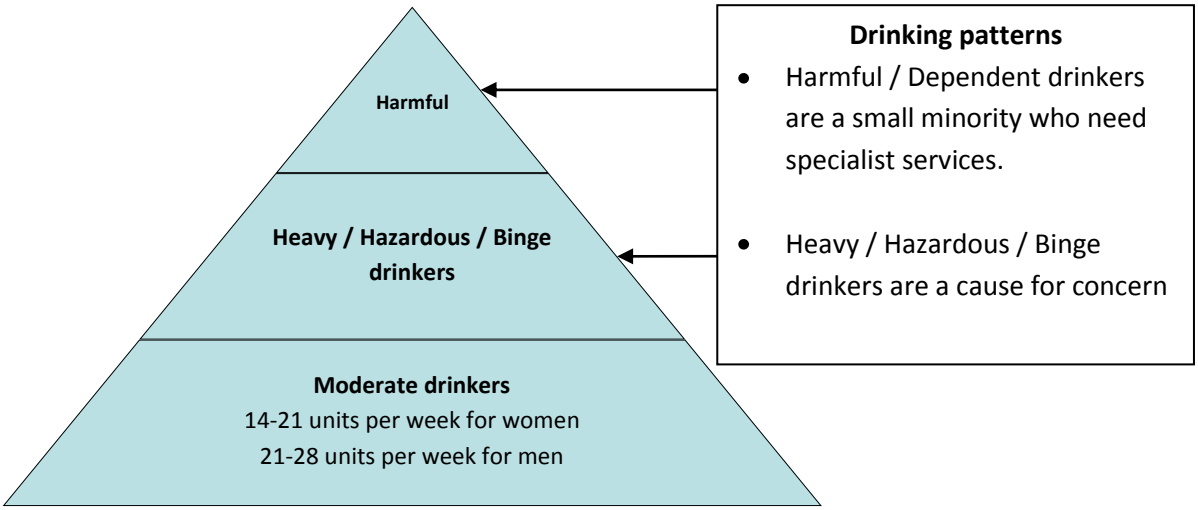
Joint Health Overview and Scrutiny Committee 13 June 2013
Alcohol Related Harm to Health
Briefing Note

Executive Summary

Efforts to reduce the impact of alcohol on health need to start with the individual, be underpinned by national policy and respond to local need. This paper gives an overview of individual responsibility, national policy and local arrangements for reducing alcohol related harm to health. This includes an overview of the approaches to prevention and the treatment services currently available for dependent drinkers.

Background

Communities have drunk alcohol for thousands of years. For the ancient Greeks wine was a significant trade commodity and wine also served important religious, social and medical purposes in Greek society. The consumption of alcohol still has a prominent place in modern society, and can have a positive impact on adults' social wellbeing. Alcohol plays a significant role in the fabric of modern society and also makes a substantial contribution to the economy. The majority of people drink alcohol in a responsible way. It is known however; that even drinking a modest amount has an impact on health. Furthermore, an increasing minority of people are drinking harmful amounts of alcohol and this is reflected in increased alcohol related disease. The Director of Public Health for Oxfordshire has highlighted concerns about alcohol consumption in his Annual Report for several years now.



Most people in the population who drink alcohol do so moderately. A small minority develop dependence on alcohol and may need referral to addiction services in order to reduce or stop drinking. There is a growing concern that, between these "moderate" and "harmful" drinkers there is a growing number of people who are damaging their health by drinking more than the maximum number of units recommended (14-12 units a week for women and 21-28 units a week for men). These higher levels of consumption, whether

spread out over the week or consumed in a binge at the weekend / on holiday, will have a longer term impact on health, exacerbating certain conditions and increasing risk of illness. This paper provides an outline of the likely prevalence of problem drinking in Oxfordshire and the range of provision in place in order to reduce the health related harms. The further impact of alcohol on community safety, family life and social issues are **not** the topic of this paper or discussion. The focus here is on harm to health.

The Scale of the Problem

Estimating the scale of alcohol addiction has proved very difficult for government over the years, as problem alcohol consumption is often hidden. The government's alcohol strategy now estimates **that in a community of 100,000 people**, each year:

- • 2,000 people will be admitted to hospital with an alcohol-related condition;
- • 1,000 people will be a victim of alcohol-related violent crime;
- • Over 400 11-15 year olds will be drinking weekly;
- • Over 13,000 people will binge-drink;
- • Over 21,500 people will be regularly drinking above the lower-risk levels;
- • Over 3,000 will be showing some signs of alcohol dependence; and
- • Over 500 will be moderately or severely dependent on alcohol.

In Oxfordshire there is a population of 435,700 individuals aged 15 – 64 years. According to the estimates set out above this means that

- **2,200 people in Oxfordshire may be moderately or severely dependant drinkers**
- **13,200 people in Oxfordshire may be showing some signs of alcohol dependence**

Local data shows that there were over 6300 in-patient admissions for alcohol attributable conditions in 2010-11 (Source: North West Public Health Observatory (NWPHO) from Hospital Episodes Statistics)

National and Local services and initiatives

Efforts to reduce the impact of alcohol on health need to start with the Individual, rest on national policy and respond to local need. This paper outlines these various elements that make up the national and local picture for prevention and treatment. This is summarised in the diagram below.

A wide range of organisations provide these services. These are all described more fully in the remainder of the paper. Representatives of these services have been invited to attend the meeting of the Health Overview and Scrutiny Committee in June 2013 to explain their work in more detail.

Alcohol – reducing health related harm. An overview

1. Role of individuals and communities
"Responsible drinking" and culture of alcohol use in families and communities

2. National Government role
Policy on licensing, taxation, minimum pricing (?), Social Responsibility Deal

3. Primary Prevention
Curriculum / campaigns in schools, Primary care "day job", Campaigns e.g. Change 4 Life, Alcohol Awareness Week, Pharmacy campaigns, Men's Health Week etc.

4a. Screening
Lead: Public Health & Alcohol Strategy Group.
(Detecting "harmful / hazardous" drinkers)
NHS Health Checks, GPs in primary care, other settings

4b. Brief Advice for harmful drinkers
Lead: Alcohol Strategy Group / DAAT
Primary Care, Non-NHS settings, Accident and Emergency Dept, Early Intervention Hubs (Young People),

5. Referral to Treatment
Local Area Single Assessment and Referral Service (LASARS)
Assessment, information, advice, referral for "hazardous and harmful" drinkers

Increasing intensity of interventions

5a. Treatment for Addiction
Community, Hubs, Hospital, Residential.

Oxford Health - Harm Minimisation Service. Alcohol Interventions and Treatment

Lifeline - Recovery Service. Community Detoxification and Treatment

Young Addaction

5b. Residential Rehabilitation/Detoxification
Range of approved providers

Howard House
Residential Detoxification

6. Recovery Network

Aftercare support

Alcoholics Anonymous

SMART recovery

7. Medical Treatment
a. Treatment for alcohol related diseases- in the community or hospital
e.g. fatty liver disease, alcoholic hepatitis, liver cirrhosis.
b. Treatment for diseases which alcohol exacerbates: Heart disease, some cancers etc

1. The role of the individual, family and community

The statistics and outcomes that we quote are made up of individual stories and choices. Ultimately the reduction in alcohol related harm can only be achieved when individuals choose moderate drinking. These choices then influence the social norms which become the culture of drinking. Normative education in schools is helping young people to know that, in spite of what they might hear, most of their peers are not drinking to excess. Information about the long term damage of drinking above recommended levels needs to be accessible and help inform healthy choices in the whole population.

2. National Strategy and the role of central Government

The role of Government includes taxation policy, which has seen consistent approaches to excise duty on alcohol. There has been consultation on licensing and more local freedom to introduce Late Night Levies aim to reduce public order issues. The naming of the NHS as a "responsible authority" in licensing means that harm to health can now be cited as a reason for changing or refusing licenses to sell alcohol. Consultation on minimum pricing per unit of alcohol was carried out earlier this year and a response from Government is awaited. All these measure are essential to underpin local efforts to inform the population and prevent alcohol related harm.

There has also been a change to how treatment services are commissioned, with more local freedom. The Government Alcohol Strategy was launched in March 2012. It states that:

> "From April 2013, upper tier and unitary local authorities will receive a ring-fenced public health grant, including funding for alcohol services. Local authorities will be supported by Public Health England. They will be free to design services to meet local needs, working in partnership where this makes sense for them. This can maximise the scope for early interventions and can better meet the needs of specific groups.

3. Primary Prevention

The key to reducing alcohol related harm to health is to enable individuals to make healthy choices. Local activity is taken forward by a wide range of organisations and some joint work is overseen by the Alcohol Strategy Group. This includes running information campaigns in schools, a focus on Alcohol Awareness Week each November and Men's Health Week in July, pharmacy campaigns and information through primary care. Primary prevention is also embedded in the "day job" of primary care and is written into the school curriculum. National campaigns, such as Change4Life give information on alcohol consumption too.

The Alcohol Strategy Group is a partnership of local authorities, public health, voluntary sector, police, Trading Standards and other organisations. It oversees the implementation of action plans which cover reducing health related harm as well as community safety issues and attempts to reduce the supply and demand of alcohol to young people.

4. Screening and Brief Advice

a. Screening

The Alcohol Strategy Group also implements actions to promote screening for alcohol use and onward referral for brief advice or treatment. Most people drink alcohol at levels below the maximum recommended number of units (21-28 a week for men, 14-21 per week for women). Those drinking above these levels may be regarded as at risk of harm and so brief advice is indicated. The screening tool will also indicate possible dependence on alcohol for which referral into addiction services may be appropriate. A simple list of questions is used to screen people for alcohol use. This is routinely used with new patients registering in GP Practices and has just been introduced as part of the NHS Health Checks for 40-74 year olds.

b. Brief Advice

Many people who are drinking at above the maximum recommended levels benefit from "brief advice" following this screening. The Alcohol Strategy Group has overseen training for a range of health and other professionals in how to deliver this advice. This is a very effective intervention recommended by the National Institute for Clinical Excellence (NICE). A Community Safety Practitioner based in the Emergency Department at the Oxford University Hospitals Trust also offers brief advice to people who attend with alcohol related conditions or injuries.

5. Treatment for Addiction

This includes services in the community and residential treatment. The range of services is set out below, including detoxification, psycho-social interventions and peer support. Special services for young people are also provided.

a. Services Commissioned for Adults by DAAT Board for the Treatment of Alcohol Dependency

Local Area Single Assessment and Referral Service (LASARS) – Provided by the LASARS partnership (made up of Probation, Lifeline and Oxford Health)

LASARS provide an information and referral service for anyone seeking help. LASARS is new to Oxfordshire and is the single point of access for drug and alcohol treatment. The LASARS partnership started in October 2012 and provides

- Assessment and support for residential rehabilitation placements
- Initial assessments for drug and alcohol treatment services
- A single point of contact drug and alcohol treatment
- Signposting
- Information and advice

Provider Lead: Lou Everatt (Thames Valley Probation)

The Harm Minimisation Service - Provided by Oxford Health Foundation NHS Trust in partnership with OASIS

This service provides:

- Drug and alcohol treatment with specialist drug and alcohol workers, nurses and doctors led by a consultant psychiatrist.
- Support using cognitive behavioural techniques aimed at those people whose alcohol consumption is starting to have an impact on their social, psychological and physical functioning so those showing some signs of dependence.
- Support for chaotic drinkers who are not able or not ready to stop drinking
- Drop in support sessions including Saturday morning sessions
- Detoxification for those addicted to alcohol as well as drugs

Total number of individual alcohol clients April 2012 – March 13	**396**

Provider Leads: Karen Skinner - Clinical Service Manager. Roy Walsh - Manager of the specialist drug and alcohol workers. Dr Alastair Reid - Consultant Psychiatrist (Oxford Health NHS Foundation Trust)

The Recovery Service - Provided by Lifeline

This service is an abstinence based service for those that want to overcome their drug and alcohol addiction. The service provides drug and alcohol detoxification with specialist drug and alcohol workers, nurses and doctors.

- Alcohol detoxification
- Community rehabilitation
- Intensive support groups
- Counselling
- Education, Training and Employment
- Housing support
- Weekend and evening support
- Peer support groups such as NA & AA
- Ongoing aftercare support

This Service is commissioned on a Payment by Results basis as part of a government pilot.

Total number of individual alcohol clients since April 12 to March 13 (Source OTIS)	**400**

Provider Leads: Dee Dee Wallace – Service Manager. Dr Rick Dougal – Clinical Lead (Lifeline)

Howard House - Provided by SMART

Howard House in a ten bed residential detoxification unit aimed at the more complex cases of drug and/or alcohol dependency. The service provides a 12 week programme delivered by specialist drugs and alcohol workers, nurse and weekly on site doctors.

- 24 hours staffing
- Group programmes
- Individual counselling
- Medically assisted detoxification
- Peer support
- Housing support

Provider Lead: Jodie McMinn – Service Manager (SMART)

b. Residential Rehabilitation and Residential Detoxification Framework

A range of approved providers of residential treatment for drug and alcohol addiction are under contract through an Oxfordshire County Council Contract Framework that was tendered for in 2010. Approximately £850k is spent on placements of up to 6 months. There are nine different providers from across the England providing different types of rehabilitation programmes that meet various needs such as Women Only centres, 12 Step (Christianity based) programme which is like AA. This type of service is for more complex cases where community treatment has not worked.

Total number of clients (alcohol, drug, alcohol & drug) 2012/13		102
Number of alcohol only	**28**	**27.45%**
Number of drug only	28	27.45%
Number of drug & alcohol	**46**	**45.10%**

Services Commissioned by DAAT Board for Young People's Drug and Alcohol Misuse

The young people's drug and alcohol service is provided by Young Addaction, This is delivered through the Early Intervention Hub structure throughout the county. There is a specialist drug and alcohol worker within each Early Intervention Hub and the integration enables closer collaborative working. The service provides:

- One to one support for young people who are experiencing difficulties with drugs and alcohol
- One to one support for young people who are affected by their parents/familial drug and alcohol addiction

Provider Lead: Anna Penn – Service Manager, Young Addaction

6. Oxfordshire Recovery Network

The Recovery Network is a social enterprise that has grown from Oxfordshire User Team, aimed at providing those with a history of drug or alcohol addiction and offending with opportunities to overcome social exclusion. This is achieved by creating opportunities for volunteering, supporting people with education, training and employment and enabling people to develop positive lifestyles and friendships. The Refresh Café situated on the Cowley Road is a focal point for this initiative and provides:

- Volunteering and work placement opportunities for prisoners on day release from Springhill prison
- Food Hygiene qualifications
- Volunteering opportunities in the café
- Access to the information hub and internet Café
- Access to education, training and employment opportunities
- Information, advice and support
- Access to leisure activities to build new relationships
- The annual Walk for Recovery event to raise awareness about recovery

Provider lead: Glenda Daniels (Oxfordshire User Team)

7. Medical Treatment

Services Commissioned by Oxfordshire Clinical Commissioning Group (OCCG)

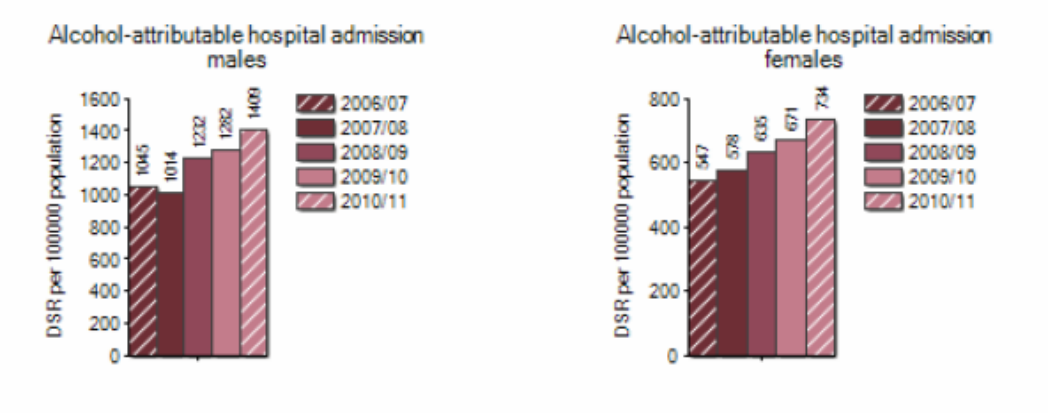
Emergency Department Provided by Oxford University Hospitals Trust

Oxford Emergency Department at the John Radcliffe Hospital is a busy emergency department with a significant amount of admission on a weekend being alcohol related. At present Public Health fund one community safety practitioner (a nurse). This postholder works with staff within the department and follows up individuals whose illness or injury is related to alcohol consumption. Some of these people are offered brief advice about their alcohol consumption or referred to other services. This is shown to reduce the number of alcohol related readmissions to the emergency department.

Provider Lead: Dr Phil Hormbrey – Emergency Department Consultant (OUH)

Hospital in-patient services commissioned by Oxfordshire Clinical Commissioning Group (OCCG)

Hospital admissions for conditions directly related to alcohol consumption or other illnesses that are exacerbated by alcohol are increasing, as shown in the table below. A range of medical services is commissioned by the CCG so that appropriate treatment can be provided. Some examples are given below.



Gastroenterology - Oxford University Hospitals Trust

The liver breaks down alcohol so it can be removed from the body. The liver can become injured or seriously damaged if an individual drinks more alcohol than it can process. There are three main types of alcohol-related liver disease: fatty liver disease, alcoholic hepatitis, and alcoholic cirrhosis.

Fatty liver disease

Fatty liver disease is the build up of extra fat in liver cells. It is the earliest stage of alcohol-related liver disease. There are usually no symptoms. If symptoms do occur, they may include fatigue, weakness, and weight loss. Almost all heavy drinkers have fatty liver disease. However, if they stop drinking, fatty liver disease will usually go away.

Alcoholic hepatitis

Alcoholic hepatitis causes the liver to swell and become damaged. Symptoms may include loss of appetite, nausea, vomiting, abdominal pain, fever and jaundice. Up to 35 percent of heavy drinkers develop alcoholic hepatitis.

Alcoholic hepatitis can be mild or severe. If it is mild, liver damage may be reversed. If it is severe, it may occur suddenly and quickly lead to serious complications including liver failure and death.

Alcoholic cirrhosis

Alcoholic cirrhosis is the scarring of the liver -- hard scar tissue replaces soft healthy tissue. It is the most serious type of alcohol-related liver disease. Symptoms of cirrhosis are similar to those of alcoholic hepatitis. Between 10 and 20 percent of heavy drinkers develop cirrhosis. The damage from cirrhosis cannot be reversed and can cause liver failure. Not drinking alcohol can help prevent further damage. Source: The Liver Foundation

The Gastroenterology department situated at the John Radcliffe Hospital provides treatment for chronic alcohol related liver disease. Gastrointestinal Services (often referred to as GI Services), is concerned with the treatment of the digestive tract (or gut) and associated organs.

Provider Lead: Dr Jane Collier – Gastroenterology Consultant

Commissioning and Partnership Arrangements in Oxfordshire

The Alcohol Strategy Group is a sub group of the Oxfordshire Community Safety Partnership. The group oversees the implementation of the wider partnership alcohol strategy which includes primary prevention of harm to health and some screening and brief interventions. Most of the work is achieved through collaboration or by individual partners commissioning specific pieces of work from their own budgets. The strategy also aims to reduce alcohol related community safety issues and the supply and demand of alcohol to young people.

Oxfordshire Clinical Commissioning Group commissions services related to the medical treatment of alcohol related conditions in secondary care and the Emergency Department.

The DAAT (Drug and Alcohol Action Team) Board is a partnership that oversees the commissioning of services for alcohol dependency for adults and alcohol services for young people. Until recently the budget available to the DAAT board from government was restricted to its primary focus being on commissioning services for illicit drug addiction, this restriction has now been relaxed and services were redeveloped and expanded, with new services starting in April 2012. As part of a national pilot, two of the main services (described on page 6), the Recovery Service and the Harm Minimisation service are commissioned of a payment against outcome basis

Last year all the drug and alcohol treatment services that were commissioned by the DAAT were remodelled and re-commissioned to embed the treatment of alcohol dependency within them. During 2013/2014 further investment will be made to increase the capacity in provision of alcohol treatment. This includes:

- Doubling the number of alcohol workers within the Harm Minimisation Service and having a dedicated alcohol nurse working with the hostels for the homeless.
- Commissioning dedicated alcohol education, for a full three year cycle, for every secondary school in Oxfordshire.
- Reviewing care pathways to ensure that GP practices can access to specialist alcohol workers for their patients.
- Ensuring that the work of the Alcohol Strategy Group and the other commissioners is more closely linked.

Jackie Wilderspin and Jo Melling, Public Health, Oxfordshire County Council