

# BLACKBURN WITH DARWEN JSNA

## ALCOHOL

March 2019

Alcohol use is a leading risk factor for disease burden worldwide, accounting for nearly 10% of global deaths among populations aged 15-49 years, and poses dire consequences for future population health in the absence of policy action today.<sup>1</sup> Recent drinking trends across the population, and among young people in particular, have shown that people are drinking less frequently. Since 2005, binge drinking among young adults is also down.<sup>2</sup> But there are still significant sections of the population whose alcohol use is causing harm. The damage is not distributed equally, e.g. the most deprived fifth of the population suffer 2 to 3 times greater loss of life attributable to alcohol, compared with the least deprived.<sup>2</sup> **Alcohol-related harm is acknowledged as a major public health issue.**<sup>2</sup>

The impact from the misuse of alcohol affects us all; as individuals, families and communities, in a wide range of ways, impacting upon those who are living in the disadvantaged areas the most, further exacerbating health inequalities across the borough. Alcohol is one of the leading risk factors<sup>3</sup> for early death and disability, and for men under the age of 60 it's actually the biggest risk factor for death.<sup>4</sup>

Drinking alcohol is not universal; many people choose to abstain. Indeed, Public Health England identifies Blackburn with Darwen (BwD) as having the highest proportion of non-drinkers in the North West at 43%, compared with a regional average of 16.3% and nationally 15.5%.<sup>5</sup> Of particular concern in Blackburn with Darwen is that despite having the highest percentage of non-drinkers in the North West and below national average alcohol consumption rates, the harm caused by alcohol is significantly higher.

### Facts and figures

- In 2015-17, the under 75 mortality rate from alcoholic liver disease (for persons) in BwD was 14.1 per 100,000 people, which was significantly higher than the national average<sup>6</sup>
- In 2017/18, the hospital admissions rate for mental and behavioural disorders due to alcohol was 72.0 per 100,000 population which was similar to the national average<sup>7</sup>
- In 2016/17, it was estimated that there were over 2,400 dependent drinkers in BwD<sup>8</sup>
- In 2016/17, 83% of dependent drinkers in BwD were not in treatment<sup>8</sup>

### Population groups

- **Age:** Proportion of adult drinkers generally increases with age, with 65% of 45-64 year olds nationally stating that they had drunk alcohol in the last week compared to 46% of 16-24 year olds<sup>9</sup>
- **Ethnicity:** White adults tend to drink more alcohol than Black and Asian adults<sup>10</sup>. However, locally commissioned services have found an increasing number of BME young people accessing services to address their alcohol use.
- **Gender:** Men tend to drink more alcohol than women<sup>11</sup>, but women are more vulnerable to harms<sup>12</sup>
- **Religion:** A review of UK literature found that Pakistani and other Muslim groups generally consume less alcohol than average, and are much more likely to abstain<sup>13</sup>
- **Sexual orientation:** research suggests that gay men and lesbians may be more likely to use and misuse alcohol than heterosexual men and women<sup>14</sup>
- **Socioeconomic groups:** consumption tends to rise with increasing household income. However, alcohol-related death and diseases are more common in lower socioeconomic groups<sup>15</sup>

## CONCEPTS

### Alcohol consumption

In 2016, the Chief Medical Officers<sup>16</sup> issued revised guidelines on alcohol units which advise that to keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. The guidelines cover regular drinking, single drinking episodes and drinking during pregnancy.

Binge drinking is usually defined as the consumption of more than 6 units of alcohol (women) or more than 8 units (men) on their heaviest day in the last week.<sup>17</sup> Drinking very large amounts of alcohol on a single occasion increases the likelihood of experiencing acute alcohol-related harms.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to **cost the NHS about £3.5 billion** per year and society as a whole £21 billion annually.<sup>18</sup>

### Definitions

The term **alcohol-specific admissions or mortality** refers to instances where the event is a direct consequence of alcohol misuse. The definition is primarily based on chronic (longer term) conditions associated with continued misuse of alcohol and, to a lesser extent, acute (immediate) conditions. The conditions are defined using the International Classification of Diseases (10<sup>th</sup> revision; ICD10). This is a more conservative estimate of the harms related to alcohol misuse.<sup>19</sup>

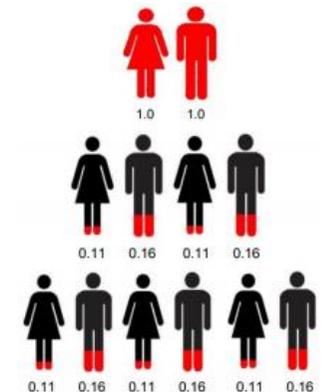
**Alcohol-related** hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls. The attributable fractions for alcohol-related outcomes used here range from between 0 and less than 1.0.

**An alcohol attributable fraction is the proportion of a condition caused by alcohol.** Therefore,

A fraction of 1.0 = 100% of cases are caused by alcohol, and

A fraction of 0.3 = 30% of cases are caused by alcohol

The total alcohol-related admission/mortality episodes for an area are the sum of episode-specific data. This illustration describes this summation.<sup>20</sup>



**Alcohol dependence** is characterised by craving, tolerance, a preoccupation with alcohol and continued drinking in spite of harmful consequences (for example, liver disease or depression caused by drinking). It is also associated with increased criminal activity and domestic violence, and an increased rate of significant mental and physical disorders.<sup>21</sup>

## SETTING THE SCENE

In 2011-14 Blackburn with Darwen had the 12<sup>th</sup> lowest proportion (8.2%) of binge drinkers in England<sup>22</sup> and the 5<sup>th</sup> highest proportion (43%) of adults who abstain from drinking alcohol (this is a synthetic estimate).<sup>23</sup> Although a significant number of residents choose not to drink alcohol, the borough continues to suffer from a high number of alcohol-related harms. For example in 2017, the alcohol-related mortality rate in BwD (57.6 per 100,000) was in the top quintile but not significantly different from England (46.2 per 100,000).<sup>24</sup>

Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.<sup>25</sup> **In 2016/17, Blackburn with Darwen had the worst rates for hospital admissions for alcoholic liver disease for men and persons in England, and second worst (after Nottingham) for females.**<sup>26</sup> Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

### Hospital data for BwD residents

#### Alcohol-specific admission by sex, 2017/18

Men were **twice as likely** to have an alcohol-specific admission than women (1,390 vs 614 per 100,000 population).<sup>27</sup>

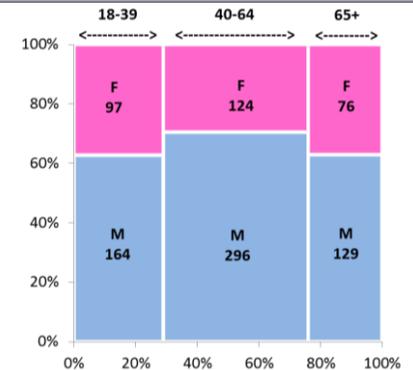


#### Alcohol-specific admissions for under 18s, 2015/16 – 2017/18

**41** young people were admitted for alcohol-specific conditions. This is a higher rate (though not significantly) than in England (rates of 35.5 per 100,000 and 32.9 per 100,000 respectively).<sup>28</sup>

#### Alcohol-related admissions by age group, 2017/18

There were 886 alcohol-related admissions in 2017/18. Men accounted for the majority of admissions in every age group.<sup>29</sup>



#### Treatment outcomes

In 2017/18, there were **300** residents receiving alcohol-only treatment from specialist alcohol misuse services.<sup>8</sup>

During 2017/18, **54% of them successfully completed treatment** for alcohol in BwD, compared to 40% nationally.<sup>21</sup>

PHE has estimated that the 2016-17 investment in treatment for alcohol-only clients in Blackburn with Darwen has brought social, economic and health benefits totalling **£934,091**.<sup>30</sup>

#### Other impacts of alcohol

There were **69 alcohol-related deaths** in BwD in 2017.<sup>31</sup>

There are approximately, **1,110 alcohol-related crimes** each year.<sup>32</sup>

In 2016, there were **300 people** claiming benefits (incapacity benefit, severe disability allowance or Employment and Support Allowance) where alcohol misuse was cited as the main disabling condition. This is the third highest rate in the country.<sup>33</sup>

Lost productivity costs the borough **£24.7m** each year due to absenteeism, reduced employment and premature death.<sup>34</sup>

## ISSUES

### Projections

Should current trends in alcohol consumption continue over 20 years (between 2015-2035), it is estimated that during this period, nationally there will be:

- 17.5m hospital admissions
- 253,000 deaths
- £53 billion spent by the NHS<sup>35</sup>

### Emerging trends

#### Consumption

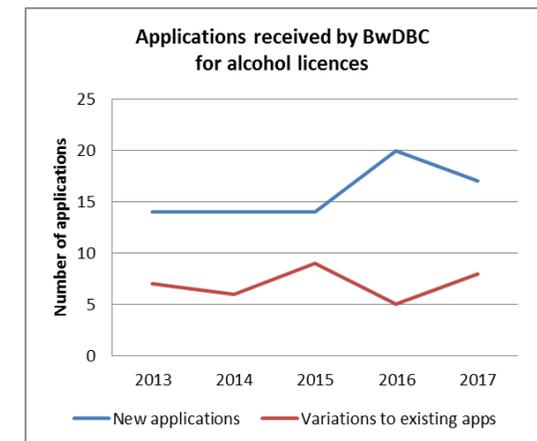
Establishing the levels of alcohol consumption and the associated harms is complex. This is due to a number of reasons, including much of the local data are estimates based on national levels. People do not always understand how many units of alcohol they are consuming. Emerging evidence suggests that drinking patterns have changed over time, and the impacts can be longer term (i.e. diseases diagnosed many years after alcohol consumption).

There are still significant sections of the population whose alcohol use is causing enormous harm. 22% of the population in England (nearly 1 in 3 men but fewer than 1 in 6 women) drink at levels that increase the risk of harm to their health.<sup>36</sup>

#### Licensed premises

A recent study found that higher densities of alcohol outlets appeared to be associated with higher hospital admission rates for conditions wholly attributable to alcohol consumption.<sup>37</sup> The study stated that local licensing decisions may have an impact on the health of the local population and the burden on local hospitals.

In July 2018, there were 234 licensed premises in Blackburn with Darwen.<sup>38</sup> The chart above shows for the past 5 years, on average there were 15 new applications for alcohol licenses each year. Applications requesting changes to existing licenses generally involve increasing the hours during which the premises are able to sell alcohol.



### Measures for reducing inequalities

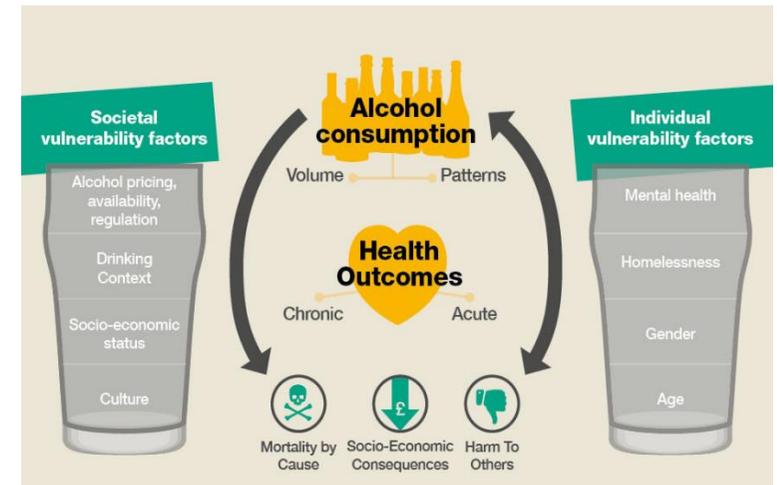
Social inequalities in alcohol-related harm in Europe do not follow a consistent pattern, and vary from country to country. In the United Kingdom, alcohol-related deaths increase with decreasing socioeconomic status, producing a social gradient.<sup>39</sup>

There are a range of policy options available to policymakers to reduce alcohol harm and the associated health inequalities, which includes restricting the availability of alcohol through the use of local licensing boards and enforcement agencies.<sup>37</sup>

## RISK / VULNERABILITY FACTORS

Risk factors are conditions or experiences that can increase the chance or probability that an individual will develop a specific disease or disorder. Simply having a risk factor does not mean that a person will develop the condition. Many people have significant risk factors for diseases or disorders and never develop them. In addition, risk factors are cumulative, which means that having more than one risk factor significantly increases the probability that one may develop a specific disease or disorder.

A range of factors have been identified at the individual and the societal level, which affect the levels and patterns of alcohol consumption and the magnitude of alcohol-related problems in populations. Environmental factors include economic development, culture, availability of alcohol, and the comprehensiveness and levels of implementation and enforcement of alcohol policies. For a given level or pattern of drinking, vulnerabilities within a society are likely to have similar differential effects as those between societies. Although there is no single risk factor that is dominant, the more vulnerabilities a person has, the more likely the person is to develop alcohol-related problems as a result of alcohol consumption.<sup>40</sup>



PHE Health Matters (2016) alcohol consumption and health outcomes

The recent report from the Global Burden of Disease Study (2018)<sup>1</sup> states that determining the harm caused by alcohol use is complicated by the multiple processes by which alcohol use affects health: through cumulative consumption leading to adverse effects on organs and tissues; by acute intoxication leading to injuries or poisoning; and by dependent drinking leading to impairments and potentially self-harm or violence. The study's researchers state that the trade-off between cancer and heart disease has led them to reject the notion that moderate drinking has health benefits compared with abstinence: they found that the increased risk of cancers outweighs the diminished risk of heart disease among middle-aged moderate drinkers.

In recent years, the gender gap between men and women's alcohol consumption has closed. In 2018, 63% of men and 52% of women in England had drunk alcohol in the last week. The proportion of men and women drinking in the last week increased with age and was highest among both men and women aged 55 to 64 (72% and 63% respectively).<sup>41</sup>

The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation (see below: alcohol harm paradox)

### The Alcohol Harm Paradox

Given that 43% of adults in Blackburn with Darwen abstain from alcohol altogether, it might be assumed that the borough would have relatively low levels of alcohol-related ill-health. However, it has been known for some time that although deprived people may **drink less** than more affluent groups, they are **more likely** to suffer **greater harm** as a consequence.<sup>42</sup> Research into this 'Alcohol Harm Paradox' suggests that any given level of alcohol consumption is likely to do more damage to those who also smoke, are overweight or have an unhealthy lifestyle.<sup>43</sup>

## WHAT WORKS?

### Prevention

### Reduction

### Improvement

#### Minimum Unit Pricing (MUP)

There is a clear relationship between affordability and how much people drink, and it is argued that the most effective way to reduce alcohol harm is by controlling the price and availability of alcohol.<sup>21</sup>

MUP directly links price to alcohol content by setting a floor price below which a single unit of alcohol cannot be sold. It is a highly targeted intervention focussing on those who are at risk of the greatest harms from alcohol as it makes it very difficult for heavy drinkers to maintain their drinking habits without increasing the costs.

Much of the research on this subject has been conducted by the University of Sheffield<sup>44</sup> which has estimated that setting a MUP of **50p per unit** of alcohol would lead to **45,800** fewer crimes, **3,300** fewer deaths and **97,900** fewer hospital admissions over 10 years.

#### Challenge 25

This is an initiative which aims to reduce the opportunity for under age sales thereby reducing the potential harm to children and young people.<sup>45</sup>

#### Community training

Raising awareness within the wider community about the issues and signposting them to available services in the borough

#### Recovery services

Commissioned services are co-produced with service users and residents. Services are designed with prevention at the heart of all interventions and with a focus on utilising an Asset Based Community Development approach. They embed an integrated wellbeing and self-care approach in all interventions across the life course.

Recovery-orientated integrated services seek to go beyond the clinical and medical fundamentals of treatment and care whilst incorporating prevention as a key principle.

Treatment approaches are broadly categorised as pharmacological, or psychological. In practice, these treatments are often delivered in combination and can be delivered via a stepped care approach whereby patients receive interventions sequentially based on their level of need at different stages of care.<sup>46</sup> This approach has been shown to be both effective and cost-effective in primary care settings.<sup>17</sup>

Psychosocial interventions can include:

- Peer mentors
- Group work
- 1 to 1 support
- Clinical interventions (in the community or inpatient settings)

#### Digital solutions

**Drinks Meter**<sup>47</sup> is an online application designed to allow people to think about their alcohol use and compare themselves to others like them. There are simple tools to reduce the risk of alcohol-related harm and flag up the harm their drinking may be causing them.

#### Behaviour change

- **Dry January** is an annual movement through which millions of people give up alcohol for the month of January. A recent evaluation found that the majority of those who began Dry January completed the month's challenge and over 70% of participants managed to keep to reduced levels of drinking six months on.<sup>48</sup>
- **PHE's Drink Free Days campaign**<sup>49</sup> in partnership with Drinkaware aims to encourage middle-aged drinkers to use the tactic of taking more days off from drinking as a way of reducing their alcohol-related risks.

## ASSETS AND SERVICES

### Prevention in BwD

### Reduction in BwD

### Improvement in BwD

#### Regulating availability

- Trading standards and test purchasing activities conducted across the borough
- Licensing

#### Education and Awareness Raising

- CGL provides Community Educators and Workforce Development Training Programmes
- Drinks Meter & Dry January promotion via social media and commissioned services

The Council supports campaigns such as **Dry January** to encourage residents to give up alcohol for the month (voluntary temporary abstinence).

Local agencies in Blackburn with Darwen regularly use **Alcohol Awareness Week** to engage local residents, including young people and existing service users, and raise their awareness of alcohol issues and risks.

#### Effective treatment & recovery services

Blackburn with Darwen commissions an All Age Integrated Prevention, Treatment and Recovery Service: **Inspire** for adults and **Go2** for Young People. Access to support is available 24/7 via a telephone helpline and the service provides advice, pharmacological and psychological support, 1-1 and group work, volunteering opportunities and ongoing peer mentor guidance. Residents also have access to a series of programmes such as 'Recovery Works', 'The Foundations of Recovery', AA for ongoing mutual aid, as well as access to sporting activities and wider wellbeing opportunities, and support for family members & carers.

#### Prevention, Neighbourhoods and Learning

Provide brief advice on alcohol, raise awareness of local training and promote integrated ways of working. Specific training on alcohol identification and brief advice interventions for alcohol and drugs is free to access for anyone working, living and volunteering within the borough. The interventions are structured ways to deliver advice and help to people who are drinking above lower risk levels. Their effectiveness has been shown in trials and systematic reviews and their cost-effectiveness has been modelled.<sup>50</sup>

#### Adults Services

- Promotion of improved self-care and personal responsibility
- Deliver a range of early intervention and self-help solutions to help adults live independently, with a good quality of life.

#### Community Assets

A growing number of initiatives in Blackburn with Darwen aim to harness the knowledge and experience of people who have personally battled with alcohol dependency or witnessed its effect on close family and friends, and who now wish to use their time and expertise to help others facing the same situation.

- **Fast4WD**: provides opportunities for those recovering from alcohol issues (and others) to become volunteers who support others in recovery and to get involved in wider volunteering opportunities in the community which helps raise awareness of the harms associated with alcohol.
- **The Foundry Café**: provides a drug and alcohol-free sanctuary.
- **VOICE**: the VOICE service user network provides a platform for service user groups to come together and play a part in developing local services and strategies.

#### Making Every Adult Matter (MEAM) partnership

Trialling different ways of working with targeted support to address multiple and complex needs including alcohol and substance misuse, and risk of homelessness etc.

#### Dual diagnosis (mental health and alcohol dependency)

Local alcohol services work in partnership with the local NHS trust and voluntary sector to address co-occurring alcohol and mental health challenges by improving integrated ways of working and joined up care planning. An example of this approach is the Pennine STEP project<sup>51</sup> which has been working with high intensity users of A&E services.

## ASSETS AND SERVICES

In Blackburn with Darwen, we actively pursue a partnership approach to reduce alcohol-related risks and harms, by working with partners and residents to improve health and wellbeing for all.

### Working with Licensing and Community Safety colleagues



- Delivering joint training to elected members on licensing and alcohol harms
- The use of alcohol SCRAM (Secure Continuous Remote Alcohol Monitor) in partnership with criminal justice agencies. This involves voluntary alcohol tagging which monitors blood alcohol levels in those that choose to take part
- By commissioning domestic abuse services and IDVAs (independent domestic violence advocates)
- Violence Reduction Initiatives
- Pause for Thought which is a local anger management group facilitated by CGL

### Working with residents



- Commissioned services providing training to local residents on alcohol awareness, prevention and harm reduction
- Volunteers promote the use of the Drinks Meter and access to services where needed
- Alcohol Citizens' Jury
- Marginalised Women's Group
- Volunteer street clean ups
- Joint Young People's outreach work
- Work with One Voice to engage the BME community
- Connecting Communities Champions

### Everybody's business



Utilising the experience of people with lived experience as **Peer Mentors**

Young People's and Adult **Ambassadors** are recruited from all walks of life

Many local organisations and businesses have identified themselves as '**Friends of the Service**'

**Raising awareness** at Hospitals, Schools, Colleges, The Mall, The Job Centre, Courts, Community Centres, local festivals such as Darwen Live, Blackburn Rovers etc. and via social media

## CASE STUDIES



Sarah is a volunteer at Inspire, a drug and alcohol service for adults, families, carers, and others affected by misuse.

Sarah is a Peer Mentor and supports those that have been affected by drug and alcohol misuse. As an Asian female she has been able to reach communities that would otherwise be difficult to access. She has been able to work with people of all backgrounds in making a marked change in their lives.

Through a variety of media channels Sarah has pushed the message that drug and alcohol abuse should not be something to be ignored within BME communities, but rather those affected need the most help through accessing services such as Inspire.<sup>52</sup>

### Ben\*

Having relapsed, Ben re-entered treatment for alcohol dependency. He was allocated a specialist alcohol recovery coordinator who liaised with his GP and completed a home visit. Following this visit he was assessed and supported by a health and wellbeing nurse and funding was received to fast track Ben into a residential detox and rehab programme.

Ben is currently abstinent from alcohol and remains engaged in residential treatment.

### Lucy\*

Lucy entered treatment in April 2018 for alcohol dependency but was also suffering from a number of health problems and had recently lost her job due to her alcohol use.

Through support from Inspire she started a community structured reduction plan which was initially successful. However, she became ill and experienced liver problems and was admitted to hospital where she underwent detox.

Subsequently, she attended all three stages of Inspire's Foundation of Recovery programme before completing peer mentor training.

She is now a peer mentor, remains abstinent from alcohol and uses the recovery support available at Inspire.

\*not their real names

## OBJECTIVES

Within Blackburn with Darwen’s **Health and Wellbeing Strategy** there is a commitment to developing an **Integrated Wellbeing and Self Care approach** to service provision to ensure better access to healthy lifestyle choices.

Actions	Indicator
<b>Raise awareness of harms caused by alcohol</b>	The Council promotes initiatives such as Dry January, Alcohol Awareness Week and the Chief Medical Officer’s alcohol consumption guidelines using different channels including social media.
<b>Promote lower risk drinking and encourage a healthy approach to alcohol</b>	National datasets will be monitored
<b>Increase awareness in BME communities of services available</b>	Community engagement programmes promote the services available to residents in the borough and raise awareness in local BME communities. The commissioned service provider also engages with local BME communities via promotional materials available in multiple languages and helps facilitate peer support groups for under-represented populations.

## CHALLENGES

The Council and its partners recognise that more work needs to be done to address the harms caused by higher risk drinking of alcohol

- Treatment penetration of dependent drinkers needs to increase - it is currently at 17%
- Significant challenges with regards to hospital admissions due to alcohol related liver disease
- Alcohol related incapacity – BwD is 3<sup>rd</sup> highest out of 326 districts with only Blackpool and Burnley higher
- High rates of alcohol-related mortality

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