Camden ISLINGTON
Working in partnership

NHS Camden Clinical Commissioning Group

CAMDEN JSNA: FOCUS ON

ALCOHOL

APRIL 2017

Alcohol plays an important social and economic role in Camden, but a substantial proportion of residents are drinking above low risk levels[1]. Low risk levels are defined as 14 units or less of alcohol per week (1 unit is approximately half a pint of beer or a standard glass of wine), spread evenly over three or more days[2]. Drinking above these levels increases the risk of harm to health. Overall alcohol is the 3rd biggest risk factor for illness and early death[3]. Alcohol is a risk factor for many conditions including high blood pressure, heart disease, stroke, some cancers, and liver disease[4]. Alcohol is also associated with a number of social harms and detrimental impacts on the community, including alcohol-related crime and anti-social behaviour, domestic violence and abuse, unemployment and absenteeism[4].

Facts and figures

- Estimates suggest 28% of the adult Camden population drink alcohol at increasing or higher risk amounts[1].
- There were 3,640 alcohol-related ambulance call outs in Camden in 2015/16[5].
- There were 441 alcohol specific hospital admissions per 100,000 people in Camden in 2014/15[6].
- There were 62 alcohol-related deaths in Camden in 2015[6].

Measures for reducing inequalities

- Ensuring alcohol messaging is appropriately targeted towards groups experiencing greatest risks or impact.
- Ensuring robust and systematic provision of alcohol screening and advice.
- Providing easy access to effective, evidence-based treatment that addresses needs in a holistic and integrated way.
- Using licensing and enforcement measures to support a vibrant and safe night-time economy that protects those who are vulnerable e.g. children.

Population groups

- **Gender:** Men tend to drink more alcohol than women, but women are more vulnerable to harms[4].
- **Age:** Daily drinking increases with age, with 17% of people over 75 drinking every day[7].
- **Socioeconomic groups:** Alcohol consumption tends to rise with increasing household weekly income. However, death and alcohol-related diseases are more common in lower socioeconomic groups[4].
- **Ethnicity:** White adults tend to drink more alcohol than Black and Asian adults[8].

National & local strategies

- Camden Joint Health and Wellbeing Strategy 2016-2019[9] – Alcohol-related harm reduction is one of five key priorities.
- Camden Licensing Policy 2017-2022[10]
- Camden Young Persons Substance Misuse Strategy 2016-2021
- Public Health England 'Evidence into Action' report – Alcohol is one of seven key priorities.[11]
- The Government's Alcohol Strategy, 2012 (England)[12]

SETTING THE SCENE:THE CAMDEN PICTURE

Alcohol consumption

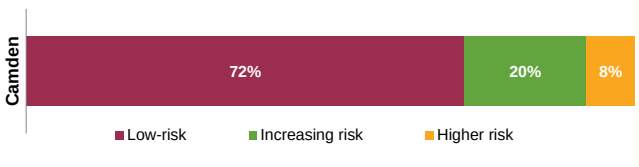
Camden has the 6th highest proportion of binge drinkers in London, higher than London but similar to England[13].

It is estimated that around **one in five** adults binge drink in Camden[13].

In Camden, **34% of adult men** are estimated to drink above the low risk levels, compared to 28% of women[7].

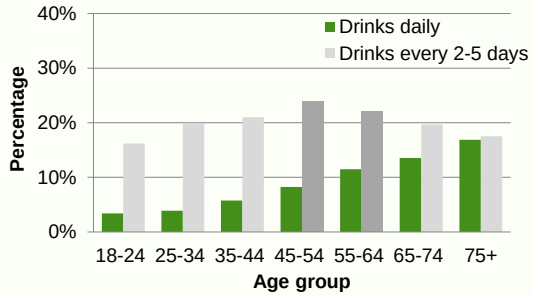
Binge drinking is defined as men drinking eight or more units and women drinking six or more units in a single session, respectively.

Alcohol consumption risk, 2015[1]



Almost **a third (28%)** of Camden residents are thought to be drinking at a level likely to be putting them at increased or higher risk of harm[13].

Estimated alcohol consumption risk by age, London (2010)[7]



Daily drinking increases with age. Regular drinking (every two to five days) is more common among **middle-aged and older** people (45-54 and 55-64)

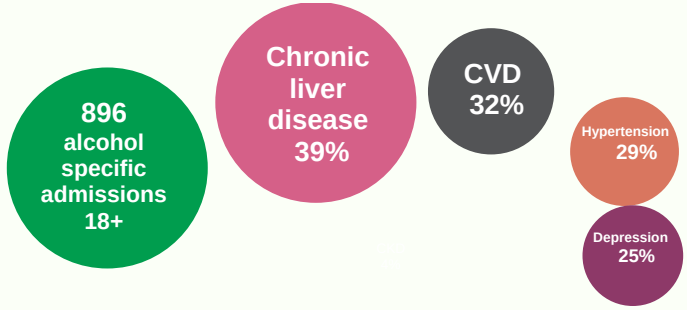
Associated health risk

Estimated increased risk related to the long term conditions, UK[14]

Condition	Men (increased risk)	Women (increased risk)
High Blood Pressure	4 times	Double
Stroke	Double	4 times
CHD	1.7 times	1.3 times
Pancreatitis	3 times	Double
Liver Disease	13 times	13 times

In London it is estimated that at least **50%** of adults who are alcohol-dependent also have a mental illness[21]. Camden mental health and substance misuse commissioners are working with Camden and Islington Mental Health Trust to improve the approach for supporting those with mental health and substance misuse problems.

Alcohol-specific admissions by the top four long term conditions, 2015[1]

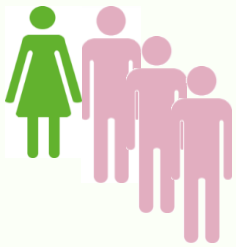


Of 896 people admitted to hospital, a significant proportion also have long term conditions.

SETTING THE SCENE:THE CAMDEN PICTURE

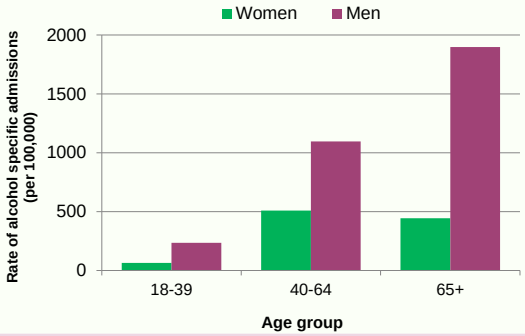
Hospital usage

Alcohol-specific admissions by sex, 2014-15[1]



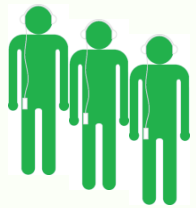
Men are almost three times more likely to have an alcohol-specific admission than women (713 vs 242 per 100,000 population).

Alcohol-specific admissions by age group, 2014-15[1]



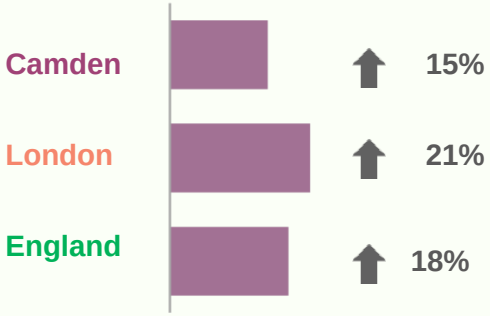
Men aged 40-64 and 65+ years old account for 60% of all alcohol-specific admissions.

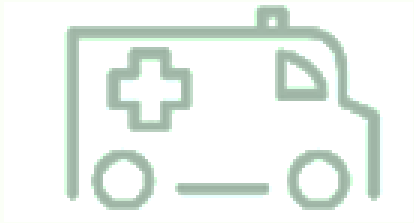
Alcohol-specific admissions under 18, 2012-13/2013-14[6]



48 people under 18 years admitted for alcohol-specific conditions. A higher rate (though not significantly) than in London (rates of 37.7 per 100,000 and 23.7 per 100,000 respectively)

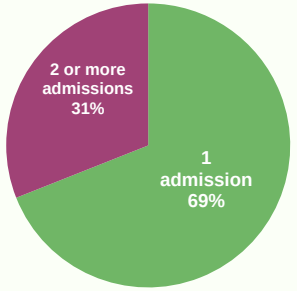
Percentage change in alcohol-specific admissions from 2009/10 and 2014/15[6]





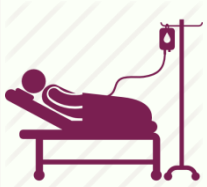
There were **3,640** ambulance calls out related to alcohol in Camden. **Men** accounted for **70%** of these.

Repeat alcohol-specific admissions, 2014/15[1]



About a **third** of people admitted to hospital for an alcohol-specific condition are admitted on more than one occasion during the year

Treatment outcomes



In 2015/16, there were **539** Camden's residents treated at specialist alcohol misuse services[6].

46% successful completion of treatment for alcohol in Camden. This is 7% above national performance for England (39%) [6].

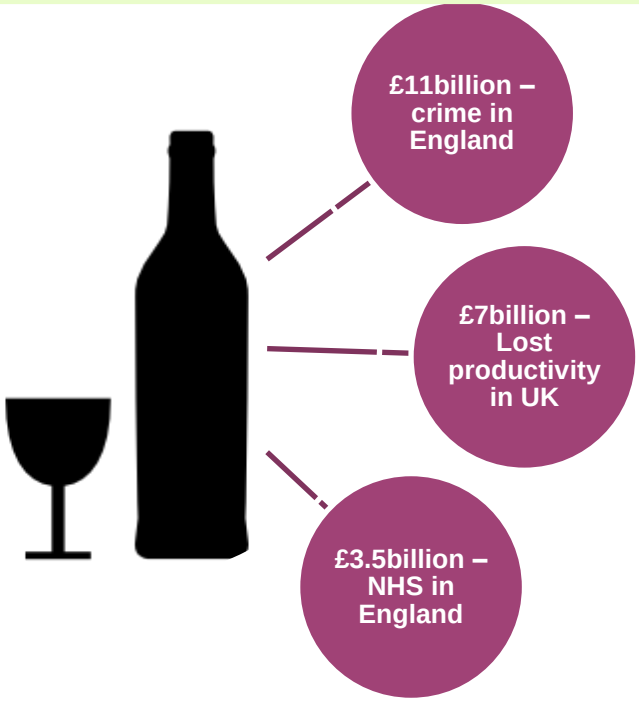
Other impacts of alcohol

10% of all reported crime in Camden are recorded as alcohol-related[13].

There were **62 alcohol-related deaths** in Camden in 2015[6].

FUTURE NEED

Current annual cost of alcohol-related harms[3]



Projections

If current trends in alcohol consumption continue over the next 20 years in England (between 2015-2035), it is estimated that over that period it will cause:

- **17.5m** hospital admissions
- **253,000** deaths
- **£53bn** in costs to the NHS[16]

Emerging trends

- **Consumption:** Nationally, there has been a substantial increase in alcohol sales and consumption since the 1980s, with slight reduction since 2008[4].
  - **Women:** Increased consumption since 1980s has mainly been seen in women.
  - **Older people:** There has been an increase in consumption in older people. This may be linked to an overall risk in loneliness and isolation in this older age group.
  - **Young adults:** Slight reduction in consumption in young people
- **Licensed premises:** Between 2010 and 2016, there was a 4% increase in the number of licensed premises in England[4].
- **Drinking at home:** More people are drinking at home than previously[17].
- **Physical health needs:** an ageing alcohol treatment population who have complex physical health needs as a result of their long-term high use of alcohol and the impact this has on their health and social care needs.

WHAT INFLUENCES THIS TOPIC?

- **Alcohol consumption** is influenced by a range of societal and individual factors, as indicated in the diagram below. Overall consumption is directly related to the level of alcohol-related harm.

- **Alcohol-related harm** is *determined* by the volume of alcohol consumed, the frequency of drinking occasions and the quality of alcohol (such as illegally produced alcohol contaminated with methanol), at both the individual and population level. Individual risk factors *moderate* the susceptibility to alcohol-related harm. Harm is influenced by three key *drivers*, including social norms (acceptability):
  - Affordability of alcohol: One of the key factors contributing to an increase in alcohol consumption is the rise in disposable income relative to the price of alcohol. Alcohol is now 61% more affordable than in 1980[18].
  - Availability of and access to alcohol: Consumption of alcohol tends to increase with greater availability of licensed premises in a given area (density) and longer hours of sale. Camden has particularly high density of licensed premises in areas such as Camden Town. These are a designed Special Policy Area and special considerations are in place for the licensing of new premises.

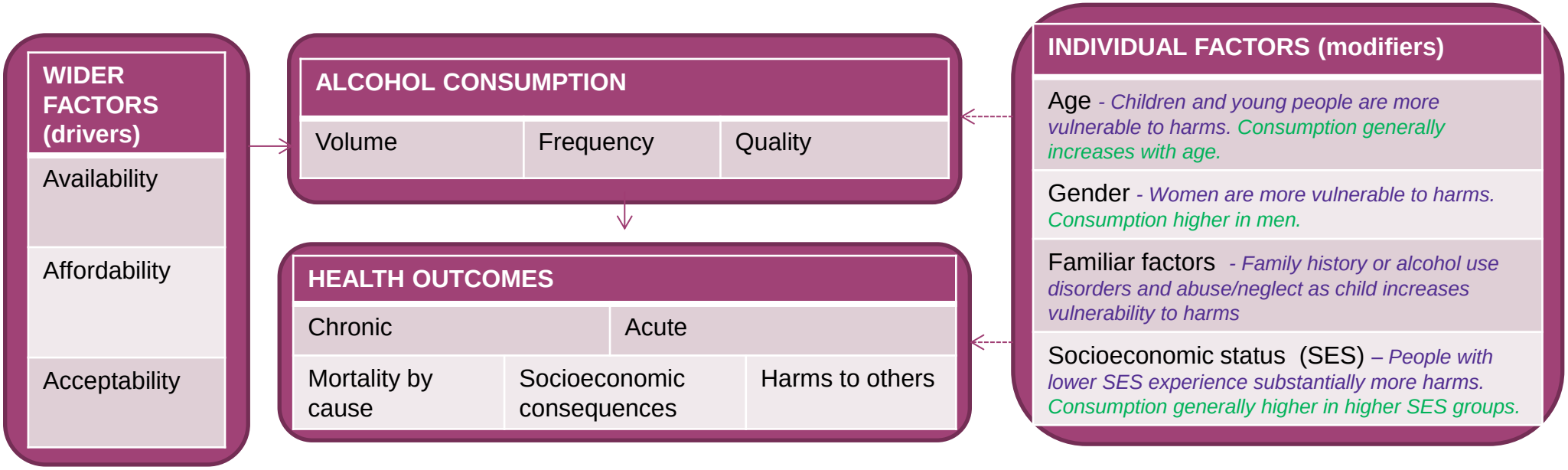


Figure adapted from reference 4

WHAT WORKS?

Prevention

Taxation and price regulation

- **Taxation:** Increasing alcohol price significantly decreases consumption and improves health and life expectancy[4]
- **Minimum unit pricing (MUP):** MUP sets a minimum price below which alcohol cannot be sold. An MUP set between 45p and 60p would substantially reduce alcohol-related deaths and hospital admissions[19].
- Research indicates a combination of phased duty increases and a 60p MUP would be most effective for reducing alcohol consumption amongst all drinking groups[19].

Regulating availability

- Higher outlet densities are associated with increased social disorder[19].
- Increased opening hours of alcohol sales is linked to increased consumption and harm. Late night on-sale availability regulation is particularly effective [19].
- More proactive licensing policies are linked to a reduction in alcohol-related hospital admissions[20].
- Voluntary initiatives to remove super strength drink sales from off licenses can reduce alcohol-related crime and anti-social behaviour[4].

Regulating marketing

- Modelling studies show that a ban on advertising is effective for prevention and health improvement[4].
- Exposure to alcohol advertising is associated with an increased likelihood that children will start to drink or will drink greater quantities of alcohol[4].

Promotion

Identification and Brief Advice (IBA)

- There is good evidence of effectiveness for IBA in reducing increasing and higher risk consumption and other harms[4].
- This was found in multiple settings including GP practices, criminal justice, the workplace, emergency departments and through online media[4].

Providing information and education

- Providing information and education, including through social marketing campaigns, can increase knowledge and increase awareness. Similarly, information and education in schools can increase awareness. These can also increase public support for other effective policies[4].
- Voluntary, temporary campaigns such as ‘Dry January’ may help shift a change towards healthier drinking[4].

Improvement

Secondary care alcohol specialist services

- There is a wide range of possible configurations of services. These should all be accessible, match local need and be aligned with NICE guidelines[3].
- Supporting including nurse-led liaison teams, alcohol outreach teams, and intensive assertive outreach support to patients who frequently attend hospital have all proven to support engagement with services[4].

Psychosocial and psychological therapies and mutual aid all support sustained recovery[4]

Pharmacological interventions

- Some pharmacological treatments are effective alongside psychosocial treatment to prevent relapse and reduce alcohol consumption[4].

A combination of clear and consistent alcohol policies and interventions along with a collective and shared approach can help to reduce alcohol-related harms.

ASSETS AND SERVICES

Prevention

Regulating availability (Licensing)

- **Licensing:** The Council has powers under the Licensing Act 2003 to regulate the sale of alcohol and the provision of regulated entertainment in licenced premises. The Council uses these powers when making decisions on licensing applications.
- **Trading Standards and test purchasing:** Trading Standards work with premises to ensure they are working within the jurisdiction of the law around alcohol and their specific licence.
- **Reduce the Strength**: This is a voluntary initiative to promote responsible alcohol sales by off licenses.
- **Late Night Levy:** is a charge for premises that have a late night alcohol licence , the resource is used to fund services and activities to tackle alcohol-related crime and disorder alcohol

Promotion

Identification and Brief Advice (IBA)

- **Online IBA:** The Don't Bottle It Up website provides an accessible and confidential platform for residents to complete alcohol screening, receive advice and signposting.
- **IBA training and resident awareness:** is provided to people working and living in Camden, which includes resident awareness and IBA training for staff.

Providing information and education

- **Social marketing:** Currently developing a campaign to reduce increasing and higher risk alcohol consumption in Camden
- **School awareness:** Children and young people in Camden are educated on alcohol and related harms.
- **Peer education:** Young people are educated about alcohol through drama and other activities.

Improvement

Effective treatment services

Integrated Camden Alcohol Services (iCAS): Recovery focused interventions.

- Assertive Outreach Team
- Alcohol liaison nurses
- The Affected Others Service
- Peer mentoring

- **Recovery support programme:** Supporting access into education training and employment
- **Safer Streets team -** Delivery of outreach services to people who are 'street active'
- **Children's alcohol specialist services:** Children's alcohol treatment and supported services

Domestic violence and abuse services

- **MARAC meetings:** To inform and share information on victims and perpetrators, including those where alcohol is a factor.

Dual diagnosis (mental health and alcohol dependency)

- Camden & Islington Foundation Trust is doing a range of work to support dual diagnosis, including e-learning training for staff.

ASSETS AND SERVICES

In Camden, we take a partnership approach to reducing alcohol-related harms, harnessing our individual strengths, shared vision and joint efforts.

Working with providers and the voluntary sector

- Camden Strategic Substance Misuse Group: Working together to ensure an integrated approach to harm reduction, with representation from providers, the voluntary sector, commissioners, and service users.
- Working with GPs and other primary care partners to ensure the delivery of IBA.
- Working with the Royal Free NHS Trust to ensure collection of assault data in order to support more targeted harm-reduction work.
- Joined up local services that build resilience in communities.

Working with Licensing and Community Safety

- Community Safety Partnership: Working with representation from the Police, TfL and others to make the Night Time Economy safer and reduce short and long term harms
- Communities Tasking Group: Focusing on problem premises in Camden and areas of the borough requiring further investigation and support.
- Home Office's Local Alcohol Action Area Plan 2017-2019: Working with multiple partners to do targeted work to make the Night Time Economy safer.

Working with residents

- Peer mentoring for people going through alcohol treatment.
- We will be developing a local awareness and behaviour change campaign with residents.
- Community Safety Partnership: Working with residents to make Camden's Night Time Economy safer.

TARGETS & OUTCOMES

Camden's Joint Health and Wellbeing Strategy 2016-2019 sets out alcohol as one of five key priorities. The indicators given in the Strategy are detailed below.

	Action	Indicator
Prevention	• Implement measures to improve the ways in which alcohol is sold to residents and visitors in the borough, in order to promote responsible retailing and reduce harmful consumption. • Take a proactive approach to licensing and enforcement by all responsible authorities.	• A 5% reduction in hospital admissions directly related to alcohol
		• A 5% reduction in alcohol-related crime
Promotion	• Raise awareness of the harms caused by alcohol, promote lower risk drinking and encourage a healthy approach to alcohol	• Increase the number of residents receiving evidence-based interventions for their alcohol use in primary care (at least 370 people each year receive enhanced brief interventions within primary care)
Improvement	• Reduce long-term harm by strengthening links between primary care, local hospitals and alcohol support services in Camden, to improve the identification and support provided to alcohol-dependent drinkers. • Make sure we understand and identify the impact drinking can have on those affected by someone else's alcohol use - and are then able to act on this.	• A 5% reduction in liver disease mortality
		• Provide at least 550 residents in substance misuse treatment services (including alcohol and drugs) with specialist support to access education, training and employment each year.
		• Increase the number of dependent drinkers accessing treatment by 19% (equivalent to 200 additional residents accessing treatment each year)

THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

"I found the group really supportive when I most needed it. I have met some really good people – thank you. I never thought I would have given up drinking but I have. Thank you again."
Service User iCAS

"I have found this service ground-breaking in terms of its effect. I have learnt invaluable lessons by being in a group environment – having the reflections from the others has made me feel a huge sense of belonging and self-worth. This programme is pioneering."
Service User iCAS

"I felt welcome and had positive chats with the people here which has inspired me with confidence. I picked up very useful tips."
Margarete Centre Recovery Group Attendee

"Foundations of Recovery gave me a rock to grab hold of, when all else seemed lost. It has given me the impetus to start looking for paid work."
Service User iCAS

We regularly seek the views of service users and residents to ensure that we are meeting their needs

"The support I got from the team at SHP was more important than I realised at the time. They have helped to shape the way I see my future and myself. Coming to SHP and becoming a Peer Mentor has given me a new purpose and clearer direction in life."
SHP peer mentor feedback

"I finally have control over my thoughts, feelings and alcohol use."
Service User iCAS

"I've been seeing a psychologist, and also talking to someone who's been through it. Having the two together has helped me. In 14 years, I never tried to stop drinking. This is the first time I've left a bottle of wine on the kitchen side and gone to bed. I'm starting to look after my mental health now as well; that's really helping" **VoiceAbility, service user**

GAPS: UNMET NEEDS

Key area	Areas for development	Planned action
A joined up, strategic approach	• Maximising partnership working and ensuring our efforts are effective	• Conduct Public Health England's alcohol CLeaR self-assessment, to identify gaps and opportunities across a comprehensive range of topics. • Identify opportunities for partners to come together to discuss actions around key areas e.g. support for older drinkers
Prevention	• Improved intelligence sharing between partners, especially relating to nuisance premises and alcohol-related violence	• Develop a reporting mechanism for all frontline services to feedback intelligence on issues relating to harmful drinking. • Work with providers to support their data collection of alcohol-related violence data. • Conduct the Local Alcohol Area Action Project to promote safety in the Camden Night Time Economy.
	• Developing evidence for health as a Licensing Objective	• Identify opportunities for initiatives which can support a collective approach to prevention of alcohol related harm
Promotion	• Increasing awareness around alcohol-related harms	• Alcohol awareness campaign during 2017
	• Identification and Brief Advice – Increase targeted approach	• Support target groups to provide IBA. These target groups will be both informed by the social marketing research, the Don't Bottle It Up website and the CLeaR alcohol self-assessment.
Improvement	• Improving outcomes for people who complete alcohol treatment	• Ensure treatment and ongoing support is provided in an integrated and holistic way which promotes sustained recovery
	• Addressing domestic violence and abuse within alcohol treatment services	• Promote domestic violence and abuse training to staff working in alcohol services and coordinate with alcohol awareness training.
	• Increased awareness of dual consumption of alcohol and Novel Psychoactive Substances	• Developing a collaborative approach for managing the impacts of the use of novel psychoactive substances, including dual use of alcohol.
	• Alcohol-specific admissions and frequent attenders	• Further developing approaches around assertive support for those regularly being admitted to hospital because of alcohol.

FURTHER INFORMATION

- Further information on this topic, and previous outputs and reports used to inform this fact sheet can be found at the following locations:
  - **Camden Joint Health and Wellbeing Strategy 2016-2019:** https://www.camden.gov.uk/ccm/cms-service/stream/asset/;jsessionid=EB92C6999A019A9CF4F6306A06CA3B3A?asset_id=3528331&
  - **Alcohol Evidence Review:** The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies; an evidence review, Public Health England (2016): https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review
  - **Camden Local Alcohol Profile for England:** http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/pat/6/par/E12000007/ati/102/are/E09000007
  - **Camden Health and Wellbeing Board Alcohol Related Harm Update**: http://democracy.camden.gov.uk/documents/s56999/item%207%20Reducing%20alcohol-related%20harm%20Update%20on%20the%20Health%20and%20Wellbeing%20Board%20Priority.pdf
  - **Alcohol CLeaR self-assessment tool**: https://www.alcohollearningcentre.org.uk/Topics/Browse/CLeaR/

- **References**

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FURTHER INFORMATION

- **References (continued)**

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19. Burton R et al (2016). A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. The Lancet
20. Vocht de F et al (2016). Measurable effects of local alcohol licensing policies on population health in England. Epidemiology & Community Health 70:3

About Camden's JSNA

Open Data Camden brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This factsheet was produced by Angelina Taylor, Public Health Strategist, and Ester Romeri, Intelligence and Information Analyst, and approved for publication by Charlotte Ashton, Public Health Consultant in April 2017.

Contact: JSNA@camden.gov.uk