey

In 2019, Public Health Northamptonshire conducted a survey of secondary schools in Northamptonshire through the Schools Health Education Unit (SHEU). The aim of this survey was to capture a range of health related behaviours, experiences and attitudes in young people. The survey was run in 17 schools, which included one special school, with a focus on Year 8 and Year 10 pupils. While the results have some important caveats – for example there were no schools from Kettering included in the sample and the schools sampled are not representative of the overall secondary school pupil population of Northamptonshire due to significant differences in demographics – they can give an indicative picture of pupil behaviours.

11% of all respondents reported having been drunk in the last month (5% of Year 8 pupils and 20% of Year 10 pupils).

5% of all respondents reported having taken alcohol and drugs at the same time (1% of Year 8 pupils and 11% of Year 10 pupils).

Year 10 pupils who reported drinking alcohol weekly were more likely than other pupils to also report:
- Having smoked cigarettes, e-cigarettes or shisha
- Thinking it was fine for people their age to drink
- Having taken drugs
- Their family thinking it was “fine” for them to have sex
- Having experienced controlling partner behaviour
- Having spent money on illegal drugs in the previous week.

Pupils who reported drinking alcohol tended to have been given it by somebody else, typically a relative. Those who reported buying alcohol tended to have used their own wages or allowance to do so.

60% of all survey respondents felt that their school had given them enough help and information about alcohol, and 57% knew where they could get help if they experienced problems related to alcohol or drugs.

When asked what they thought about people of their age drinking alcohol during a normal week, 10% of Year 8 pupils and 23% of Year 10 pupils responded “It’s fine”. 8% of Year 8 respondents and 29% of Year 10 respondents though it was fine for people of their age to get drunk.

A total of 45% of respondents reported having had an alcoholic drink (more than just a sip). The proportion of pupils in Year 10 who reported having drunk alcohol (60%) was almost double that of pupils in Year 8 (33%).

Most of the pupils who reported having drunk alcohol had either only tried it a couple of times or were infrequent drinkers (e.g. special occasions like birthdays). Overall, 9% of respondents reported drinking at least once a month (4% of Year 8 pupils and 15% of Year 10 pupils), and 4% reported drinking at least once a week (2% of Year 8 pupils and 6% of Year 10 pupils).

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Deprivation and Alcohol

A study from the University of Glasgow in 2017 showed that the poorest in society are more likely to suffer the health repercussions of excessive drinking.

The study found that the poorest in society are at greater risk of alcohol’s harmful impacts on health, but this is not because they are drinking more or more often binge drinking. Experiencing poverty may impact on health, not only through leading an unhealthy lifestyle but also as a direct consequence of poor material circumstances and psychosocial stresses. Poverty may therefore reduce resilience to disease, predisposing people to greater health harms of alcohol.

Northamptonshire, whilst not a deprived county, does have pockets of high deprivation. These are located mainly in the urban areas, which is a common theme nationally. The county has 5.69% of its LSOAs in the top 10% most deprived nationally, this is the 7th highest of all 26 county authorities.

For more information on deprivation in Northamptonshire from the Indices of Multiple Deprivation (IMD) 2019 release then visit the Northamptonshire JSNA website where the IMD profiles for the county plus proposed unitary area profiles are available.
Impact

Alcohol is a leading risk for ill-health and death in Northamptonshire (GBD, 2017).

Alcohol misuse contributes (wholly or partially) to 200 health conditions, many of which can lead to a hospital admission. This is due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time.

These conditions include:
- Mouth, throat, stomach, liver and breast cancer
- Cirrhosis of the liver
- Cardiovascular conditions
- Depression
- Stroke
- Pancreatitis
- Liver disease.

Nationally in 2017 to 2018, there were over 1.1 million admissions related to alcohol, of which alcohol was the main reason for admission for about 338,000 cases.
Impact

Around 340 deaths, 48.4 in every 100,000 deaths in Northamptonshire, are related to alcohol (2018).

Approximately 89 deaths, 8.7 of every 100,000 deaths in Northamptonshire are specifically caused by alcohol (2016 - 18). Corby has the highest rate of alcohol-specific deaths in the county.

People who die of alcohol-specific causes do so at an average age of 54.3, compared to an average in the general population of 77.6.

617 potential life years per 100,000 population aged 75 and under in Northamptonshire are lost due to alcohol. The rate for males (881) is considerably higher than that for females (356)*.

*Years of life lost is a summary measure of premature death.
702 per 100,000 hospital admissions episodes in Northamptonshire were related to alcohol. The number of alcohol related admissions episodes is estimated to be almost 5,000 (Narrow definition) (2017/18).

485 per 100,000 hospital admissions episodes in Northamptonshire were specifically attributable to alcohol. This is an estimated 3,500 alcohol specific admissions (2017/18).

35.3 per 100,000 hospital admissions episodes in under 18s in Northamptonshire were specifically attributable to alcohol, approximately 175 episodes (2015/16 – 17/18).

Hospital admissions rates for alcoholic liver disease are better than the national average for all seven boroughs and districts in Northamptonshire (2017/18).
Hospital admissions

Public Health England publish two alcohol hospital admission indicators, one where the admission episode is related to alcohol and one where the admission episode is specifically caused by alcohol.

The alcohol-related indicator comprises admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code. Children aged less than 16 years were only included for alcohol-specific conditions and for low birth weight. The alcohol-specific indicator comprises admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition code only.

For most of the county, admissions episodes for alcohol related conditions compare unfavourably with the national average, with two exceptions the alcohol-specific admissions are similar to or better than the national benchmarks.

The rate of hospital admissions for alcohol related and alcohol specific conditions is considerably higher for male residents of the county than for females.

The highest rates of alcohol-related admissions are in Corby, Northampton and Wellingborough and Kettering for female admissions.

The highest rates for alcohol-specific conditions are in Corby for male residents and Northampton for female residents.
Impact of alcohol on society

The annual cost of alcohol-related harm to society in England is estimated to be around £21.5 billion. This estimate includes lost productivity, crime, policing costs and the costs to the NHS.

There are three major categories of alcohol-related health, social and economic costs:

- the direct economic costs of alcohol consumption, for example, costs to health and social care, the police and criminal justice system and the unemployment and welfare systems
- the indirect costs of alcohol consumption, for example, lost productivity due to absenteeism, unemployment, decreased output, reduced earnings potential and lost working years due to premature pension or death
- the intangible costs of alcohol consumption, for example, costs assigned to pain and suffering, poor quality of life, or costs from money spent on alcohol in families where the money should be spent on other things

Alcohol consumption is a risk factor in many chronic diseases and conditions, and alcohol plays a significant role in certain cancers, psychiatric conditions, and numerous cardiovascular and digestive diseases. Additionally, alcohol consumption can increase the risk of diabetes, stroke, and heart disease.


One of the most visible impacts alcohol has on people’s lives is to be found on our roads.

Alcohol related road traffic incidents are statistically significantly higher in Northamptonshire than the national average.

This is primarily caused by the high number of such incidents in East Northamptonshire where the rate is almost twice as high as the benchmark.

Final estimates for 2017 show that there were 5,700 accidents in Great Britain where at least one driver or rider was over the drink-drive limit, which was a decrease of 6% compared to 2016 and similar to the 2015 estimate.

An estimated 8,600 people were killed or inured in drink-drive incidents in Great Britain in 2017, which again is similar to 2015 levels. Between 230 and 270 people were killed in drink-drive accidents, with a central estimate of 250 deaths.

There were 20 fatal drink drive accidents in the East Midlands in 2017 and 90 drink drive accidents that resulted in a serious injury, out of a total of 500 drink drive related accidents that year.
Alcohol related crime and violence

Alcohol related violence

A substantial proportion of serious violence is linked in some way to alcohol. In more than a third of homicides (35%) in 2016/17 either the victim or suspect had consumed alcohol prior to the incident (only alcohol, i.e. excluding alcohol and illicit drugs). Alcohol is also often a factor in domestic abuse. Homicide data reveal that around a quarter of homicides involve victims and suspects who are either intimate partners or ex-partners, or family members.

Northampton General Hospital, Kettering General Hospital and Corby Urgent Care Centre all collect data according to the Information Sharing to Tackle Violence Minimum Dataset (ISTV).

In 2018/19 there were 806 presentations to emergency departments in the county for assaults involving alcohol, which accounted for 41% of all assault presentations.

As the involvement of alcohol is based on what the patient reports at the time of presentation, this is likely to be an underestimate. Furthermore, in 2018/19 there was an increase in assaults reported by Kettering General Hospital but a decrease in data quality. Data for previous years shows that just under half of all assault presentations to emergency departments in the county had reported alcohol involvement.

Trend in yearly A&E assault presentations to Northampton and Kettering General Hospitals and Corby Urgent Care Centre where the patient reported alcohol involvement

Source: Local data sharing with hospitals

Due to system changes and improved recording practices, these figures cannot be compared against previous years.
Impact of alcohol on families

Parents who misuse alcohol may be unable to provide their children with a safe, stable and caring home environment. This can lead to a variety of physical and psychological harms. Also, compared to children in families with no presence of alcoholism, children of current alcoholics are 5.1 times more likely to experience an alcohol or drug-related social consequence or dependence.

In 2016, Northamptonshire was involved in a Centre for Public Health study on Adverse Childhood Experiences (ACEs). ACEs include a range of stressful events that children can be exposed to while growing up, including: physical, sexual or emotional childhood abuse; family breakdown; exposure to domestic violence; or living in a household affected by substance misuse, mental illness or where someone is incarcerated. The study considered the links between ACEs and long term health outcomes.

The findings showed 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 2018/19, 731 children were assessed by Children’s Social Care where parental alcohol use was flagged as a concern.

This figure represents 25% of the total number of assessments. This figure is 19.5% across the East Midlands and 18.4% in the whole of England.

This was an increase from 633 in 2017/18, but remains lower than the 2016/17 total of 1,020.

Parents in structured treatment for alcohol use

Specialist substance misuse services can help stabilize and treat alcohol dependence, thus reducing the immediate harms caused by addiction.

Data from local treatment services shows that in 2018/19, 225 people in Northamptonshire who declared that they were living with children received structured treatment for alcohol use (no concurrent drug use). Between them, these individuals declared a total of 418 children.

Compared to the overall gender profile of clients in structured treatment for alcohol use, clients living with children were more likely to be female – in 2018/19, 57.3% of alcohol clients who reported living with children were female, while overall 37.8% of alcohol clients in treatment were female.

There has been a decrease in both the number and proportion of alcohol clients in treatment who declared living with children over the past 3 years. This may be in part be due to changes to the age profile of people accessing treatment for alcohol misuse – alcohol clients treated in 2018/19 were on average 44.7 years old at the time they entered treatment, compared to an average of 43 for clients treated in 2016/17. Older clients can be expected to be less likely to have dependent children living with them.

<table>
<thead>
<tr>
<th>Northamptonshire structured treatment service clients</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients in treatment for alcohol use only</td>
<td>1,100</td>
<td>956</td>
<td>1,007</td>
</tr>
<tr>
<td>Of which declared living with children</td>
<td>275</td>
<td>231</td>
<td>225</td>
</tr>
<tr>
<td>% alcohol clients living with children</td>
<td>25%</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Total children declared</td>
<td>500</td>
<td>442</td>
<td>418</td>
</tr>
</tbody>
</table>

Source: CGL Northamptonshire local data, 2019
Alcohol consumption and availability

The availability of alcohol is critically important. Where alcohol is more easily accessible, it is more likely to be consumed in higher quantities. This is a complex relationship whereby demand can drive supply, just as increased supply can drive demand (Holmes et al, 2014).

The charts on this page show the volumes of alcohol purchased in Northamptonshire and its districts. The figure shown is the average number of litres of pure alcohol sold per resident aged 18 and over per year, with each litre of pure alcohol being equivalent to 100 units. The breakdown by type of alcohol (beer, wine or spirits) is also shown.

The average litres of pure alcohol consumed by Northamptonshire residents is statistically significantly higher than the national average for all alcohol types. It’s the same story for residents of Northampton Borough. Residents of Wellingborough consume more wine and spirits than national average, and whilst its beer sales appear to be the highest of all 7 boroughs the result is not statistically significantly higher than England.

Daventry has the lowest volume of alcohol sales in the county, particularly for spirits where the average is statistically significantly lower than the national benchmark.

Adjusting for the estimated proportion of abstainers in the population, Northamptonshire’s overall sales volume is equivalent to roughly 14 units per drinker per week. In other words, local off-trade purchases alone are enough to account for each drinker on average consuming the recommended weekly limit of alcohol.
Alcohol availability

Through the licensing system, local authorities and other partners have the power to shape the local alcohol market and help to reduce harms associated with it (Alcohol Change UK, 2018). There is increasing evidence that where licensing is applied more firmly to reduce the density of alcohol outlets, to regulate hours of sale, or to ensure that the trade is well-managed, harms measurably reduce (De Vocht et al. 2016). Public Health England’s review of evidence in 2016 showed that properly regulating availability (both the number of outlets and the times at which they can retail) is a key lever for harm reduction.

The table and map on this page show the density of alcohol retailers across the county.

Northampton has the highest concentration of licensed premises per square kilometre. This is perhaps unsurprising as Northampton is the most densely populated borough in the county.

The map shows the density of licenced premises per 1,000 population and demonstrates that whilst there may be less outlets by area, there are still high concentrations in the less urban areas by population.
Spend on Alcohol

Public Health England’s review of evidence in 2016, confirmed that the affordability of alcohol, and the use of pricing policies to influence this has the greatest impact on how much people drink and the subsequent levels of harm.

Spending on alcohol per household is highest in more affluent areas. This could be due to expensive alcohol products being purchased by households with higher levels of income. However, when you take this spend per week as a proportion of the household weekly spend, it shows a different picture with the highest proportion of weekly spend on alcohol in areas of higher deprivation.
Local treatment and support services

Treating alcohol misuse requires a broad approach to cover:
- Helping people to recognise problematic patterns of behaviour before they develop into dependence
- Reducing the personal and societal harms caused by addiction
- Enabling users to overcome dependence
- Addressing the underlying issues that led to the addictive behaviours
- Assisting recovering users with reintegration into society
- Providing support to family members affected by the user’s alcohol misuse.

Young people’s early intervention service – NGAGE by Aquarius

The NGAGE service by Aquarius is designed to provide young people with information, education, advice and treatment in relation to drug and alcohol use. They offer one to one support and structured group work in community settings across the county to help young people reduce or stop their substance use and harm reduction advice for those who continue to use.

Generally, young people who access NGAGE use illicit drugs in addition to alcohol. Local service data shows that out of 131 NGAGE clients who accessed one to one support from the service in 2018/19 citing alcohol as one of their problem substances, only 19 (15%) had alcohol as their only problem substance.

Recovery support – The Bridge Substance Misuse Programme (Bridge)

Bridge provides a wide variety of recovery support services for adults with substance misuse issues that can be accessed either alongside or independently of structured treatment at CGL, including: peer support and mentoring; support with housing, employment and finances; fitness and recreational activities; and access to volunteering and training opportunities. Bridge also host Alcoholics Anonymous and other mutual aid groups in their premises.

Structured treatment – Substance to Solution by Change, Grow, Live (CGL)

CGL (under the local name Substance to Solution) is the sole provider of structured treatment for substance misuse in adults. They also support young people who are either involved with Youth Offending Services or have severe addiction issues where clinical intervention is required, however these individuals tend to have issues relating to illicit drug use.

Structured treatment involves a series of one to one interventions and can include prescription of medications where appropriate to reduce cravings and help prevent relapse. Dependent drinkers may also require a medical detoxification at the start treatment in order to safely cut down their alcohol intake, as suddenly stopping drinking following habitual high level use can cause potentially fatal withdrawal symptoms.

According to local service data, a total of 1,007 clients received structured treatment at CGL in 2018/19 for alcohol use only (no concurrent drug use).

Families affected by substance misuse – Family Support Link (FSL)

FSL provide support to children and adults affected by substance misuse in the family to help them understand the impact the substance misuse is having on them and provide strategies for coping and managing day to day problems.

Local service data shows that 206 clients accessed the service in 2018/19 for issues including alcohol use in the family.
Structured treatment – access and performance

Services providing structured treatment for substance misuse are required to report a monthly minimum dataset to the National Drug Treatment Monitoring Service (NDTMS), who produce official statistics on the activity and performance of treatment services.

NDTMS figures show that a total of 965 people from Northamptonshire accessed structured treatment for alcohol misuse (no concurrent drug misuse) in the period January 1 to December 31 2018.

There has been an increase in the number of clients being treated during the course of 2018 following a decline in numbers the previous year.

In Northamptonshire, structured treatment for alcohol misuse is provided by Change, Grow, Live (CGL). The performance of local treatment services is measured in terms of the proportion of all clients treated during a 12 month period who successfully completed treatment and did not return to services within 6 months.

Northamptonshire’s successful completion rate for alcohol clients has consistently been similar to the national average for the past 2 years. The June 2019 successful completions rate for Northamptonshire was 38.8%, compared to 37.8% nationally.
Reducing alcohol harm – key evidence

The alcohol licensing regime is an important element of managing the impacts of alcohol on the population, however there is a need to develop a county-wide multi-agency partnership and strategy for alcohol that will focus on reducing alcohol related harm.

Public Health England created the “All our health” information for alcohol alongside an e-learning resource for health and care professionals to understand specific activities and interventions that can prevent alcohol harm and think about the resources and services available in your area that can help increasing or higher risk drinkers.

Alcohol harm is not inevitable. Both policy and shifting attitudes can create reductions in specific harms. The greatest gains are made by preventing people falling into problematic consumption in the first place. This means introducing policies that reduce harmful drinking; regulating the price, accessibility and marketing of alcohol; intervening to provide advice for people whose drinking is becoming risky; and providing accurate information on the risks of drinking at all levels to allow people to make the choices necessary to reduce harm in the population at large. (Alcohol Change UK, 2018).

Key areas for change (Alcohol Change UK, 2018):
- Improved knowledge – putting knowledge into action, focussing on developing interventions that reduce inequalities and challenging social norms
- Better policy and regulation – evidence based policy
- Improved drinking behaviours – at all levels of consumption. Not just focussed on treatment, behaviour change campaigns for example have a powerful role to play
- Shifted cultural norms
- More and better support and treatment – estimates show that every £1 spent on assertive outreach treatment could lead to savings of up to £3.42 (PHE, 2018).

Work is currently underway to develop a screening toolkit to help identify those at greater risk of alcohol harm. Alcohol treatment interventions range from alcohol identification and brief advice (offering primary prevention) to tertiary interventions offered by treatment services. The toolkit being developed will offer a secondary prevention approach, targeting advice at people who appear at greater risk of developing an alcohol problem in the future. This is currently being developed by HumanKind alongside key partners.

Current validated screening tests are available at https://www.gov.uk/government/publications/alcohol-use-screening-tests

Using insights already developed from these toolkits identifies a number of higher risk groups/risk factors for harmful alcohol use including:
- Family background
- Family health history
- Physical health
- Alcohol and drug history
- Mental health
- Smoking
- Diet and weight.

Tackling alcohol misuse is about more than just alcohol. A person’s lifestyle changes the way alcohol impacts on them. Smoking, diet, weight, health history all impact the alcohol affects on a person.

NICE have produced guidance for health and social care professionals on preventing alcohol use disorders, guidance on alcohol interventions in secondary and further education with recommendations on planning alcohol education, delivering universal alcohol education and targeted interventions and alcohol-use disorder pathways, setting out a structured approach to identify alcohol-related harm through the use of risk factors, screening tools and effective interventions. In addition, a recent Cochrane review presents the evidence for alcohol brief interventions in primary care settings.

Public Health Northamptonshire have produced a call to action and plan on a page, summarising the main challenges and key priorities, enablers and measures of success for the overarching vision “to prevent, treat and reduce the health and social related harms caused by unsafe alcohol misuse to individuals, families and communities in Northamptonshire”.

Public Health
Northamptonshire

Northamptonshire
Health & Wellbeing Board

Northamptonshire
County Council
References

- Director of Public Health Annual Report, 2018/19. [Online]

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