

June 2024

## Reducing the harm caused by alcohol In Oxfordshire

### Purpose / Recommendation

#### 1. The Health Improvement Board is asked to...

Note the impact alcohol can have on the health and wellbeing, how this is affecting the population in Oxfordshire and the prevention activities being undertaken in Oxfordshire to reduce the harm caused.

Consider which aspects of alcohol prevention HIB would like to focus on in future meetings, to further inform the delivery of the Health And Wellbeing Strategy.

### Background

The consumption of alcohol is an accepted habit with modern society, but research over recent decades had highlighted the impact this can have on mental wellbeing, health outcomes and ultimately increased mortality.

The Health And Wellbeing Strategy 2024, has a priority for Healthy People, Healthy Places, identifying that people in Oxfordshire should have the opportunity to thrive in healthy environments, including living in a way that does not put them at risk of harm from excessive alcohol consumption.

Alcohol misuse is now noted as the largest risk factor for death, ill health and disability amongst 15-49 year olds in the UK <sup>1</sup>, and the fifth largest across all ages. It is also a causal factor in more than 200 medical conditions<sup>2</sup> including many cancers such as mouth, throat, stomach, liver and breast.

As well as impacting a person's health, alcohol is also a contributory factor to in unemployment, housing needs and homelessness, and crime. The societal and economic costs associated with excessive or harmful alcohol consumption across the health and social care system are estimated at £21.5bm (PHE 2016) <sup>3</sup>

As with many factors in society, the impact of harmful drinking is not experienced equally across society. A higher proportion of men (28%) than women (15%) drink

<sup>1</sup> [Alcohol Profile - OHID \(phe.org.uk\)](https://www.phe.org.uk)

<sup>2</sup> [Alcohol: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>3</sup> [The public health burden of alcohol: evidence review - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

more than the recommended 14 units per week<sup>4</sup> on a regular basis. The proportion of people who drink more on a weekly basis increases with household income.<sup>5</sup> Worryingly, excessive alcohol consumption also affects children and young people. A national survey of young people's smoking drinking and drug using habits<sup>6</sup> (2021) showed that 14% of 15 year olds reported drinking once a week, and white pupils were most likely out of all ethnicities to have had a drink in the last week.

People can be unaware of the impact that their alcohol consumption is having on their health, until harm has already been done. The estimated prevalence for alcohol dependency in Oxfordshire is 5,738 (2019 to 2020)<sup>7</sup> which is a rate of 10.52 per 1000 general adult population, compared to the England rate 13.52. Where a person is dependent on alcohol, they are considered to be in need of treatment, and the comparison of the number of people dependent on alcohol (prevalence) and the number of people in treatment, is known as the "unmet need". Nationally the unmet need is estimated to be 77.6% for England, whilst in Oxfordshire this is lower at 74.3%<sup>8</sup> due to a significant focus in recent years on supporting alcohol clients, and additional funding from grants.

The impact of alcohol consumption varies between districts in Oxfordshire, with the male age related mortality rate (per 100,000 population) in Oxford (58.9) and Cherwell (55.2) being higher than South Oxfordshire (49.1) Vale of the White Horse (42.7) and west Oxfordshire (39.6). This is lower than the England average of 60.3, but worryingly has an upward trend.<sup>1</sup>

There is a different picture for hospital admissions for under 18s for alcohol specific conditions, which shows a higher rate (per 100,000 population) in South Oxfordshire (44.1) (compared to England at 34.7), with the other districts being similar of below England average.<sup>19</sup>

Whilst the prevalence in Oxfordshire is lower than England, there is still a need to ensure prevention measures are in place to raise awareness and reduce risky levels of drinking, and provide support for those affected.

## Preventing alcohol harm

There are many ways to prevent the harms caused by alcohol. Measures can be taken at both a population level to create an environment that is not promoting harmful use, and an individual level to support people who are at risk of alcohol harm.<sup>10</sup>

This is in line with the Oxfordshire Health And Wellbeing Strategy priority to foster "Healthy Places, Healthy People", by reducing alcohol risk in our social and

<sup>4</sup> [Chapter 12: Alcohol - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/Chapter-12-Alcohol)

<sup>5</sup> [Part 3: Drinking alcohol - NHS England Digital](https://www.nhs.uk/england-digital/part-3-drinking-alcohol)

<sup>6</sup> [Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS England Digital](https://www.nhs.uk/england-digital/smoking-drinking-and-drug-use-among-young-people-in-england-2021)

<sup>7</sup> [Estimates of alcohol dependent adults 2015-16 to 2019-20.ods \(live.com\)](https://www.live.com/Estimates-of-alcohol-dependent-adults-2015-16-to-2019-20.ods)

<sup>8</sup> DOMES report, figures for 12 months ending March 24

<sup>9</sup> (all district rates quoted here have large confidence intervals due to relatively small amounts of data, which the England average sits within)

<sup>10</sup> [Recommendations | Alcohol-use disorders: prevention | Guidance | NICE](https://www.nice.org.uk/guidance/NG115)

economic environment.<sup>11</sup> This is achieved through understanding the local needs in Oxfordshire for alcohol support, and taking a partnership approach to supporting and addressing those needs.

## Partnership

The local strategic action plan for alcohol is included in the Combatting Drugs Partnership work, (as services cover both alcohol and drugs), which brings together partners from across the system to address local challenges. To provide an additional targeted focus on alcohol, Public Health lead the Alcohol Partnership, bringing together frontline services and institutions to understand the challenges posed by alcohol consumption, and ensure there is a common knowledge to addressing these. 20 organisations are represented, including partners from health, criminal justice, community treatment providers, higher education, local authorities (county and districts), Voluntary and Community Sector (VCS), and pharmacies. In the past year, the Partnership has completed an exercise surveying how well their organisations fulfil NICE recommendations on alcohol use screening<sup>12</sup> (including with the AUDIT questionnaire<sup>13</sup>), brief advice and referral to specialist services. The Partnership has also recently collaborated on concerns about risky drinking among students, agreeing a raft of actions to promote safer drinking advice for students, particularly during the freshers' period. The partners in universities and the community alcohol service also agreed closer collaboration to improve pathways for students with alcohol use issues.

## POPULATION INTERVENTIONS – PRIMARY PREVENTION

### Price, place, promotion – government policy and enforcement

Reviewing the pricing of alcohol to make it less affordable in day to day life is an approach which can be taken at government level and has been evidenced across the world.<sup>14</sup> The pricing can be affected by duties levied, but this can be complicated by manufacturers setting the pricing models of their products and absorbing some of the duties to provide a competitive pricing point. Therefore, introducing a minimum price per unit, considering the direct link between alcohol units consumed and the health and wellbeing outcomes for an individual, ensures the final price of the product reflects this. Currently there is a policy in Scotland to increase the cost of alcohol, based on evidence of harm reduction and positive public opinion towards the policy.<sup>15</sup> Currently there is no minimum unit pricing in England, but evidence suggests this would reduce the mortality and morbidity impacts of alcohol consumption.

The availability of alcohol is regulated through licencing of premises selling alcohol for consumption and for retail sale. This is the responsibility of local authorities to grant licences, taking into account the number of licensed premises already in the area and seeking input from partners to ensure all community factors are considered. Monitoring adherence to the licenses for age related sales is undertaken

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<sup>11</sup> [Health and wellbeing strategy - 2024-2030 \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/health-and-wellbeing-strategy-2024-2030)

<sup>12</sup> [Recommendations | Alcohol-use disorders: diagnosis, assessment and management of harmful drinking \(high-risk drinking\) and alcohol dependence | Guidance | NICE](https://www.nice.org.uk/guidance/TA254)

<sup>13</sup> [Alcohol use disorders identification test \(AUDIT\) \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/guidance/20130617)

<sup>14</sup> [Appendix C: The evidence | Alcohol-use disorders: prevention | Guidance | NICE](https://www.nice.org.uk/guidance/TA254)

<sup>15</sup> [Minimum Unit Pricing rise - gov.scot\(www.gov.scot\)](https://www.gov.scot/minimum-unit-pricing-rise)

by the Trading Standards team, with a particular focus on ensuring there are no underage sales, and adopting the “Think 25” approach to selling alcohol. This is also supported by legalisation on restricting marketing alcohol to young people, and prohibiting portraying alcohol as in some way improving someone’s performance or social standing.<sup>16</sup>

### **Primary Prevention in Oxfordshire:**

In addition to the national level interventions that can ensure responsible sales and consumption of alcohol, there are also population level prevention interventions which Oxfordshire partners collaborate on to benefit the local population.

One important approach is to provide reliable information to the public, allowing them to make an informed choice about their drinking. Public Health commission **Drinkcoach**, a web-based tool, free for everyone to access, which allows residents to assess their drinking risk levels, and provides advice and signposting to community alcohol treatment service, Turning Point where appropriate. The assessment is based on the AUDIT (Alcohol Use Disorders Identification Test) questionnaire, which is the WHO gold standard for alcohol use disorder screening<sup>17</sup>. Public Health promote the use of this tool during: Alcohol Awareness Week in July, and the month of January. In 2023, 5,637 Oxfordshire residents visited the DrinkCoach website, of which 2,158 completed the test and received feedback on their risk level.

<https://drinkcoach.org.uk/>

### **Early intervention**

Supporting young people to make informed choices has an impact on the risky behaviours they choose to get involved in.

The Training Effect (TTE) are commissioned to provide the **Protective Behaviours & Information service**, through classroom sessions free to all schools for years 7-9. This focuses on developing skills in children to recognise and understand risks, feelings, and how to be safe. Sessions on assessing risks, recognising supportive people and peers, understanding motivations etc and is based on ‘Protective Behaviours’ model: This model aims to give confidence to children to enable them to take positive risks but within framework of safety-so in relation to alcohol, children are empowered to make good decisions and resist negative pressure to drink to excess as they grow older, and to seek help and support when they feel at risk of harm. [Programme Design and Delivery | The Training Effect](#)  
In the first two terms of academic year 2023-24, 1795 pupils participated in a session from TTE. Of those, 785 were in years 7-9 and the others were in older years, following specific requests from the schools.

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<sup>16</sup> [Alcohol - ASA | CAP](#)

<sup>17</sup> Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001) *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. Second edition. Geneva: Department of Mental Health and Substance Dependence, World Health Organization. Available at: <https://www.who.int/publications/i/item/WHO-MSD-MSB-01.6a>

## SECONDARY PREVENTION

To complement the population level prevention, support at an individual level can help people to recognise the impact of their drinking and where this is higher risk, to address it.

A number of services are provided within the Oxfordshire system to enable this, and provide appropriate support to individuals. The Public Health grant is used to commission services to support this priority.

### **Children and young person's drug and alcohol service – provided by Cranstoun**

This service offers support to children, young people and young adults affected by alcohol and drug use, in three main areas:

- Brief advice & information for young children & adults who may be having concerns with alcohol or drugs. This could be on a 1:1 or group level.
- Targeted support for those whose alcohol or drug use is having a big impact on their lives, using evidence-based therapeutic interventions
- Support for children or young people whose family members alcohol or drug use is having a negative impact on them.

In 2023-2024, 146 children & young people received support for 'affected by' parent/carer alcohol or drug use, and 259 young people received support for their own alcohol or drug use

In addition further pilots have been introduced in 2024. The first covers a whole family intervention for families, using the 'MPACT' intervention<sup>18</sup>. The second pilots increasing the age range to up to 25 years old, to overlap with the adult service, and so providing a 'better' person centred' service for those young adults who may not feel the adults' service is right for them.

### **Individual level interventions for adults**

**Identification & Brief Advice (IBA)** training is provided to frontline workers across any Oxfordshire service, to skill them up in talking to residents about their alcohol use, identifying risk levels, and offering brief advice and/or referral to specialist services as appropriate. The aim is to improve the provision of prevention interventions across the Oxfordshire service system. In 2023, 7 sessions were facilitated, attended by a total of 103 frontline workers. Attendees were mostly from Oxford Heath NHS FT (38), OUH NHS FT (16), Oxfordshire Mind (15), and Oxford University college nurses (12).

### **Secondary care interventions**

Part of secondary and tertiary prevention for alcohol is to identify the people who need support. The acute hospital setting is an opportunity for this.

The **Community Safety Practitioner (CSP)** is a nurse led service which aims to reduce the number of people attending A&E with complex issues connected to their alcohol use (and drug use or both for some people). The CSP service follows up

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<sup>18</sup> [M-PACT Programme - Forward Trust](#)

people after their A&E attendance and helps to engage them with community-based services. This can be the Community Alcohol & Drugs service but also housing, other services such as mental health, the police, and the Alcohol Care Team in the hospital. In Q4 of 2023/24, 258 people were referred to CSP where the primary reason was alcohol

**Alcohol Care Teams** in OUH are based on wards and currently have a pilot in the emergency department. Their role is to identify patients whose health is affected by alcohol consumption, and depending on the acuity of patient's need, the ACT staff will lead on medically-assisted withdrawal for alcohol-dependent patients or deliver Brief Advice to patients whose alcohol use puts them at increasing or high risk of alcohol-related harm. The ACT refer patients to the community alcohol treatment service (Turning Point) for follow-up after their discharge from hospital, improving the pathway between acute and community settings and thereby improving secondary prevention. In the first 6 months, the ACT ED pilot service made 139 new referrals to community alcohol treatment services, and supported the engagement of a further 201 patients who were already open to services. In addition they contributing to the avoidance of almost 60 admissions in the first 7 months, providing a cost avoidance to OUH, as well as improving the longer term health of the individual.

## **TERTIARY PREVENTION**

Where alcohol use has become more problematic, tailored interventions enable an individual to address alcohol usage and recover from dependence. Alcohol treatment return on investment for the wider society is estimated at £3 for every £1 invested, increasing to £26 over 10 years.<sup>3</sup>

### **Oxfordshire Roads to Recovery - Community Alcohol and Drug service provided by Turning Point**

Turning Point provide comprehensive and integrated treatment and care for any adult in Oxfordshire who is experiencing problems with their drug or alcohol use. The intended outcomes are to reduce the harms caused to themselves, their families and society as a whole, and to support individuals towards long-term recovery. The provider offers a public facing service that inspires recovery, with a flexible, holistic approach to care and interventions tailored to suit individual need with a strong partnership ethos.

In the last 12 months 1,411 people in Oxfordshire were in treatment for alcohol , an increase of 81.1% since 2019.<sup>19</sup>

Oxfordshire Roads to Recovery work in close partnership with professionals across the system including NHS, social care, criminal justice and housing services to engage and support people where they are. They provide over 2,000 face-to-face contacts and 250 home visits a month. Turning Point have dedicated staff working alongside Children's Social Care to support parents as part of the Family Solutions Plus model, and also support multi-agency working with OUH including Maternity services, to support people in ED and on the wards to prevent repeat attendances and re-admissions to hospital related to alcohol and drugs.

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<sup>19</sup> National Drug Treatment Monitoring System data

This service includes :

- Assertive outreach with vulnerable populations including those who are rough sleeping or accessing criminal justice services
- A dedicated alcohol treatment service
- Clinical treatment for alcohol dependency including community detoxification
- Residential detoxification and rehabilitation assessment and placement management

Following the publication of the Harm to Hope 10 year drugs plan<sup>20</sup> additional grants have been provided by central government to increase the capacity and reach of services for rough sleepers, those with housing needs, those with employment and training needs and to provide further harm reduction and prevention interventions.

[Oxfordshire Roads to Recovery | Turning Point \(turning-point.co.uk\)](https://turning-point.co.uk)

Where the treatment needs of an individual can't be met in community services, clients are assessed for and may be offered residential treatment, which supports a range of complex needs whilst achieving recovery from alcohol usage.

### Next Steps

Addressing the harms caused by alcohol requires interventions both at population and individual levels, working in partnership with many organisations. Some of this can be achieved through legislation from central government, but local level interventions provide a targeted response to address the needs seen in Oxfordshire. Primary, secondary and tertiary prevention are all needed to reduce the long-term health harms caused by alcohol, and it is vital all system partners continue to work together on this agenda, to support the achievement of the Health and Wellbeing strategy.

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<sup>20</sup> [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk)