Alcohol update
Health and Wellbeing Board

Stockton-on-Tees

February 2023

Overview

- Alcohol profiles and data for Stockton-on-Tees
- ICS Alcohol Health Care Needs Assessment & recommendations
- ICS approaches
- Alcohol awareness
- Alcohol licensing
- Community alcohol services
- Inpatient detox provision

Alcohol profiles

Stockton – mortality and admissions

Indicator	Period	Stockton			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Mortality									
Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020	→	99	51.1	49.0	37.8	68.9		21.5
Alcohol-specific mortality (1 year range)	2020	→	42	21.8	20.0	13.0	29.3		5.5
Alcohol-specific mortality (3 year range)	2017 - 19	–	89	15.6	16.0	10.9	27.3		3.9
Under 75 mortality rate from alcoholic liver disease (1 year range)	2020	→	33	18.7	17.5	10.8	27.5		4.5
Under 75 mortality rate from alcoholic liver disease (3 year range)	2017 - 19	–	75	14.4	14.1	9.1	23.9		3.7
Mortality from chronic liver disease (1 year range)	2020	→	52	26.9	21.6	13.7	29.5		6.0
Mortality from chronic liver disease (3 year range)	2017 - 19	–	109	19.2	18.7	12.2	31.9		5.4
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2020	→	1,326	1,399	1,531	1,116	2,436		559
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2020	→	1,010	1,039	796	500	1,125		246
Admissions									
Admission episodes for alcohol-specific conditions	2020/21	→	1,495	776	904	587	2,276		298
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020/21	→	1,192	616	650	456	805		251
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020/21	→	3,688	1,912	1,979	1,500	3,459		962
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	30	22.8	52.0	29.3	83.8		7.7

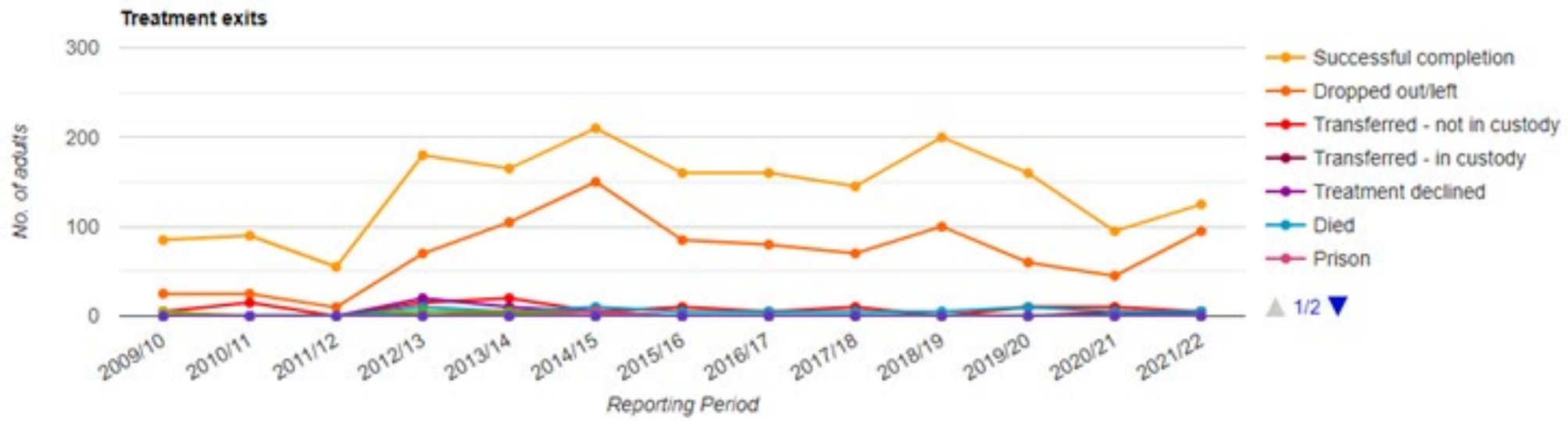
Alcohol profile

Treatment

Indicator	Period	Stockton			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Number in treatment at specialist alcohol misuse services	2020/21	–	326	326	-	76,740	-	-	-
Proportion waiting more than 3 weeks for alcohol treatment	2020/21	→	1	0.5%	-	2.0%	41.9%		0.0%
Successful completion of alcohol treatment	2020	→	118	34.2%	30.7%	35.3%	19.0%		56.4%
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol	2019/20	–	72	45.6%	37.5%	43.9%	63.6%		17.6%
Deaths in alcohol treatment, mortality ratio	2018/19 - 20/21	–	19	1.46	-	1.00	2.03		0.32

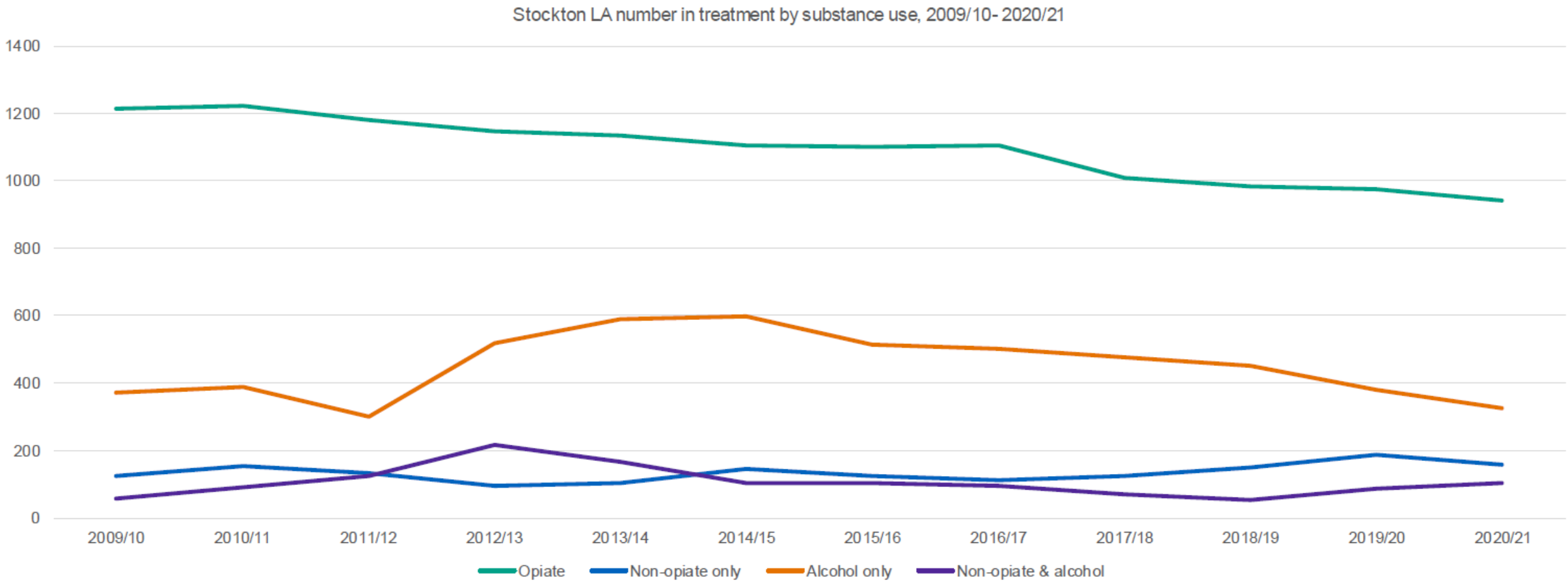
Community services: alcohol

Adults in Stockton-on-Tees



- In 2020/2021, CGL treated 325 alcohol-only clients; in 2021/2022, there were 395 alcohol-only clients.
- There are 130+ clients in community alcohol treatment services at any given time.
- Prevalence estimates suggest that we engage 25% of dependent drinkers in our treatment services

Numbers in treatment by substance group, 2009/10 to 2020/21 Stockton



ICS Alcohol Health Care Needs Assessment

Key facts about alcohol harm and healthcare

Alcohol is identified as a causal factor in over 60 medical conditions including cancers, liver and heart disease.

Alcohol related harm is estimated to cost the NHS £3.5 billion a year. The broader costs to society are estimated to be more than £20 billion a year

Alcohol consumption and alcohol-related harm increased during the COVID-19 pandemic. This HCNA was initiated in response to the increasing harm and higher levels in the NENC

At the end of 2020-2021 there were just over 6,000 people in structured alcohol treatment in the NE and Cumbria. However prevalence estimates are much higher and it is estimated that 79-91% of people dependent on alcohol are not accessing specialist/structured support

Across the NENC, more men are admitted to hospital than women due to alcohol. Each year there are approximately 16,500 unplanned admissions in the NENC wholly or partially attributable to alcohol. Common diagnoses included mental and behavioural disorders and disorders of the liver and pancreas

In 2020-21 there were almost 1,000 alcohol specific deaths registered in the NENC and rates in males were twice those in females. Most alcohol-specific deaths are attributed to alcoholic liver disease

ICS Alcohol Health Care Needs Assessment

Findings

- Levels of need and harm are higher in the NENC than England with variation and inequity by geography, age, gender and deprivation.
- COVID-19 pandemic had a mixed impact on consumption, with some people drinking more and some people drinking less
- Alcohol places considerable demand on healthcare with an average of 6,500 A&E attendances 2,000 planned and 10,000 unplanned admissions each year
- Most deprived communities experience most harm
- There is a lack of quantifiable data relating to alcohol and mental health

Recommendations

Workforce

Recommendation 1 - A regional training programme on alcohol for delivery to staff in all healthcare settings and relevant social care settings. The programme should include the prevention and management of alcohol-related health harms, recognise the role health inequalities play in this, and equip professionals with the necessary knowledge and skills to empower them to support individuals, their families, and the wider population. The content and delivery should be shaped by experts across the system, including those with lived experience.

Recommendation 2 - Healthcare staff groups are supported to access the relevant elements of the training programme, including prevention, brief interventions, and the management of alcohol-related harm

Recommendation 3 -The ICS Alcohol Programme should develop and maintain a comprehensive directory of community alcohol treatment services across the NENC and ensure that it is accessible to all professionals working with people who may be experiencing harm, as well as being accessible for members of the public

Recommendation 4- The ICS Alcohol Programme should develop and implement a communication and engagement strategy to support a culture change among NHS staff and empower staff to have effective conversations about alcohol and respond appropriately when alcohol-related harm is identified

Recommendations (cont.)

Data

Recommendation 5 – Improve data All healthcare providers, including mental health, primary care organisations and ambulance trusts should take steps to improve data quality and recording in relation to patients' alcohol consumption and the actions taken when people are drinking at levels above low risk. This should be a priority for patients with co-occurring conditions

Recommendation 6– Code alcohol-related A&E attendances All acute healthcare providers should review arrangements to ensure accuracy and consistency across the NENC

Recommendation 7– Make alcohol a mandatory field in mental health datasets All mental health providers, including providers of community and inpatient mental health services and IAPT, should so that the level of need within their population can be understood and addressed

Recommendation 8 –Local authority commissioners should explore whether they have sufficient analytical and commissioning support capacity, in line with the new Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) to understand and respond to local levels of need. Local Authorities can complement this HCNA to undertake comprehensive local health needs assessments for alcohol which incorporates data on the wider social impacts.

Recommendation 9 – Understand and respond to the alcohol healthcare needs of the population All healthcare providers, including acute trusts, mental health trusts, ambulance trusts and primary care, should use a population health management approach to understand the health inequalities associated with alcohol harm

Recommendation 10–Identify future research priorities The NIHR Applied Research Collaboration –North East and North Cumbria- should consider the findings of this HCNA to inform and support local practice

Recommendations (cont.)

Service Delivery

Recommendation 11–Increase access to structured alcohol treatment as part of the SSMTRG, there is an opportunity for Local Authorities to address the levels of unmet need

Recommendation 12–Strengthen the role of those with lived experience Commissioners and providers should go beyond consultation so that people with lived experience play a key role in supporting commissioning and driving pathway design, planning and education, thereby addressing inequalities in access, service use, outcomes and experience

Recommendation 13–The NENC ICB should explore the benefits of a whole footprint approach to Alcohol Care Teams and consider whether this will address inequity in access to alcohol specialists in secondary care

Recommendation 14–Include alcohol use in discharge documentation. where alcohol has been identified as a factor in the admission/attendance episode, all acute and mental health providers should include it at discharge. However, this should not be used as the only route for referral/signposting and providers should engage with the ongoing work to support staff to refer patients appropriately at each point of contact.

Recommendation 15 –Review progress by repeating alcohol audits which were undertaken for this HCNA in acute, community and secure settings

Recommendations (cont.)

Strategic leadership from the healthcare system

Recommendation 16 –There is a need to **increase awareness of the health harms associated with alcohol consumption** and promote the Chief Medical Officers' low risk drinking guidelines

Recommendation 17 –There is a need to have a **comprehensive public health approach to address the needs of children and young people where alcohol is a factor**. This would including primary prevention (e.g. education), secondary prevention (i.e. interventions for children and young people who access A&E) and tertiary prevention (i.e. access to evidenced based treatment services), with a specific focus on more deprived areas.

Recommendation 18 –The NENC ICS Alcohol Programme should work with partners to **explore secondary prevention opportunities** for unplanned and planned alcohol-specific admissions. This would benefit from a segmented approach e.g. specific work with men aged 45-59

Recommendation 19–The NENC ICB should consider **access to alcohol treatment i**n their ongoing work to **address inequity in access to healthcare as part of the Core20PLUS5** programme

Recommendation 20–The NENC ICS Alcohol Programme should identify further opportunities to provide leadership at a system and organisation level to normalise low risk alcohol use amongst those that drink. This requires a **change of culture, better understanding of the commercial determinants of health** and support for professionals to advocate for change

ICS approaches

Campaigns

- Superbabies
- Alcohol and Cancer

Interventions

- Alcohol awareness training for ICS staff
- Drinks coach app

Alcohol Care Team

- Managing unplanned inpatient alcohol detox (secondary to reason for admission)

Alcohol awareness in Stockton-on-Tees

Campaigns and comms

- Dry January
- Fetal Alcohol Syndrome Awareness day (FASD)
- Superbabies (ICB)
- Alcohol and Cancer campaign (Balance NE)

Alcohol licensing

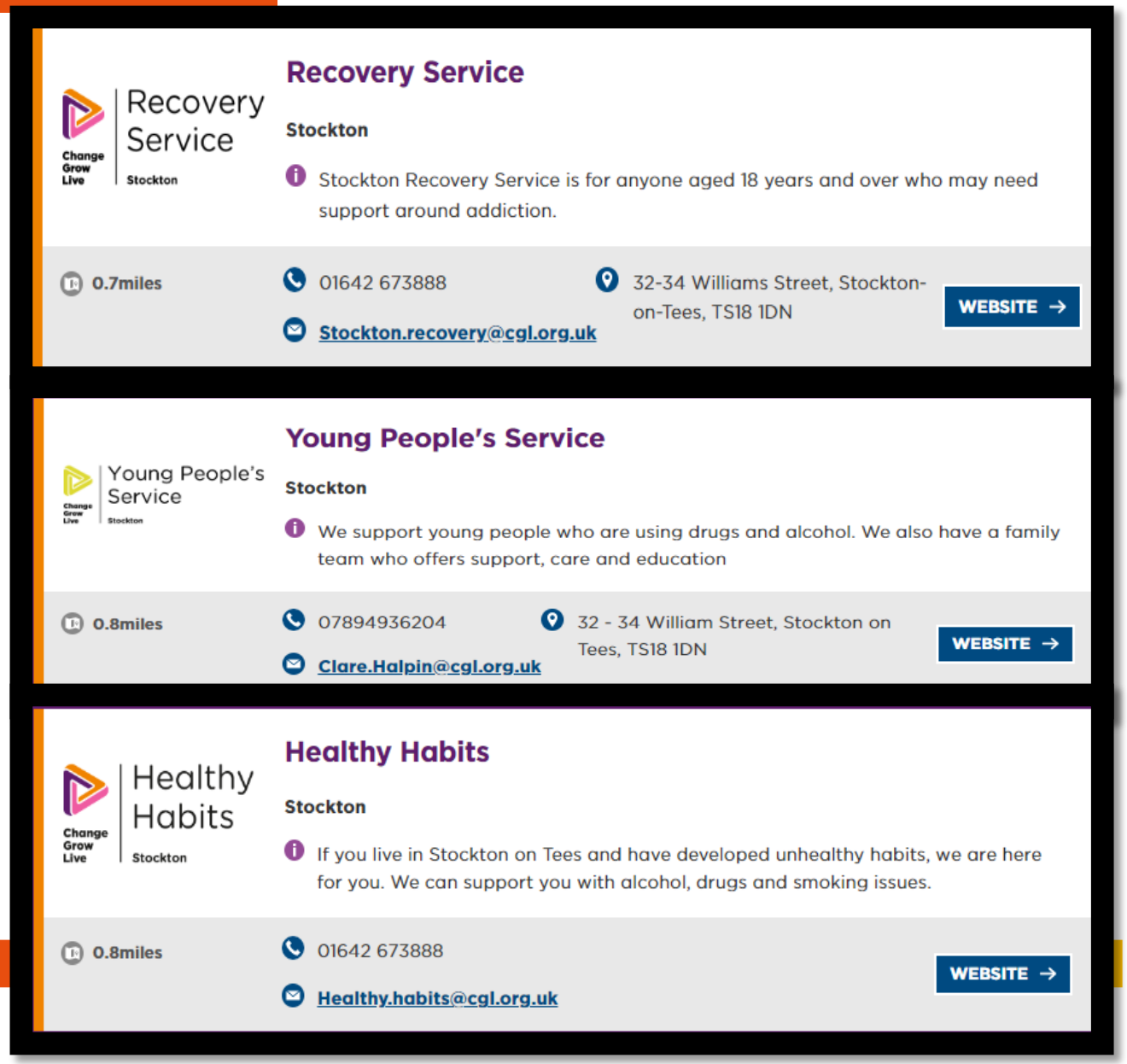
Public Health as a responsible authority

Evidence-base of alcohol-related harm

Work with police, trading standards and licensing

Community alcohol services

- Drinking down/ self-help
- Psycho social intervention
- Peer support groups
- Community detox
- Inpatient detox & community follow up
- Residential rehab



Stockton-on-Tees BOROUGH COUNCIL

Inpatient Detox

- Awaiting confirmation of funding for 2023/4 from the Treasury
- Tees Valley partners
- One bed at North Tees Hospital
- Medically/clinically managed detox
- Local provision vs. out of area
- Challenges of a waiting list
- Challenges of single-substance offer
- Broaden offer to be holistic and accept people with poly-substance misuse