Lincolnshire JSNA:
Alcohol (Adults)

Why is it an issue?

- Alcohol can play a positive role in society and is embedded in our national culture. Most people drink responsibly and enjoy alcohol for relaxation and socialising. However, while the majority drink safely, excessive consumption by a minority is causing significant problems of ill health, crime and disorder and impacts on our society, economy and can devastate families and communities.
- Excessive drinking is a major cause of disease and mortality both directly and indirectly and the social impacts are significant and wide ranging and include domestic violence, homelessness, family breakdown and anti-social behaviour.
- There is an overwhelming body of evidence for the health risks of alcohol misuse, including alcohol poisoning and unintentional injuries. Long term, alcohol is associated with illnesses including liver disease, heart disease and stroke and an increased risk of certain cancers.
- Alcohol has become one of the three biggest lifestyle risk factors for disease and death in the United Kingdom, after smoking and obesity.
- In 2011/12 saw 1.2 million alcohol-related hospital admissions.
- Alcohol is linked to almost 1 million violent crimes per year – 44% of all violent crime.
- Alcohol-related harm is estimated to cost £21 billion yearly to the UK economy with 17 million working days lost due to alcohol misuse.
- NICE estimates that the costs associated with alcohol misuse for the NHS are £3.5 billion and crime £11 billion per year.
- In 2010/11 healthcare system costs in Lincolnshire were estimated to be £41.6 million. This equates to £8.1 million for A&E attendances, £25.5 million for inpatient hospital admissions and £8 million for outpatient hospital visits.


Policy and Guidance

The most recent Government Alcohol Strategy was published in March 2012. The strategy, produced by the Home Office, has a focus on the importance of preventing and reducing the impact of alcohol on crime and disorder, as well as health. The strategy prioritises preventing alcohol-related harm by reducing the number of people drinking to excess and making "less risky" drinking the norm, both through local and national action. (https://www.gov.uk/government/publications/alcohol-strategy)

Alongside the strategy NICE released a local government public health briefing on alcohol (https://www.nice.org.uk/advice/lgb6/chapter/Introduction) in October 2012 which recommended that local authorities could, through working in partnership, take a number of actions. The briefing highlights that in a two-tier system such as Lincolnshire, responsibilities would be shared between the County Council and the seven District Councils;

County Council:
- Enforce laws on underage sales, as part of Trading Standards in partnership with Lincolnshire Police
- Have a role in promoting and advising people about sensible drinking
- Have responsibility for commissioning community alcohol treatment services
- Have responsibility for the NHS Health Check which includes an assessment of alcohol

Local Authority Districts:
- Influence where and when alcohol is consumed or sold, as part of planning regulations
- Have an important role in ensuring licensed premises operate responsibly and collaborate to reduce alcohol related harm
In 2010 the Government published ‘Reducing Demand, Restricting Supply and Building Recovery: Supporting People to Live a Drug Free Life’. This aims to reduce illicit and other harmful alcohol and drug use and increase the number of people recovering from their dependence. This represents a significant shift in emphasis, from getting people into treatment, and keeping them there as a key priority, to focussing on improving the number of people who successfully exit treatment. The 2010 strategy has a key focus on recovery. Recovery is the best way to summarise the positive benefits to physical, mental and social health that can happen when alcohol and other drug-dependent individuals get the help they need. This may mean help with managing money or debts, ability to access and sustain accommodation, employment and training or improving relationships with their family. For some it is building the capacity to become an effective parent.

What is the picture locally & how do we compare?

What is the picture in Lincolnshire?

- It is estimated that there are over 17,000 people across Lincolnshire classified as dependent drinkers, 25,000 people are drinking at harmful or higher risk levels and over 106,000 people are drinking at a level that is an increasing risk to their health.
- Alcohol costs the NHS in Lincolnshire an estimated £41.6 million in 2010/11, equating to £72 per adult in the county.
- Alcohol-related hospital admissions have been increasing in all parts of the county over the last five years, though there was a slight drop in some areas from 2011/12 to 2012/13. The highest rates of hospital admissions are seen in Lincoln and Boston.
- Alcohol-related mortality rates are lower in Lincolnshire than nationally and regionally, but they have increased from 2009 to 2012, particularly amongst women.
- From 2009 to 2013, there were over 16,000 alcohol-related criminal offences and incidents. About a third of these were assaults and around a sixth were traffic incidents.
- Almost a fifth of alcohol-flagged offences were domestic, but this is likely to be an underestimate. Repeat victimisation is under-recorded and data related to victims is poor.
- Alcohol-related hospital admissions in under-18s are below the national average, except in Lincoln where they are much higher than average.

Note - Some of these trends can be explained by the composition of Lincoln and Boston's population as compared to the rest of the county, with a younger age profile than the other districts. Alcohol related violence is more prevalent amongst younger age groups. Furthermore, the higher levels of deprivation in Lincoln and Boston may be a contributing factor to their higher than national average hospital admission rate.

Further sources of information:

- Alcohol Data; JSNA Support Pack – Lincolnshire;
- Lincolnshire Alcohol Health Needs Assessment 2014
- Substance Misuse Health Needs Assessment Lincolnshire 2015

What are we doing about it & what can be done differently?

The Lincolnshire Alcohol and Drug Strategy 2014-2019 supports the Joint Health and Wellbeing Strategy priority to ‘support people to drink alcohol sensibly’, within the promoting healthier lifestyles theme. Reducing alcohol harm and drug misuse is also a key priority for Lincolnshire's Community Safety Partnership, reflecting the impact on communities that the misuse of alcohol and drugs can have.

Discussions with a range of partners helped develop the priorities in reducing alcohol harm and drug misuse across Lincolnshire and identify the strategy's three key themes:

1. Preventing alcohol and drug related harm
2. Tackling alcohol and drug related crime and anti-social behaviour
3. Delivering high quality alcohol and drug treatment systems

Details of supporting actions related to each domain can be found in the Lincolnshire Alcohol and Drug Strategy 2014-2019 (Hyperlink above)
How do we compare?

Alcohol related hospital admissions
- As at 2013/14, the rate of alcohol related hospital admissions in Lincolnshire is slightly lower than the national average. This decline has been observed over the last 5 years.
- Across the county, rates of hospital admissions are highest in Lincoln, while admissions seen in Boston and East Lindsay are above the national average.
- Despite having the highest rates of admissions, Lincoln has seen a 23% fall in alcohol related hospital admissions since a peak in 2011/12 of 909.4 (per 100,000) and now stands at 728.4 in 2013/14.
- Historically South Holland has had the lowest rates across Lincolnshire. However since 2009/10 both East Lindsey and South Holland have both seen increases in their hospital admission rates of 5.4% and 10.7% respectively. Nationally, there has been no noticeable change over the same period.

Alcohol specific hospital admissions
- Looking solely at alcohol specific conditions (those considered to have been caused entirely by alcohol), male admission rates were more than twice as high as female rates in 2012/13, with Lincoln and Boston having showing the highest rates across the county for both genders.
- When compared against the national rate, Lincolnshire has lower than average female admission rates across six of its seven district areas, with Lincoln being the only area which exceeds the national average.

Source: Public Health England
www.fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0

Alcohol related mortality
- According to data from the ONS Primary Care Mortality Database, males accounted for two thirds of alcohol related deaths in England in 2012, and mortality rates were the highest among men aged 60 to 64 and women aged 55 to 59. Overall, mortality rates doubled from 1992 to 2008.
- Figures for Lincolnshire for 2012 show there were 330 alcohol related deaths in Lincolnshire between 2009 and 2012. Mortality rates are generally lower in Lincolnshire than in England and the East Midlands, but they have increased from 2009 to 2012.
- Mortality rates are much higher amongst males than amongst females. However, there was an increase observed in the female mortality rates between 2011 and 2012. In 2012, female mortality rates in Lincolnshire were comparable to national rates and higher than those seen regionally. In terms of age, mortality rates were the highest among people aged 65 to 74 in Lincolnshire, slightly older than the peak age group nationally.

Source: Primary Care Mortality Database
www.hscic.gov.uk/pcmdatabase