



## Alcohol

### Introduction

Alcohol now accounts for 10% of the UK burden of disease and death, making alcohol one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity (Alcohol Concern, 2016). Alcohol is the leading risk factor for deaths among men and women aged 15 to 49 years in the UK (Global Burden of Disease, 2013). In England, more than ten million people (24% of the population) drink at levels that increase the risk of harm to their health (General Household Survey 2014).

The Public Health Outcomes Framework sets out indicators to measure progress in relation to health and alcohol misuse. In Bedford Borough the following high level indicators are used to measure progress in relation to health and alcohol misuse:

- Reduction in alcohol-related admissions to hospital
- Reduction in mortality from liver disease
- Increased take up of the NHS Health Check programme

In order to build a more detailed picture of alcohol related harm in Bedford Borough, the additional local health indicators to measure progress have also been identified:

#### 1. Alcohol specific hospital admissions

Alcohol consumption has been identified as a component cause for more than 200 health conditions and is associated with social consequences such as loss of earnings or unemployment, family or relationship problems and problems with the law. Many of these harms affect associates of the drinker, such as a partner, child, relative, friend, co-worker or stranger (PHE, 2016).

There is strong evidence for an association between alcohol and cancer, circulatory diseases such as stroke and coronary heart disease, liver cirrhosis, pancreatitis and external causes such as road traffic accidents and assault. Those who drink at higher risk significantly increase their risk of:

- Liver disease: 13 times in men and women
- Hypertension: 4 times in men and double in women
- Stroke: double in men, 4 times in women
- Pancreatitis: triple in men, double in women (PHE, 2016)

Miscarriage, stillbirth, premature birth, small birth weight, and Foetal Alcohol Spectrum Disorder (FASD) are all associated with consuming excess alcohol during pregnancy.

Alcohol misuse, or excess drinking, occurs when a person drinks above the recommended government guidelines. The UK Chief Medical Officers' (CMOs) advice to the public, published in January 2016 has advised that **for both men and women**, it is safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489795/summ](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summ)



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Recent research (Ally et al, 2016) has confirmed that 'pre-drinking' or "pre loading" is a typical feature of nights out for both young adults and older drinkers – and often involves heavy consumption. Alcohol is now 53.8% more affordable than it was in 1980, and more alcohol is currently consumed in the home than in licensed premises. The combination of pre-loading with on premise drinking, often results in heavier consumption and related adverse outcomes. Children are more likely to drink if this is tolerated by their parents, and those growing up in families where parents are dependent on alcohol are seven times more likely to become addicted adults themselves (LGA, 2013).

The association between alcohol and violence is clear:

- Alcohol consumption and, in particular, binge-drinking increases the risk of being a victim of violence; usually through decreased physical capacity, compromised decision-making and isolation in unsuitable settings.
- It also increases the likelihood of perpetrating violence through reduced inhibition and increased aggression. In night-life settings, drinking environments can contribute through overcrowding, poor ventilation, and permissiveness to anti-social behaviour. Discarded bottles and glasses are frequently used as weapons.
- Alcohol-related violence in the home (including child abuse and domestic violence) is often due to alcohol consumed at home. Individuals may also be assaulted by intoxicated individuals returning to the home. This violence is unlikely to come to police notice.
- Victims or observers of violence may also use alcohol as a coping mechanism (Institute of Alcohol Studies, 2005)

The annual cost of alcohol-related harm on society is vast. The NHS incurs £3.5 billion a year in costs related to alcohol but with the impact of crime and productivity included, it is estimated to be £21 billion before the effects of alcohol misuse on families and communities are taken into account. Alcohol-related healthcare costs in Bedford Borough were an estimated £7.6m, equating to £60 per adult. This means that alcohol related harm, costs every tax payer £120 each year (Alcohol Concern, 2016).

## **What do we know?**

### **1. Pregnancy**

#### **Foetal alcohol spectrum disorder**

Foetal alcohol spectrum disorder (FASD) relates to a range of preventable alcohol related birth defects including foetal alcohol syndrome at the more severe end of the spectrum.

FASD is a result of drinking excess alcohol during pregnancy. The alcohol transfers to the placenta and into the foetus's bloodstream. The foetus's liver is not fully developed and is unable to process the alcohol in the same way as an adult.

There is no test for FASD and diagnosis depends on a combination of a history or suspected history of drinking during pregnancy and the presence of typical clinical features. Foetal alcohol syndrome is more clearly defined than other conditions with three classic



characteristics of: growth failure, craniofacial abnormalities and neurodevelopmental abnormalities. Across the range of FASD the effects range from mild to severe and can include:

| <b>Physical effects</b>         | <b>Neurodevelopmental effects</b>                      |
|---------------------------------|--|
| Small head                      | Attention and memory deficits                          |
| Heart problems                  | Hyperactivity  |
| Limb and skeletal damage        | Difficulty with abstract concepts (maths, time, money) |
| Kidney damage                   | Poor problem-solving skills                            |
| Permanent brain damage          | Difficulty learning from consequences                  |
| Vision and hearing problems     | Poor judgement   |
| Specific facial characteristics | Immature behaviour                                     |
|                                 | Poor impulse control                                   |
|                                 | Confused social skills                                 |

Source: *NOFAS UK FASD Information for parents, carers and professionals*  
[www.nofas-uk.org/WP/wp-content/uploads/2014/08/NOFAS-Factsheets-2016.pdf](http://www.nofas-uk.org/WP/wp-content/uploads/2014/08/NOFAS-Factsheets-2016.pdf) [Accessed 23/11/16]

There is no test for FASD which means the exact number of children affected in the UK is not known. However, studies from the USA suggest that foetal alcohol syndrome affects between 0.2-1.5 babies per 1,000 and that FASD may affect as many as 2-5% of school-aged children in Western Europe (Centre for Disease Control, 2016).

### **Risk factors**

The sole risk factor is maternal consumption of alcohol during pregnancy however additional factors may impact on the vulnerability of the foetus. These include the stage of pregnancy affected, the pattern of drinking, the health, age, stress levels and nutritional status of the mother, and the use of other toxic substances, including tobacco. Genetic makeup also strongly affects foetal vulnerability and features of foetal alcohol syndrome may be passed on to subsequent generations, due to structural chromosomal changes caused by prenatal alcohol exposure<sup>1</sup>.

### **Prevention**

FASD is entirely preventable. There is no agreed safe level of alcohol during pregnancy. NICE, the British Medical Association guidance and the Royal College of Obstetricians and Gynaecologists state that women should be advised to abstain if possible (and in particular in



the first three months) in view of the uncertainty of outcomes for the baby and the increased risk of miscarriage. If women choose to drink alcohol, they are advised to have no more than 1-2 units of alcohol, no more than 1-2 times a week, as there is no evidence of harm at this level. They are also advised that binge drinking may harm the baby.

However, Department of Health (DH) guidelines released for consultation in January 2016 look set to advise that the safest course is for women to abstain from alcohol altogether during pregnancy.

Advising pregnant women on the risks of alcohol during pregnancy is part of routine antenatal care and Bedford Hospital has an information leaflet that is used by community midwives.

## **2. Children and Young People**

The proportion of young people who drink alcohol has been falling nationally. The latest national data suggests 62% of those aged 11-15 have never consumed alcohol 8% have drunk alcohol in the last week and over half usually drink with parents ([HSCIC, 2014](#)).

In May 2016, 281 young people from 9 upper schools responded to a survey carried out by the Bedford Borough Early Help team which asked about their attitude to alcohol and its use. Forty eight percent of those surveyed said they only drank alcohol on special occasions, less than 6% said they drank regularly; 48% said they got their alcohol from their parents; and 27% of KS2 pupils, 22% of KS3 pupils and 19% of KS4 and 5 pupils, reported that other people drinking makes them feel unsafe anywhere around where they live, play or go to school.

Alcohol consumption is influenced by the attitudes and behaviour of families, therefore parents and families play an important role. Estimating the number of children living with adults misusing alcohol is difficult although results from the Health Survey for England and General Household Survey in 2004 suggested around 30% of children under 16 years (approximately 3.5 million) in the UK, lived with at least one binge drinking parent ([Manning et al., 2009](#)).

## **3. Adults and Older People**

In the UK it is estimated that over 200,000 people go to work each day with a hangover. Research conducted by Drink Aware in 2010 (Garbatt, 2010) found that the average person goes to work suffering from the effects of alcohol three times per month, suggesting that alcohol interventions in the workplace may be effective.

Whilst the majority of adults drink alcohol responsibly, data from [Alcohol Concern \(2016\)](#) suggests that in Bedford Borough:

- 72% drink within the recommended alcohol guidelines
- 20% drink above recommended levels which increases the risk of damaging their health
- 6% drink at very high levels which significantly increases the risk of damaging their



health and may have already caused some harm

In older age, the way in which alcohol is absorbed by the body, changes and becomes more sensitive to the effects of alcohol. It is more likely that safe drinking levels recommended by the CMO for adults, probably decrease in older age. Problems connected with alcohol can include

- Health problems that increase susceptibility to the effects of alcohol
- Balance problems in older age where a small amount of alcohol can make a person more unsteady and more likely to fall
- Interaction with medication i.e. it may reduce the effect of medication to thin the blood or add to the effect of painkillers.

#### **4. Alcohol dependence**

Alcohol is the second biggest problem substance nationally, with just over half the young people in treatment (51%) seeking help for its misuse during 2014-15 ([PHE, 2015](#)). Nationally, the total number of people aged 18-64 years predicted to be alcohol dependent is 5.9% (8.7% of men, 3.3% of women). The highest levels of dependence were identified in men between the ages of 25-34 (16.8%), and women aged 16-24 (9.8%). In Bedford Borough in 2016, 4,289 men and 1,666 women are predicted to have alcohol dependence (PANSI, 2016).

#### **5. Hospital admissions**

Between 2012-13 to 2014-15 there were 23 persons per 100,000 under 18 years admitted to hospital in Bedford Borough where the primary diagnosis, or any of the secondary diagnoses, were for an alcohol-specific condition; for example alcoholic liver disease or alcohol overdose. This is similar to the East of England region average and significantly better than the national average as shown in Figure 1. It is worth noting that whilst numbers are low, individuals admitted are only counted once per financial year therefore the full extent of 'frequent flyers' may not be captured and data should be treated with caution as alcohol data may be underestimated in busy A&E departments.

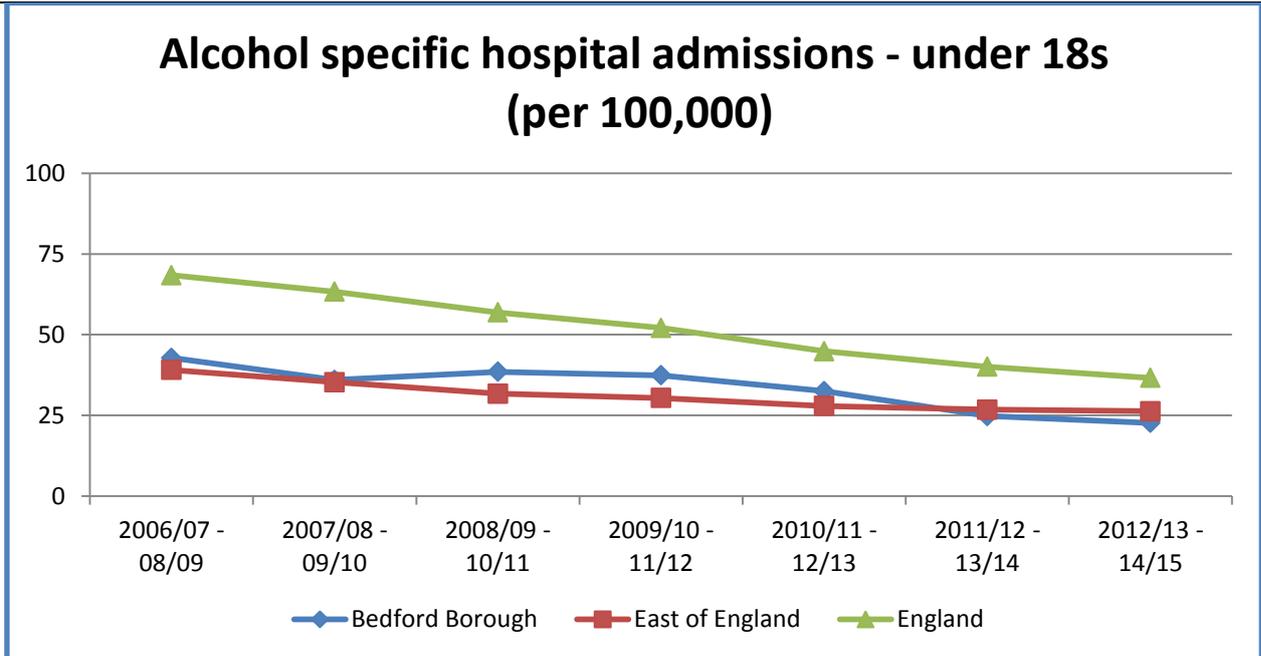


Figure 1 – Alcohol specific hospital admissions – under 18s Source: data used from [LAPE \(2016\)](#)

In 2014/15 there were 275 adult alcohol specific hospital admissions per 100,000 in Bedford Borough, which is similar to the East of England region average, and better than national average as shown as Figure 2.

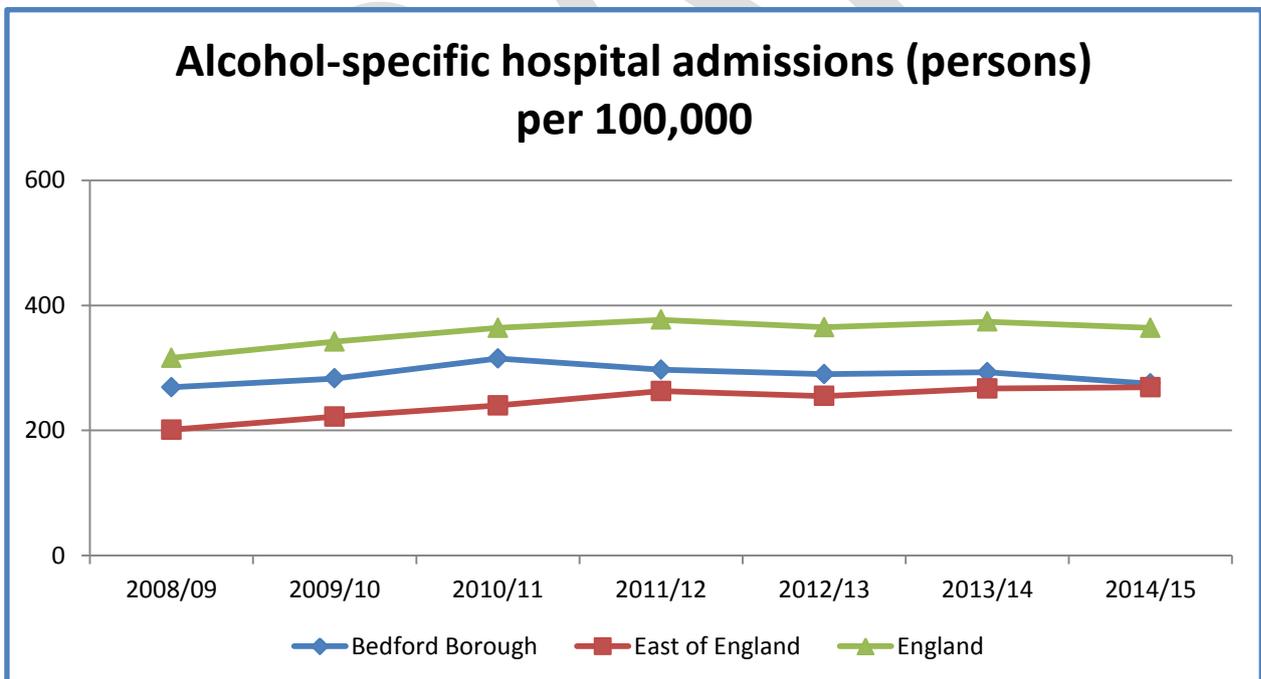


Figure 2- Alcohol specific hospital admissions (persons) per 100,000 Source: data used from [LAPE \(2016\)](#)

In 2014/15 there were 1,183 alcohol related hospital admissions per 100,000 in Bedford Borough, which is worse than the East of England region average, yet better than national average as shown in Figure 3. Alcohol related (or attributable) admissions are alcohol specific conditions plus conditions that are caused by alcohol in some, but not all, cases; for example stomach cancer and unintentional injury. Bedford Borough reported a slight increase



from 2012/13 of 19 per 100,000.

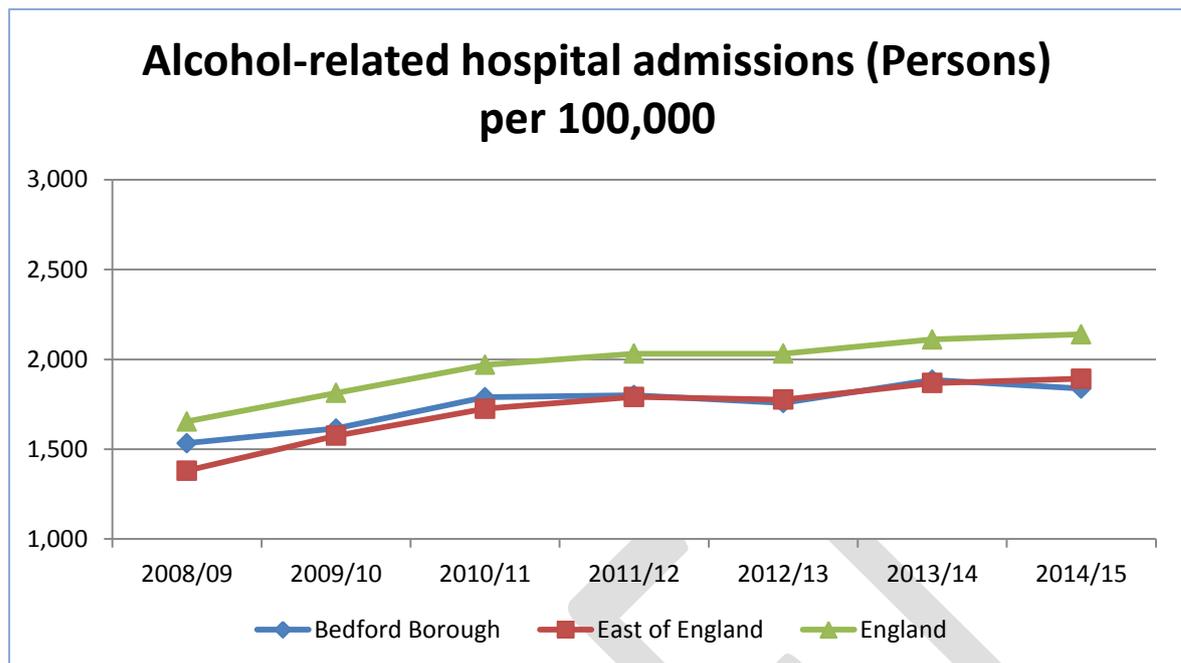


Figure 3 – Alcohol related hospital admissions (persons) Source: data used from [LAPE \(2016\)](#)

Mortality from chronic liver disease in Bedford Borough is the worst in the East of England, though similar to the national average at 12.1 persons per 100,000 in 2011-2013 with more males than females (18.3 persons versus 6.9 persons per 100,000) dying as a result.

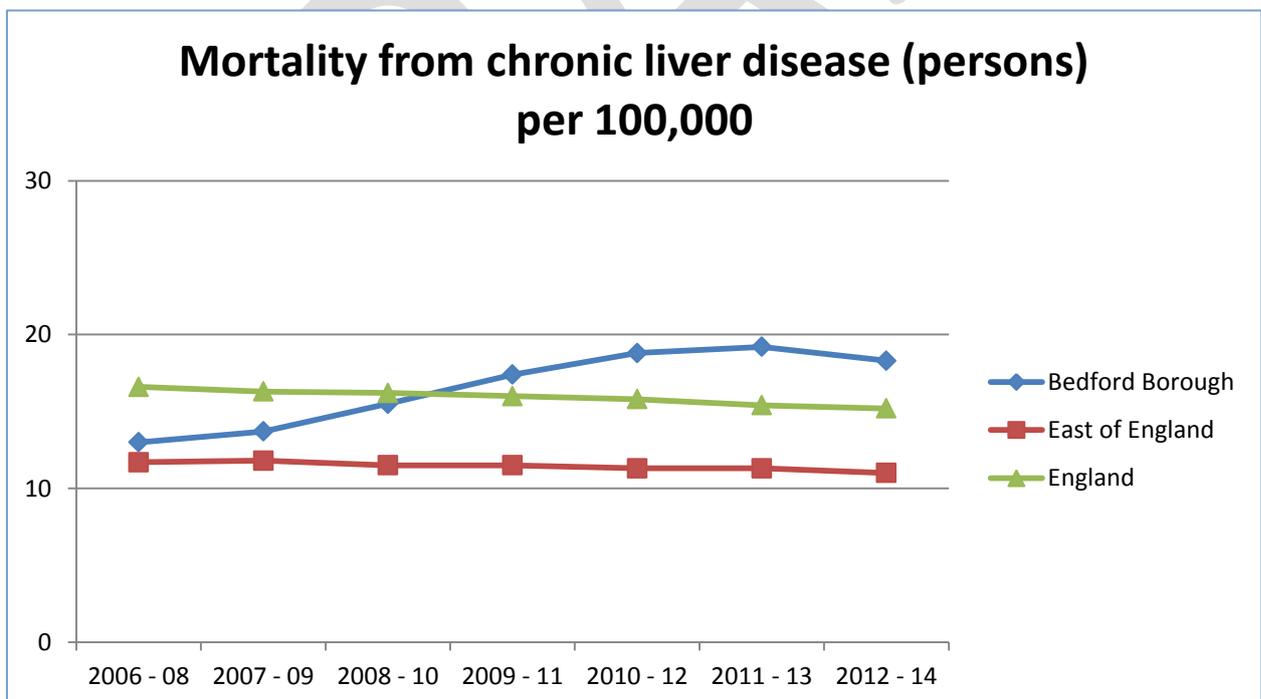


Figure 1 - Mortality from chronic liver disease (persons). Source: data used from [LAPE \(2016\)](#)

Figure 5 shows that for people aged 65 and over, hospital admissions for alcohol related conditions (164.8 per 100,000) are below the England average (190.5 per 100,000) but



increasing. For men, the numbers are now similar to the England average but are continuing to increase year on year. Men over the age of 65 living in the most deprived decile in Bedford Borough are twice as likely to be admitted to hospital with an alcohol related condition than women.

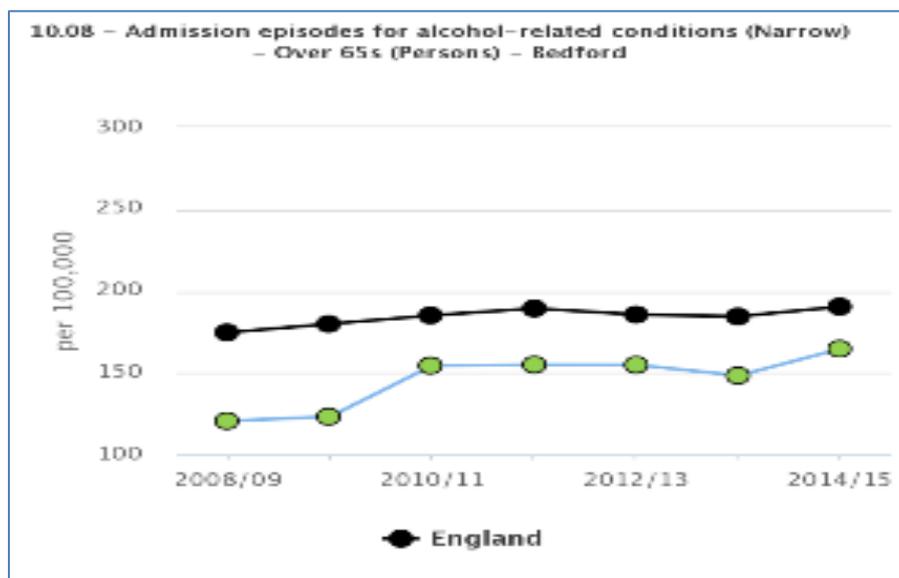


Figure 5: Admissions for alcohol related conditions (narrow) – over 65 (Persons). Source: data used from LAPE 2016

## 6. Street drinking

Street drinking is mainly associated with low level nuisance, litter and threatening, or perceived threatening, behaviour. However, those involved may be:

- associated with more serious harms - street drinking is always just one part of a life, albeit the most visible; other parts may involve abuse, serious physical and mental ill-health and domestic violence.
- at risk - in one study 29% of street drinkers had been physically abused by the public and 42% had been verbally abused.<sup>18</sup> An outreach worker commented: People locally are abusing them, urinating on them, threatening violence to them...One man had his dog stolen by people believing it would be a begging aid.

Street drinking may provide a gateway into addressing a range of other serious problems.

Street drinkers may:

- be involved in relationships with intimate partner violence, e.g. Guildford DHR (see box below);
- be being abused and exploited;
- be at risk of dying in public;
- make constant demands on police (and ambulance service) time;
- have mental health problems;
- be placing a significant burden on health services.

Street drinking has been identified as an area of concern in the last three Community Safety Partnership (CSP) strategic assessments and is addressed under the Partnership's priority area of anti-social behaviour (ASB) in the current 2014-17 CSP Plan. Street drinking is a



category within the ASB data set which relates to individuals consuming alcohol in public places. The profile of street drinkers in the area include:

- Entrenched, dependant drinkers who congregate around the town centre area (particularly Midland Road) and cause anti-social behaviour
- Eastern European males grouping together to have a 'social' drink

The impacts on the local community can be significant with callers reporting being intimidated by the drinker's behaviour, being noisy, abusive and on occasions, threatening when asked to move away. Local businesses regularly report that their customers are deterred from the area by the drinkers; who often congregate in doorways or car parks. There is an environmental impact too due to the litter that is generated in the form of empty cans and bottles and more distressingly by the drinkers urinating and defecating in the area. During the period April 2015 to March 2016, the police received 132 reports relating to street drinking:

- 62.5% of all reported incidents came from Castle Ward (which includes Midland Road), an increase from the previous year's figure of 61.7%; 18.2% came from Harpur ward which is an increase on the previous year's figure of 12.4%.

Figure 6 below shows that there is a single significant area of interest centred on the Midland Road area, with a second smaller hotspot in Tavistock Street, Harpur Ward:

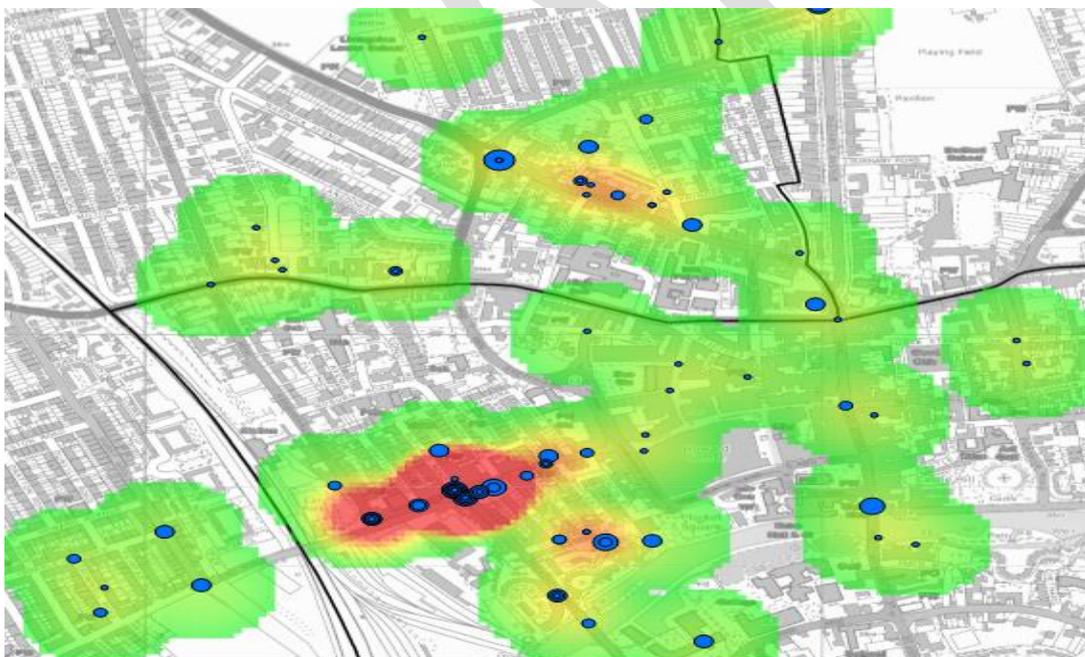


Figure 6: Street drinking hotspot areas

The size of the blue dots indicate the number of drinkers recorded in each incident; where known these range from 1 to 25.

Partnership activity has focused around the Midland Road area (the hotspot for these issues) and has most recently taken the form of increased engagement with local communities through a 'Day of Action' in March 2015, local businesses participating in a diary project in May 2015 and a street drinkers event held at the Salvation Army in November 2015.



All of these activities have increased partner's awareness of the issues and have broadly supported the findings in the Strategic Assessments that:

- There are significant levels of under reporting around the issues related to street drinkers in the area.
- The impacts of street drinking are significant to local businesses, residents and those that visit the area.
- The impacts of street drinking on the wider community are most severe in the warmer summer months, but the risks to the drinkers themselves remain high throughout the year, particularly during the winter months.
- Rigorous visible enforcement within the Alcohol Free Zone has a short term positive impact on the local community but there is no evidence to suggest that it results in long term change to the drinker's behaviour.
- A good number of drinkers attend engagement events, but few positive outcomes are recorded.

Local community representatives are also in the process of developing a Cumulative Impact Plan to prevent the proliferation of premises selling alcohol in the Midland Road area.

Whilst all the local community activity around tackling street drinking will continue, there is now recognition that interventions need to be targeted at individual street drinkers. A multi-agency operational group will form part of an overall strategic framework to support those entrenched street drinkers who place the greatest burden on services.

### **Current activity and services**

#### **Don't Bottle It Up (DBIU) Website [www.dontbottleitup.org.uk](http://www.dontbottleitup.org.uk)**

DBIU is an interactive website that enables users to work through an alcohol screening tool [AUDIT C], as well as providing access to a range of information and advice regarding alcohol. People can find out how risky their drinking behaviours are, make a personalised plan to reduce their intake, find local support services and arrange to complete a six week follow up with an alcohol specialist via telephone. The website has been commissioned countywide along with Luton Borough and Central Bedfordshire Councils and was officially launched in February 2015.

According to AUDIT C results, current year to date data (November 2016) shows that the typical site user is a white British male, aged 45 to 54, at high risk or possibly alcohol dependent.

The cost-effectiveness of brief advice and alcohol intervention with those found to be at increasing or higher risk is variable however savings based on an estimate saving of £58,000 for every 1,000 people who receive Identification & Brief Advice (IBA) (Alcohol Concern, 2011) suggest that as of November 2015 DBIU intervention could have saved in the region of £6,612 within Bedford Borough alone.

#### **Aquarius**

Aquarius (previously CAN YP) offers a range of support, information and advice to young people aged between 5 and 18 who use drugs and/or alcohol. They also support young



people affected by someone else's use.

Aquarius focus on the provision of information, education, advice and guidance on reducing harm and risk associated with substance misuse. Their sources of referrals come from social care, looked after children, CAMH, health, universal education, hostels, police and youth offending service.

Although alcohol is the most commonly used substance, it is the second most commonly cited problem substance for those young people entering treatment in Bedford Borough. The most commonly used substance at referral to Aquarius is cannabis. This could be for a number of reasons:

- Professionals and young people not recognising that they can refer to Aquarius for alcohol support – there is a view that Aquarius is a drugs service
- Professionals and young people often regarding excessive alcohol intake as 'normal behaviour' and it is only when the alcohol intake becomes problematic or a drugs issue is identified, that concerns are raised.

### **East London Foundation NHS Trust (ELFT)**

In 2015 ELFT was awarded the contract to deliver the Bedfordshire integrated drug and alcohol service, named 'Path to Recovery (P2R)'. The service provides access to a range of medical and psychological options from hubs in Dunstable and Bedford as well as from GP practices.

P2R is a one stop service which provides advice, treatment and support to adults over the age of 18 whose lives are affected by drug and/or alcohol use.

P2R provide an integrated service with a range of expertise in one place, and support clients and their families to make life changes and build sustainable recovery to live a life free from dependence on drugs or alcohol. As at December 2016, P2R saw 128 new engagements in Bedford Borough, in addition to 493 individuals in Bedford Borough already in treatment

### **Nalmefene**

Nalmefene (trade name Selincro) is a medication available on prescription from GPs to people with alcohol dependence. Nalmefene should only be taken alongside ongoing support to change their behaviour to help them reduce their alcohol intake. Studies have demonstrated that Nalmefene alongside psychosocial support, can reduce alcohol consumption by up to 61% at 6 months in patients with at least high drinking risk levels ([NICE, 2014](#)). Locally, the prescribing of Nalmefene to date is minimal.

Nalmefene is being recommended as a treatment for people with mild alcohol dependence who:

- are still drinking more than 7.5 units per day (for men) and more than 5 units per day (for women), 2 weeks after an initial assessment and;
- do not have physical withdrawal symptoms and;
- do not need to either stop drinking straight away or stop drinking completely.

### **SMART**

SMART is working with partner agencies to help tackle alcohol related antisocial behaviour within the area. Focusing on education and prevention, the SMART service provides:



- Interactive workshops for client groups e.g. in hostels, supported housing and shelters
- Brief intervention work – meeting with individual clients to address alcohol use, either in community settings or at home
- Providing information and advice at community events and free alcohol awareness training for professionals

### **Responsible sales of alcohol**

Trading Standards and Bedfordshire Police continue to work in partnership to undertake intelligence-led, seasonal and targeted test purchasing to check that under age persons are not easily accessing alcohol at licensed premises. This work supports the objective to reduce the supply of alcohol to those under age in Bedford Borough.

For the period 1<sup>st</sup> April to 1<sup>st</sup> December 2016, 30 test purchases of alcohol were conducted, with 4 failures, all of which occurred on the weekend of the River Festival (16<sup>th</sup> – 17<sup>th</sup> July 2016). All were dealt with by way of a £90 Fixed Penalty Notice issued by the Police and a follow up letter from Trading Standards. Representatives of each business which failed i.e. 11 licensees and/or employees attended a training session delivered by Trading Standards in September 2016; 100% of attendees passed the exam.

### **Breathalysers**

Pre-loading, especially combined with on premise drinking, is associated with heavier consumption and related adverse outcomes. Pre-loading can lead to people being drunk in residential areas prior to going out and result in antisocial behaviour.

Based on the successful pilot project which took place in Norwich, the device will help reduce the impact of drunkenness and offending within the night time economy and discourage people from pre-loading. Breathalyser starter kits were purchased for use within Bedford town centre bars and clubs. Selected licensed premises were identified and issued with a calibrated alcohol breath test and screening device by Bedfordshire Police licensing team for use during peak times, including student nights and payday weekends. The kits were used at the point of entry with selected customers who appeared drunk and/or disorderly, to measure their intoxication. Anecdotal evidence from door staff is that the breathalysers helped reduce confrontation. Patrons were generally accepting of the results from the breathalyser and left the area if requested.

Bedfordshire Police has now tasked an Inspector to look at a countywide initiative for breathalysers and to that end, venues will be compared “like for like” to identify any reduction in crime as a result of their use.

### **Local views**

#### **Children and young people**

Results from the drug and alcohol survey conducted in Bedford Borough schools in 2015 by Public Health found 82% of those aged 11-14 reported that they never, or rarely (once or twice a year) drink alcohol and 4% reported drinking once a week or more. Amongst those who drink, 33% of pupils reported they get alcohol from parents/carer.

In children aged 7-11 years when asked about the effects of alcohol, more children



associated drinking alcohol with negative experiences then positive. Reassuringly, 82% of children aged 7-11 would turn to their parent or carer for help and advice about alcohol.

Following the results of this survey the Bedford Borough Early Help Team will be undertaking further research into the attitudes and behaviours of secondary school students relating to drug and alcohol use., during May 2016 Bedford Borough's Early Help team surveyed 281 young people, aged 13 to 17 on their attitudes and behaviours around drug and alcohol use. The response from the focus groups was that education and prevention work around drugs and alcohol is not effective, and that more needs to be done to ensure that more young people are made aware of the dangers of alcohol, and where to seek specialist support if and when required.

### **Street drinking**

#### **Midland Road Area Day of Action – March 2015**

As street drinking takes place in the day and in public places, and many people are out at work, it can be assumed that the number of people affected by the issue is far greater than the number of calls that are reported to the police. This is supported by information collected from the local community during an engagement event in March 2015.

- 57 (47.5%) of the 120 households that were spoken to on the day said that their family was affected by street drinking, only 25 (20.8%) said that they had ever reported the issue to the police.
- 15 (71.4%) of the 21 businesses spoken to said that street drinking had a negative impact on their business and yet only 6 (28.6%) said that they had reported an incident to the police.

#### **Community Safety Partnership Consultation 2016**

A consultation took place over the period 14<sup>th</sup> May to 30<sup>th</sup> September 2016.

1,309 surveys were completed in the period. In total the survey covered 0.78% of the Borough's population and reached 1.9% of households. This represents a slight increase from the last full consultation undertaken in 2013.

#### ***Question – What makes your area an unsafe place?***

Of the 61 issues raised in this question, the sixth highest reason was street drinking, 17 identified homelessness and 20 identified begging

#### ***Question – Do you feel that levels of crime and ASB in your local area are linked to alcohol?***

719 people answered the question and 68% said yes. This was the highest contributing factor, above drugs (64%), youths (61%) and mental health (22%)

#### ***Question – Select the top ten issues that concern you the most***

39% of people ticked street drinking (the seventh highest response)

**Question – Is there anything else you would like to tell us about crime and ASB in the Borough?**

426 people answered the question and of the 67 issues raised in this question, the second highest was street drinking (10.1%), 11<sup>th</sup> was begging (5.4%) and 14<sup>th</sup> was homelessness (4.2%)

**Community Concern**

The collective evaluation of the consultation suggests that there are high levels of community concern around street drinking (and the associated issues of begging and homelessness) within the Borough. The concern extends beyond those communities that are directly affected i.e. residents and businesses within the hotspot area, with responses relating to the issue being reported across the Boroughs' residents.

**National and local strategies (current best practice)**

The 2012 [Government's Alcohol Strategy](#) sets out proposals to clampdown on the 'binge drinking' culture; reduce alcohol fuelled violence and disorder and reduce the number of people drinking to damaging levels. The strategy includes commitments to:

- Introduce a minimum unit price for alcohol which will target the cheapest products and help reduce drinking in those who drink the most
- Consult on a ban on the sale of multi-buy alcohol discounting
- Introduce stronger powers for local areas to control the density of licensed premises, including making the impact on health a consideration for this
- Pilot innovative sobriety schemes to challenge alcohol-related offending

Promoting sensible drinking and increasing the number of people receiving effective and timely support for alcohol related problems is one of the priorities identified in the [Bedford Borough Health and Wellbeing strategy](#).

**What is this telling us?**

It is important to take a holistic approach to tackling alcohol misuse in Bedford Borough to encompass all affected groups. The priority groups are identified as:

**Children and young people:**

- Use school survey results to inform targeted work with the Early Help Team
- Aquarius to continue delivering school based educational sessions and support

**Middle age and older drinkers:**

- Discuss alcohol intake with those aged 40-74 attending their NHS Health Check and signpost to the DBIU website and local support services
- Local campaigns to focus on specific age groups and promote within workplace settings
- Link alcohol into other Public Health plans and strategies
- ONS projects that The Borough's population is projected to rise to approximately 174,700 in 2021, an increase of 7% to 2021 (ONS, 2013). However. The older population (65+) is projected to increase by 16% over the same period, with and the 85+ population increasing to an even higher level of 32%.
- Major disruptions in older people's lifestyles which lead to decreased social activity



may lead to an alcohol problem. Alcohol problems are less likely to be detected in older people as they are more likely to try and hide the problems through shame and embarrassment, or be unaware of how to access support. It can also be difficult to distinguish the symptoms of alcohol problems in older people, from the symptoms caused by medical or psychiatric problems of ageing.

**Street drinkers:**

- The Local Government Association suggests that “street drinking can have an extremely damaging impact on local communities and peoples’ perception of them, including on businesses in close proximity to places where street drinkers congregate”.
- A Street Drinking Task and Finish Group will develop a multiagency approach to identifying appropriate interventions (e.g. enforcement, support, treatment, referral, information and education) for individuals and/or groups drinking alcohol on the street, rough sleeping and begging in the Midland Road and Bedford town centre area. This will address individual needs as well as the wider needs of the community who their drinking impacts upon.

**What are the key inequalities?**

Alcohol-related harms fall disproportionately on the poorest in society. According to the Local Alcohol Profiles for England (2016), alcohol related hospital admissions for people living in the most deprived decile are 55% higher, and alcohol related deaths are 53% higher than for those related to people living in the least deprived decile. In Bedford Borough, 275 men per 100,000 were admitted to hospital with alcohol specific conditions, but in the most deprived decile, this figure rose to 382 per 100,000 (Health and Social Care Information Centre, 2014).

A 2014 report from the Institute of Alcohol Studies explored the “alcohol harm paradox” looking at why alcohol harms are more heavily concentrated among deprived communities, despite levels of consumption being similar across all social groups. The research suggested that multiple factors could explain why the worst health problems such as obesity, social disorder and mortality rates, occur amongst the most deprived communities, and that the interaction of alcohol with other unhealthy behaviours is known to compound those health problems. A combination of smoking and drinking significantly accelerates the risk of cancer, with tobacco and alcohol related cancers 2 to 3 times more common in areas with the highest deprivation versus the lowest.

**Age and alcohol**

Liver disease is disproportionately affecting younger age groups; 1 in 10 deaths of people in their 40s are from liver disease and 90% of people who die are under 70 years old. There are three times as many deaths from alcoholic liver disease in the most deprived areas as in the least deprived. ([National end of life care Intelligence Network, 2012](#)).

There has been a marked increase in alcohol consumption by the middle and older age groups, with approximately a third of older people developing alcohol problems for the first time later in life. Although the exact reasons for this are unclear, there is likely to be a link with the ageing population and a greater number of people living alone with poor social support networks, leading to loneliness. According to the Royal College of Psychiatrists around a third of older people with drinking problems (particularly women) develop them for the first time later in life. There are a number of contributing factors such as bereavement, physical ill health, decrease mobility and social isolation, which can lead to depression.



**Gender and alcohol**

Males are more likely to drink alcohol and drink larger quantities than females. Gender differences in body structure and chemistry cause women to metabolise alcohol differently.

Among men and women aged 16-64 years, those in professional and managerial households are most likely to have drunk alcohol in the previous week; those in semi-routine and routine occupations are the least likely. This is also true in the proportions drinking on 5 days or more in the previous week. Similarly, those working are more likely to drink and binge drink than those who are unemployed and economically inactive (Harker, 2010).

**Ethnicity and alcohol**

Figure 7 below shows the proportion of people in England who report that they do not drink alcohol, by ethnicity and gender.

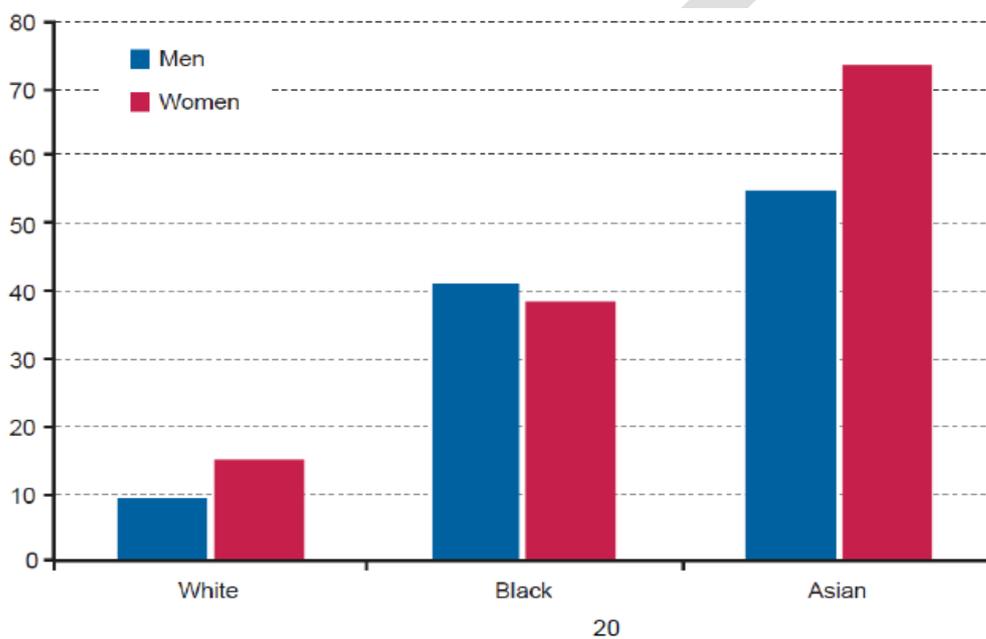


Figure 7 The proportion of people who do not drink alcohol, by race and gender  
Source: Health Survey for England, 2014

Most minority ethnic groups have higher rates of abstinence, and lower levels of frequent and heavy drinking compared to the British population as a whole, and to people from white backgrounds. White adults are four times as likely as those from non-white ethnic groups to be frequent drinkers (ONS, 2013). However over time, generational differences may emerge and there is some research to show that patterns of drinking in second generation minority ethnic groups may start to resemble the drinking habits of the general population (Hurcombe et al, 2010)..

Drinking patterns vary both between and within minority ethnic groups. For example:

- Abstinence is high amongst South Asians, particularly those from Pakistan and Bangladesh and Muslims. However Muslim, Pakistani men who do drink, do so more heavily than other non-white minority ethnic and religious groups.
- People from mixed ethnic backgrounds are less likely to abstain and more likely to drink heavily compared to other non-white minority ethnic groups.
- People from Indian, Chinese, Irish and Pakistani backgrounds on higher incomes tend



to drink above recommended limits.

- Frequent and heavy drinking has increased for Indian women and Chinese men.
- Drinking among Sikh girls has increased, whilst second generation Sikh men drink less than first generations.

### **Other vulnerable groups**

There is additional evidence to suggest that the following groups may be at higher risk of alcohol misuse:

- Lesbian, gay and bisexual people – a number of small studies in the UK suggest that there are higher levels of alcohol misuse among this group (BMA, 2008).
- Transgender people – the Department of Health (2007) recognises that the experiences of transgender people, particularly the younger population, can place them at risk of alcohol abuse, as well as depression, self-harm and substance abuse.
- Short term prisoners – Brooker et al (2009) found that 44.4% of short term prisoners were at risk of alcohol abuse; this is five times greater than the percentage of people misusing alcohol within the general population.
- People in contact with the criminal justice system – a report by the Revolving Doors Agency in 2013 estimated by 72% of male, and 71% of females in contact with the criminal justice system suffer 2 or more mental health disorders, including alcohol and drug dependence.

## **What are the unmet needs/service gaps?**

### **Older people**

Older people with an alcohol problem may not be accessing alcohol services because they are unaware how to access support, or may be too embarrassed to do so.

As the numbers of older people in Bedford Borough continue to increase, frontline staff who have contact with older people should be aware of the hidden harm caused by alcohol consumption in this age group.

### **BME communities**

The evidence suggests that minority ethnic groups are under-represented proportionately in seeking treatment and advice for drinking problems, although their rates of alcohol dependence are similar to those in the white population.

A lack of awareness of what support and services are available is evident among some minority groups, particularly Muslim men and those on lower incomes. There is also a reluctance to approach outside agencies across different minority ethnic communities which can lead to agencies underestimating need among different ethnic groups (Hurcombe et al, 2010). A number of barriers to accessing alcohol services have been identified (Thom et al, 2010):

- Acknowledging that there is a problem
- Identifying a problem
- Having knowledge about services and perceiving the service as appropriate/ acceptable



- Language, especially with older people and new migrants
- Confidence and resilience to approach services
- Misperceptions about alcohol services / approaches
- Living in a close knit community where confidentiality and anonymity may be difficult
- Lack of knowledge about services and eligibility for services
- Systematic factors: institutional and organisational racism, being 'marginal' to the system; lack of service flexibility, location of services

### **Recommendations for consideration by organisations**

- Alcohol services take a "whole family approach" to establish support for the needs of other family members affected by alcohol.
- Ensure alcohol education programmes complement the Personal, Social, Health, Education (PSHE) provided in schools and other education settings and is tailored for different age groups
- Improve links with BME communities and older people to ensure mainstream alcohol services are culturally competent for both individuals and organisations
- Use a range of media channels to convey consistent and relevant messages, including to older people
- Provide targeted support to patients regularly attending A&E and Primary Care for alcohol related issues
- Other agencies ie acute hospital and community services to identify the dangers of alcohol harm within their patient group, and to ensure that there are clear pathways into services

### **This chapter links to the following chapter in the JSNA:**

- Substance misuse (Children and Young People)
- NHS Health Checks
- Falls and Osteoporosis
- Mental Health (Adults)
- Mental Health in old age

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