Alcohol Misuse in North Lincolnshire

A review of local needs and services

2011/12

Executive Summary

March 2012

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North Lincolnshire
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1. Introduction
The White Paper, Healthy Lives, Healthy People, sets out the strategy for public health in England and highlights the significant impact of alcohol on society. According to the National Audit Office, over 10 million adults in England drink more alcohol than the recommended daily limit, with the House of Commons Health Committee reporting that 2.6 million of them are drinking more than twice this.

The risks of alcohol misuse are well established and place a huge burden on the NHS at an estimated cost of around £2.7 billion a year. In 2009/10, the number of hospital admissions attributable to alcohol misuse was 1.1 million, a 100% increase since 2002/03. It is estimated nationally that alcohol misuse also contributes to 1.2 million incidents of violent crime a year, 40% of domestic violence cases and 6% of all road casualties.

As Directors of Public Health move into local authorities in 2013 they will take responsibility for commissioning alcohol misuse prevention and treatment services in collaboration with local clinical commissioning consortia. The outcomes of which will be measured by the NHS and Public Health Outcomes Frameworks – each of which include national and local indicators of alcohol related harm.

Such commissioning requires local data on the extent and characteristics of the population’s alcohol consumption. Currently, there are no direct measures of how many people in local areas are drinking alcohol or are drinking above the recommended limits. However, national survey data, demographic information and information on alcohol-related mortality and morbidity can be used in combination to generate estimates of the number of people using different levels of alcohol in each local authority. This data marks the starting point for this report.

2. Scope, aims and methods
The first comprehensive North Lincolnshire alcohol health and social needs assessment was published in 2007. Click here to access the report www.northlincolnshire.nhs.uk/healthintelligence/lifestyleandriskfactors/.

Since then a number of data profiles, surveys, and service reviews have been commissioned and/or produced locally, regionally, and nationally, (see reference section).

The aims of this summary report, and the larger technical report which contains more local data, are to:

- Summarise the latest available quantitative and qualitative data on local needs, services and treatment outcomes
- Identify the routine information needs of local commissioners and fill information gaps where possible;
- Make recommendations to partners regarding the prioritisation and targeting of local resources

The specific objectives are to:
- Refresh and update local demographic, epidemiological and survey data on alcohol consumption and alcohol related harm, making use of the latest available national, regional and local data;
- Summarise recent trends in local service activity and outcomes data, making use of the latest available data from treatment services;
- Summarise recent trends on the relative impact of alcohol misuse on local services, making use of data from health (community, acute and secondary care), police, probation, ambulance, fire, children’s and adults social care and housing services;
- Summarise the results and recommendations of service mapping and service review exercises with local stakeholders, service users and carers;
- Inform a refresh of the local alcohol strategy, commissioning strategy and procurement process.

**Methods**
The project consisted largely of a desktop exercise. This was led by intelligence staff within Public Health and Safer Neighbourhoods, with the support of other intelligence/information analysts within partner agencies including local treatment services, the Police, Fire and Health.

Consultation with local stakeholders was undertaken via the existing Alcohol Delivery Group and the Alcohol Strategy Task Groups 1 and 4. In addition a stakeholder event was held in November 2011, giving partners the opportunity to shape some of the key messages and recommendations of this report.

Consultation with users and carers was completed by service commissioners making use of existing networks and supplemented by other ad hoc consultation exercises with members of the public.

**Strategic recommendations**
- Commissioners refresh the local alcohol strategy and associated delivery framework in line with the recommendations of this report and the national strategy
- Agency responsibilities for taking forward these recommendations are agreed and allocated via the alcohol strategy and delivery groups.
- At the time of writing there was no recurrent funding agreed for the North Lincolnshire Community Alcohol Service beyond March 2012. This needs to be agreed by health commissioners as a matter of urgency as recommended by the NTA and DOH in November 2011.
- NICE public health guidance recommends that commissioners should ensure at least 1 in 7, (14%), dependent drinkers get treatment locally, in line with Signs for Improvement. Providing treatment for that proportion of dependent drinkers in North Lincolnshire means at least doubling the current capacity of the local service, and increasing investment in the service.
- Data sharing agreements between alcohol service commissioners and health intelligence providers are clarified to ensure the routine delivery of management information, as per the feedback letter from the NTA and DOH meeting dated 4th November 2011.
Commissioners should urgently review the commissioning of Tier 4 inpatient detox services in line with NICE Commissioning Guidance.

3 Alcohol consumption

Key messages

National trends
- Alcohol consumption patterns have changed quite significantly in the last 50 years, with consumption of alcohol per head of population more than doubling between the mid-1950s and the late 1990s.

- This reflects the increasing affordability of alcohol in this country. Whilst the price of alcohol rose by 23% more than other retail prices between 1980-2010, household disposable income also rose by 78%. This meant that by 2010, alcohol was 44% more affordable than it was in 1980.

- The incidence of alcohol related diseases has increased in line with rising consumption, with hospital admissions for alcohol related diseases more than doubling in this country to more than 1 million, since the beginning of the last decade, costing the HNS an estimated £2.7 billion a year. The number of alcohol related deaths has increased by more than a third over the same period.

- It is also estimated that alcohol contributes to 40% of domestic violence cases and 6% of all road casualties, with the wider societal costs of alcohol misuse costing the economy as a whole an estimated £22 billion.

- Across Europe, alcohol is estimated to be the 3rd most important out of 26 risk factors for ill health, after smoking and high blood pressure and ahead of obesity\(^1\).

- Increasing numbers of men and women in Britain are drinking at high risk levels (defined as consuming more than 50 and 35 units a week, respectively, for men and women), (see appendix). Nationally, it is estimated that high risk drinkers, (those 6-7% adults that regularly drink more than twice the recommended daily units), consume 30% of all alcohol sold in this country.

- This rise in heavy drinking has been particularly noticeable amongst women and has occurred in all age groups. In the last 15 years, average alcohol consumption amongst women rose by 43% compared with a 6% increase amongst men during the same period. High risk female drinkers are much more likely to purchase alcohol from supermarkets and to consume alcohol at home.

\(^1\) Alcohol in Europe: A Public Health Perspective, European Commission, 2006.
- More young adults are engaging in 'pre-loading'; ie drinking at home before they go out to the pub or other venue.

- An estimated 3.8% of the population aged 16+, or more than 1.5 million adults in this country, are dependent drinkers, of which an estimated 32,000 are severely dependent, (ie have a SADQ score of between 15-30).

- Whilst there is increasing public awareness of the social harm associated with alcohol consumption – there is continuing confusion about how domestic consumption translates into standard units of alcohol, and the long term damage to health and wellbeing.

- At the same time, there is an increasing proportion of people who abstain from alcohol completely. Between 1994 and 2009, this rose from 7% to 12% of adult men and from 12% to 19% of adult women.

- Policies that increase retail prices of alcohol are regarded internationally as the most effective method for reducing alcohol consumption. Nationally it is estimated that a 10% rise in unit price would reduce alcohol consumption by about 5%, and reduce the cost of alcohol related health harm by £3.5 billion over 10 years, with the largest health gains being amongst higher risk drinkers.

**Local trends**

- The Yorkshire and Humber region has the highest rates of heavy drinking of any region in the country, with more than 10% of the male and female adult population regularly drinking more than 50 units and 35 units of alcohol a week, respectively. This compares with 6% nationally.

- The largest rise in heavy drinking over the last 10 years has been amongst adults in their middle years and women of all ages.

- An estimated 7% adults in North Lincolnshire (9,000) are heavy drinkers, including 4% (4800) who are dependent drinkers, (ie. scoring 16+ on the AUDIT screening tool). It is likely that this level of drinking is already impacting on these adults' physical and mental wellbeing as well as on other areas of their family and social life.
Table 1:
Estimated alcohol consumption amongst adults (16+) in North Lincolnshire, applied to 2010 mid-year population estimates

<table>
<thead>
<tr>
<th></th>
<th>% adults</th>
<th>% adults who drink</th>
<th>Estimated no of adults in North Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstainers</td>
<td>13.6% (ns)</td>
<td>-</td>
<td>18,082</td>
</tr>
<tr>
<td>Lower risk</td>
<td>65.6% (ns)</td>
<td>76.2%</td>
<td>87,219</td>
</tr>
<tr>
<td>Increasing risk</td>
<td>13.9% (ns)</td>
<td>16.1%</td>
<td>18,480</td>
</tr>
<tr>
<td>Higher risk</td>
<td>6.8% (ns)</td>
<td>7.9%</td>
<td>9,041</td>
</tr>
<tr>
<td>Total</td>
<td>100% (ns)</td>
<td>100%</td>
<td>132,822</td>
</tr>
</tbody>
</table>

Source: LAPE, NWPHO, 2011 * ns = not statistically significantly different to the national average

Table 2
Estimated number of binge drinkers and dependent drinkers in North Lincolnshire

<table>
<thead>
<tr>
<th>Dependent drinkers</th>
<th>% all adults</th>
<th>Estimated no of adults in North Lincs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild dependency</td>
<td>3.02% (ns)</td>
<td>4,020</td>
</tr>
<tr>
<td>Moderate dependency</td>
<td>0.53% (ns)</td>
<td>670</td>
</tr>
<tr>
<td>Severe dependency</td>
<td>0.1% (ns)</td>
<td>96</td>
</tr>
<tr>
<td>Binge drinkers**</td>
<td>22.1% (ns)</td>
<td>29,354</td>
</tr>
</tbody>
</table>

Source: ** LAPE, NWPHO and *RUSH calculator, 2011

- Others who drink less heavily may be unaware of the longer term risks associated with their consumption patterns and could be exacerbating an existing health condition.
- Nationally it is estimated that 6% of under 16s live with a dependent drinker, 30% with at least one binge drinking parent, 8% with two binge drinking parents and 4% with a lone binge drinking parent. In North Lincolnshire this equates to at least 1680 children and young people.
- Even assuming drinking prevalence remains the same over the next 10 years, all things being equal, any growth in the population will increase the numbers at risk of alcohol related harm, lead to a rise in already high alcohol related hospital admission rates in our area and increase demand for alcohol screening and treatment services. This is already reflected in hospital admission rates for alcohol related diseases, which are already well above the national average.

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2 Increasing risk or hazardous drinking: drinking above recognised „sensible” levels but not yet experiencing harm. Can also be defined as drinking between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females.

Higher risk or Harmful drinking: drinking above „sensible” levels and experiencing harm. Can also be defined as drinking more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females.
above the national and regional average in North Lincolnshire and, as yet, show no signs of slowing down.

#### Table 3
Alcohol trends in North Lincolnshire, 2010/11

<table>
<thead>
<tr>
<th>No of alcohol attributable admissions 2010/11</th>
<th>% GP patients admitted for alcohol attributable conditions 2010/11</th>
<th>% increase in admissions since 2009/10</th>
<th>Estimated no of dependent drinkers</th>
<th>Estimated no of moderate to severely dependent drinkers</th>
<th>Numbers in treatment 2010/11</th>
<th>% dependent drinkers in treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4012</td>
<td>2.4%</td>
<td>9%</td>
<td>4800</td>
<td>766</td>
<td>301</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Source: NHS North Lincolnshire

- Locally we know that at least 460 people a year are admitted to hospital in North Lincolnshire for treatment with a chronic alcohol related disease, such as alcoholic liver disease. In addition it is estimated that there are at least 4000 hospital admissions a year with conditions which are in part attributable to alcohol.

- Currently, the local specialist Community Alcohol Service only has the capacity to treat about 6% of dependent drinkers a year in North Lincolnshire. National research suggests that 15% is a medium level of support, with 20% being regarded as good. Yet national projections suggest a 5% annual increase in alcohol related hospital admissions in North Lincolnshire over the next five years, which will put increasing pressure on a relatively small service.

- Assuming no change in local alcohol consumption, or in the level of investment or quality of alcohol treatment services, we can expect a 4-6% annual growth in alcohol attributable hospital admissions in North Lincolnshire. The annual cost to the local NHS in alcohol related inpatient admissions alone currently amounts to at least £8 million a year. This compares with the community alcohol treatment service (CAS), which currently costs the NHS in North Lincolnshire approximately £300,000 a year.

- One of the key objectives of the public health white paper is to reduce health inequalities and to strengthen the role and impact of ill health prevention. This will mean strengthening population-wide interventions on alcohol across all agencies, with targeted interventions for particular groups.

- Tackling the root causes of alcohol dependency in the population and intervening early to prevent further harm amongst high risk groups, to enable the recovery process is a key objective of the local alcohol harm reduction strategy. An essential first step in coordinating this activity across agencies is to identify those populations at greatest risk.
Recommendations

Strategic focus

- Alcohol misuse and its contribution to inequalities in health and wellbeing should be considered in all strategic commissioning plans within health and the local authority. This should include consideration of the wider determinants of alcohol misuse, including risk and protective factors, and the impact that local partners can make on these risk factors.

- This should be reflected in in all relevant health and social care commissioning plans, contracts and service level agreements with outward facing providers.

- Alcohol harm prevention and harm reduction should remain a key strategic priority within the NHS commissioning plan for North Lincolnshire and the forthcoming Joint Health and Wellbeing Strategy. This should include the delivery of a coordinated and targeted approach in primary care and a commitment to halt the rise in alcohol related hospital admissions.

- The local alcohol harm reduction strategy should be reviewed in line with new NICE commissioning guidance, the new National Alcohol Strategy and the National Liver Plan due to be published in 2012. Commissioners will also need to consider the recommendations of the new National Alcohol Strategy and National Liver Plan.

- The Council and NHS commissioners prioritise the prevention of alcohol use disorders as an invest to save measure, making use of the QiP best practice guidance.

- Alcohol leads should be established in each partnership agency.

- A coordinated public health approach to primary and secondary prevention of alcohol related harm is embedded across all health commissioning groups, including the CCG, QiPP programme boards and the Long Term Conditions Team.

- Screening, early interventions and referral pathways should be established throughout the criminal justice system.

- An identified responsible officer for alcohol harm reduction should be represented on key health and social care commission groups, including the QiP, long term conditions and unplanned care groups.

- An identified officer within health, should contribute to the local licensing panel supported by alcohol related health harm data.

- The local strategy for delivering Every Contact Counts should be reviewed in line with new Government recommendations, to ensure that alcohol harm
is covered appropriately and referral pathways between smoking, alcohol, sexual health and weight management services are streamlined.

- Partner agencies should develop and implement an integrated impact assessment across partner agencies which prioritises the reduction of alcohol related harm, (including the health, social and economic costs of alcohol misuse) as a health and wellbeing priority.

4. Population

Key messages

- Children and young people are drinking more alcohol than ever before. In a recent national survey 1 in 3 15 year olds said they had drank 10 or more units in the last drinking session.

- Children who misuse alcohol are at significant risk of health and social harm. Hence the Government recommendation that no children under the age of 15 should drink, and that 15-17 year olds should never exceed adult daily limits.

- Yet in a recent local survey, 1 in 4 North Lincolnshire 14 year olds and 1 in 3 15 year olds reported being drunk at least once in the previous month. This is slightly above the national average.

- 18-29 year olds are the most vulnerable age group for binge drinking, whilst those aged 45-65 years of age are at increasingly high risk of alcohol related diseases and hospital admissions. Both age groups are vital target sub-groups for alcohol harm reduction interventions, which are likely to require quite different approaches.

- Any future provision for alcohol harm prevention, reduction and treatment will need to respond to the needs of different population groups including our growing and ageing rural communities.

- Services will also need to respond to the increasingly diverse ethnic make up of our population and ensure that all public health messages, signposting, primary prevention and specialist alcohol treatment services are accessible and appropriate to the needs of BME and other potentially vulnerable communities, including our Eastern European residents.

- The prevalence of long term conditions in the GP registered population which are associated with long term alcohol misuse, including hypertension, heart disease and cancer are above the national and regional average in North Lincolnshire, and are rising. Unplanned hospital admission rates for these and other alcohol related conditions are also significantly above the peer and national average in North Lincolnshire.

- People who present to services with chronic alcohol dependencies often have poor physical health by the time they seek treatment, and because of
their addiction are at greater risk of further health and social inequalities, including premature death from cancer heart disease and stroke. Preventing alcohol misuse is therefore an essential component of any health inequalities strategy.

## Recommendations

### Intelligence for commissioning
- Local agencies continue to profile the characteristics of people accessing alcohol screening and intervention services, including those who come into contact with ambulance services, A&E and other acute secondary sector services as a result of alcohol consumption. This information will help local commissioners to monitor how well services are meeting local needs, as well as any emerging trends in alcohol misuse in less visible population groups.

### Screening
- Health commissioners and providers establish routine alcohol screening in frontline health services, including A&E and examine trends in alcohol related hospital and ambulance service activity.

### Targeting
- Partners engage with local communities as well as health and social care providers to identify areas or groups with emerging risk or service need, and to raise awareness of alcohol related harm in some of our new communities. For example, the local Polish community is growing and moving into the Ashby area of Scunthorpe, with a new Polish off licence in that area which opened in December 2011.
5. Risk factors
Table 4 below summarises some of the known risk and protective factors for alcohol misuse in this country. This table is drawn directly from a literature survey completed by academic researchers at Southampton University, on behalf of Safer Portsmouth Partnership in 2009 and encompasses a broader range of risk factors than those included in the Local Authority Alcohol Profiles (LAPE), produced annually by the North West Public Health Observatory.

**Table 4**

Key risk and protective factors for alcohol misuse

<table>
<thead>
<tr>
<th>Contexts</th>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Males</td>
<td>● Female</td>
</tr>
<tr>
<td></td>
<td>● Holding strong positive expectancies for alcohol’s effects</td>
<td>● No stressful events</td>
</tr>
<tr>
<td></td>
<td>● Violent forms of emotion coping</td>
<td>● Late-age initiation</td>
</tr>
<tr>
<td></td>
<td>● Number of stressful events</td>
<td>● Non-violent forms of emotion coping</td>
</tr>
<tr>
<td></td>
<td>● Those experiencing stress</td>
<td>● Older adults</td>
</tr>
<tr>
<td></td>
<td>● Earlier age initiation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Younger adults</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Middle aged</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Persistent offenders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Downwardly mobile men</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>● Parental use</td>
<td>● Good parenting</td>
</tr>
<tr>
<td></td>
<td>● Social disadvantage</td>
<td>● Married couples</td>
</tr>
<tr>
<td></td>
<td>● Maternal alcohol use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Disadvantaged social circumstances, including homelessness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Threat of marital dissolution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Divorced or separated marital status</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Those from poor households</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>● Living in deprived areas</td>
<td>● Social disapproval</td>
</tr>
<tr>
<td></td>
<td>● Easy availability of alcohol</td>
<td>● Expensive</td>
</tr>
<tr>
<td></td>
<td>● Low cost (alcohol)</td>
<td>● Inaccessible</td>
</tr>
</tbody>
</table>

Source: Portsmouth Alcohol Misuse Needs Assessment Study Report, Professor Tara Dean and Dr Saseendran Pallikadavath, July 2009
Key Messages

- The risk and outcome profile for alcohol misuse in North Lincolnshire (see appendix), developed by the North West Public Health Observatory, suggests a growing problem of alcohol misuse in North Lincolnshire, in line with national trends. Two risk indicators where North Lincolnshire scores significantly above the national average are alcohol related hospital admissions and the proportion of local employees working in bars; a high risk group for alcohol dependency.

- Other risk factors for alcohol misuse where North Lincolnshire performs worse than the national average include, earlier than average initiation of alcohol consumption amongst children and young people, and a younger than average age when young people engage in binge drinking. This suggests that earlier intervention with young people and families to tackle alcohol dependency and other social problems should be prioritised locally.

**Figure 1**
Which of the following has happened to you under the influence of alcohol in the last year? 2010 (% 11-15 year olds in North Lincolnshire)

![Bar chart showing various outcomes of alcohol use](chart.png)

Source: ALS, 2010

- Excessive alcohol consumption amongst the very young is often a marker for other social problems, including poor parenting and disengagement from school. Drinking to excess, especially in public places, also carries the additional risks of engagement in crime and disorder, illegal drugs, and significant harm, including injury, assault and unprotected sex.

- Many of these young people and their families will already be known to statutory services, suggesting that earlier, consistent and integrated interventions with families as well as with young people to prevent and manage risky behaviours may be required. This might involve extending the delivery of alcohol interventions to trained non specialists in partnership with other agencies, including, youth workers, connexions workers, school nurses and other health professionals, in collaboration with parents.

- Parents have a key role to play, both in setting an example to their children, but also in limiting their access to alcohol. The most common source of alcohol for adolescents locally is parents, followed by friends. NICE guidance emphasises the importance of providing information and guidance...
parents on alcohol use amongst young people. This may need to be reinforced locally and should emphasise the health harms to young people of alcohol consumption and the longer term physical, mental and social risks of alcohol dependency.

- There is ample local and national evidence of the link between poor sexual health and alcohol consumption amongst young people, especially binge drinking. Future developments in both alcohol and sexual health services should examine how prevention messages, screening and treatment services can be integrated to address these issues jointly.

- There is also evidence of increasing prevalence of other risk factors for alcohol dependence in our population, including rising youth unemployment, rising homelessness amongst vulnerable populations, and increasing social isolation amongst our growing 50+ population.

- All of these factors suggest that alcohol awareness and training should be extended across all public and 3rd sector services, and involve a much wider group of people than are currently engaged in screening and interventions, including employers, benefits agencies and training providers.

- It also suggests a growing need for training, employment and volunteering opportunities for young people, as well as social networking opportunities for older adults.

- The role of alcohol and drugs in criminality is well established. Currently, there is no alcohol arrest referral scheme in North Lincolnshire, although some offenders who abuse alcohol and drugs may be referred for treatment via the drug referral scheme.

- Young people aged 16-22 years account for 36% of all recorded crimes in North Lincolnshire and are a target group for the prevention of reoffending. Given the role of alcohol and other substances in offending and reoffending behaviours, this group would seem to be a priority for alcohol treatment and recovery services.

- The links between alcohol misuse and homelessness are well known. Currently there is a core group of up to 40 younger and older adults with acute accommodation needs in North Lincolnshire. Many of these adults also have very severe alcohol and drug misuse problems and require targeted support including residential accommodation to help them engage with specialist treatment and recovery services.

- Local data suggest that homelessness is rising in North Lincolnshire.

- The latest JSIA for North Lincolnshire illustrates the link between the local night time economy and recorded violence against the person offences, the highest density of such offences being in the town centre area of Scunthorpe North, and specifically those premises located around the Britannia Corner area of the town.
Figure 2
Alcohol specific hospital admission rates and vulnerability score by neighbourhood in North Lincolnshire, 2010/11

- There is also increasing national and local evidence of the link between availability of alcohol and alcohol related health harm, suggesting that health data should routinely inform licensing decisions.

- As of November 2011, health agencies became statutory consultees in local licensing decisions.

Recommendations

Training
- Awareness of alcohol issues amongst frontline children, adult social care and health staff, as well as training on screening and intervention approaches may also need to be reinforced and extended to include private and 3rd sector providers.

- This should include professionals who deal with people who are socially isolated are trained to deliver IBA eg mental health practitioners, bereavement counsellors, job centre plus staff, district nurses, carers’ support and home care workers.

Targeting
- The strong correlation between alcohol related hospital admissions and other measures of vulnerability employed by the JSIA, suggests that these areas could also usefully be targeted for alcohol harm reduction, and specifically for targeting community based alternatives to hospital admissions in areas of high deprivation, social isolation and crime.

- Approaches which support and strengthen family and community resilience and help mobilise community assets and strengthen social networks should be encouraged and facilitated in high risk areas.

- Access to and maintenance of permanent accommodation is a key prerequisite for alcohol dependency recovery and an indicator of successful
treatment outcomes for people with alcohol misuse problems. Housing needs should be identified at the beginning of care plans within the Community Alcohol Services and addressed appropriately.

**Intelligence for commissioning**

- There is increasing evidence of the relationship between density of licensed premises and alcohol related health harm. Health partners should routinely contribute to local licensing decisions, including the designation and monitoring of cumulative impact areas. This should include robust timely and detailed ambulance and other alcohol related health data from providers.
6. Vulnerable groups

This section summarises the impact of alcohol on particularly vulnerable groups, including children, pregnant women and unborn babies, older people, and people with long term conditions, people with mental health problems, offenders and people with other substance misuse problems. Section 8 considers the overall burden of disease across the population at large.

Key messages

Children and Young People

- Until recently less attention has been paid to the short and long term health risks associated with young people’s alcohol consumption. Yet these risks are considerable, including cancer of the mouth and throat, sexual and mental health problems, liver cirrhosis, (which is increasing amongst young people in their 20s) and heart disease. Research also suggests that drinking alcohol in adolescence can harm the development of the brain.
- Young people who drink are also much more likely to be involved in accidents, to get involved in violent episodes, to use illegal drugs or solvents, to have unprotected sex and/or unwanted sex, to truant from school and to be excluded.
- In 2009, the Chief Medical Officer for England published specific guidance on the consumption of alcohol by children and young people. The advice was that:

<table>
<thead>
<tr>
<th>CMO Guidance on consumption of alcohol for children</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>An alcohol-free childhood is the healthiest and best option;</strong></td>
</tr>
<tr>
<td>• <strong>If children do drink alcohol, they should not do so until at least 15 years old;</strong></td>
</tr>
<tr>
<td>• <strong>If 15 to 17 year olds drink alcohol, it should be rarely, and never more than once a week. They should always be supervised by a parent or carer;</strong></td>
</tr>
<tr>
<td>• <strong>If 15 to 17 year olds drink alcohol, they should never exceed the recommended adult daily limits (3-4 units of alcohol for men and 2-3 units for women).</strong></td>
</tr>
</tbody>
</table>

- These guidelines are commonly exceeded. In a recent national survey, one in three 15 year olds reported consuming more than 10 units of alcohol in their last drinking session.
- In 2010, more than one in four North Lincolnshire 14 year olds and more than one in three 15 year olds said they had been drunk at least once in the previous 4 weeks, with girls slightly outnumbering boys at this age. This is slightly above the national average for that year.
Overall, 16% of 11-15 year olds in North Lincolnshire said they had been ill as a result of drinking alcohol in the last year, including a third of 15-16 year olds. 1% said they had been so intoxicated they had attended A&E or been admitted to hospital.

In 2010, 4% of 11-15 year olds and 10% of 15 year olds in North Lincolnshire said they had had unprotected sex whilst under the influence of alcohol in the last year, whilst 3% and 9% said they had tried drugs or solvents. Rates of risk taking were highest amongst young people on free school meals.

Currently alcohol contributes to 5% of young people’s deaths in this country – 1.4% more than in the adult population. Between 2002 – 2007 alcohol-related hospital admissions for under-18s increased by 32% in this country, with an average of 36 children a day admitted to hospital due to alcohol related harm.

The number of A&E attendances of children recorded as due to alcohol intoxication in North Lincolnshire is about 35 a year. In the last financial year (2010/11) 16 of these attendances resulted in a hospital admission at an annual cost to the NHS of at least of £25,455. This is likely to underestimate the total number of attendances associated with alcohol
misuse amongst this age group, which is likely to include some admissions for accidental injury, hypoglycaemia, complications with diabetes, or epilepsy, which may not be recorded as alcohol related in hospital attendance and admission data.

Safeguarding issues

- NICE recommends that „any professional with a safeguarding responsibility, who regularly comes into contact” with children and young people aged 10-15 at risk from their alcohol use should take action. NICE also recommends that identification and intervention with 16- and 17-year-olds should be undertaken by „health and social care, criminal justice and community voluntary professionals in both NHS and non-NHS settings who regularly come into contact with this group.
- The guidance also specifically recommends that health professionals in the NHS consider referral to young people’s alcohol services when the appropriate level of risk is present. Currently, the school nursing service receives details about all school aged children who attend A&E, with further referrals to specialist services being made where required. In the first 6 months of 2011, 14 North Lincolnshire young people were referred to Delta services by a school nurse following a substance misuse related A&E attendance. It is possible that more were referred through other routes, for example, via their GP, family or self referral.
- Referral pathways require safeguarding thresholds as well as protocols for consent and information sharing, which can vary across the country – so there is no way of knowing whether this level of response is typical or not.
- It is not known how many young people were referred from PCSO contact with young people in hotspot drinking areas.

Alcohol dependence amongst young people

- Longitudinal studies show that people who binge drink in adolescence are more likely to binge drink as adults. In addition frequent drinking and binge drinking have been shown to increase the risk of developing alcohol dependence in young adulthood.
- Nationally it is estimated that the prevalence of alcohol dependence in young people aged 10-15 is about 0.11%; equivalent to about 12-13 young people a year in North Lincolnshire. Amongst 16-19 year olds, 1.4% are estimated to be moderately dependent on alcohol. This equates to 112 young people in North Lincolnshire.
- Although this is a relatively small number, the long term cost of these young peoples’ alcohol dependence should not be underestimated, including the cost to the NHS, mental health services, children and family services, the benefits agency, the criminal justice system and so on.
- In North Lincolnshire an average of 10 new young people a month under the age of 19 access this specialist support through North Lincolnshire’s DELTA young people’s service. These young people are commonly heavy cannabis users, who are also misusing alcohol as well as some other drugs, such as amphetamines. This growth in poly drug use is in line with national trends.
- The most common referral route into DELTA is via the education service, 43%, followed by the youth offending team, 34%. The vast majority of
young people referred are males aged 14-17 years. Only 17% of DELTA clients in 2010/11 were young women.

- The vast majority of these young people were either in alternative education, 39%, or were not in education training or employment, (NEET), at the time of referral. Only 22% were still attending mainstream schools.
- The highest concentrations of young people in the North Lincolnshire service are found in our most deprived wards; the highest rates being in Ashby, Crosby and Park and Brumby wards. However, drug and alcohol problems amongst the young are not confined to urban areas, with service users in each of our rural areas.
- Nationally and locally, the number of young people accessing drug and alcohol treatment services is falling. This may be due to a recent dip in the adolescent population generally; a decline in the number of young people using Class A drugs, as well as more effective and earlier preventive interventions.
- It would be useful to investigate how many young people with alcohol and drug problems go on to access adult treatment services.
- PHSE and its place within the national curriculum is currently under review nationally, so it is possible that the guidance for schools will change. In the meantime, whilst alcohol education is firmly embedded within PSHE and drug education, it remains non statutory and so there are inconsistencies in the way that this is delivered both locally and nationally, with many schools using non specialists to deliver the training.
- Given the clear links between alcohol consumption and other risk taking behaviours amongst young people, and the evidence of earlier initiation of binge drinking amongst young people in North Lincolnshire, the delivery of alcohol education and involvement of parents and young people in this would seem to be a priority locally.

Children and young people affected by adult alcohol misuse

- Whilst large numbers of children routinely experiment with alcohol, some groups of children are particularly vulnerable to suffering significant harm from alcohol and substance misuse. Because of familial use they may also view excessive drug or alcohol use as “normal” and begin experimenting at an earlier age than their peers, (see also section 5 on child and parental drinking).
- Recent national research suggests that 2.6 million children across the UK are living with parents who are drinking at higher risk levels, and 705,000 are living with dependent drinkers. Applying estimated rates of prevalence to the North Lincolnshire population suggests that as many as 6%, 1680, children resident in North Lincolnshire may be affected by their parents’ alcohol dependency. Women who have experienced domestic abuse (including mothers) are at particularly high risk of alcohol dependency.
- Children whose parents misuse alcohol can suffer a range of poor outcomes, including behavioural and psychological problems, poor educational attainment, low self-esteem, offending behaviour, exposure to sexual exploitation and domestic abuse, self harm, as well as the normalisation of alcohol misuse, and the much higher risk of alcohol dependency themselves in later life.
• There is also national evidence of strong links between parental substance misuse, child protection plans, care proceedings and adoption.
• The 2003 report, „Hidden Harm“, recommended compulsory specialist training for social workers on the impact of substance misuse on children. This was reinforced by the findings of the Laming Review of Social Work, (2009), which highlighted the issues of alcohol, drugs, domestic abuse and mental health in serious case reviews.
• The more recent Munro Review, 2011, highlighted parental substance misuse as the most frequent parental factor in long term children and family social work, affecting an estimated 34% of all long term cases. Whilst local data on this is not yet available, one of the performance indicators in the draft indicator set, is the rate of referral of children where parental alcohol misuse is a significant factor.
• The cost implications of parental alcohol misuse for services and for families are unknown. Nationally it is estimated that between 15% to 45% of children’s social work cases are alcohol related.

Young adults, alcohol and sexual health
• According to a new report from the Royal College of Physicians (RCP) and the British Association for Sexual Health and HIV (BASHH), 16-24 year olds make up 12% of the population, yet account for almost half of all STIs diagnosed in sexual health clinics. This age group are also most likely to binge drink, and amongst females, have the highest average weekly alcohol consumption of any age group.
• This report reinforces other national and local evidence linking alcohol consumption to poor sexual health in the young, (see section 9). In particular it highlights that:
  • 82% of 16-30 year olds report drinking alcohol before sexual activity
  • People who drink heavily are more likely to have unprotected sex with multiple partners
  • Local sexual health services have more than 7000 contacts with 16-24 year olds each year in North Lincolnshire. These contacts present NHS staff who work with young people with an opportunity to communicate key messages about alcohol and deliver brief interventions to this age group.

Women
• Even allowing for differences in body weight, a woman will attain a higher blood alcohol concentration than a man from the same amount of alcohol. Women are also at greater risk of liver damage than men at lower levels of drinking, because of higher fat content. Hence the lower daily levels recommended for women. Additional health risks associated with higher risk drinking amongst women include an increased risk of:
  • breast cancer
  • osteoporosis
  • infertility
  • miscarriage and stillbirth
  • increased risk of sudden infant death syndrome
Although men continue to drink more than women and are more likely to present with alcohol related health and social problems, the gap between male and female consumption has narrowed recently, with a particularly marked increase in consumption amongst young women, especially young professional women. Amongst 16-24 year old women the proportion nationally exceeding recommended daily limits more than doubled between 1988 – 2003.

Those women at particular risk include:

- Female lone parents with children
- Adult women living with one parent
- Single, separated and divorced women
- Women fleeing domestic violence (see further below for more information)

Currently women make up a third of the alcohol dependent population, an estimated 260 women in North Lincolnshire, and a third of the treatment population, 86 women in 2010/11.

In 2010/11 150 North Lincolnshire women were admitted to hospital for treatment with an alcohol specific disease, whilst 6 women died of alcoholic liver diseases over the same 12 month period.

Pregnant women

- Following revised guidelines published by the Chief Medical Officers in 2006 and advice from the National Institute of Health and Clinical Excellence (NICE), current guidance for pregnant women in England is that: pregnant women or women trying to conceive should avoid drinking alcohol; if they do choose to drink, to minimise the risk to the baby, they should not drink more than one to two units of alcohol once or twice a week and should not get drunk.
- NICE additionally advised that the risks of miscarriage in the first three months of pregnancy mean that it is particularly important for a woman not to drink alcohol at all during that period and preferably pre conception.
- Information on drinking in pregnancy is not gathered locally but is collected nationally as part of the Infant Feeding Survey (IFS). Applied to the local population of childbearing women, this suggests that as many as 1,100 women may continue to drink alcohol during pregnancy each year in North Lincolnshire, albeit at low levels, with 140 drinking more than two units of alcohol a week. It is not known how many local women exceed this threshold.
- Currently there is no formal screening of pregnant women for alcohol misuse and no formal pathways in place for women with moderate to severe dependency in Northern Lincolnshire and Goole Hospitals. Whilst the hospital sites in the acute trust share a specialist substance misuse midwifery post, the majority of referrals she receives are from the drug treatment service, rather than from midwifery.
- Given the increasing consumption of alcohol amongst women of child bearing age, we should expect the risk of heavy drinking in pregnancy to rise, with an increased risk of FASD amongst newborns, locally and nationally.
Foetal Alcohol Spectrum Disorders (FASD)

- The annual incidence of FASD in England is unknown. Data are limited, and do not always encompass the whole range of disorders that fall within the spectrum. National research suggests that the current coding of FASD at birth only captures about a tenth of infants affected each year.
- In North Lincolnshire, there was only one infant recorded as having FAS (based on hospital episodes with a FAS code) in the last 5 years. Nationally, it is estimated that there are approximately 6000 school aged children in the country affected by FASD.

People with mental ill health

- National and international research studies suggest that alcohol dependence is at least twice as high amongst people with psychiatric disorders than amongst the general population. In one UK study more than 40% of those presenting with first episode psychosis showed signs of alcohol abuse or dependence.
- Conditions in which people may try to use alcohol to cope, with resulting problems, include, depression, anxiety, obsessive-compulsive disorders, manic-depressive illness, schizophrenia. The risk of alcohol problems is also known to be raised in those with a history of sexual abuse in childhood.
- The condition most clearly associated with alcohol abuse and dependence is anti-social personality disorder (ASPD). People with ASPD are estimated to have 21 times the average population risk of experiencing alcohol abuse or dependence. In the UK, drinking at hazardous levels has also been shown to be more likely in those with ASPD. This compares with: Schizophrenia – 3 times the population average risk of alcohol dependence; Depression and affective disorders -1.9 times the average population risk of alcohol dependence; Anxiety 1.5 times the average population risk of experiencing alcohol dependence.
- In addition, self harm and heavy drinking are often linked. In the UK, alcohol plays a part in up to 65% of suicides, whilst in a Scottish study, 27% of men and 19% of women cited alcohol as the reason for their self harming.
- In North Lincolnshire all adult mental health staff are trained in using the Audit tool and IBA and use these routinely in their assessments, with an ongoing training programme to ensure that staff are kept up to date on alcohol related issues. However, relatively few mental health clients are referred into alcohol treatment services each year, suggesting some potential missed opportunities for intervening early, before significant health harm sets in.
- Where dual diagnosis is indicated, this tends to be with people in their 40s and 50s whose alcohol dependency is relatively well advanced and who also have significant physical co morbidities. We were told that alcohol misuse tends to be perceived by staff as less of a problem amongst younger clients, compared with drug misuse, in spite of the association with psychosis.
- There are clear pathways into community based alcohol treatment services form mental health services and where patients present with possible dual
diagnosis, mental health staff undertake joint assessments with the CAS. This relationship works well.

- However problems can arise when people present to mental health services in crisis and require access to urgent inpatient detoxification within a medical setting. There is currently no formal pathway into inpatient beds in Scunthorpe General Hospital which can present risk management issues, particularly for those presenting with acute mental illness, alcohol withdrawal and other co-morbidities.

**Alcohol and Dementia**

- There is a strong link between alcohol misuse and early onset dementia, with an increased risk of Korsakoff’s syndrome, which is an alcohol related form of dementia. Although the number of sufferers is small, this syndrome is estimated to affect about 1 in 6, (17%), of all seriously dependent drinkers – an estimated 16 people at any one time in North Lincolnshire.
- Many of these sufferers are likely to require long term care and support including institutional care. This has implications for the organisation and delivery of dementia prevention, diagnosis and support services as this group are younger than average and may have few informal support networks.
- There is also evidence that prolonged alcohol misuse is associated with an increased risk of vascular dementia.
- All people accessing older people’s mental health services in North Lincolnshire are screened for alcohol dependency as part of the standard CPA assessment in mental health. We were told that the numbers who screen positive for alcohol dependency are very low, with very few referrals each year into the CAS.
- The concern is that as the large cohort of people currently in their middle years ages, that the number of people presenting to older people’s services with alcohol related mental health problems will increase.

**Alcohol and drug misuse**

- Alcohol misuse is often associated with other substance dependencies, including tobacco and illegal drug misuse. According to NTDMS data, 13% of those in drug treatment in 2010/11 in North Lincolnshire also had alcohol dependency. However as people complete drug treatment it is not uncommon for alcohol to replace the „drugs high”, leading to other dependency problems.

**People who have suffered domestic abuse**

National research studies suggest that

- 1:4 women experience domestic abuse in their lifetime
- One third of all domestic abuse incidents are alcohol-related
- Three quarters of children in households where there is domestic abuse have witnessed the abuse
• Victims of domestic abuse are 15 times more likely to drink problematically than the general population
• Between 70% and 90% of clients in alcohol treatment services are/have been involved in domestic abuse as perpetrators or victims/survivors
• Local data suggest a strong link between alcohol and domestic abuse, with many victims having alcohol issues themselves, often as a way of coping with their abuse. In 2011, an estimated 59% of women fleeing domestic abuse in North Lincolnshire had alcohol problems, 30% were also on a drug management programme and 59% had mental health problems. It is not known how many of these women were referred for alcohol treatment services and or support.

People with Long Term Conditions

• Alcohol adversely affects hypertension, diabetes, heart disease and mental health, medicines compliance and overall recovery from long term conditions. Nationally it is estimated that 2% of all long term conditions prevalence can be attributed to alcohol consumption and up to 2% of premature deaths, with higher proportions amongst the most deprived populations.
• Applied to local populations this suggests at least 800 people are living with a long term condition in North Lincolnshire that could be attributed to alcohol misuse.
• Supporting people with long term conditions to adopt healthier lifestyles, including reducing their alcohol intake, can halt the development of co-morbidities and aid the overall management of long term conditions. Yet alcohol intake as a risk factor is not well recorded in primary care.
• Given the role of lifestyle risk factors in the development and continuation of ill health and further co-morbidities, this highlights the importance of making the most of patient reviews to ensure that information is up-to-date and that appropriate and timely interventions, including IBA can be offered.

Older people

• The proportion of people in their 60s and 70s drinking over the recommended limits is rising. Nationally it is estimated that 3% of men and 0.6% women aged 65-74 are alcohol dependent. Applied to North Lincolnshire this suggests at least 230 male and 50 female dependent drinkers amongst our older population.
• It is thought that 2/3rds of these older problem drinkers have had an early onset of alcohol misuse. They are therefore likely to need more intensive support than brief interventions.
• Consumption patterns suggest that the „baby-boomer“ cohort will have higher levels of alcohol consumption in old age than previous cohorts of older people – so we should expect the number of older dependent drinkers to increase.

• As with children, the risks of alcohol consumption are much greater amongst older people, compared with younger adults, with equivalent levels of alcohol consumption giving rise to a higher blood alcohol
concentration. Yet, unlike children and pregnant women, there are no specific consumption recommendations for older people in the UK.

- Older people tend to drink at home, are often alone when they drink and may be very discreet about how much they are drinking and about their personal problems in general.
- Each year there are an average of 90 hospital admissions of people aged 65+ with alcohol specific conditions in North Lincolnshire.

Figure 5;
No of alcohol specific admissions in North Lincolnshire of people aged 40+ by age and sex, 2010/11

- The number of admissions related to alcohol is likely to be much greater than this. The Royal College of Physicians suggest that up to 60% of older people admitted to hospital for confusion, falls at home, chest infections and heart failure may have unrecognised alcohol problems. Applied to local hospital admission data for 2010/1, this suggests an estimated 1050 unscheduled hospital admissions of older people each year may be linked to alcohol use.
- The reasons why alcohol problems of older people may be overlooked by professionals include:
  - Lack of identification by healthcare professionals, for example failure to assess for alcohol problems when people attend A&E for falls
  - Poor liaison between the NHS and local alcohol services
  - Ageist attitudes amongst professionals, with excessive drinking not seen as a problem beyond a certain age
  - Similar attitudes amongst an older person’s family, supporting alcohol misuse as a pleasure and comfort to an older person felt to have little else in their life (Alcohol and the Elderly, Institute of Alcohol Studies, 2010)

- Alcohol Concern have highlighted a number of reasons why older people themselves may not wish to, or feel able to access alcohol treatment services before significant health harm occurs: They included;
  - Shame and stigma attached to admitting an alcohol problem
• Negative images of substance misuse services, and a perception that they cater mostly for younger clients and users of illegal drugs.
• A lack of older staff in some alcohol services, with older clients perhaps less likely to relate to younger staff.
• Increasing normalisation of drinking in older people’s social circles.
• Denial of any problem, supported to some extent by the wider society’s denial of older people’s drinking as an issue.
• Contradictory information about the benefits and harms of alcohol use, with persistent suggestions in the media that small amounts of alcohol (particularly wine) may promote good health.
• Alcohol as a pain management choice.
• Poor transport.

(Survey of Alcohol Services in Wales, June 2010, Alcohol Concern, Wales).

Offenders entering and leaving prison
• Exact figures on the number of people entering prison with alcohol problems are not available. The most comprehensive study of alcohol and substance misuse amongst prisoners was conducted in 1999 and looked at alcohol and drug use in the 12 months prior to them entering prison. According to this survey, the prevalence of medium to severe alcohol dependency is almost five times that of the general population, with 50% of these drinkers also using other substances, 20% of them opiates.
• Best practice guidance suggests that all offenders with identified alcohol misuse needs who are due to be released from prison on licence, should have as part of their licence condition a requirement to address their alcohol problems, for example, by attending an accredited intervention programme. Offenders can also access community alcohol services under general licence conditions, or be referred on a voluntary basis.
• In 2010/11, the Community Alcohol Service in North Lincolnshire received 68 referrals from the Probation Service of which 52 were associated with alcohol treatment requirements, (ATRS) served to offenders as part of their community service sentence.
• It is not known how many of the remaining 16 people referred had recently left prison.

People who are Homeless
• This high risk group is covered in Section 5.
Recommendations

Training

- All carers and professionals working with vulnerable children and young people should be trained to recognise alcohol misuse and where necessary refer children and young people to specialist services.
- Clinicians providing sexual health services to young people under 25 years should be trained in asking about drinking habits through the use of a recognised screening tool.
- New commissioning arrangements should ensure that the service specifications for sexual health in primary care and specialist services include opportunistic alcohol screening and brief interventions for young adults.
- This should include professionals who deal with people who are socially isolated are trained to deliver IBA eg mental health practitioners, bereavement counsellors, job centre plus staff, district nurses, carers’ support and home care workers.
- Services dealing with sexual health or substance misuse services should be encouraged to provide seamless support for young people who may present with a sexual health or an alcohol problem, recognising that they may have problems with both.
- The degree of engagement of young adult offenders with alcohol and drug treatment services should be explored, to ensure that each receives a holistic package of care, and that opportunities for early intervention are not missed.
- Clinicians providing sexual health services to young people under 25 years should be trained in asking about drinking habits through the use of a recognised screening tool.
- Mental health providers continue to support training on alcohol misuse, health harms and dual diagnosis to ensure that all opportunities to intervene early and reduce health harm amongst people with mental health problems are taken.

Screening

- Routine alcohol screening and IBA should be introduced in midwifery at first book-in alongside smoking and obesity screening.
- A & E staff work in partnership with Delta to ensure that opportunities to identify and intervene early and prevent harm amongst children and young people are taken.
- The newly appointed Public Health midwife and the existing teen pregnancy midwife should take a lead on ensuring that training and service pathways into alcohol and drug treatment services are up to date, and streamlined with smoking and obesity pathways.
- People fleeing domestic violence are at particularly high risk of alcohol and drug misuse and should be a priority group for treatment.
People working with victims and perpetrators of domestic abuse should be screening for alcohol misuse and referring to the CAS where appropriate. This should include people working with parents of vulnerable children.

Targeting
- A coordinated public health approach to primary and secondary prevention of alcohol related harm is embedded across all health commissioning groups, including QiPP programme boards and the Long Term Conditions team.
- Currently there is no alcohol arrest referral scheme in North Lincolnshire. Yet offenders aged 16-24 account for more than a third of all recorded crime and at least half are known to have significant alcohol and drug misuse problems. This client group should remain a priority for alcohol treatment services. This might also mean exploring new venues for targeting high risk groups, including criminal justice settings, in order to engage more offenders in voluntary treatment programmes, including those leaving prison.
- Currently, GP practices are encouraged to screen only those adult patients who newly register with their practice. Given the age profile of newly registered patients it is not surprising that positivity rates are low. Targeting screening at those patients with a recent unscheduled admission for falls, confusion, hypertension or epilepsy, as well other alcohol attributable conditions, might reach more people at risk of harm.
- Alcohol consumption should be considered in patient reviews of people with long term conditions to ensure that information is up-to-date and that appropriate and timely interventions, including IBA can be offered.
- Providers consider adopting a lower threshold for intervention for older people, including assisted alcohol withdrawal.
- New commissioning arrangements should ensure that the service specifications for sexual health services in primary care and specialist services include opportunistic alcohol screening and brief interventions for young adults.
- It would also be useful to involve the Community Alcohol Service in the development of the Changing Places project.

Intelligence for commissioning
- The acute hospital trust continue to improve the recording of alcohol related attendances and admissions of young people.
- Better intelligence on the link between alcohol consumption, teen conceptions, STIs and A&E attendances is developed locally to inform local work on the prevention of risky behaviours, including teen conceptions, amongst young people.
7. Public attitudes and awareness

**Key messages**

- Alcohol misuse by children, young adults and parents lacks the profile of illicit drug misuse and therefore the harms are often overlooked by the public, parents, children and young people.

- Awareness of alcoholic units is growing but is lowest amongst older people, who are also more likely to drink at home and in unmeasured volume.

- In spite of recent advertising campaigns there is little evidence that the Government’s guidelines on recommended drinking are affecting behaviour.

- Public awareness of the health harms associated with alcohol misuse are less well known than social harms. Hence the recent recommendation from the Health Select Committee that all public communications from the public sector, 3rd sector and alcohol industry should emphasise the specific health risks associated with exceeding recommended levels of consumption.

- The public’s attitude to alcohol is ambivalent. On the one hand they support the view that people in this country drink too much, yet they are less supportive than other European countries of Government intervention.

![Figure 6](image)

**Adults’ attitudes to alcohol control and policy in North Lincolnshire, 2008**

Source: Great Drinks Debate, 2008
Recommendations

Communication

- A social marketing project is launched to address alcohol awareness and the impact that parental drinking and unmonitored access to alcohol within the home may have on young people’s drinking habits and their health and wellbeing. This should be developed in consultation with parents and young people.

- Schools colleges, and public health partners should ensure that the health risks associated with alcohol consumption continue to be highlighted in school and college alongside the safeguarding, behaviour and sexual health agenda, in a consistent way.

- This should include the health harms associated with “pre loading”, combining alcohol with drugs and the harm to a developing foetus.

- Agencies should also target parents for awareness and education on the health harms associated with alcohol consumption and young people, including information on how to access support, especially in identified areas of high need.

- Sexual health services for under 20s provide information that highlights the link between alcohol consumption and poor sexual health outcomes and signpost sources of useful advice on drinking sensibly.

- This should be reinforced within the Family Nurse Partnership programme.

- Older people are at increasing risk of alcohol related harm. We need to ensure that this vulnerable group are aware of the health risks, especially those on medication, and that carers are aware of how to signpost people into relevant services. Older people living alone, as well as relative carers may be particularly vulnerable.

- Local retailers and magistrates will also need to be educated on the health harms associated with alcohol misuse and the links with other risky behaviours amongst young people, to ensure that licenses are not breached and where they are, that appropriate sanctions are imposed, especially on repeat offenders.

- Partner agencies should ensure that their own workforces are aware of the public health messages and know how to access appropriate support, Sexual health services for under 20s provide information that highlights the link between alcohol consumption and poor sexual health outcomes and signpost sources of useful advice on drinking sensibly. This should be reinforced within the Family Nurse Partnership programme.
8. Health impact of alcohol misuse

Key messages

- In 2010/11 there were a total of 717 hospital admissions in North Lincolnshire of patients with an alcohol specific condition. Of these, 135 were planned admissions and 582 unplanned, representing just over 10% of all unplanned hospital admissions in that year. This is slightly less than in 2009/10 when there were 606 unplanned admissions. Of this number, over a third of patients had already had at least one emergency admission in the previous 12 months.

- Men are far more likely to be admitted to hospital with these chronic conditions, outnumbering women by more than 2:1. The numbers are greatest in those aged 30 – 60 years of age. However all age groups are vulnerable, including the very young and the very old.

- Of these, 16 admissions were of under 18s with acute alcohol intoxication in North Lincolnshire, including 6 admissions of under 15s. Most of these admissions were very brief, (overnight or a few hours).

- The highest number of admissions were recorded amongst men in their 40s and 50s, where they represented between 7-10% of all unplanned admissions of that age.

Figure 7; No of unplanned hospital admissions wholly attributable to alcohol in North Lincolnshire by age and by sex, 2010/11

- The highest admission rates were in the Scunthorpe area, specifically Crosby, Frodingham, Town and Brumby wards. Barton ward had the highest alcohol specific admission rate outside Scunthorpe followed by Brigg and Wolds ward.
Hospital admission rates for alcohol specific conditions were twice the local authority average in the most deprived fifth of neighbourhoods, and five times higher than rates in the most affluent 20% neighbourhoods.

There is a rising prevalence of long term conditions in the North Lincolnshire population – which is already above the national and peer group average. Many of these conditions are associated with risky lifestyle behaviours including smoking, heavy drinking, obesity and physical inactivity.

This is reflected in rising numbers of alcohol related hospital admissions in the district which are above the national and peer group average and continue to rise year on year.

In 2010/11 there were an estimated 4012 unplanned hospital admissions which were either partly or wholly attributable to alcohol in North Lincolnshire, giving a rate of 1,990 admissions per 100,000 population, (DSR). This represents an increase of 8% on the previous year and is 32% higher than in 2002/3.
Table 5;
Alcohol related hospital admission rates per 100,000, 2002-2010
(this includes wholly and partly attributable admissions)

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<th></th>
<th>North Lincs</th>
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<td>1,334</td>
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<td>1,522</td>
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<td>1,389</td>
<td>1,473</td>
<td>1,582</td>
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</table>

Source: NWPFO, 2011

- Based on recent growth rates, we should expect the number of alcohol attributable admissions in North Lincolnshire to reach almost 5000 in the next five years, or 2,250 admissions per 100,000 population by 2015.

Figure 10;
Alcohol related hospital admissions per 100,000 population, projected to 2015/16

Source: NHS North Lincolnshire, 2011

- Information on alcohol related health harm is improving but could be strengthened in some areas, including more detailed A&E data, information on repeat admissions, and data on ambulance call outs.

- What local data are available suggests a strong link between alcohol related harm and deprivation, suggesting opportunities for targeting interventions, including at GP practice and neighbourhood level.
Amongst hotspot areas of alcohol related health harm are the wards of Town, Crosby, Ashby and Frodingham, as well as the Westcliff area of Brumby ward.

Some parts of Barton, Keadby and Brigg, also have high rates of alcohol related ambulance call outs, GP prescribing rates and hospital admissions. This suggests a potential need for outreach community alcohol and/or the effective coordination of recovery services in these areas.

Mortality from liver disease is regarded as one of the best barometers of alcohol related ill health. Alcohol specific deaths have risen year on year in North Lincolnshire in line with national trends and most steeply amongst middle and older aged groups. Understandably the focus of much of our attention is on youth drinking. However dependent drinkers in their 30s, 40s, and 50s are at greatest risk of premature death from alcohol misuse.

In 2010 there were 20 deaths of North Lincolnshire residents from these alcohol specific diseases, of which just under a third were women. This is an increase on the early 1990s when there were an average of 10 such deaths a year. It is also greater than the number of recorded deaths from Parkinson’s disease, cervical cancer or road traffic accidents each year in North Lincolnshire.
Mortality rates from these diseases are below the regional average although they are similar to the national average. Of the 19 alcohol specific deaths in North Lincolnshire in 2010, and the further 22 which occurred in 2011, half were of people under the age of 60.

The number of deaths which may be in part attributable to alcohol consumption in North Lincolnshire is more than twice that number, estimated at 32 male and 19 female deaths a year. Amongst people under 35 years the majority of alcohol related deaths are from accidents and self harm, whereas for those in their middle years, the majority are caused by alcoholic liver disease.

Amongst the very old, alcohol attributable deaths tend to be associated with chronic diseases such as cancer and heart disease which are linked with long term alcohol use.

All things being equal, we should expect over the next 10 years and a 5% increase in deaths from alcoholic liver disease. This means that up to 530 people could die of alcohol related diseases in North Lincolnshire over the next 10 years, of which more than 200 will be from alcohol specific diseases like alcoholic liver disease.

If alcohol consumption increases further, the rate of increase will be even higher. Research commissioned by Alcohol Concern suggests that an increase of one litre in per capita alcohol consumption would result in a 10% increase in alcohol specific deaths.

In other words, even if we reduced alcohol consumption now, nationally and locally, we should not expect to see the impact of this reduction on alcohol
related deaths for at least two years from now and in the case of hospital admissions, up to five years from now. Hence the urgency in tackling alcohol consumption amongst high risk drinkers in our population.

- Alcohol misuse also plays a significant role in road traffic collisions and affects all types of road users. A combination of law enforcement and sustained publicity campaigns have substantially reduced the number of alcohol related collisions over the last two decades. Nevertheless, more than 50 people a year are injured on North Lincolnshire roads each year as a result of alcohol, 40 of them seriously. The majority of these are car drivers and passengers. Alcohol related fire casualties

- A UK study of a representative sample of deaths from fire found that in 33% of cases, the victim was under the influence alcohol. The study also found that alcohol impairment was a cause of the fire in 25% of cases, and a factor affecting response to the fire in 26% of cases. Alcohol impairment is often associated with fires at night and at weekends. The study concluded that alongside the immediate causes of a fire (e.g. carelessly discarded cigarettes), alcohol, (lack of) mobility and mental illness were the biggest single influences on whether a fire started and whether it had fatal consequences.

- Humberside Fire & Rescue Services do not currently record whether an incident is specifically alcohol related, any incidences that are recorded are categorised under „suspected under the influence of drugs/alcohol”. During 2010/11 only 11 of 380 (3%) Primary Fires and 7 of 72 (10%) accidental dwelling fires were recorded as „suspected under the influence of drugs/alcohol”. Such low levels of reporting call into the question the reliability of this information. Further work is required to ensure effective information gathering and recording of alcohol related fire incidences.

- Applying the indicative costs estimated by NICE to both types of admissions we arrive at an annual cost of these alcohol related admissions to health commissioners in North Lincolnshire of £8.16 million, of which just over £1 million a year is spent on treating people with chronic alcohol specific diseases such as alcoholic liver disease. If current trends continue, we should expect to spend at least an additional £1.6million between now and 2015 on alcohol related hospital admissions.

**Recommendations**

**Intelligence for commissioning**

- Alcohol related hospital admissions should continue to be monitored by the CCG and the Health and Wellbeing Board under the Public Health Outcomes Framework and form part of the local NHS Urgent Care Dashboard.

- Health intelligence staff in the Council and the NHS continue to work with local health care commissioners and providers on the alcohol data quality
and development agenda, including the delivery of routine performance monitoring reports on hospital admissions and frequent flyers.

- Commissioners work with the East Midlands Ambulance Service and acute hospital sector to improve the quality of A&E and ambulance service alcohol recording.

- Humberside Fire and Rescue Service ensure effective information gathering and recording of alcohol related fire incidences, especially those that result in health harm.

- Local commissioners review the data on locality need and access to treatment and recovery services to identify where services may need to be reshaped, coordinated or targeted more effectively.

**Targeting**

- Northern Lincolnshire and Goole Hospital Trust consider the adoption of a consultant led „Alcohol Care Team” in the hospital to help coordinate an alcohol prevention and treatment programme between the acute and primary sectors, and to identify and advise on the most appropriate management of the most frequent attenders and heaviest users of hospital resources. This team should include public health, primary care and social care representatives.

- Health commissioners and providers embed routine alcohol screening in frontline health services, targeting A&E and key hospital wards in the first instance.

- An enhanced service (LES) is developed with local GPs to deliver alcohol screening and IBA with patients recently discharged from hospital following an admission for long term conditions most commonly associated with alcohol.

- People who have had a brief intervention are routinely followed up to check on their progress and the outcome of the interventions.

**Training**

- Commissioners of alcohol and substance misuse services review which is the most appropriate clinical forum where issues regarding the clinical management and treatment of patients with alcohol and substance misuse problems can be discussed. This might include investigating how GPs can be helped to support patients whose alcohol misuse is being managed outside alcohol treatment services.

- Commissioners and providers ensure all front facing health and social care staff are trained in using Every Contact Counts, Healthy Chats, and where relevant, employ alcohol screening and brief intervention in their work practice. This should include the Ambulance Service, Acute Trust and Fire and Rescue Service.
In particular, hospital providers are encouraged to deliver more widespread use of screening and IBA, especially in A&E triage and to establish alcohol „link” nurses across the Hospital Trust.

Commissioners ensure that the identification and prevention of Wernicke”s encephalopathy is included within awareness raising training within the health and social care workforce.

Training and awareness raising is delivered across North Lincolnshire and with services where engagement with high risk drinkers exist.

9. Social impact

Key messages

- Recent national research suggests that 2.6 million children across the UK are living with parents who are drinking at higher risk levels, and 705,000 are living with dependent drinkers. Applying estimated rates of prevalence to the North Lincolnshire population suggests that as many as 6% children under 16 resident in North Lincolnshire may be affected by parental alcohol dependency.

- Children whose parents misuse alcohol can suffer a range of poor outcomes, including behavioural and psychological problems, poor educational attainment, low self-esteem, offending behaviour, exposure to sexual exploitation and domestic abuse, self harm, as well as the normalisation of alcohol misuse, and the much higher risk of alcohol dependency in later life.

- Currently, 5% of all referrals to children‟s services in North Lincolnshire, involve parental alcohol misuse. There is also evidence of strong links between parental substance misuse, child protection plans, care proceedings and adoption. For example, the recent Munro Review, 2011, highlighted parental substance misuse as the most frequent parental factor in long term children and family social work, affecting an estimated 34% of all cases.

- Assuming that somewhere between 15% to 45% of children‟s social work cases are alcohol related, then the costs to social care are estimated to be in the region of up to £5 million a year in North Lincolnshire.

- Nationally it is estimated that the lives of 3 other people are affected by each person with an alcohol problem, and that half of relationship breakdowns are alcohol related. Applied locally this would equate to more than 14,350 people affected by someone’s alcohol dependency in North Lincolnshire currently.
- Carers of people with drug and alcohol problems can make an important contribution to the recovery of the people they are caring for, and so the welfare of carers is an important part of the alcohol recovery agenda. This means assessing the needs of these carers/significant others and developing spate care plans where appropriate.

- The heaviest drinkers and those with the greatest likelihood of experiencing alcohol problems tend to be concentrated amongst those of working age. Globally it is estimated that 3-5% of the average workforce are alcohol dependent. Nationally it is estimated that alcohol related harm costs an average organisation with 200 employees around £37,634 per annum.

- Some industries and occupations have higher than average risk of alcohol dependency, including bar staff, & others working in the hotel and catering industry, labourers, people who work at sea, and butchers. North Lincolnshire has a higher proportion than average of people working in the bar industry.

- According to a survey undertaken by Reed employment agency in 2004, workers turn up to work with a hangover on an average of two and a half days per year, reducing their productivity by an average of 27% on these days. This equates to each worker losing 0.68 days in productivity per year.

- Applied to North Lincolnshire’s full and part time workforce this means an estimated 45,135 lost working days per year, at an annual cost to the local economy in lost productivity of £8.58 million.

- According to CBI data the average employee takes an average of 7 days a year sick leave, with between 6%-15% being due to alcohol. Applied to North Lincolnshire’s workforce this equates to between 27,880 and 69,690 lost working days per year due to alcohol related absenteeism, at an estimated cost to the employer of £190 per day or between £5.29 million and £13.24 million per year.

- The combined cost of lost productivity and absenteeism in North Lincolnshire is estimated to be at least £13.87 million and could be as high as £21.8 million. Whilst this is a conservative estimate of the total cost to the local economy, it is almost double the estimated cost to the NHS of alcohol related harm locally.

- The links between alcohol and homelessness are well established. A London based survey of 300 homeless people reported that 25% of those surveyed were dependent on alcohol, 63% said drug or alcohol use was one of the reasons why they became homeless, with the longer the length of dependency, the longer the periods of homelessness.

- A more recent national report suggests that alcohol and drug related hospital admissions amongst the homeless have increased by 117% between 2004-2009.
Local data on homelessness suggest that the problem is increasing locally too. The number of people who are actually or potentially homeless in North Lincolnshire has increased year on year. In 2009 there were 7 rough sleepers identified in North Lincolnshire. In 2011, this had risen to 17. In the same year the Housing Advice team dealt with an average of 6,700 referrals regarding potential homelessness, compared with 3,861 in 2006.

In recent years preventive action by local agencies has kept the number of people who actually become homeless low. However, it is anticipated that homelessness will continue to rise in North Lincolnshire as the pressure on the private and social rented sector increases, and as more people are priced out of the housing market.

Currently, local agencies estimate that there are around 40 people with alcohol problems who are either currently homeless, or are at imminent risk of homelessness in North Lincolnshire. These are people who do not meet the criteria for priority need and for whom there are few available/obvious housing options or solutions.

This includes some young adults, as well as older people who are either living in local hostel provision, are offenders who are currently in prison and facing discharge, or are living in the Integrated Offender Management „Approved Premises“ provision, or in other insecure accommodation. Many of these people have been excluded from current provision and some have high levels of rent arrears from previous failed tenancies. They may also have chronic mental and physical health problems as a direct result of their alcohol misuse and homelessness. In 2010/11 there were at least 60 A&E attendances to Scunthorpe General of people recorded as having a chronic alcohol and homelessness problem.

More details on the health impact of homelessness and specially those with multiple needs will be available one the local Homelessness Health Needs Assessment Study is completed.

Nationally it is estimated that alcohol costs the criminal justice system between £8-£13 billion a year. Excess alcohol consumption is associated with alcohol related violence, criminal damage, domestic abuse, crimes of sexual violence, burglary, vehicle and other theft. More generally alcohol is linked to disorder and contributes to people’s fear of crime.

According to the 2010 JSIA, 41% of all assaults with less serious injury and most serious violence offences were alcohol related in that year, a total of 570 offences. The highest rates were committed in Town ward, which has the highest concentration of licensed premises, with rates six times above the North Lincolnshire average, although rates were down on the previous year’s figures. (JSIA, 2010).

This is confirmed in the latest JSIA for North Lincolnshire (2011), the highest density of such offences being in the town centre area of Scunthorpe North, and specifically those premises located around the
Britannia Corner area of the town, (JSIA, 2011). Other hotspots for alcohol related violent offences in 2011 included the Westcliff area (especially the Closes), Brigg Town Centre and the Healey Road area of Frodingham.

- Adults aged 18-25 made up a third of offenders and victims of alcohol related violence in that year, (JSIA, 2010).

- When asked for their perceptions of anti-social behaviour in their neighbourhood, more than 1 in 4 North Lincolnshire residents, (28%) say that drunk or rowdy behaviour on the streets is either a fairly or very big problem in their area. This ranked in 3\textsuperscript{rd} place after „teenagers hanging around” and „vandalism, graffitti and damage to property”.

- A primary response had been put into place to deal with the drinkers, with the police playing a leading role. However, it soon became apparent that enforcement was not the solution as the level of offending was minimal and there were additional complexities involved, including alcohol dependency, poor health and homelessness, which could not be dealt with at a Neighbourhood Action Team level.

- The main problem to overcome with street drinking is the community”s perception of the drinkers and their perception as to what agencies, particularly the police, should be doing about them. There is a lack of tangible evidence to support allegations of drunkenness and anti-social behaviour, such as public urination, although this type of behaviour is often referred to by those who complain about their presence. The problem seems to be that calls for service tend to be generalised, for example, “There are numerous persons opposite the shop drinking and urinating against the wall and it’s putting customers off”.

- Clearly, this restricts the response of the police, as it has proved difficult to determine which drinkers are committing the offences. They are therefore restricted to moving them from the area only for them to return a short time later, leading to frustration by both parties, as the situation drags on.

**Recommendations**

- Continue to promote best practice on workplace policies on alcohol misuse with local employers, targeting small and medium sized enterprises, with high risk occupations & workforces.

- Establish exemplar employers across the safer neighbourhoods, health and wellbeing and alcohol partnership.

- Ensure effective alcohol screening and signposting/referral to the CAS of „street drinkers”.

- Continue to prioritise offenders for alcohol interventions and target young adult males in particular, who account for 1 in 3 of all alcohol related offences.

- Partner agencies continue to support efforts to engage with and respond to the needs of people living in and around the Westcliff Precinct, Keadby and Frodingham area, including those involved in high risk drinking and antisocial behaviour.
• Ensure appropriate use of the Alcohol Treatment Requirements (Community Orders) to drive engagement in treatment with the CAS and to tackle offending behaviour.
• Partner agencies work together to identify and meet the particular needs of relative carers and significant others, including children.
• Agree how best to promote public understanding about the harm associated with their and others street drinking, including the potential harm to children and young people and engage local residents in efforts to prevent this.

10. Economic impact

Key messages
• Alcohol imposes an ever increasing burden on the health service. Such is the scale of this burden that even small reductions in the number of people misusing alcohol could save the NHS, and other services, large sums of money.
• Based on national costings assumptions we estimate the total costs of alcohol misuse to the NHS alone in North Lincolnshire of almost £12 million per annum of which more than 80% is spent on hospital based services. This equates to 4% of the total NHS budget in North Lincolnshire in 2010/11.

<table>
<thead>
<tr>
<th>Costs of alcohol related harm to the NHS in North Lincolnshire, 2010/11</th>
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<tr>
<td><strong>Inpatient episodes directly attributable to alcohol misuse</strong></td>
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<tr>
<td><strong>Inpatient episodes partly attributable to alcohol misuse</strong></td>
</tr>
<tr>
<td><strong>Outpatient attendances</strong></td>
</tr>
<tr>
<td><strong>Dependency prescribed drugs</strong></td>
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<tr>
<td><strong>Primary Care DES (see section 12)</strong></td>
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<tr>
<td><strong>Alcohol Treatment Requirements (Community Order)</strong></td>
</tr>
<tr>
<td><strong>Community Alcohol Service</strong></td>
</tr>
<tr>
<td><strong>Accident and emergency visits</strong></td>
</tr>
<tr>
<td><strong>Ambulance services</strong></td>
</tr>
<tr>
<td><strong>GP consultations</strong></td>
</tr>
<tr>
<td><strong>Practice nurse consultations</strong></td>
</tr>
<tr>
<td><strong>Other health care costs</strong></td>
</tr>
<tr>
<td><strong>Total estimated costs to the NHS</strong></td>
</tr>
</tbody>
</table>


• Implementing key NICE recommendations is expected to deliver significant savings to the NHS, estimated at an average of £650k per year and should also deliver significant savings to other agencies as a result of reduced alcohol consumption amongst higher risk drinkers.
• Data on the costs to other services are not available locally. However, assuming the ratio of alcohol related health care costs relative to other service costs are at least the same locally as they are nationally, we estimate the costs of alcohol related crime and disorder to the criminal justice system and other services of £51 million a year. The costs to the local economy in terms of absenteeism and lost productivity are estimated at between £13.8 million and £21.8 million a year. In total, a minimum cost to local public services and the local economy, (ie. excluding formal and informal care costs) of at least £77 million a year.

Cost effective practice

Primary care
• Results from a series of randomised controlled trials have demonstrated that brief advice from a GP or practice nurse leads to one in eight people reducing their drinking to within sensible levels. This compares well with smoking cessation where only one in 20 change their behaviour. (NICE, 2011³).
• Taking this and other evidence into account, NICE estimated the costs and cost savings to the NHS associated with implementing some of their key recommendations. According to these estimates, implementation of the most recent NICE guidance on alcohol interventions would result in significant savings, estimated at an average of £650,000 per PCT.
• Currently, NHS North Lincolnshire invests relatively small amounts of money in developing the role of primary care in screening and treating alcohol use disorders. It is likely that effective alcohol screening will be identified in the National Liver Strategy as a key action in reducing alcohol related liver disease. In the absence of effective treatment frameworks within primary care, there is likely to be increasing pressure on the capacity of the Community Alcohol Service.

Secondary care
• As at least 80% of the alcohol related costs to the NHS are incurred by hospital care, it makes sense for commissioners to work closely with acute trusts to reduce their alcohol related hospital admissions. A recent QIPP paper published by NICE, focuses particularly on what actions secondary care services could take which might reduce admissions and improve care, (NHS Evidence, NICE, 2011⁵)
• Using the latest healthcare modelling methodology, a number of potential therapeutic interventions were tested by researchers in the North West region with the aim of reducing alcohol related hospital admissions by 5%.
• The model was applied to a District General Hospital serving a population of 250,000 and included targeting two principal patient cohorts for interventions.

³ Business Case: Alcohol Use Disorders: Preventing harmful drinking. NICE, 2011
⁴ Ibid
1. Those staying for less than a day, which in North Lincolnshire accounts for 4130 people a year with unscheduled alcohol attributable admissions. The solution for this group is a 7-day Alcohol Specialist nurse to screen triage and provide brief interventions amongst those with the highest attributable fractions.

2. Those patients with alcohol specific stays of 10 days or more during a year. The suggested solution for this group of repeat users is a hospital based assertive outreach alcohol service. In North Lincolnshire there were 4 patients who stayed for 10 or more days in 2010/11.

- It is estimated that the combined cost benefit for these two initiatives would be £1.6 million for an average sized locality.

- Other cost effective initiatives tried in other areas include a hospital based Assertive Outreach Service, targeting the most frequent A&E attenders. Establishment of a multi disciplinary hospital based Alcohol Care Team, led by a consultant with both a clinical and strategic role and 5 dedicated sessions weekly, who collaborate with Public Health, GP Clinical Commissioning Groups, and service user & patient groups.

**Recommendations**

- Alcohol is prioritised as an invest to save measure within QiPP and partner agency commissioning plans.

- Local health commissioners and providers consider the establishment of an Alcohol Care Team in Scunthorpe General Hospital, along the lines of that recently established in Bolton Royal Hospital, and extend the network of alcohol workers across the acute sector.

- This team consider piloting one of the interventions highlighted in the NHS Evidence publication for reducing alcohol related admissions.
11. Overview of alcohol prevention, treatment and support services

Key messages on national drivers
- In 2013, the responsibility for commissioning both specialist and non-specialist alcohol prevention and treatment services will transfer from PCTs to local authorities.

- Current guidance states that each area should commission a range of tiered services to cope with people who present with different levels of dependency and ensure simple referral routes are accessible from screening points.

  - Tier 1 interventions - alcohol-related information and advice, screening, simple brief interventions and referral
  - Tier 2 interventions - open access, non-care-planned, alcohol-specific interventions
  - Tier 3 interventions - community-based, structured, care-planned alcohol treatment
  - Tier 4 interventions - alcohol specialist inpatient treatment and residential rehabilitation.

- The graphic and narrative which follow in this chapter describe the current provision of services within North Lincolnshire across these different tiers.

Prevention

Pricing
- National and international research suggest that the most cost effective way of reducing alcohol consumption and reducing alcohol related harm is to increase the unit price of alcohol. This is especially effective in reducing consumption amongst young people, higher risk drinkers and binge drinkers, who tend to choose cheaper alcoholic drinks.

- The Coalition Government introduced a minimum cost of £0.40 per unit in March 2012.

- In the meantime, local powers to prevent licensees from selling alcohol at a heavily discounted price are limited to those contained within the Mandatory Licensing Conditions Order, 2010, which prohibits licensees from making „irresponsible“ drinks promotions and discounts to the public.
Regulatory services

Licensing

- Information obtained from North Lincolnshire Council on Alcohol, Entertainment and Late Night Refreshment Licensing records 706 licensed premises in North Lincolnshire in 2010/11. This equates to 4.4 per 1000 population. This compares with 674 premises in 2009/10 and 4.2 per 1000. This compares with 3.4 across Yorkshire and the Humber as a whole and 3.6 per 1000 nationally.
- Density of premises was highest in the town centre of Scunthorpe, in our market towns and in some of the less densely populated rural villages to the north and east of Scunthorpe.

Table 7; Density of licensed premises by ward per 1000 population

<table>
<thead>
<tr>
<th>Ward</th>
<th>Rate per 1000 pop</th>
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<tbody>
<tr>
<td>Town</td>
<td>14.1</td>
</tr>
<tr>
<td>Brigg and Wolds</td>
<td>6.5</td>
</tr>
<tr>
<td>Barton</td>
<td>4.8</td>
</tr>
<tr>
<td>Axholme Central</td>
<td>4.7</td>
</tr>
<tr>
<td>Ridge</td>
<td>4.4</td>
</tr>
<tr>
<td>Burringham and Gunness</td>
<td>4.2</td>
</tr>
<tr>
<td>Ferry</td>
<td>4.2</td>
</tr>
<tr>
<td>Crosby and Park</td>
<td>4.2</td>
</tr>
<tr>
<td>Frodingham</td>
<td>4.1</td>
</tr>
<tr>
<td>Axholme North</td>
<td>4.0</td>
</tr>
<tr>
<td>Ashby</td>
<td>4.0</td>
</tr>
<tr>
<td>Axholme South</td>
<td>3.6</td>
</tr>
<tr>
<td>Burton Upon Stather and Winterton</td>
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</tr>
<tr>
<td>Kingsway with Lincoln Gardens</td>
<td>3.0</td>
</tr>
<tr>
<td>Bottesford</td>
<td>2.5</td>
</tr>
<tr>
<td>Broughton and Appleby</td>
<td>2.2</td>
</tr>
<tr>
<td>Brumby</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Source: North Lincolnshire Council, 2011

- There is substantial national and local evidence of the relationship between density of premises and risk of alcohol related harm, especially alcohol related crime, disorder and public nuisance. There is also emerging evidence of the link with health related harm. However local data on density of licensed premises per 1000 population and alcohol related hospital admissions are not as strongly associated as we had expected, although there are clear links in Scunthorpe town centre and the market towns of Brigg, Barton, and Winterton.
Under the Licensing Act, applicants are required to indicate how they will support the prevention of crime and disorder; public safety; the prevention of public nuisance; and the protection of children from harm.

In addition, a Cumulative Impact policy is currently in force in North Lincolnshire. This policy was first introduced locally in 2007 and was reviewed in January 2011. This policy aims to reduce alcohol fuelled crime and disorder by limiting the number of licenses issued in “saturated” areas. Because of limited access to available health harm data, council officers are unable to give detailed consideration to health harm in these licensing decisions or to the cost impact on local health services.

Targeted enforcement
- In 2010/11, two under age test purchasing exercises were carried out in North Lincolnshire, in July 2010 and then again in March 2011. Each test purchase exercise involved under age volunteers, a police officer and up to four members of staff.
- Since March 2011 there have been 10 test purchases, which resulted in 4 sales, (40% failure rate), of which 2 retailers had sold to under age customers in the past.
- This compares with about 5% of under 16s in the Adolescent Lifestyle Survey, (roughly 500 children) who said they had tried to purchase (and been refused) alcohol from a shop in the last year. This rose to 12% of 15-16 year olds, of which just under half of this age group, 5% said they were successful, (an estimated 100 young people aged 15-16 years a year).

Penalties
- Enforcement options for under age selling range from fixed penalty tickets (£80) to the seller and a written warning to the licensee/Designated premises Supervisor, through to prosecution
and or review of the premises licence. However, few recent local cases have resulted in prosecution.

- Of those that do, fines tend to fall far short of the maximum of £10,000 (due to rise to £20,000 in 2013), suggesting that more work with magistrates may be required to reinforce the short and long term harms associated with alcohol misuse amongst the young.

Counterfeit alcohol
- More recently, the Council's trading standards team have focussed on identifying and seizing counterfeit and/or illicit alcohol. Much of this work has related to vodka and became apparent following the explosion at the illegal distillery in Boston, Lincolnshire in 2010.

Public education
- The Alcohol Strategy group in North Lincolnshire has delegated the coordination of public health education and information to the communications subgroup. This group will need to ensure that these public health messages are evidence based, making use of best practice in social marketing, and targeted appropriately. This should include the delivery of public health messages to retailers and magistrates.

Fire and Rescue Service
- During 2010/11 86% of people (n=2305) receiving a Home Fire Safety Visit reported they did not drink, 11% drank weekly (n=306) and 3% drank daily (n=82). A proportion of these may require intervention for alcohol misuse that can be achieved via appropriate referral to the Community Alcohol Service (CAS).
- Humberside Fire & Rescue Services currently have a referral scheme in place whereby the CAS pass details to them of individuals who may benefit from fire service interventions but there is currently no referral scheme in place for the fire service to pass details to the CAS. A formal pathway needs to be developed to ensure that referrals to the CAS (where appropriate) is a routine part of the HFSVs.

Tier 1 Interventions in North Lincolnshire

Primary care
- Nationally, it is estimated that a third of GP practice attendances are alcohol related. People who are alcohol dependent are twice as likely as moderate drinkers to visit their GP, often about issues which are associated with, but not directly related to their alcohol use. Yet alcohol use disorders are rarely identified by GPs. In one
recent study, only 2% of higher risk drinkers were identified, and only 5% of dependent drinkers, (NICE, 2011).

- Screening and brief intervention delivered by a non-specialist practitioner have been demonstrated to be a cost effective approach for hazardous and harmful drinkers, (NICE, 2010), with savings estimated at approximately £1,300 per year of ill-health or premature death averted (Alcohol Related Harm WHO 2009).

- Recommendations from the **Staying Healthy Pathway** in Healthy Ambitions include improving the screening and identification of people with alcohol use problems and commissioning brief interventions to “industrialise” their use across NHS services. This includes in

**Primary care:**
- Identification and brief advice for all newly registered patients, as in the Directly Enhanced Service (DES).
- Extended coverage through a Local Enhanced Service (LES) in primary care to additional at risk groups such as all men aged 35-54 or those patients on existing long term condition QOF registers.

**Hospital settings**
- interventions and brief advice in A&E and specialist units (e.g. fracture clinics):
  - a specialist alcohol nurse linked to every accident and emergency unit where there is apparent local need.

**Patients screened in primary care**
- North Lincolnshire has been operating a directly enhanced service (DES) with GPs to deliver screening and brief interventions since April 2008.
- In 2010/11, just over half, 12 out of 20, GP practices in North Lincolnshire received payment for screening 4,491 adult patients, out of a total 6631 who were newly registered in these practices in that year. Of these patients, 244, (5%) screened positive as either increasing or higher risk drinkers, and either received brief advice, extended brief advice or a referral to CAS. The total payment made under the DES for alcohol screening and brief advice and interventions in 2010/11 was £10,680.
- The proportion of newly registered patients who screened positive in each practice ranged from a high of 23% in one Scunthorpe practice, to 14% in one of Brigg’s practices to a low of 0% in some urban and rural participating practices.

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6 Alcohol-use disorders. The NICE guideline on diagnosis and management of harmful drinking and alcohol dependence July 2011
• There is currently no LES in place within primary care which targets high risk groups with long term conditions.

Other agencies delivering IBA
In order to further develop and implement pathways to support assessment and referral into treatment that includes transitional arrangements for Young People and Adult Services, various employers, agencies and teams are also signed up to delivering IBA and referring into the Community Alcohol Service. They include:

- Arrest Referral Team – Safer Neighbourhoods
- Drink Driving Rehabilitation Course
- Fire and Rescue Service
- The Forge
- Health Trainers
- Job Centre Plus
- Kimberly Clarke
- North Lincolnshire Homes
- Police
- Probation
- Scunthorpe Hospital – A&E department, Crisis team, Hospital Liaison Nurse
- Tata Steel
- Two Sisters Food Group
- Humberside Fire Service

Work is ongoing to identify and sign up other employers/agencies.

Community pharmacy pilot
• An IBA in Pharmacies pilot has been agreed in North Lincolnshire, in order to enable community pharmacies to help to positively make a difference to alcohol related harm and to alcohol related hospital admissions. The pilot will target four pharmacies in line with the Health and Social Care Integrated pilot in Winterton and Barton (covering three pharmacies) and to further support ongoing work in the Westcliff area of Scunthorpe.

Tier 2 and tier 3 services in North Lincolnshire

Community Alcohol Service (CAS) (Adults)
• Specialist (adult) alcohol treatment services are provided by the Community Alcohol Service (CAS). The CAS includes the provision of an acute hospital liaison service and provides outreach training and awareness raising for clinicians, carers as well as employers.
• The CAS also provides the treatment element of community sentences (Alcohol Treatment Requirements (ATRs), given to offenders by reason of their alcohol misuse, in partnership with probation colleagues.
Between April 2010- March 2011, this local service received 593 referrals. Of these, more than half, 55%, (326) were self, or family referrals, (including a significant number of clients who were either transferred directly from the Junction in the first quarter of that year or were direct referrals to the hospital liaison nurse), 68 were referred from probation, 56 were referred by GPs, 2 were referred by the Job Centre, 11 by the Crisis (mental health) team, and 11 by other sources.

Of these 593 referrals, 466 people received brief intervention, 370 of them extended BI, and 235 received more than 2 home visits. This number includes those treated by the hospital liaison nurse.

This is somewhat less than the 720 potential clients, ie the 15% estimated dependent drinkers in North Lincolnshire, who according to “Signs of Improvement” 2009, could potentially benefit from Tier 2 and Tier 3 interventions, suggesting a significant unmet need for treatment.

Almost three quarters of clients were from Scunthorpe, 14% from Brigg and the rest from Barton and the Isle of Axholme.

Hospital liaison nurse
- A whole time equivalent hospital liaison nurse has been in post with the CAS since July 2010. This post is based in the acute hospital trust, although employed by community mental health services within RDASH, and provides a liaison service for Scunthorpe General Hospital, Great Oaks and Stepping Stones.

- Between July 2010 – March 2011, this nurse led service screened 176 patients within the hospital setting, and provided brief interventions to 147 people, of which just over a third, 52, received extended BI. Most of these people were referred by staff working in A&E, on the medical assessment unit (MAU), or on the general medical wards. However, as alcohol screening and IBA becomes fully embedded in the hospital it is likely that referrals will rapidly increase.

- Peak times for alcohol related A&E attendance include weekends and evenings. With just one WTE nurse in post, this liaison service is unable to provide 24 hour cover, meaning that there may be no cover at all during peak periods.

Tier 3 services
- The CAS has the capacity to treat up to 120 people in tier 3 services, with a caseload of between 100 -110 clients, at any one time. During the financial year 2010/11, 178 people received tier 3 treatment within the service, out of 593 referrals. Of these 178, 111 received SPI. The remaining 39% were given prescribing interventions.

- Of these 178, a quarter were referred by the Substance Misuse Service, and 20% via the Criminal Justice System. Most of the referrals from other substance misuse services were for prescribing.
• Most people (71%) leave the CAS in a planned way with a number (19%) of unplanned discharges. The remaining 10% were referred on.

Young people’s substance misuse service
• DELTA is a young person’s substance misuse service which operates throughout North Lincolnshire. This specialist service works with under 19s who are either concerned about their own substance use (including alcohol misuse) or someone else’s.
• DELTA also provides an information and advice service for professionals working with young people and accepts referrals from adult services to work with children of parents who misuse alcohol and illegal substances. Currently the service is working with 4 young people of drug using parents. To date no referrals have been received from the CAS.
• Between January to September 2011, the service worked with 110 young people and received an additional 200 enquiries ie referrals of young people who either did not meet the service criteria or who chose not to take up services.
• The vast majority of service users are referred by schools or alternative education providers, (40%) or from the Youth Offending Service (37%).

Tier 4 services
• Currently there is no formal, transparent route for commissioning Tier 4 specialist inpatient detox services in North Lincolnshire. If someone has an assessed need (based on NICE guidelines as identified by a clinician) the CAS provide a report for commissioners requesting spot funding for an out of area bed. The lack of a formal process means that there is often no timescale attached to the decision making process and no right to appeal. It can also increase risk for those patients with acute mental and physical health needs, who, in addition, may require urgent access to clinically supervised inpatient alcohol withdrawal and treatment.

Recommendations
• The Community Alcohol Service is currently only funded until March 2012. Commissioners should clarify the recurrent funding status of this service as a matter of urgency to establish a firm foundation for future alcohol treatment services in North Lincolnshire.
• Currently, just over 6% of all dependent drinkers access this service each year. NICE guidance suggests this should be closer to 15%. Meeting this standard would mean at least doubling the current investment in CAS.
• All things being equal, we should expect the number of people requiring inpatient hospital treatment as a result of alcohol misuse to grow by at least 4% a year. The CAS is a key element in a
whole system evidence based approach to reducing alcohol related hospital admissions.

- However, this service cannot deliver this outcome on its own. The acute sector is a key partner in this and so we recommend that they establish an alcohol care team in Scunthorpe General hospital, with a network of trained alcohol nurses in key wards and clinical settings, in an attempt to reduce unscheduled admissions and readmissions of people with alcohol specific conditions.
- We also recommend that Northern Lincolnshire and Goole Hospitals support the appointment of a temporary A&E out of hours alcohol worker to identify and target problem drinkers.
- In addition, commissioners should develop a business case for appointing a dedicated community based nurse to reduce multiple admissions amongst people with alcohol specific conditions, as part of an invest to save measure. This nurse will coordinate and provide community based treatment and support.
- See also recommendations in Sections 5, 6 and 8
- The CAS and Fire Service agree a formal pathway into specialist services to ensure that referrals to the CAS (where appropriate) is a routine part of the Fire Services Home Safety Visit.
- Treatment outcomes for DELTA service users consider alcohol as well as drug use status of young people at follow up.
- Commissioners complete an urgent review of access to Tier 4 services, including emergency access to general medical beds.
- The Alcohol Strategy and Action Plan will need to be refreshed in light of new NICE guidance on commissioning „whole systems approaches“ to alcohol harm reduction, the new Public Health Outcomes framework, the NHS Outcomes Framework and the growing evidence base on what works to prevent harm and reduce the burden on the health service.
12. Prescribing trends

Key messages

- Nationally, there has been an increase in the number and cost of drug items prescribed for the treatment of alcohol dependency. In 2010, the Net Ingredient Cost (NIC) of these prescription items was £2.41 million, an increase of 40% on the 2003 figure (£1.72 million).

- The number of prescription items per head of population varies across the country, from 515 and 410 items per 100,000 population in North West SHA and North East SHA respectively, to 130 items per 100,000 population in London SHA. This compares with 290 per 100,000 nationally.

- In North Lincolnshire, there were 893 items prescribed per 100,000 population in 2010/11. This is more than 3 times the national average and more than three times higher than in the previous year, 2009/10. This is due largely to the launch of the new CAS in 2010/11 which accounted for 75% of prescribed items in that year.

- The two main drugs prescribed for the treatment of alcohol dependence in primary care and community treatment settings are Acamprosate Calcium (Campral) and Disulfiram (Antabuse).

- According to British National Formulary guidelines, Acamprosate Calcium should only be prescribed in combination with counselling, whilst Disulfarim should only be prescribed under specialist supervision.

- A significant amount of prescribing occurs outside the specialist treatment system in North Lincolnshire. In 2010/11 374 items were issued within primary care. Of these, 146 were for Disulfiram and 228 were for Acamprosate Calcium, at a total annual cost of £6,470.63.

- The largest number of items prescribed were from GP practices in Brigg, central Scunthorpe and the Isle of Axholme.

- It is not clear why these patients are being treated outside the Community Alcohol Service, as current alcohol treatment pathways suggest that all patients with significant dependency levels should be treated within the specialist service, where a holistic package of care can be delivered. It may be that many of these patients are receiving after care from GPs post CAS discharge, or that patients have chosen to be treated closer to home or within a primary care setting.

- Alternatively it could be that some GPs are less aware than others of the package of care on offer within the newly commissioned community alcohol treatment service. A significant number of these patients are treated within practices which are part of the shared care service, so it might be that these GPs are more confident about prescribing alcohol related drug treatment.
Figure 15;
Items prescribed by GP practice

Source: NHS North Lincolnshire
NB: see footnote re difference between units prescribed and number of patients.

**Recommendations**

- Commissioners of alcohol and substance misuse services review which is the most appropriate clinical forum where issues regarding the clinical management and treatment of patients with alcohol and substance misuse problems can be discussed.
- This might include investigating how other GP practices can be helped to support patients whose alcohol misuse and aftercare is being managed outside alcohol treatment services.
- CAS continue to promote the service and referral process with GP practices.
13. Recovery and reintegration services

**Recommendations**

- Recovery, in its broadest context should be embedded into the ethos of all North Lincolnshire Treatment Services, from the beginning of treatment.
- This might include the addition of employment training and housing outcome measures as performance indicators of successful treatment outcomes with local providers.
- All relevant Service Specifications should contain explicit reference to the ethos of recovery, and all staff in the substance misuse service should be compliant with the National Skills Consortium recommendations.
- Service User and Carer projects continue to promote recovery to existing clients in the treatment system and fully utilise resources across the partnership.
- Partner agencies should ensure that integrated pathways into treatment and recovery are effective and address employment issues.
- CAS referrals from and to the Jobcentre should be reported and monitored through the quarterly contract monitoring meetings. This will help to ensure improved employment status outcomes and provide adequate levels of specialist employment support. Closer working relationships are also needed with Mental Health services and with potential employers.
- Steps are taken to ensure appropriate referrals are made and effective joint working exists between treatment services and the 3rd sector, including AA and NA, to aid recovery.
- Extend support to community organisations such as the Forge and Westcliff Drop-in, to incorporate the underserved client base into the recovery debate, coordinated by the Recovery Forum.
- Collect personal stories on recovery in various forms (poetry, letters, testimonies, new media etc) to compliment the DVD, add to the service user newsletter and be presented at events, coordinated by the Recovery Forum.
- Identify and collate details of family services and parenting training opportunities available in North Lincolnshire and ensure that all service users are given the option of accessing them.
- Continue to ensure that housing, Job Centre, Family services, Mental Health and social services receive drug/alcohol awareness training to reduce stigma, promote services, encourage partnership working, and signposting.
- Ensure that services are engaging with partners, families and carers of service users where possible and making appropriate referrals to the Empathy Carer Group and so on.
- Encourage closer working relationships with Family Services, Mental Health, Housing services, Job Centre Plus, and encourage outreach delivery.
14. Stakeholder views

Key messages

National Treatment Agency
The feedback from the National Treatment Agency and the Department of Health’s routine monitoring of local services suggests that North Lincolnshire should prioritise the following issues;

- Securing robust data flows between commissioners, commissioning support and providers to enable performance to be effectively monitored.
- Securing long term funding of the Community Alcohol Service.

Local Expert Group
A stakeholder event was held on 24th November, 2011 at the Kingsway Centre. The aim of the event was to share preliminary findings from the needs assessment process, identify gaps in information so far and to draw on the expert knowledge and opinion of the stakeholders. The event was very positive and productive, and details of the feedback can be seen in the appendix of the full report. The key messages coming from that day were:

- The key influence of parents on children’s drinking behaviour and the importance of including them in any social marketing or action planning re prevention of alcohol related harm.
- Making the links between risky behaviours and rolling out making every contact count across all front line services.
- Targeting high risk groups for prevention and intervention making best use of existing resources.
- Importance of engaging with key decision makers re licensing decisions and the providing evidence of health impact

User/carer views
Consultation with current and 15 ex-service users and carers was undertaken in October 2011 by Council staff, in order to establish the effectiveness of the Community Alcohol Service (CAS). Service users and carers were approached through the FreshSteps Service User (SU) Group, Empathy Carer Group and the CAS services. Participation was voluntary with informed consent.

The full consultation analysis can be viewed in the full report. Headline messages were:

- The majority of users had a positive experience within the service; finding access, opening times, and the service they received satisfactory.
- All those who responded were satisfied with the way their care plan was completed and the 1:1 support they received.
When asked how local services might be improved, the response was:

- More money put in by Government/More funding for staff
- Not sure as it’s improved since the first time I came here
- Flexible opening hours (x2)
- More focus on recovery groups
- Bigger place
- Telephone support
- “If there was more empathy within the worker’s understanding the needs of an alcoholic, ie. No one to talk to when they needed. A+E does not have this service. Mostly starts from there”
- “All the staff are very helpful and they treat you like a human being”
- “Cannot fault the service or care”

CARER CONSULTATION

There were only 2 Carers (family member/carer/significant other) who completed the Carer questionnaire. In contrast to service users they were less positive about the support they received. The 2 Carers who responded were dissatisfied with the service and the lack of family involvement in treatment, which was reflected throughout their responses.

When asked if they were satisfied with the care plan for the person they care for, they stated:

- “No results”
- “No care plan in place, other than my support, etc”

In response to question 12 about whether appointments with the CAS worker were frequent enough, only 1 Carer gave a response, being:

- “Was once a week or fortnight – Waste of time”

When asked what would most improve alcohol services in North Lincolnshire the 2 Carers responded as follows:

- Intensive education at outset; user needs different hit than he/she finds in a bottle, and followed through
- Talks and lectures from alcohol educated professionals; doctors, consultants, prison officers and recovered alcoholics
- More family input at outset and during – Partner’s input/involvement (x2)
- Visits to hospitals and A+E to see alcohol related injuries and illnesses
- Talking to user in authoritative manner, etc.
- More cooperation from police ie. visit from police when partner in drink
- Out of hours help – Emergency numbers! 24 hour crisis response for partners and family
- Daily attendance/ regular appointments
- More contact with GP
- Shocking behaviour requires shocking therapy
- Visits to hospitals and A+E to see alcohol related injuries and illnesses
- More family input at outset and during – Partner’s input/involvement (x2)
Consultation with Time for Change group

- A recent and brief consultation exercise with a small group of "street drinkers", many of whom also use other substances and who access the breakfast club at Westcliff drop in, suggest that a number of people would like to be supported to get back into employment, be more involved in outdoor projects to alleviate boredom and be helped to engage in more structured positive activities.
- Some felt that location of the Junction in the centre of Town, rather than in an outreach facility, meant that temptation was often put in their way as there was cheaper alcohol available in the town centre.

Recommendations

- These are already included in previous sections of the report.
15. Conclusions and next steps

**Major strengths of local provision**
- Positive and effective partnership working – including alcohol delivery group, safer neighbourhoods partnership, licensing partnership, night safe partnership, and emerging acute health service alcohol partnership work.
- Engagement of non heath partners on delivery of IBA.
- Effective treatment of clients referred into the Community Alcohol Service, evidenced by above target planned completion rates and above target performance on ATRs.
- Achieving a penetration rate of 6% of dependent drinkers (above current CAS contract target of 5%)
- Strong Integrated Offender Management Links with Community Alcohol Service, especially for ATRs.

**Key areas for improvement**
- Lack of ongoing contractual funding and commitment (especially with changes from NHS to LA) for Tier 2 and 3 treatment services
- Very limited contracted resources with huge and varied remit (effectively utilising partnership resources though)
- Difficulty in identification and recording impact of alcohol on offender behaviour.
- No formal or emergency pathway into Tier 4 services
- No formal health involvement in licensing decisions and feedback from licensing partnership
- Lack of strategic priority given to Alcohol Harm reduction and particularly the reduction of alcohol related hospital admissions in QIPP and invest to save plans in health and council commissioning decisions
- Limited provision of robust data from EMAS and A&E to support local decision making. Data sharing agreements will need to formalised before the transfer of responsibilities to the Council.

**Next steps**
- Refresh the local alcohol strategy and associated delivery framework in line with the recommendations of this report and the national strategy
- Agency responsibilities for taking forward these recommendations are agreed and allocated via the alcohol strategy and delivery groups.
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