

## **Alcohol related harm – surveillance report and overview of current work.**

### **1. Context**

2. Alcohol related harm is being increasingly highlighted as a national and local public health priority. The Director of Public Health Annual Report for Oxfordshire has included the challenge of reducing alcohol related harm for the last two years, setting the following context:
  - a. **Alcohol consumption has risen in the last 40 years.** In England, average adult alcohol consumption has risen by 40% since 1970.
  - b. **Many Adults exceed recommended drinking levels** and one in five drinks at hazardous levels
  - c. **Alcohol consumption in young people has increased** with heavy drinking and binge drinking a concern in this group. Consumption among young women has been increasing rapidly.
  - d. **Alcohol, without doubt, causes disease** and early death. It is a poison.
    - In England in 2006, 16,236 people died from alcohol-related causes.
    - The number of deaths from alcohol-related liver disease has almost doubled in the last decade.
    - Alcohol causes cancers of the liver, bowel, breast, throat, mouth, larynx and oesophagus; it causes osteoporosis, reduces fertility and causes accidents of all kinds.
    - Alcohol is responsible for around 950,000 unnecessary admissions to hospital nationally per year, and this is rising (an increase of 70% in the 6 years between 2002/03 and 2008/09).
  - e. **Alcohol is getting cheaper and more easily available**
    - The real cost of alcohol has fallen: a unit of alcohol cost 67% less in 2007 than in 1987.
  - f. **The health benefits of alcohol are overstated**
    - Despite recent media coverage, attempts to define a 'safe' level of drinking are fraught with difficulty<sup>1</sup>. Although above the age of 40 years, drinking a small amount of alcohol may reduce the risk of heart disease and stroke. For those who drink above this low level, and for those under 40 years who drink any amount, alcohol **increases** the risk of heart disease and stroke. For those of any age, drinking any amount of alcohol increases the risk of cancer, there is no safe limit. Across England, for every hospital admission that alcohol 'prevents', alcohol causes 13 people to be admitted.
  - g. **Alcohol damages the family and social networks**

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<sup>1</sup> The Government's Alcohol Strategy, published as a consultation document in March 2012, includes an intention to review current alcohol guidelines

- h. Alcohol fuels antisocial behaviour** and changes the character of our towns, especially in the evening at weekends
- i. Alcohol damages front-line services** and the economy and places a huge financial burden on the taxpayer.
- j. Hospital admissions for alcohol related harm in Oxfordshire are rising**
  - Local statistics show the burden of disease related to alcohol in Oxfordshire.

## **Recommendations from the DPH Annual Report 2011**

- **Strategic Priority of this topic**

By March 2012 the Oxfordshire Community Safety Partnership and The Oxfordshire Drug and Alcohol Action Team should confirm that the prevention of alcohol misuse and harm minimisation remain priorities. Within this framework, the multi-agency approach of the Alcohol Strategy Group must be maintained and continually developed.

- **Strategic Alignment and clarity of who-does what**

By March 2012, the Oxfordshire Community Safety Partnership and the Oxfordshire Health and Wellbeing Board should have reached agreement that the Oxfordshire Community Safety Partnership will take a lead role on setting outcome measures for reducing alcohol related harm and achieving progress. This progress should be reported to the Oxfordshire Health and Wellbeing Board via its Health Improvement Board.

- **Prevention and Education**

By June 2012 an authoritative 'set' of public messages should be widely used throughout Oxfordshire tailored to different audiences, to help people to understand the personal implications of drinking alcohol. This is intended to help people make their own informed choices. These messages should be planned and promulgated through the Oxfordshire Community Safety Partnership working with Oxfordshire's Public Health Team.

- **Harm Minimisation**

By June 2012 the Oxfordshire Community Safety Partnership should conclude work with the Oxfordshire Clinical Commissioning Group to find the best means to develop the offer of alcohol screening and brief advice through primary care and other settings, not just targeting those who are drinking at harmful levels but to help everyone understand their current level of drinking and whether there is reason to be concerned.

- **Moving gradually 'upstream' from harm minimisation towards prevention**

By June 2012, the Oxfordshire Community Safety Partnership should ensure that essential reactive services are maintained to minimise alcohol related harm, (for example, through Nightsafe initiatives), **And** continue to move towards prevention in all this work. Specific plans should be drawn up to enhance the preventive element of all harm minimisation programmes. Examples of these approaches are:

- Promoting the work of Street Pastors who provide an important preventive element in keeping the night time economy safe.
- Finding new ways of reducing under-age sales.
- Enforcing licensing conditions.

### **3. Surveillance – the current situation in Oxfordshire.**

The Public Health Surveillance Dashboard includes an in-depth analysis of

- Alcohol specific hospital admissions (male and female). These are conditions that result directly from harmful drinking e.g. liver cirrhosis, alcohol poisoning
- Alcohol attributable hospital admissions (male and female). These are conditions that are made worse by alcohol e.g. heart conditions, some cancers

An example of the surveillance report for hospital admissions for alcohol attributable conditions will be made available at the meeting for information.

In addition to this surveillance, the Alcohol Strategy group reviews data from a range of sources to help with planning. This information includes

- Alcohol related attendance at the hospital emergency department
- Results of test purchasing operations to investigate sales of alcohol to people aged under 18
- Self reported alcohol use by young people
- Alcohol related crime (though this is not currently recorded by Thames Valley Police).
- GP practices asking questions about drinking alcohol when new patients register and referring some to other services if needed
- The number of people accessing alcohol treatment services, including young people

### **Overall the information shows**

1. The trends in Oxfordshire mirror the national trends well - All indications are that levels of drinking are gradually rising and that services are expending more and more effort to respond to the results in terms of ill health, accidents and crime.
2. Although the trend is going up, on the whole, Oxfordshire's levels are better than the England average.
3. The number of people being admitted to hospital as a direct or indirect result of their drinking is rising, with more men than women being affected.
4. Nightsafe initiatives in town and City centres have resulted in significant reductions in violent crime.

5. The offer of brief advice to vulnerable patients in A&E, and those who attend more than once, is effective in reducing their future attendance for alcohol related issues.
6. Test purchasing operations are effective in finding shops prepared to sell alcohol to young people but the problem of “proxy sales” to adults who then pass on the alcohol to young people is harder to tackle.

#### **4. Oxfordshire Alcohol Strategy Group (formerly known as the Alcohol Tactical Business Group)**

The Alcohol Strategy Group reports to the Oxfordshire Safer Communities Partnership. The Alcohol Strategy 2011-14 builds on the previous 4 year strategy and annual action plans are owned and delivered by a range of partners. These include:

- Public Health (who also chair the meetings)
- Oxfordshire DAAT
- District Councils – community safety or health strategy officers
- County Council Community Safety Team manager
- Nightsafe Coordinator from the City
- Trading Standards
- Thames Valley Probation
- Thames Valley Police
- Armed Forces representative

**The Alcohol Strategy** sets out 3 priority areas:

- Community Safety
- Health
- Young People

**Action plans** for 2012 – 13 include

- Coordination of information campaigns and Alcohol Awareness Week
- Continued development of Nightsafe across the county
- Training for a range of professionals to enable more widespread offer of advice on drinking and onward referral as needed
- Alcohol education toolkit for schools
- Alcohol awareness on armed forces bases, for military personnel and families
- Support for voluntary sector initiatives e.g. Street Pastors
- Appropriate alcohol treatment services and good outcomes
- Reducing repeat attendance at A&E for alcohol related harm
- Enforcement of under age sales and licensing laws

The recently published national Alcohol Strategy has highlighted some areas for future development locally which include:

- Setting outcomes in line with the national strategy to show success
- Ensuring the NHS is ready and able to take responsibility as a Responsible Authority under the new Licensing laws
- Ensuring that alcohol related harm is high on the agenda for the new Police and Crime Commissioners, once elected
- Promote use of surveillance data for planning by a wide range of organisations
- Forging links with the retail sector
- Incorporating alcohol screening and brief advice into NHS Health Checks from next year.
- Ensure work with young people can continue to develop in the face of changes in relationships with schools.

## **5. Implications for the Health Improvement Board.**

The relationship between the Safer Communities Partnership (OSCP) and Health Improvement Board (HIB) on the issue of alcohol is a good “test case” of how we forge working relationships. Alcohol related harm is clearly a health issue. It is also clearly a community safety issue. The approach taken by the Alcohol Strategy Group straddles the interests of both Boards.

This will be the case for other community safety issues which are also health issues e.g. substance misuse, domestic abuse, offender health and its relation to reoffending. The attendance of the Chief Fire Officer, as Chairman of the Safer Communities Partnership Business Group, is essential to promote the joint working that is needed.

It is recommended that

- The governance and reporting arrangements currently led by OSCP should continue for the Alcohol Strategy Group.
- The HIB should proactively influence the agenda for the Alcohol Steering Group through the attendance of the Chairman of the OSCP Business Group and the Chair of the Alcohol Strategy Group
- Annual updates on alcohol related harm (more frequently on request) should be provided to the HIB.

Jackie Wilderspin, May 2012