



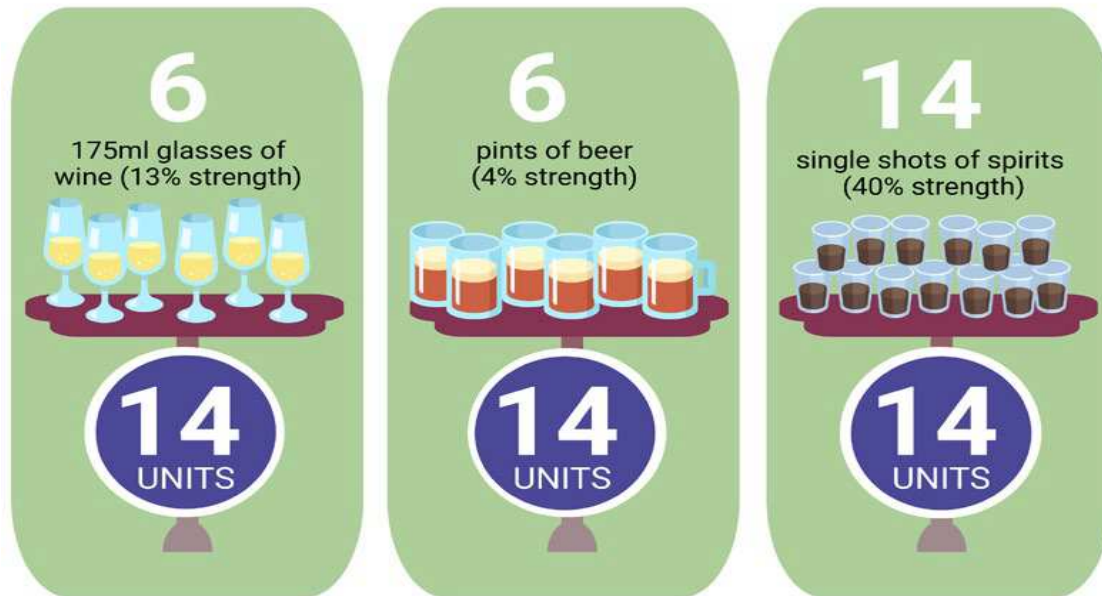
Director of Public Health Annual  
Report for Buckinghamshire 2019

# Alcohol and Us

Dr Jane O'Grady  
Report to Health & Wellbeing Board  
September 2019

# Are you drinking too much?

- Chief Medical Officer recommends ?
- 91% of people have heard of units, however only 19% of people in England are able to correctly identify the CMOs low-risk drinking level.
- Medical and nursing students were only able to correctly estimate the units in about 2.4 out of 10 drinks. Wine and premium strength beers were underestimated by over 50%.



**PER  
WEEK !!**



# The Impact of Alcohol

- Alcohol is part of many of our lives.
- Contributes to a wide range of physical and mental health problems including cancer, heart disease, stroke, liver disease, mental health problems, self-harm, suicide and dementia.
- Alcohol affects not just the individual who is drinking too much but their families and wider community.
- Alcohol misuse contributes to domestic violence, child abuse and neglect, violent crime and road traffic accidents, sickness absence, loss of employment and homelessness.
- Alcohol related deaths occur at younger ages than deaths from all causes or smoking. The average age of people dying from alcohol related causes in England is 54.
- In Buckinghamshire 1 in 4 people receiving treatment for alcohol problems lived in a house with a child.
- In Buckinghamshire 22% of children who had a children in need assessment had parental alcohol misuse as an identified need.
- Between 2014-2016, in Buckinghamshire there were 102 alcohol related road traffic accidents.



# Alcohol and us - local facts and local voices

- 1 in 4 of us drink at levels that could be harming our health.
- 118,000 adults in Buckinghamshire (28.6% Bucks vs 25.7% England).
- Our NHS health check confirms 24% drinking too much.
- Most of these people are not dependent on alcohol and may not realise they may be harming their health.

A local GP reflects on her patient consultations

*“ when we talk about their drinking some people chuckle, but for lots of them they are surprised when I explain it’s a bit too much, and for some it’s a bit of shock.... As a GP I’ve become more aware of problem drinking... so maybe I’ve become more enquiring. One way I think GPs can help is to make asking and talking about alcohol along with smoking and physical activity normal”*

- The proportion of people drinking over 14 units a week is highest in
  - Highest income households (35% men and 19% women)
  - Older people (women aged 55- 64 yrs and men aged 65-74yrs)
  - Men



# Escalating harm

- 9,000 hospital admissions with alcohol related causes in Bucks.
- Around three quarters of the cost to the NHS is incurred by people who are not alcohol dependent, but whose alcohol misuse causes ill health.
- Admission rates are highest in most deprived areas, men and 65+ years.
- Estimated 3,500 dependent drinkers in Buckinghamshire.
- Dependency more common in men (6% men and 3% women) and deprived populations.

A consultant writes

*“One of the biggest challenges we face is the ‘I’m not an alcoholic’ phenomena. Some patients I see do not define themselves as having a problem as they perceive an alcoholic as someone who sits on a park bench drinking high strength alcohol. Many...are well educated and highly functional in their day to day life....we need to broaden peoples perceptions of what constitutes harmful drinking....if the stigma of ‘alcoholism’ was removed it would allow more people to admit to themselves and others that there is an issue that needs addressing....”*



# What works to reduce alcohol harms?

At a national level

- Increasing the price of alcohol/taxation.
- Minimum pricing.
- National policy on marketing, sales and drink driving.

At a local level

- Public information and awareness.
- Education in schools.
- Managing the drinking environment.
- Treatment and brief interventions.
- Training the workforce.



# Benefits of alcohol treatment

Alcohol treatment can contribute to making improvements in:

- hospital-related admissions
- child poverty
- employment
- social isolation
- falls and injuries in those over 65
- self-harm
- treatment completion for tuberculosis
- premature mortality from liver disease
- cardiovascular disease, cancer, pneumonia, mental health
- reducing health inequalities in general



# Treatment - what works?

Identifying people early who are drinking too much and giving them brief advice on how to reduce their drinking is effective and can **reduce the amount people drink by 12%**.

In Bucks it is estimated that for **every £1 spent treating alcohol users £2.80** of benefits realised are realised across crime, the NHS, local authorities and to the individual.

In Bucks 48.6% of service users in treatment have complex needs (e.g. homeless, mental health needs, long term users). These people can find it particularly hard to engage with services and are likely to become frequent attenders at Accident and Emergency units. Engaging them in a treatment programme can dramatically improve their lives and bring an estimated return on investment of **£3.40 for every £1 invested**.





# The treatment gap

We have

- 118,000 people drinking above 14 units a week.
- 3,500 dependent drinkers.
- 22% children in need assessments have parental alcohol misuse as an identified need.

Estimate **85%** dependent drinkers **not in structured** treatment.

399 new referrals to specialist services in 2018/19 - **77%** from self, family, friends.

**NHS CQUIN** - Screen those admitted to an inpatient ward for at least one night for alcohol use, and give brief advice or offer specialist referral.



# DPH annual report recommendations:

- **Recommendation 1:** Continue to develop multi-agency communications campaigns to;
  - promote current advice on safer drinking,
  - raise awareness of the particular risks of drinking in groups at greater risk of harm (pregnant women, adults aged over 65 and young people),
  - promote the benefits of a completely alcohol free childhood,
  - promote the full range of services available.
- **Recommendation 2:** Ensure that schools are prepared for the implementation of the statutory Health Education element (which includes education on alcohol) of the Personal, Social Health and Economic Education, (PSHE curriculum).
- **Recommendation 3:** Increase the knowledge and provide training for key frontline staff on the health risks and wider risks of alcohol and the importance of assessing alcohol intake.
- **Recommendation 4:** Roll out training on identification and brief advice (IBA) across the health and social care integrated care partnership (ICP) and ensure all ICP partners have processes for assessing and recording alcohol intake through the use of the Audit C tool and increase early referral to appropriate services.
- **Recommendation 5:** Undertake engagement work with target groups to increase uptake of alcohol treatment and support services for under-represented groups.
- **Recommendation 6:** Continue to develop and improve services for those with co-existing substance misuse and mental health problems.
- **Recommendation 7:** Implement shared care for alcohol misuse between primary care and specialist services across Buckinghamshire.
- **Recommendation 8:** Work with partners to promote safe drinking in their employees.



# What next?

- Substance Misuse Strategy group with representation from all partners to refresh strategy and action plan in the light of DPH report.
- Partner workshop to increase numbers of people engaging with specialist substance misuse services in a timely manner October 2019.
- Protected learning time for primary care on shared care for alcohol September 2019.
- Develop alcohol section of local prevention plan with partners as part of the shared approach to prevention and response to the NHS long term plan (NHS LTP).
- Contribute to the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System response to the NHS LTP Plan on prevention including alcohol.
- Campaigns
  - Alcohol Awareness Week – 11-17 Nov 2019
  - Christmas drinking – Dec 2019
  - Dry January and new year's resolutions – Jan 2020
- A briefing sheet on how partners can get involved in this work will be circulated to the substance misuse group 4-6 weeks in advance.



# Health and Wellbeing Board Members are asked to;

- Note the Director of Public Health Annual Report and endorse the recommendations.
- Identify how their organisations can contribute to reducing the harms of alcohol and the actions they can take to help deliver the recommendations.
- Ensure their organisations contribution to the development of an action plan on alcohol through the Buckinghamshire Substance Misuse Strategy group and the refresh of the Buckinghamshire Substance Misuse Strategy.
- Ensure representatives from their organisations participate in the workshop on 17 October 2019 to explore how to increase referrals to specialist substance misuse services.
- Monitor the implementation of the recommendations of this report and receive regular updates from partners on progress.

**Thank you**

