

## 7.10 Alcohol

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Alcohol misuse is a significant problem both for society and for the NHS in England.

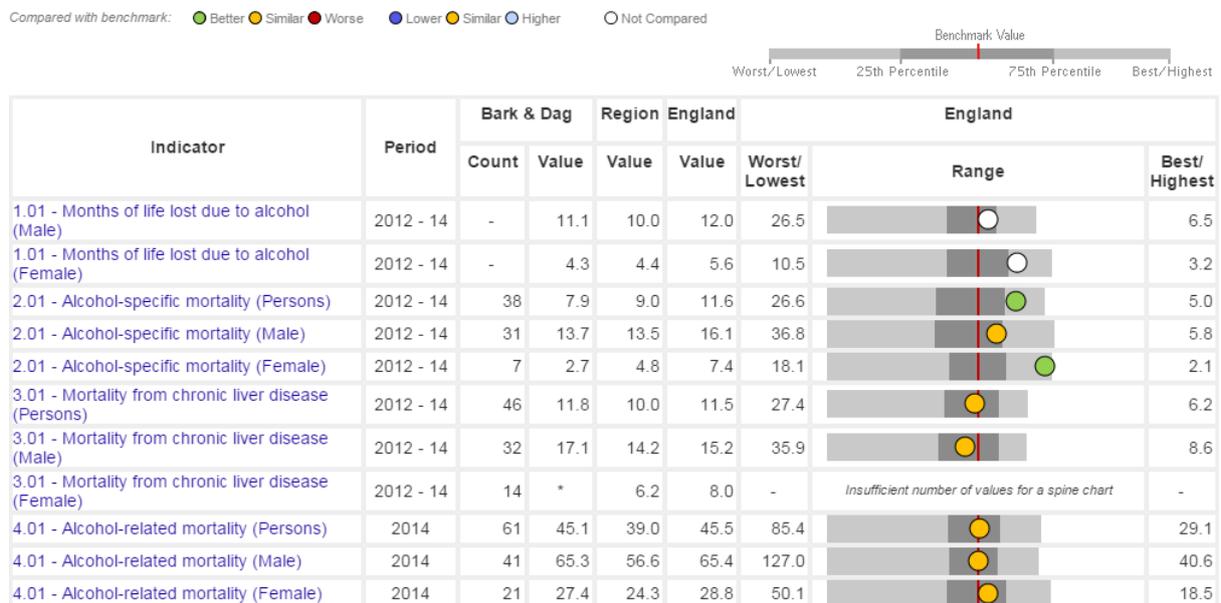
It is estimated that a 10.8 Million people in England drink at levels that pose some risk to their health. In 2009, more than 15,000 deaths were estimated to have been partly or wholly caused by alcohol consumption.

Each year Public Health England release Local Alcohol Profiles for all local authorities in England <sup>1</sup> (see Figures 7.10.1 to 7.10.2). These indicators show the level of alcohol harm. The charts show Barking and Dagenham's measure for each indicator, as well as the regional and England averages and range of local authorities in England for comparison purposes.

Barking and Dagenham are performing significantly better than the national average for alcohol specific mortality for both males and females, although for males specifically there was a decline on the last data set. Barking and Dagenham are performing similarly to the national rate for all other alcohol mortality measures.

Analyses of the figures reveal that although Barking and Dagenham do not have (relatively) a high number of alcohol specific deaths, the alcohol related deaths are more significant.

**Figure 7.10.1 Key Alcohol Mortality indicators, Barking and Dagenham compared with England average 2012-2014**

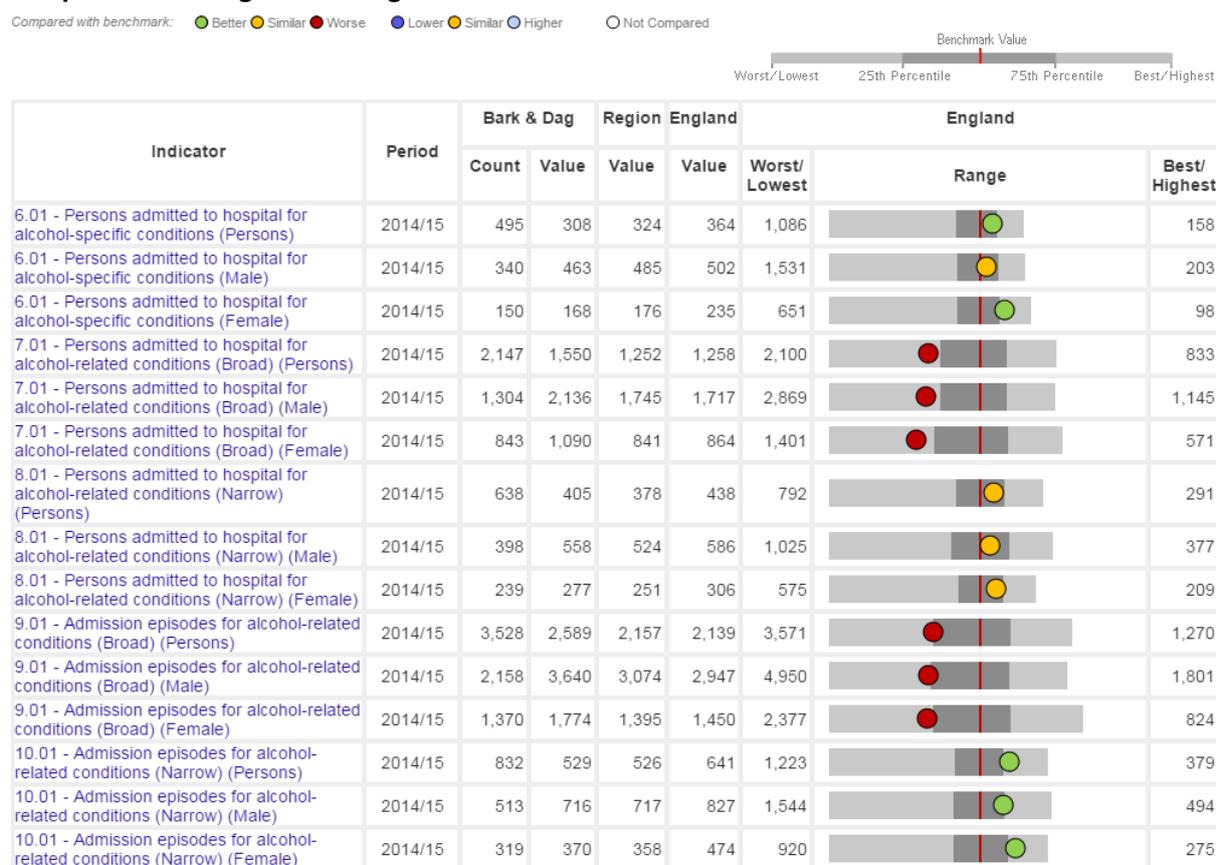


Source: Local Alcohol Profiles for England

Alcohol related harm compared to alcohol specific harm is illustrated more starkly in the following figure:

<sup>1</sup> <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

**Figure 7.10.2: Key Alcohol related hospital admission indicators, Barking and Dagenham compared with England average 2014/15**



Source: Local Alcohol Profiles for England

So it can be seen from this chart that the hospital admissions from the Narrow measurement of Alcohol related conditions is better than the national average, and the Broad measure is far worse than the national average. Broad measures are where alcohol related conditions are a primary or secondary diagnosis, so where alcohol was a contributory cause, but not necessary the direct reason for death.

According to Public Health England's Local Alcohol Profiles, the rate of alcohol specific<sup>2</sup> hospital admission in Barking and Dagenham for 2014/15 for females has increased from the 2012/13 rate from 153.8 to 168 and the male rate of admission has lowered from 473 to 463. However both remained below the London and England rates. Similarly the alcohol related admission (Broad) has worsened from the last release of figures with a 5% increase in admissions for males but a 13% increase for females.

According the Government's Alcohol Strategy 2012<sup>3</sup>, alcohol related harm is estimated to cost society £21 billion annually. The estimated cost of alcohol misuse to the NHS in 2011/12 was £3.5 billion. Meanwhile demand for treatment services for those dependent upon alcohol continues to put pressure on available services. These costs do not take into account the human costs of alcohol in terms of its impact on children and families.

<sup>2</sup> Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.

<sup>3</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224075/alcohol-strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf)

Societal harm from alcohol each year includes approximately one million incidents of violent crime, over 100,000 cases of domestic abuse, and over 600 deaths from drink driving, while costs to society as a whole are estimated at £21 billion. These costs do not take into account the human costs of alcohol in terms of its impact on children and families.

With respect to claimants of benefits due to alcoholism, Barking and Dagenham are performing better than the national average, but worsened over the previous year's figure of 74.7 per 100,000 population to 89.3 per 100,000. This compares to 136.8 and 115.4 for the England (worsened over the previous period) and London

(improved over the previous period) rates respectively as can be seen in figure 7.10.3.

**Figure 7.10.3 Claimants of benefits due to alcoholism 2015**



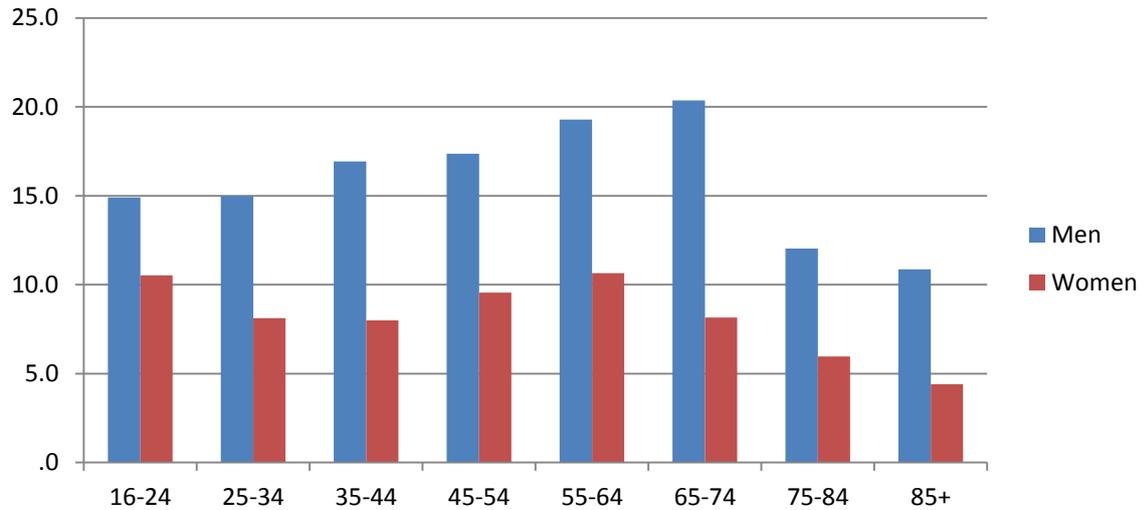
Source: Local Alcohol Profiles for England

Alcohol-related disorder has been identified as a concern by residents of Barking and Dagenham through local and national surveys. Such disorder has the potential to generate violent crime, but also has an adverse effect on the local environment through the careless disposal of cans and bottles and the detrimental effect this has on the environment and on residents' feelings of safety.

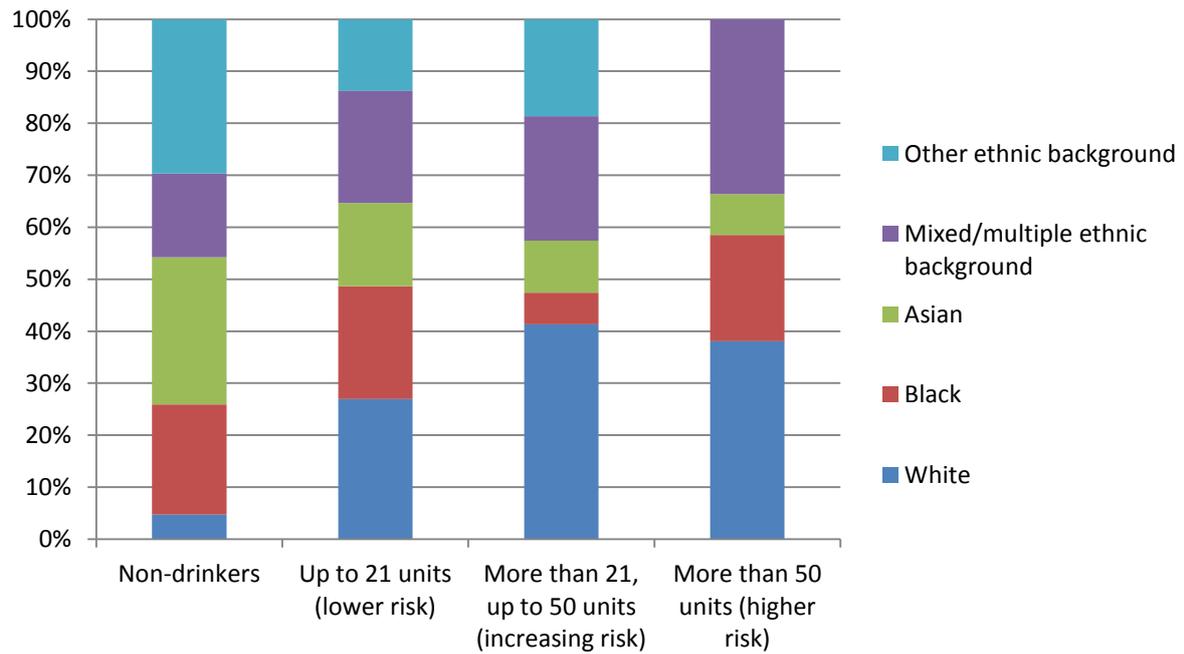
### Who misuses alcohol?

Because of lack of hard evidence on drinking habits, estimates have to be made about the prevalence of problem drinking based on surveys, however the accepted breakdown of figures are presented at Figure 7.10.4-6 show the national breakdown of consumers of alcohol, based on the Health Survey of England 2014.

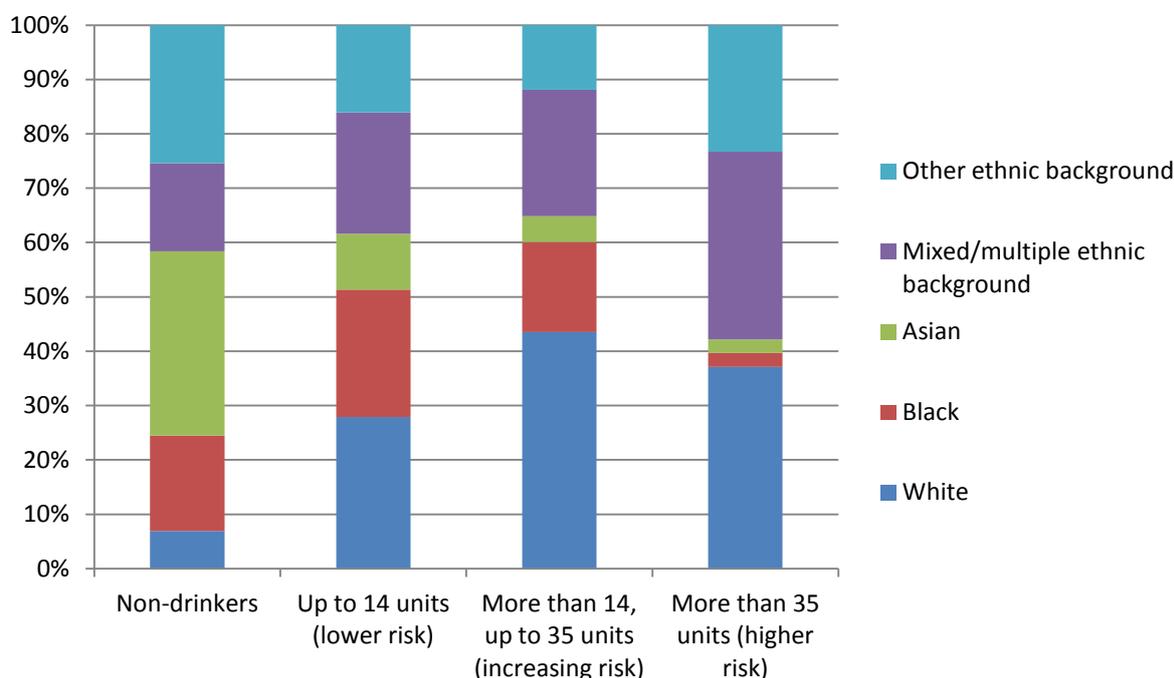
**Figure 7.10.4 Estimated mean alcohol unit consumption by age group for men and women 2014**



**Figure 7.10.5. The relative percentage breakdown of alcohol consumption by ethnic grouping (men) 2014**



**Figure 7.10.6. The relative percentage breakdown of alcohol consumption by ethnic grouping (women) 2014.**



These figures show that there is still a prevalence of White male 35-75yr old drinkers, nationally. Barking and Dagenham has a very young population and an increasing population from BME backgrounds.

### Young peoples' use of alcohol

Drinking during childhood, particularly heavy drinking is associated with a range of problems including physical and mental health problems, alcohol-related accidents, violence, and anti- social behaviour.

The Smoking, Drinking and Drug Use among Young People in England survey<sup>4</sup> is designed to monitor smoking, drinking and drug use amongst secondary school pupils aged 11 to 15 years of age. The following information was obtained from 7,589 pupils throughout England in the autumn term of 2014.

According to the 2014 survey, the least amount of pupils had ever drunk alcohol was reported since the survey began in 2003, just 38% (37% boys and 39% girls) reported ever to have drunk alcohol. Only 8% of boys and 8% of girls aged 11 to 15 year of age reported drinking in the previous week, down from 11% and 10% respectively from the previous years survey.

Part of the survey looked at the perceived family attitude towards alcohol and whether those young people had ever drunk alcohol. It revealed that parental intolerance is increasing over the years to a reported 56% in 2014 which probably

<sup>4</sup><http://www.natcen.ac.uk/media/1006810/Smoking-drinking-drug-use-2014.pdf>

accounts for the 77% of pupils who have never drunk alcohol in a household where the parents do not like their children to drink. Whereas 44% of pupils whose parents allow them to drink as much as they want reported that they drank alcohol to the point of drunkenness in the last week. The survey also revealed that the household with more drinking people in that household lessens the attitude of whether it is acceptable for a child to drink or not. These all demonstrate that the attitude of the family towards alcohol has a direct link to the drinking behaviour of young persons.

In 2015-16, the Young Peoples (YP) specific service, Subwize, engaged with 309 individuals, 264 were under the age of 18. It has been found that some people, although not under the age of 18, associate more with YP services, and this has been found to be more successful than to treat them in Subwize, than the adult service. The choice is the clients, but the upper age of 25 has been established and transfer to the adult service is encouraged. Of the 264 under 18s, with 96 (36%) stating that alcohol was their main problem substance. The youngest person who stated alcohol as being their main problem substance was 11 years old. Subwize has a year round programme of engaging the YP of the borough and have an extensive and pro-active outreach into all secondary schools within the borough. The high level of engagement within the borough is not considered a failing of the alcohol awareness message, but a success in engagement with YPs on this very issue.

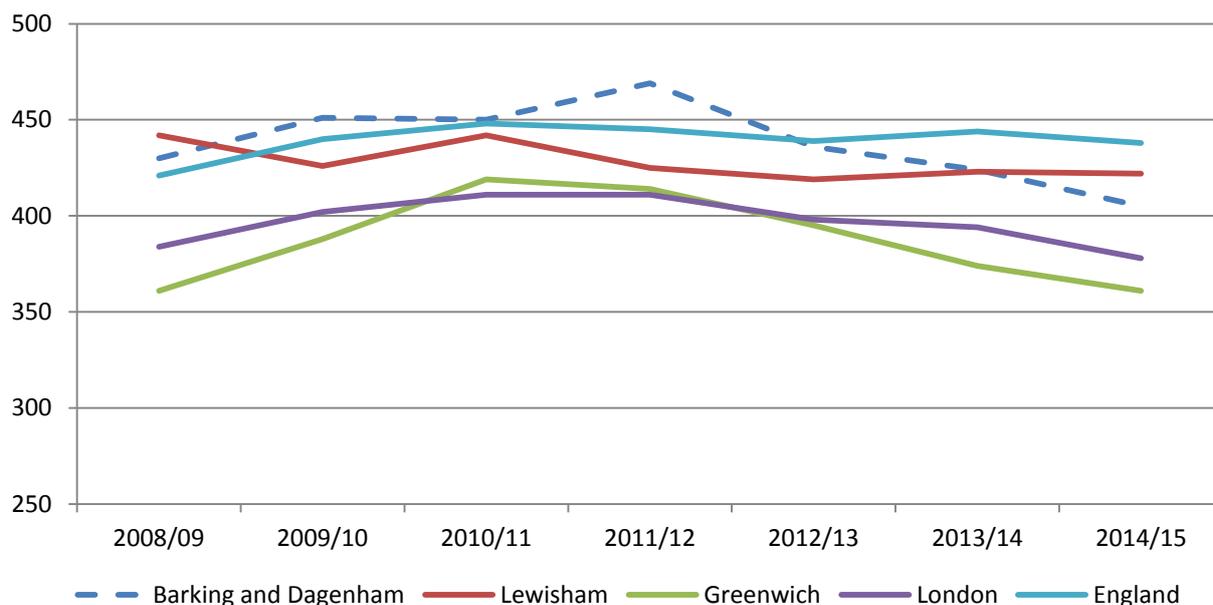
Alcohol hospital admissions data is another way at looking at trends in wider alcohol use amongst young people. Barking and Dagenham has a relatively low rate of hospital admissions for under 18s per 100,000 residents which is lower than the London average and significantly lower than the National average. Barking and Dagenham has the 12<sup>th</sup> lowest rate amongst the 32 London boroughs.

### **Alcohol misuse and health**

The health effects of excess alcohol consumption range from the impact of accidents and injuries resulting from alcohol consumption to the direct effect of alcohol on body systems, of which the main impact is on the liver.

Hospital admissions from Barking and Dagenham residents related to alcohol have continued to decrease from a high of 468.86 admissions per 100,000 residents in 2011/12 to 405 in 2013/14. The rate of alcohol related hospital admissions by residents in Barking and Dagenham has mirrored the National trends, however, it has been consistently higher than the London averages over the last seven years, but is maintaining a level below the National level (Figures 7.10.7).

**Figure 7.10.7 Alcohol Related Hospital Admissions (rate per 100,000 residents)**



Source: Local Alcohol Profiles for England

According to the Office of National Statistics<sup>5</sup> (ONS) the number of alcohol related deaths in the UK in 2014 was 8,697. This was a small increase of less than 1% from 2012. Males accounted for 66% of all alcohol related deaths, with the highest rates being amongst 60 to 64 year olds for both males and females.

In Barking and Dagenham, the mortality rate from chronic liver disease is higher than the London average and lower than the England average. Barking and Dagenham also have a lower rate compared to Greenwich and Lewisham (Figure 7.10.8).

<sup>5</sup><http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2014>



## **Alcohol related crime and disorder**

At the time of writing the latest available data on alcohol related crimes per 1,000 population, as produced by Local Alcohol Profiles England, was for the 2012/13 period. Barking and Dagenham had the 10th highest rate of alcohol related crime and violent crime in the country and the 9th highest in London per 1,000 population in 2012/13 (this measure has not recorded after 2012/3).

London Borough of Barking and Dagenham continue to successfully exceed the Alcohol Treatment Requirements (ATR) targets set by Probation and MOPAC, with 38 completions for the MOPAC target of 36 starts and 24 completions for the borough. This underlines the understanding by the legal system of the positive effects that a community rehabilitation programme can deliver with respect to criminality.

The Alcohol Abstinence Monitoring Requirement (AAMR) pilot<sup>6</sup>, a court imposed compulsory sobriety scheme will be expanding, initially in the west of London but will eventually be London wide. However, when it is instigated within the borough, Barking and Dagenham should be able to benefit from other boroughs experiences and should be able to instigate the programme quickly, cheaply and effectively.

It is recognised that alcohol and drug are a contributing factor in the domestic violence; therefore Barking and Dagenham will be rolling out training programme to both Substance Misuse and Domestic Violence Services to ensure that staff have a greater understanding of each other service and more importantly that they have the confidence to ask the person the questions of their substance misuse or DV. Work will also be undertaken to ensure that there are robust referral pathways into each other services, which will enable the services to provide a more coordinated approach to support the individual.

## **Services for people who misuse alcohol**

The Community Alcohol Service (CAS) is the jointly funded by NHS Barking and Dagenham and the London Borough of Barking and Dagenham for the re-habilitation of residents who wish to re-align their relationship with alcohol. For young people, normally aged under 18, access to services are from the specialist young person's drug and alcohol provider CGL: SubWize.

The service receives referrals for people who have alcohol problems from professionals and also self-referrals. The service also provides support for people such as carers or parents who may not be drinking themselves but are affected by use of others.

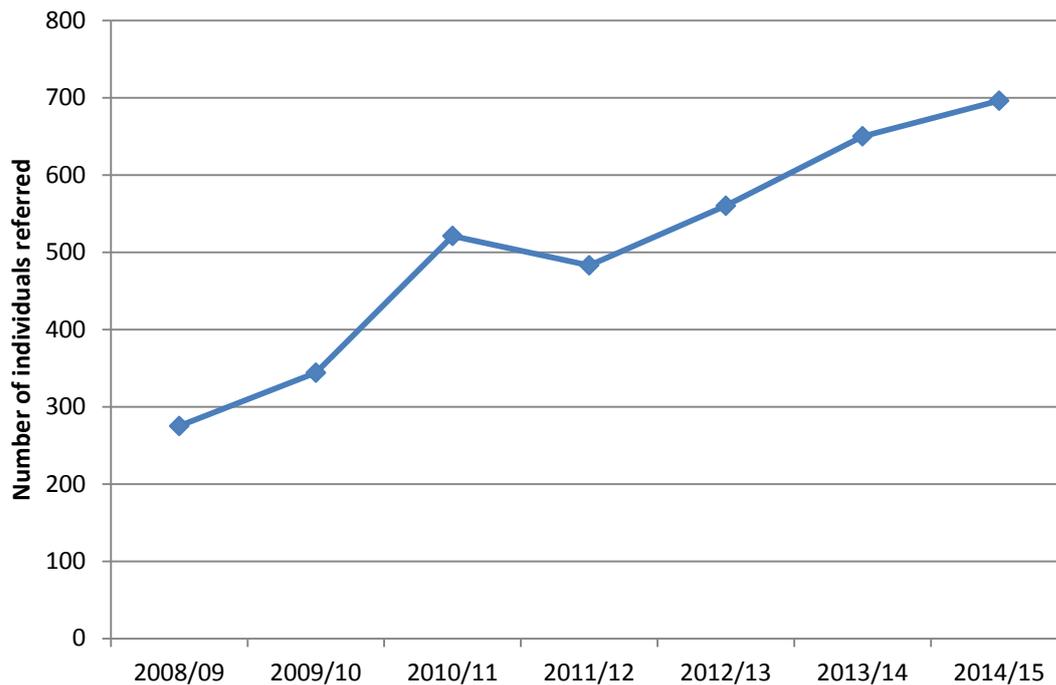
The number of individuals being referred to or self referring to, structured alcohol treatment in Barking and Dagenham has increased year on year from 650 individuals in 2013/14 to 696 individuals in 2014/15.

Figure 7.10.10 shows the increasing rate of referrals being received by the alcohol service between 2008/09 and 2014/15.

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<sup>6</sup> <http://www.london.gov.uk/priorities/policing-crime/our-work/substance-misuse/sobriety-pilot>

**Figure 7.10.10: Number of Barking and Dagenham residents referred into Tier 3 Alcohol Treatment 2008/09 to 2014/15**



Source: Local data from Community Alcohol Service

The most common route to the service in 2015/16 was self-referral, followed by referrals from hospitals and other Barking and Dagenham commissioned services. These sources have consistently generated the highest volume of referrals over the last three years. Referrals from A&E, Mental Health and Children’s services and GPs appear to be low suggesting that more can be done to stimulate referrals to the service. Out reach into GPs practices needs to be improved to assist both the GP and the potential clients that could benefit from a more structured alcohol harm reduction regime.

The client group in treatment in 2015/16 is predominantly in the 35 to 54 age group which accounts for 61% of all in treatment, there has been an increase in the percentage of females accessing services over the last 2 years which is now at 38.3%. Referrals from Black and Minority Ethnic (BME) communities, young people and women are less than would be expected with 71% of those accessing alcohol treatment being white British. The CAS team is currently working on strategies to increase numbers from these groups.

People who are alcohol dependent need detoxification services, which are offered both in the community and on a residential basis. Between April 2015 and March 2016 community detoxification for alcohol was delivered to 50 individuals. Residential detoxification is needed for people with advanced medical or mental health conditions or those for whom community detoxification is not suitable. All clients who require either inpatient detoxification or residential rehabilitation are assessed by their key worker. Requests for funding are assessed by a panel, comprising of service managers and a member of the substance misuse strategy team.

When clients have stopped drinking or achieved controlled drinking levels they will be referred to group programmes and/or counselling. On completion of treatment with CAS team, clients can still access support through peer support groups or through other services such as Alcohol Anonymous meetings (AA).

### **Access to services**

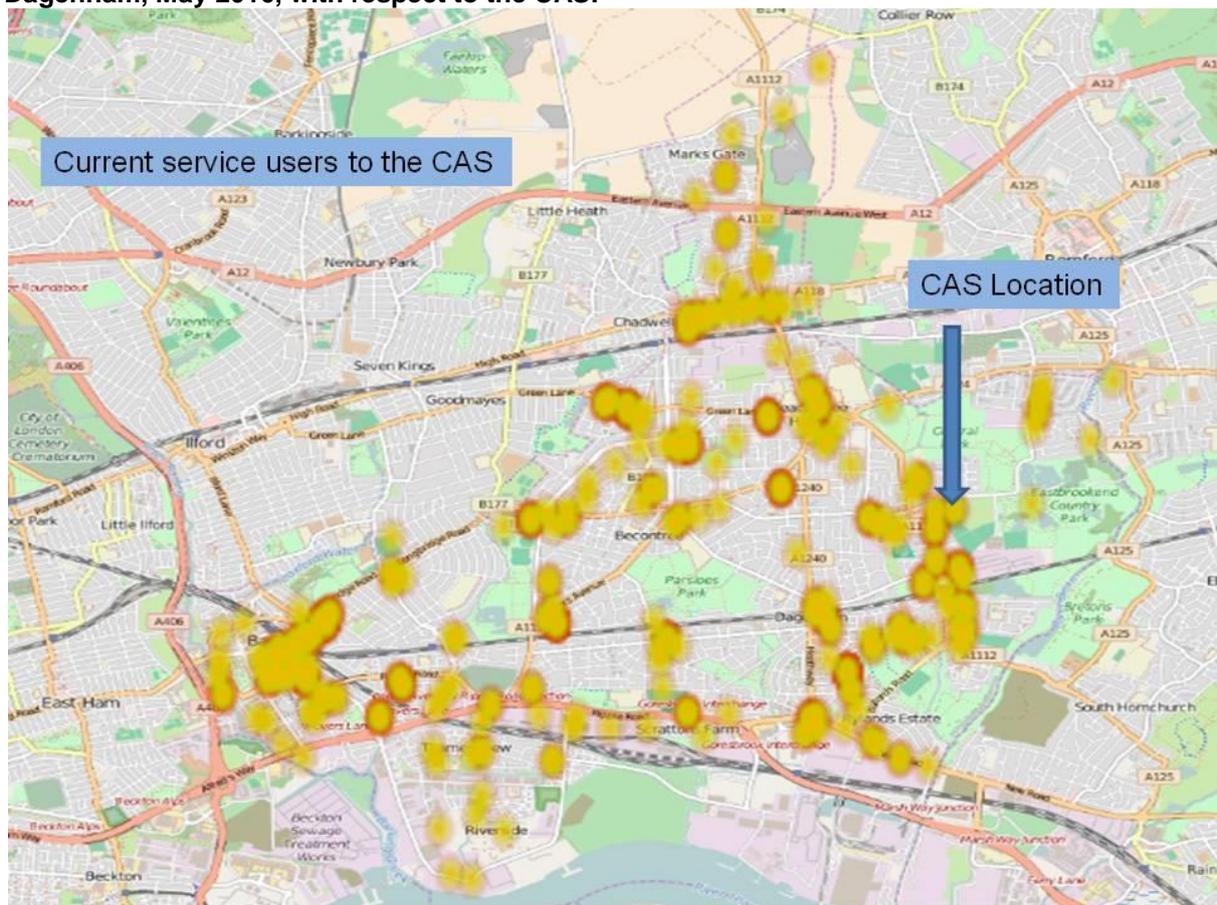
A significant amount of activity has taken place in Barking and Dagenham to assist potential clients' access to an alcohol service location. 2015 saw the launch of the expansion of the CAS so that alcohol rehabilitation, detoxification and associated services are now available within Barking Town Centre, instead of the previous single location in Dagenham. A programme of extensive out reach is also being planned.

The Partnership working with Redbridge and Havering boroughs with the tri borough approach to working with patients, with alcohol related needs, within the hospitals that the Barking and Dagenham residents have access to continues. This partnership working is intended to expand its capability with plans to include the relevant CCGs. The CAS has established good working relationships with the boroughs smoking cessation initiative and intend to work more formally with each other in the future.

However the "hard to reach" element of the community, still remain "hard to reach". Partnership working with smoking cessation may make some of these residents more accessible and it is hoped to assist these with more extensive outreach from the CAS.

It was assessed that having one alcohol service location within the borough could be a potential barrier for clients due to the geography of the borough. In an ex-service user survey, most ex-service users stated that the location was an acceptable distance from their home. However, a significant proportion, 29%, said that the location was "a bit too far". A map showing the home locations current and ex-service users would look very similar, Figure 7.10.10 shows the current service user home locations.

**Figure 7.10.10: Map showing the home locations of current service users in Barking and Dagenham, May 2016, with respect to the CAS.**



The map shows that the service user community is spread quite evenly in the recognised built up areas of the borough and some are quite some distance from the CAS. However it would appear that location is not posing a significant factor for clients for treatment. This is probably due to the public transport pattern in the borough. However, because there was a significant amount of service users that stated that it was “bit too far”, it was decided that the solely drug rehabilitation location in Barking, The Red Lion, would accept alcohol clients as well. Barking has better transport links throughout the borough than the locale of St Lukes, so it hoped that giving service users more choice in location will see a decline in drop outs, missed attendances and a higher referral to engagement rate.

It is hoped that with uptake of alcohol clients into The Red Lion, the diverse modalities that have been on offer at St Lukes, such as Moodmaster, Intuitive Recovery and AA etc that have been introduced to the Service will naturally migrate over to Red Lion as need dictates. Housing and benefit advice, as well as social and family services already in effect at The Red Lion will naturally be available to alcohol clients allowing an inclusive, multi agency approach to recovery in Barking as well as Dagenham.

However, there are still some clients that may benefit from an intense residential rehabilitation, away from their home environment. This is an option for some suitable clients. However, it is being used less and less by the borough as the CAS

also offers counselling and support services to family and a clients “home network”, which is proving helpful to the client in treatment.

### **Local alcohol strategy**

Alcohol is a top priority in Barking and Dagenham’s joint treatment plan as part of a whole systems approach to addressing substance misuse. Barking and Dagenham continued its alcohol strategy and delivery plan and continues to strive for;

1. A reduction in the number of hospital admissions for alcohol related illness for adults and young people.
2. A reduction in alcohol related offending and re offending including ASB (PI16).
3. Better support for parents on talking to their children about alcohol, by providing information and advice where appropriate.
4. A reduction in domestic and violent crime.
5. A reduction in child neglect and emotional abuse as a result of alcohol misuse.
6. An increase in the availability of targeted information for adults including older people.

### **Recommendations for Commissioners**

It is recommended that funding for the Community Alcohol Service should be maintained or ideally increased to address the increased demand for services and information access. The resources and funding burdens for alcohol awareness, services and signposting for potential CAS clients should be spread by the borough’s services that deal with the effects of alcohol misuse.

To assist service users, ex-service users and people suffering from illnesses and diseases where alcohol is a negatively contribution factor, that they are encouraged to pursue more active lifestyles to maintain and improve their health and fitness so that the alcohol related admission into hospital may decline.

Better integration in education, awareness, signposting and cross-referencing throughout the borough’s social services, including Domestic Abuse, Children’s Services, Anti-Social behaviour, Youth Services and Troubled Families.

To maintain and enhance the hospital and A&E in-reach capability and effectiveness for the borough the tri-borough CCG should be engaged for assistance in generating extra in-reach capability. Attrition from hospital to community treatment continues to remain high, therefore, more work within the hospitals in cementing a smooth pathway into Community Alcohol Services is needed to support those individuals referred from the hospital to engage in treatment services.

The education and internal engagement of GPs and Pharmacists within the borough should be increased with the consideration of “alcohol champions” within practices to

enable SPOCs for education and better community engagement with the Alcohol service.

Alcohol champions be sought in organisations that have contact with, or, a concentration of potential “at risk” personnel, such as; schools, medium and large businesses, health outlets, religious and cultural groups etc.

LBBB has very few trained Identification and Brief Advice (IBA) practitioners: the delivery of IBA is recognised as a very cost effective alcohol reduction intervention. It is an easily delivered verbal intervention lasting approx 15 minutes, but has to be given by a person trained in its delivery. It is therefore recommended that:

- Training for IBA is made more available and advertised within the community.
- More suitable people with access within the community are actively sought for training.
- The delivery of IBA is encouraged in the community by trained practitioners in more non-clinical settings to maximise its impact within the community.

An increase in literature and distributable information on the effects of alcohol and the signposting of the CAS within the borough should be seriously considered.

These extra alcohol-related information resources should be used within the mainstream health promotion strategies such as sexual health, obesity, physical health and health and wellbeing.

The borough’s alcohol awareness message should also be promulgated in its schools, colleges and adult education centres, within the curriculum and in relevant courses.

It is further recommended that a true picture of youth alcohol consumption, its effects and factors influencing it within the borough should be investigated through better information gathering from this age group so that early intervention can be better targeted, in delivery methods and messages.

The serious consideration and adoption, if the evidence from existing pilot studies is encouraging, of an alcohol arrest scheme to be undertaken to reduce re-offending rates and to reduce the alcohol consumption in offenders whom alcohol is a contributory factor in their offending. Inclusion of neighbouring boroughs would probably increase the effectiveness of such a programme and it is therefore recommended that cross borough action is encouraged.

Increased efforts to engage with the projected increase in BME population, which is not reflected by numbers in treatment.