

WARWICKSHIRE ALCOHOL HEALTH NEEDS ASSESSMENT

Warwickshire Joint Strategic Needs Assessment 2022



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EXECUTIVE SUMMARY & RECOMMENDATIONS

Many adults in Warwickshire drink alcohol, however alcohol is a major cause of preventable death. The burden of alcohol is broad including costs to health, criminal justice and welfare

through to unemployment and loss of working years. In addition, there is the impact of drinking on other people such as partners and children and the impact of crime and disorder on the public. The economic burden of alcohol is substantial: estimated at 1.3 to 2.7% of gross domestic product (GDP) nationally.

ALCOHOL CONSUMPTION

- Nationally, the proportion of men and women usually drinking over 14 units in a week varied across age groups and was most common among men and women aged 55 to 64 (Official statistics, National statistics, 2020).
- Nationally, men are more likely than women to drink at increasing and higher risk levels (Official statistics, National statistics, 2020).
- Nationally, the proportion of adults who were non-drinkers was highest in most deprived areas (29%) compared with 10% in the least deprived areas (Official statistics, National statistics, 2020).
- Nationally, men and women from less deprived areas are more likely to drink alcohol at increased risk if harm (Official statistics, National statistics, 2020) .
- Warwick District and Nuneaton & Bedworth had a significantly higher number of premises selling alcohol compared to other surrounding areas and the national average (PHE , 2021).

ALCOHOL RELATED ADMISSIONS

- Nationally, men are more likely to be admitted into hospital due to alcohol related harm/condition compared to women
- Nationally people aged 35-64 years old are most likely admitted into hospital for an alcohol-related condition
- Nuneaton & Bedworth was the only area above the regional average at 55.4 per
- 100,000 population alcohol related deaths (regional rate, 51.1 deaths per 100,000 population)
- 6 Out of the top 15 lower super output areas (LSOA) alcohol related admission rates in Warwickshire were from Nuneaton and Bedworth
- Admissions for under 18s was higher in all district and boroughs of Warwickshire compared to the regional and national average (PHE , 2021)

WARWICKSHIRE DEPENDENT DRINKERS AND ALCOHOL TREATMENT

Unmet need is the number or proportion of dependent drinkers who are not accessing alcohol services. In 2018/19 it was estimated 4,018 alcohol dependent adults in Warwickshire were potentially in need of treatment. This equates to 79.9% of dependent drinkers in Warwickshire not being in alcohol treatment, this is slightly lower than the regional (83%) and national (82.4%) averages.

- There were 235 (33%) clients in alcohol treatment that successfully completed treatment out of 711 clients within the service.
- In 2020/21, 711 clients entered the service for alcohol only treatment, this being similar to previous years 2016/17 where there were 761 clients and 2017/18 where there were 729 clients. For Warwickshire (2017/18) this equates to 1.54 per 1000 residents who received alcohol treatment which is similar compared to the national rate of 1.54 per 1000.

- A majority of individuals (76%) entering the services are through self-referrals in 2020/21.

WIDER IMPACTS OF ALCOHOL

Two stakeholder events and follow up interviews from March 2021 to July 2021 facilitated a high level of engagement with key stakeholders including: Warwickshire police, treatment services, early years, secondary care, primary care, maternity services has shown that alcohol is usually not the main issue and is often used as a coping method for other problems. This not only impacts the drinker but also on their family, friends, neighbours and the wider community. Therefore, a holistic approach should be taken to reduce the harm from alcohol.

A Warwickshire community safety partnership analyst produced data on 14th September 2021, which showed hotspots for alcohol related crime across Warwickshire. There were fewer crimes recorded with alcohol flags in 2020/21, this may be due to various lockdowns that took place due to the COVID 19 pandemic. The highest number of crimes committed in 2018/19 & 2019/20 was in December. Hotspots for alcohol related crime were located in the main town centres of Warwickshire, such as: Nuneaton & Bedworth Borough, Rugby Borough, Warwick District and Stratford-upon-Avon District. There were also minor hotspots around some of the residential areas in the boroughs/districts. Nearly half of the offences with an alcohol flag also had a domestic marker (47%) which indicates that nearly half of the alcohol related crime in the time period was domestic related.

RECOMMENDATIONS ARISING FROM THE NEEDS ASSESSMENT

There should be consideration across all recommendations and actions of the impact of alcohol on health inequalities. The recommendations made in this needs

assessment can be grouped in 5 areas, a more comprehensive list of recommendations can be found at the end of the document, a selected few are listed below:

- **Reduce alcohol consumption-** Improve the quality and/or identification of alcohol-related data held across partners and departments including licensing, social care, police, health visiting and primary and secondary healthcare and alcohol services
- **Promote partnership working-** Establish a system-wide partnership alcohol forum, with scope to encompass drug misuse as a topic of discussion. Stakeholders to be included; WCC commissioners, WCC public health, adult drug & alcohol service providers, service users, Armed forces representative, Police representative, Primary Care, Secondary Care, CCG, Maternity/health visitor services, community safety partners, district & boroughs, trading standards and homelessness services representative.
- **Reducing higher risk and alcohol dependency-** Raise awareness among key professionals to improve identification of and support to individuals including children and improve recording of alcohol-related concerns.
- **Providing a healthier environment-** Working with partners in a person-centred approach to establish an environment that supports the most vulnerable.
- **Reducing health inequalities-** Strengthen partnership working to focus on areas experiencing greatest alcohol-related harms, in particular Nuneaton & Bedworth, Warwick district and areas of higher deprivation.

INTRODUCTION

The use of alcohol at some stage over the human life course is common in modern western society. In England, it is estimated that approximately 10.4 million adults consume alcohol at levels that are associated with risk to their health. Around a third of all alcohol consumed is by 4.4% of the population (Public Health England, 2016)¹.

Alcohol plays a significant role within society, such as contributing to the economy with a total value of £46 billion, which is around 2.5% Gross Domestic Profit (GDP). The income is split evenly between production (i.e. distillers, brewers) and retail (i.e. pubs, bars, supermarkets) of alcohol (Institute of Alcohol Studies, 2017). In 2017, approximately 770,00 jobs in the UK are related to the alcohol industry, which is around 2.5% of all UK employment. From this, a vast majority are in pubs, clubs and bars (506,000). The Government raises £11 billion in tax revenue from alcohol excise duty in England.

Alcohol is the leading cause of death, disability and ill-health among 15 to 49 year olds in England. Higher alcohol consumption has been identified as a cause of more than 200 health conditions. Alcohol causes more years of life lost to the workforce than the 10 most common cancers combined (Public Health England, 2017). Furthermore, there has been increasing evidence of the extent and harm caused to others as an indirect result of alcohol misuse, such as to families, communities and society (Public Health England, 2019).

The emergence of the COVID-19 pandemic and response to prevent and mitigate harm caused radical change on how society functions. On 23rd March 2020, the first of a series of lockdown measures were announced in the UK which restricted most travel and shut down non-essential businesses and school. According to a survey by Alcohol Change UK in April 2020, 22% of people stated they were drinking on more

1

days than before lockdown, 22% stated they were drinking on fewer days, 43% stated they were drinking on about the same number of days and 12% had given up drinking altogether (Alcohol Change UK, 2020). The impact of lockdowns in England have had a significant impact on behaviour related to alcohol consumption and subsequently negatively impacting individual's, communities' and societies' health and wellbeing.

This report provides an overview of the latest alcohol related statistics, services and partners actions across Warwickshire.

AIMS & OBJECTIVES

This health needs assessment aims to identify and reduce alcohol related harm in Warwickshire.

This will be done by:

- 1) using epidemiological approaches and a broad range of quantitative and qualitative data sources to comprehensively and comparatively assess the needs of the population of Warwickshire concerning alcohol misuse
- 2) identifying areas of currently unmet need and health inequalities
- 3) making recommendations to address the needs of the local community in future service partnership working, system responses and commissioning.

NATIONAL DRINKING GUIDELINES & DEFINITIONS

The latest national guidelines for alcohol consumption were produced by the Chief Medical Officer in 2016. The guidelines were developed over the course of three and

half years, reviewing over 40 systematic reviews and meta-analysis (Department of Health, 2016). Table 1 below outlines the guidelines and risk classification.

Table 1 UK drinking guidelines and classification

Term	Amount of Alcohol	
	Men	Women
Lower Risk	Up to 14 units a week	
Hazardous (Increasing Risk)	15 to 50 units a week*	15 to 35 units a week*
Harmful (High Risk)	More than 50 units a week*	More than 35 units a week*
Binge	8 units or more per day	6 units or more per day

* If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.

The Drinkaware Trust is an independent UK-wide alcohol education charity, funded largely by voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets. Drinkaware produced the following infographic (Figure 1) to raise awareness of drinking guidelines and explain what units look like in terms of common alcoholic beverages.

Figure 1 The Drinkaware Trust low drinking guidelines infographic

Explained: low risk drinking guidelines

To keep health risks from alcohol to a low level, men and women should not regularly drink more than **14 units** a week, spreading them evenly over three or more days.

What do 14 units look like?



Different studies use different words, including 'risky drinking', 'high risk drinking', 'binge drinking', 'alcohol misuse' and 'alcohol abuse' as well as 'problem drinking'. The terms frequently overlap in the literature, for the purpose of this needs assessment the term 'alcohol dependency' will be the primary term used. Alcohol dependence is when drinking plays an important part in the day-to-day life of alcohol dependent people, which could lead to building up a physical tolerance or experiencing withdrawal symptoms if they stop (Drink Aware, 2021).

However one term that will not be included in the umbrella term of 'alcohol dependency' will be heavy drinking. Heavy drinking is where a person is not physically dependant on alcohol but when they drink alcohol it causes and issues in their life or in the life of someone they know. It can have considerable and broad impacts on families. Where there is problem drinking by parents, children have higher levels of behavioural problems, school-related problems and emotional difficulties than other children, including those whose parents have other mental or physical health problems (Tunnard, 2002).

Problem drinking can result in:

- Parental conflict
- Lack of security with money being used to buy drinks rather than household expenditure
- Relationship difficulties between parents and children
- Children feeling that they are responsible for the well-being of parents
- Children having a reduced social life due to hiding a drinking problem
- Children's behaviour affected by unpredictable adult behaviour associated with problem drinking.
- Impact on education due to being often late or missing school, moving school more frequently or parents not showing an interest in their achievements.
- Increased incidence of domestic violence

It is important to note that this is not the case in all families with parental problem drinking and that there are protective factors that can lessen the impact.

ALCOHOL SCREENING TOOLS

There are 5 alcohol screening tools used to identify alcohol misuse. The most well-known and commonly used amongst health professional is the AUDIT C tool (full questions in Appendix 1). Across Warwickshire drug & alcohol service providers and maternity services Audit C is used to identify alcohol misuse. All the screening tools are discussed in more detail below:

Alcohol use disorders identification test for consumption (AUDIT C)

This is a test to quickly identify alcohol harm in service users. AUDIT C tool is used to quickly assess the user's level of risk to alcohol harm by completing 3 consumption questions.

If the score is:

4 or below, give positive feedback and encourage the service user to keep their drinking at low-risk levels

5 to 10, give brief advice to encourage a reduction in alcohol use and reduce the risk of alcohol harm

11 or above, consider referral to specialist alcohol harm assessment

Alcohol use disorders identification test (AUDIT)

This is a 10-question test for assessing an individual's level of alcohol risk.

Health and social care professionals can use AUDIT as a comprehensive screening tool to assess the service user's level of risk to alcohol harm, by completing 10 questions.

Alcohol use disorders identification test for primary care (AUDIT PC)

This is a test for identifying alcohol harm in patients that are in GP surgeries and other primary care settings. Healthcare professionals working in primary care can use the AUDIT PC tool to assess a service user or patient's level of risk of alcohol harm by completing 5 questions.

Fast alcohol use screening test (FAST)

This is a quick test for health and social care professionals to assess service users at risk of alcohol harm. FAST was designed for use in emergency departments but it can be used in a wide variety of settings. This test consists of only 4 questions from the Alcohol use disorders identification test (AUDIT), which are asked in 2 stages.

Single question alcohol use test (M SASQ)

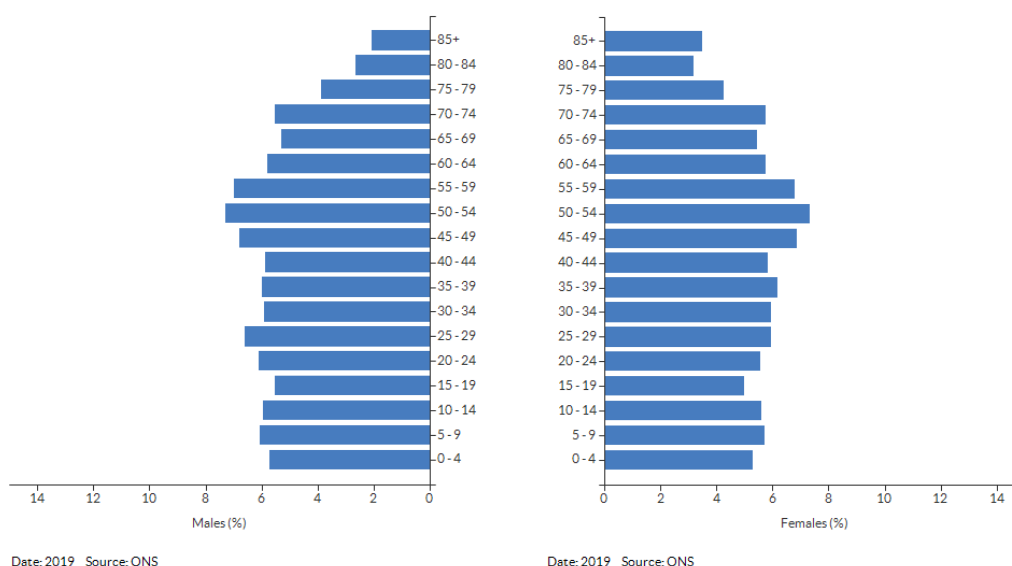
This is a test to quickly assess users at risk of alcohol harm, known as the modified single answer screening question (M SASQ). You can use this tool if time is limited to assess your service users for alcohol risk, in settings such as emergency departments. The M SASQ consists of one question from the full 10 question alcohol use disorders identification test (AUDIT). It was developed from the original single alcohol screening question (SASQ).

LOCAL CONTEXT

The 2019 mid-year population estimates show that Warwickshire is home to 557,933 people.

The population is projected to reach a total of 581,300 by 2026 (5% increase) with the greatest increase in the over seventy-fives. The population pyramid below shows the distribution of the population by age and sex.

Figure 2 Warwickshire Population estimates for males and females for 2019



Ninety-two per cent of Warwickshire’s population is white. Around the county, Warwick District and Rugby Borough have more diverse ethnic communities while North Warwickshire Borough and Stratford-on-Avon District are less diverse. Ninety per cent of the Warwickshire population are UK nationals. Of the remaining ten per cent a vast majority (40%) are from the European Union.

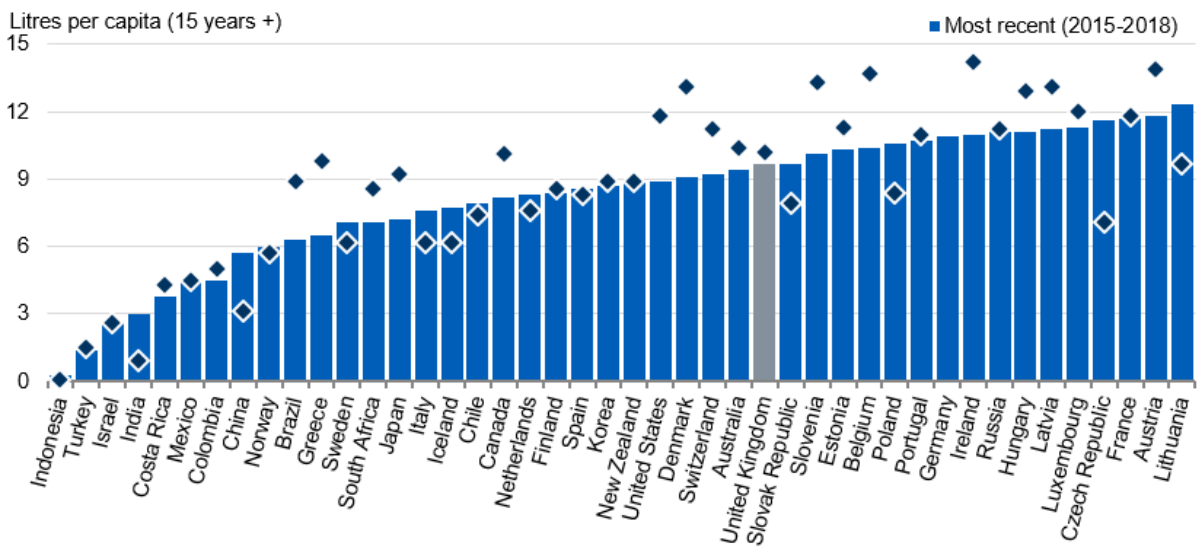
PREVALENCE OF ALCOHOL MISUSE AND IMPACT

ALCOHOL MISUSE IN THE GENERAL POPULATION

INTERNATIONAL

The graph below shows International comparisons of drinking prevalence. Lithuania reported the highest consumption (12.3 litres), followed by Austria, France, the Czech Republic, Luxembourg, Latvia, Hungary, Russia and Ireland, all with over 11 litres per person. Indonesia, Turkey, Israel, India, Costa Rica, Mexico and Colombia have comparatively low consumption levels (under 5 litres per person). The United Kingdom has an alcohol consumption of over 9 litres per capita.

Figure 3 International comparisons of alcohol consumption by litres per capita for those ages 15 & over from 2015-2018

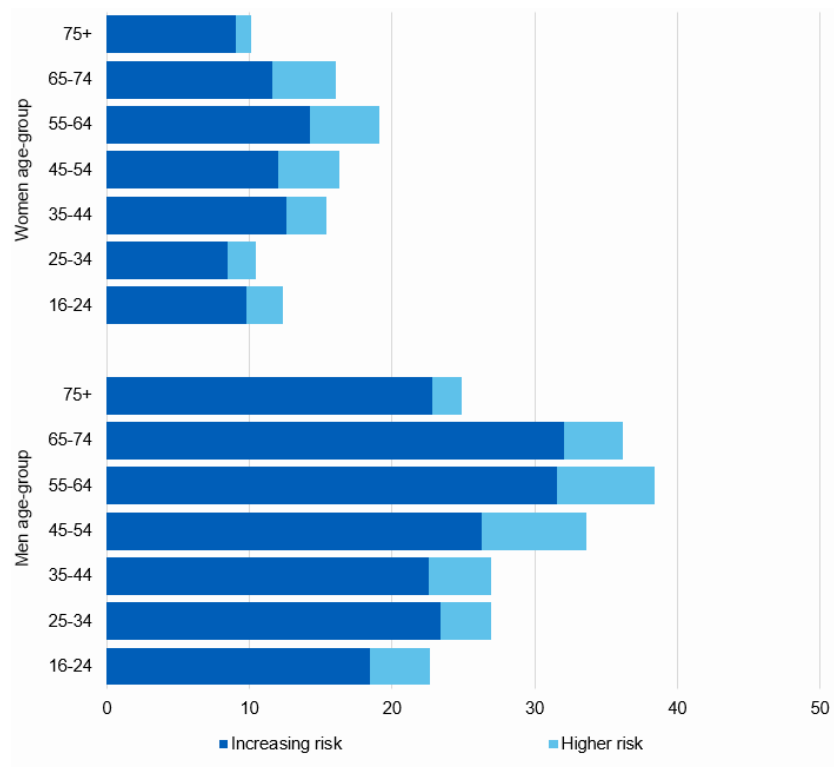


NATIONAL

One of the main data sources for estimating alcohol consumption in the general population is the Health Survey for England (HSE) which is published by NHS Digital and has been carried out since 1994. The Health Survey for England (HSE) monitors trends in the nation's health and care. It provides information about adults aged 16 and over, and children aged 0 to 15, living in private households in England. The survey consists of an interview, followed by a visit from a nurse who takes some measurements and blood and saliva samples. Interviews for children aged 0 to 12 are carried out with a parent; children aged 13 to 15 were interviewed directly. Children aged 8 to 15 fill in a self-completion booklet about their drinking and smoking behaviour and young adults, aged between 16 and 17 complete questions directly into a computer.

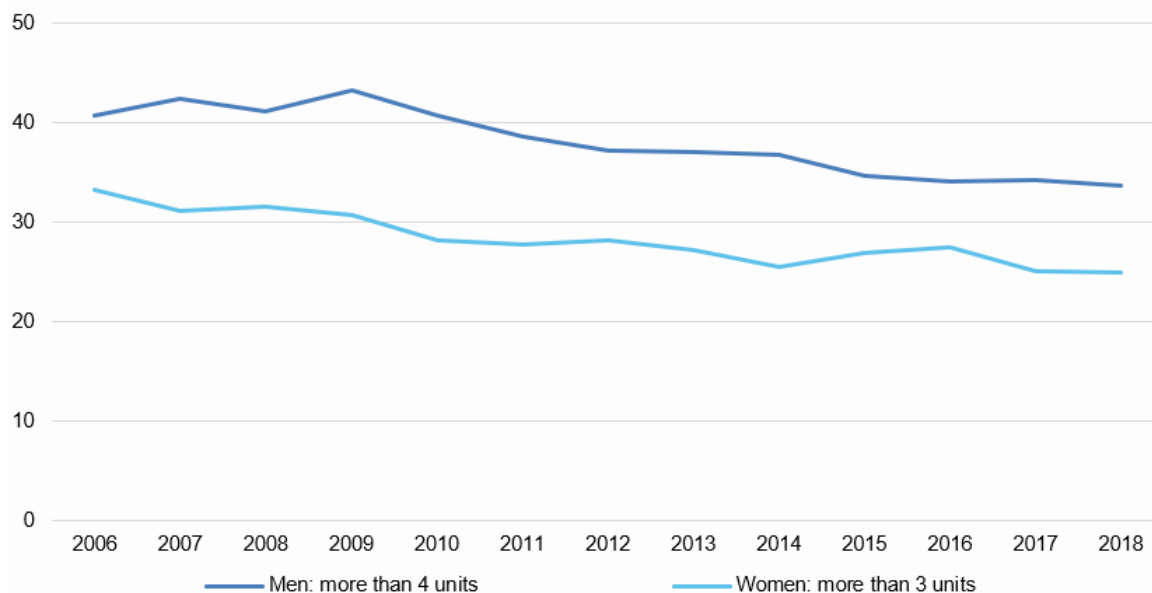
The HSE is considered a representative sample for England (Deverill, 2002). In total, 8,205 adults (aged 16 and over) and 2,095 children (aged 0 to 15) were interviewed in the 2019 survey. 4,947 adults and 1,169 children had a nurse visit. The proportion of men and women usually drinking over 14 units in a week varied across age groups and was most common among men and women aged 55 to 64 (38% and 19% respectively) as shown in Figure 4. Proportions drinking at these levels then declined among both sexes from the age of 65. Across all age groups, men were more likely than women to drink at increasing and higher risk levels (Official statistics, National statistics, 2020) .

Figure 4 Number of days on which drank alcohol in the last week, by age and sex in 2019



The proportion of men who drank more than 8 units in a day dropped from 24% in 2006 to 19% in 2018, with a gradual decline since 2009. The proportion of women drinking more than 6 units in a day decreased between 2006 and 2018 from 16% to 12% (Official statistics, National statistics, 2020)

Figure 5 Maximum amount drunk on any day in the last week, 2006-2018

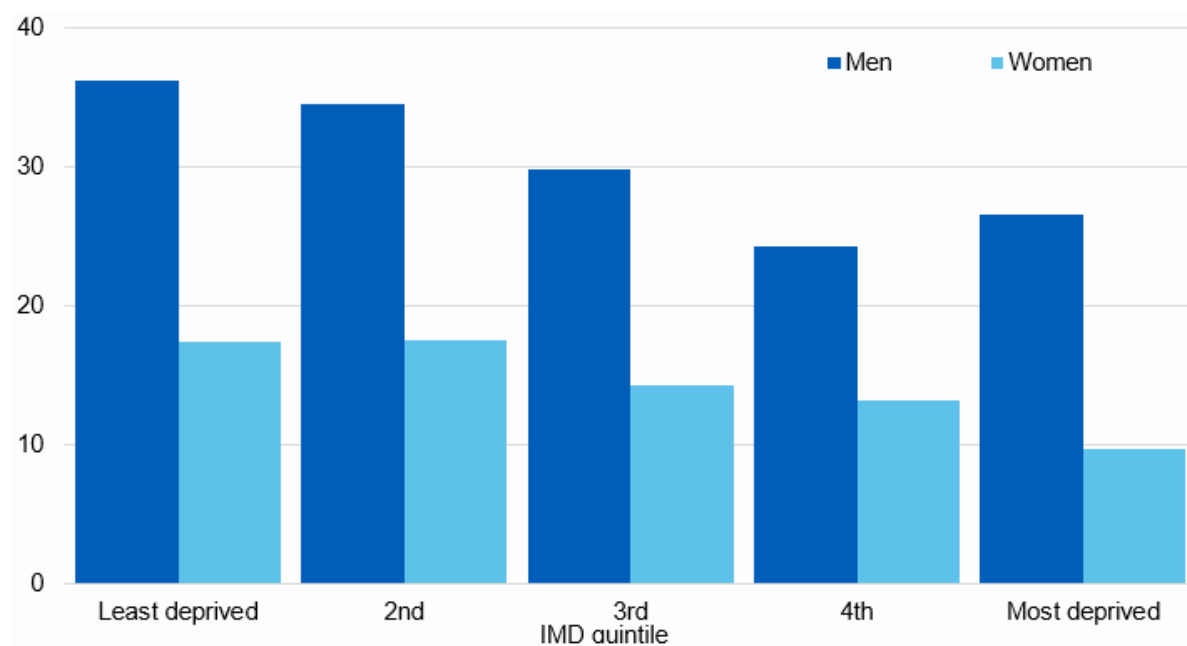


Socioeconomic deprivation is an important factor to consider in public health alcohol policy

development (Fone, et al., 2016). Studies have found that people in deprived neighbourhoods may be more likely to abstain from alcohol than those in more affluent neighbourhoods (Bosque-Prous & Mirte Kuipers, 2017) and more commonly adopt heavier patterns of consumption, such as binge drinking, particularly young and middle-aged men. A higher risk of excess consumption, but less than binge drinking, seems to be associated with living in less deprived neighbourhoods.

The proportion of adults who were non-drinkers was highest in most deprived areas (29%) compared with 10% in the least deprived areas. Adults in the least deprived areas were more likely to drink over 14 units in a usual week (27%) than those in the most deprived areas (18%). 36% of men in the least deprived areas drank at increasing and higher risk levels, compared with 27% of men in the most deprived areas. 17% of women in the least deprived areas drank more than 14 units compared with 10% of women in the most deprived areas (Official statistics, National statistics, 2020).

Figure 6 Proportion of adults drinking (in units) at increased or higher risk of harm, by Index of Multiple Deprivation and sex, 2019



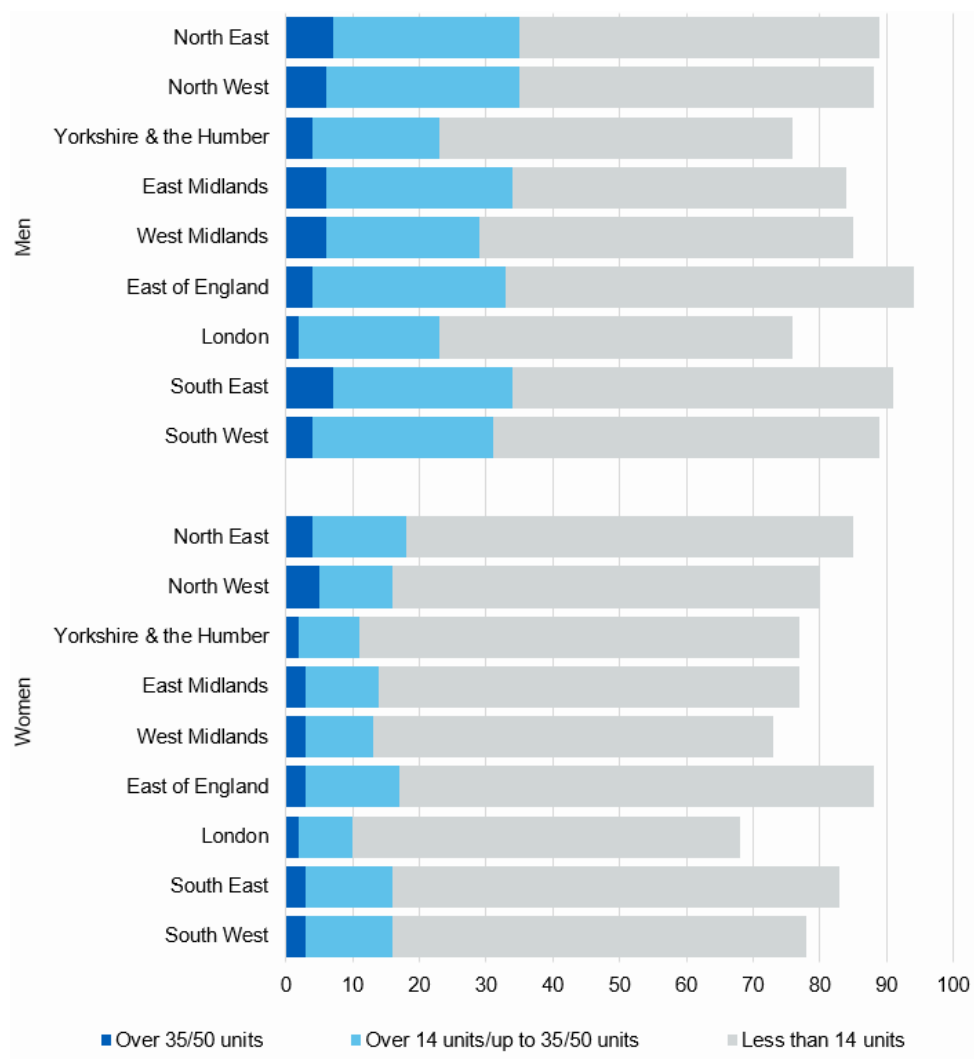
The variation in weekly alcohol consumption by deprivation was accounted for by differences in the proportions of men and women drinking at increasing levels of risk (that is, over 14 units and up to 50 units for men and over 14 units and up to 35 units for women) rather than the smaller proportions in the higher risk category (over 50 units for men and over 35 units for women). The proportion of men and women drinking at higher levels of risk was similar by the IMD quintiles.

REGIONAL

The proportions of men and women who had not drunk alcohol varied across regions. Among men, the highest proportions of non-drinkers were in London and the lowest proportions in the Southwest. Among women, the highest proportions were in London and the West Midlands, with the lowest proportion in the Northeast.

The proportions of men and women who had not drunk alcohol varied across regions. Among both men and women, the highest proportions of non-drinkers were in London (28%) and the lowest proportions in the East of England (9%). The estimated weekly alcohol consumption in the West Midlands for both men and women similar to the national average.

Figure 7 Estimated weekly alcohol consumption, by region and sex in 2019

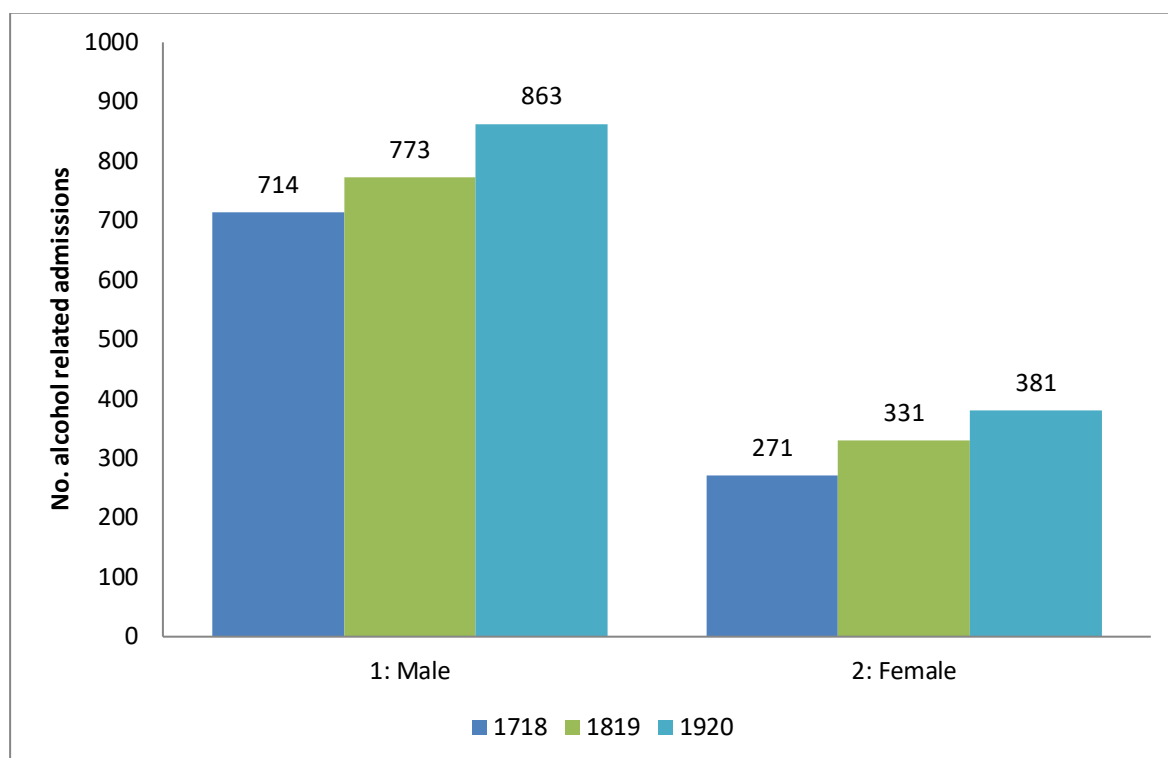


The local alcohol profiles for England (LAPE) were developed by Public Health England², the aim of the profile is to provide information for local government, health organisations, commissioners and other agencies to monitor the impact of alcohol on local communities, and to monitor the services and initiatives that have been put in place to prevent and reduce the harmful impact of alcohol (OHID, 2021).

Data for alcohol-related admissions is collected in two forms, narrow and broad. Narrow only accounts for admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Whereas the broad definition included narrow and any secondary diagnoses which are an alcohol-attributable code. This report uses the narrow definition as it addresses more acute alcohol-related conditions with a higher degree of certainty rather than the broad definition which includes more secondary diagnoses, which would focus on more chronic related conditions.

² Public Health England was replaced by UK Health Security Agency and Office for Health Improvement and Disparities on 1st October 2021.

Figure 8 Alcohol-related admissions in Warwickshire & Coventry by years & sex from 2017-2020

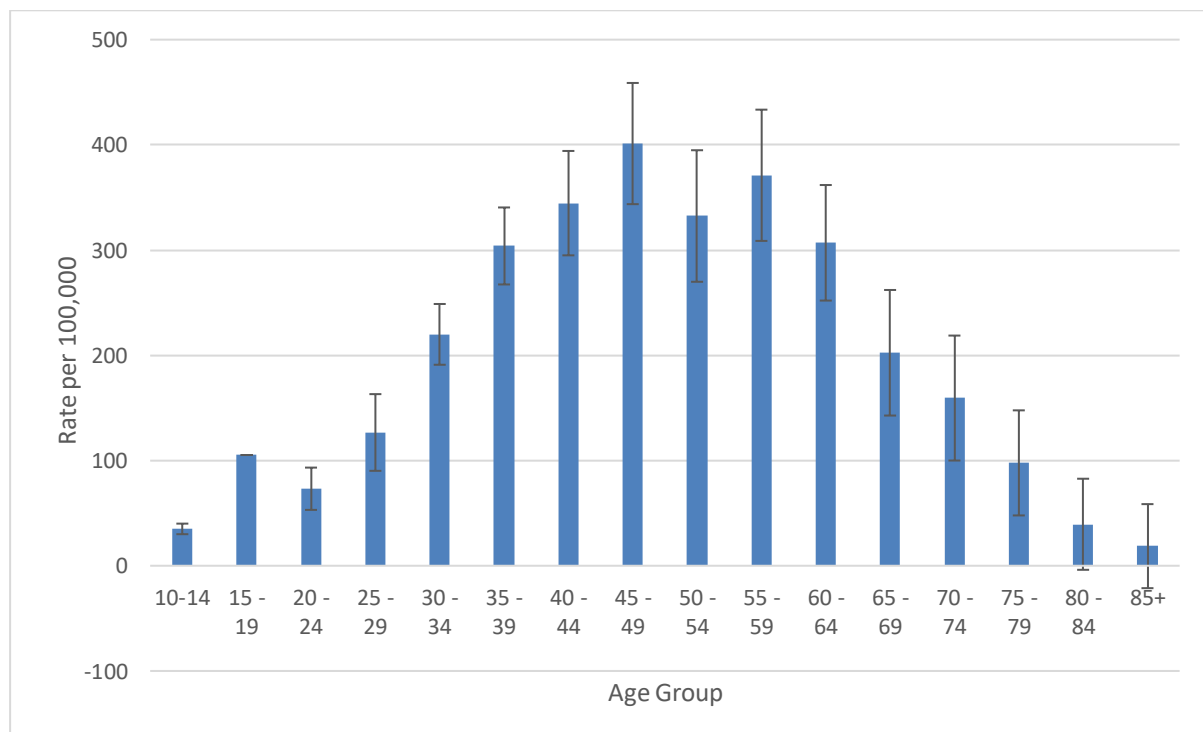


Alcohol-related admission data was provided in 2021 when there were three Clinical Commissioning Groups (CCG) in Warwickshire³, however, a caveat of this data is that Coventry admissions are also included in the data. Figure 8 shows that from the years 2017-2020, men are more likely to be admitted into hospital due to alcohol compared to women. Increasing number of admissions year by year for both men and women in Warwickshire & Coventry is observed, the highest number of admissions occurred in 2019/20. Data provided in figure 7 is the number of admissions, therefore does not account for population changes. In Figure 8 the data is presented by a rate of per 100,000, this allows for local population difference by age group to be accounted for.

³ Prior to 1 April 2021 there were three CCG organisations in Coventry and Rugby. These were Coventry and Rugby CCG, Warwickshire North CCG and South Warwickshire CCG. These organisations have now merged to form NHS Coventry and Warwickshire CCG.

Figure 9 shows that the age bands from 35-64 years old are most likely admitted into hospital for an alcohol-related condition. Over a 3 year average, the highest rate was for those aged 45-49 years old at 543 per 100,000. The rate of admissions decline significantly past the age of 65 years and onwards. There is a noteworthy spike in rates of admissions at 15-19 years of age of 123 per 100,000, which then declines to 88 admissions for 100,000 at 20-24 years old.

Figure 9 Rate of alcohol-related admissions per 100,000 in Warwickshire and Coventry from 2017-2020



DISTRICTS & BOROUGHES

The most common cause of alcohol-related death is alcoholic liver disease. There were 7,551 deaths related to alcohol-specific causes registered in the UK in 2018, equivalent to 11.9 deaths per 100,000 people. Over 3 years (2017-2019) there were 10.9 alcohol-specific deaths per 100,000 population in England. Similar to the narrow & broad definitions for admissions data, mortality data has two categories specific and related. Alcohol-related mortality includes a wider range of conditions that alcohol can affect. The national alcohol-related mortality rate was higher at 46.5 deaths per 100,000 population. The regional rate was higher at 51.1 deaths per 100,000 population. Nuneaton & Bedworth was the only area above the regional average at 55.4 per 100,000 population, when broken down by sex, males of Nuneaton & Bedworth had a significantly higher mortality rate of 83 deaths per 100,000 population.

The incidence rate of alcohol-related cancer is calculated by the incidence of six cancer types with a recognised link to alcohol consumption (oral cavity/pharynx, Oesophagus, Colorectal, Liver, Larynx and Breast). Nuneaton & Bedworth (38.4 cancers per 100,000 population) was the only area to have a higher alcohol-related incidence rate than the national average (37.8 cancers per 100,000 population). Males of the area has a significantly higher incidence rate (43.6 cancers per 100,000 population) compared to the regional (41.2 cancers per 100,000 population) and national incidence rates (39.3 cancers per 100,000 population). Admissions episodes for alcoholic liver disease (Persons) per 100,000 population in districts and boroughs was lower than the regional average, the only exception was Rugby which had significantly higher admissions episodes for alcoholic liver disease (165.7 alcoholic liver disease admissions per 100,000), this was particularly higher in males.

Overall, rates of alcohol-specific deaths in the UK have remained at a similar level in recent years, with no statistical differences in the year-on-year rates since 2011 and 2012. Despite this, the 2019 rate is significantly higher than that observed at the

beginning of the time series in 2001, when there were 10.9 deaths per 100,000 population. As shown in the table below, Warwick District, North Warwickshire, Rugby & Stratford-on-Avon alcohol-specific mortality rates were lower than the regional and national average. The only exception was Nuneaton & Bedworth with 11.2 deaths per 100,000 population, which was slightly lower than the regional average. When split by sex, North Warwickshire and Nuneaton & Bedworth had higher female alcohol-specific rates compared to the national average.

Table 2 Alcohol related indicator by Warwickshire districts & boroughs, data from 2015-2018. RAG rated against the national average

Indicators	Period	England	West Midlands	Warwick District	North Warks	Nuneaton & Bed..	Rugby	Stratford O.A
Alcohol-specific mortality (Persons)	2017 - 19	10.9	12.9	4.8	10.5	11.2	8.3	6.9
Alcohol-specific mortality (Male)	2017 - 19	14.9	17.5	7.1	10	14	14	8.9
Alcohol-specific mortality (Female)	2017 - 19	7.1	8.6	No data	11.1	8.6	No data	5.2
Alcohol-related mortality (Persons)	2018	46.5	51.1	38.2	46.6	55.4	48.9	34.5
Alcohol-related mortality (Male)	2018	67.2	73.2	52.4	60.8	83	74	52.6
Alcohol-related mortality (Female)	2018	28.7	32.1	26.9	36.1	31.6	24.8	20.4
Incidence rate of alcohol-related cancer (Persons)	2015 - 17	37.8	38.9	33.3	36.7	38.4	37.0	35.2

Incidence rate of alcohol-related cancer (Male)	2015 - 17	39.3	41.2	30.6	38.0	43.6	36.3	33.9
Incidence rate of alcohol-related cancer (Female)	2015 - 17	36.8	37.3	36.4	36.4	34.3	37.7	36.0
Admissions episodes for alcoholic liver disease (Persons) per 100,000	2018- 19	131.2	146.9	117.1	92.9	116.3	165.7	76.8
Admissions episodes for alcoholic liver disease (Male) per 100,000	2018- 19	182.1	202.9	183.4	82.7	183.9	251.9	66.6
Admissions episodes for alcoholic liver disease (Female) per 100,000	2018- 19	83.3	93.6	55.2	92.3	50.1	79.1	86.0
Years of life lost due to alcohol-related conditions (Persons)	2018	637	708	396	543	712	1084	381

EVIDENCE OF WIDER IMPACTS OF ALCOHOL

The following section presents the current evidence base relating to both short and long term health risks related to alcohol dependency.

Two stakeholder events and follow up interviews from March 2021 to July 2021 facilitated a high level of engagement with key stakeholders including: Warwickshire police, treatment services, early years, secondary care, primary care, maternity services has shown that alcohol is usually not the main issue and is often used as a coping method for other problems. This not only impacts the drinker but also on their family, friends, neighbours and the wider community. Therefore a holistic approach should be taken to reduce the harm from alcohol. Info on section- lit review- wark info later

SHORT-TERM HEALTH RISKS

Excessive alcohol use has immediate effects that increase the risks of many harmful conditions, these are most often the result of binge drinking. Short term impact includes:

- **Injuries, such as motor vehicle crashes, falls, drownings, and burns** (World Health Organization, 2018). A systematic review assessing the involvement of alcohol in fatal injuries concluded that alcohol is an important factor in many fatal injuries and that its importance varies by cause of injury. A total of 7,459 unintentional injury deaths, 28,696 homicide cases, and 19,347 suicide cases were aggregated. The aggregate percentage tested for blood alcohol concentration was highest among homicide cases (88.2%), followed by unintentional injury deaths (84.0%) and suicide cases (81.7%). (Smith & Branas, 1999)
- **Violence, including homicide, suicide, sexual assault, and intimate partner violence.** The association between alcohol consumption and violence perpetration is long recognised (Boden & Horwood, 2012), with some

meta-analyses and longitudinal studies suggesting this may be a causal relationship (Lipsey, et al., 2002). National statistics from the Crime Survey for England and Wales (CSEW) in 2017/18 support these findings, with perpetrators in almost two of every five (39%) violent crimes reported by victims as being under the influence of alcohol (Office for National Statistics, 2019).

- **Alcohol poisoning, a medical emergency that results from high blood alcohol levels.** A study in trends in alcohol-related admissions in England demonstrated there has been increasing hospital admissions attributable to alcohol between 2002/03 and 2013/14, particularly the increase in young people being admitted for 'Intentional self-poisoning due to alcohol' (Green, et al., 2017).
- **Risky sexual behaviours, including unprotected sex or sex with multiple partners.** These behaviours can result in unintended pregnancy (Naimi, et al., 2003) or sexually transmitted diseases. Alcohol abuse increases the risk of HIV infection by promoting risky behaviours and counteracting efforts to minimize the risk of infection to the individual and others (Bryant, et al., 2010). Furthermore, a systematic review of 30 studies concluded alcohol consumption was associated with greater intentions to engage in unprotected sex (Scott-Sheldon, et al., 2016).
- **Miscarriage and stillbirth or foetal alcohol spectrum disorders (FASDs) among pregnant women.** There have been several studies that have established a link between prenatal alcohol exposure and stillbirth (O'Leary, et al., 2012). Prenatal exposure to alcohol is one of the leading preventable causes of birth defects, mental retardation, and neurodevelopmental disorders. More recently, alcohol exposure in utero has been linked to a variety of other neurodevelopmental problems (American Academy of Pediatrics, 2000).

LONG-TERM HEALTH RISKS

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:

- **High blood pressure, heart disease, stroke, liver disease, and digestive problems.** Both average volume and drinking pattern were linked causally to IHD, fetal alcohol syndrome and unintentional and intentional injuries. For IHD, ischaemic stroke and diabetes mellitus beneficial effects were observed for patterns of light to moderate drinking without heavy drinking occasions (Rehm J, et al., 2010).
- **Cancer of the breast, mouth, throat, oesophagus, liver, and colon.** A causal association has been established between alcohol consumption and cancers of the oral cavity, pharynx, larynx, oesophagus, liver, colon, rectum, and, in women, breast; an association is suspected for cancers of the pancreas and lung. Evidence suggests that the effect of alcohol is modulated by polymorphisms in genes encoding enzymes for ethanol metabolism, folate metabolism, and DNA repair (Boffetta & Hashibe, 2006).

The type of alcohol does not appear to matter; all alcoholic beverages include ethanol, which increases levels of acetaldehyde and in turn promotes DNA damage. Moreover, even moderate levels of consumption (often defined as approximately 14-28 g/d, the equivalent of about 1-2 drinks) appear to be associated with a higher risk of some cancers, including cancers of the female breast (Klein, et al., 2020). A protective association has emerged for some cancers, with the most evidence for kidney, Hodgkin lymphoma, and non-Hodgkin lymphoma. Nonetheless, the overall cancer burden associated with alcohol use is substantial and comparable with that of other preventable risk factors such as UV exposure and excess body weight (Klein, et al., 2020).

- **Learning and memory problems, including dementia and poor school performance.** Adolescence is a particularly vulnerable neurodevelopmental period marked by high rates of engagement with risky alcohol use. Findings from human adolescent studies suggest that binge drinking and heavy alcohol use is associated with poorer cognitive functioning on a broad range of neuropsychological assessments, including learning, memory, visuospatial functioning, psychomotor speed, attention, executive functioning, and impulsivity. Alcohol use during adolescence is associated with accelerated decreases in grey matter and attenuated increases in white matter volume, and aberrant neural activity during executive functioning, attentional control, and reward sensitivity tasks when compared to non-drinking adolescents (Lees, et al., 2020).

Students who binge drank are more likely than both non-drinkers and current drinkers who did not binge to report poor school performance and involvement in other health risk behaviours such as riding with a driver who had been drinking, being currently sexually active, smoking cigarettes or cigars, being a victim of dating violence, attempting suicide, and using illicit drugs. A strong dose-response relationship was found between the frequency of binge drinking and the prevalence of other health risk behaviours (Miller, et al., 2007).

- **Mental health problems, including depression and anxiety.** There is abundant evidence that people with mood and anxiety disorders should abstain from even moderate alcohol use, as this adversely affects their clinical course and response to treatment (Castaneda, et al., 1996).

Using data on 5828 respondents from the Health Survey for England (HSE), A study found that drinking alcohol promotes depression, and this is consistent across several measures of drinking behaviour including the amount of alcohol consumed, consumption intensity, alcohol dependence and risk of dependence (Awaworyi, et al., 2017). While drinking may be generally accepted and in England, part of the culture, this has costs in terms of both

physical and mental health that ought not to be ignored. While public policy has predominantly focused on the physical aspects of excessive alcohol consumption these policies may also have a direct positive spill over in terms of the mental health costs, through the impact of lower alcohol consumption on quality of life and wellbeing (Awaworyi, et al., 2017).

- **Social problems, including lost productivity, family problems, and unemployment.** Drinking seven drinks or more on an average drinking day significantly increased the likelihood of not working and, for those who were working, reduced weeks of employment. Thus, productivity benefits may accrue from developing treatments for at-risk drinkers, particularly interventions to reduce drinking (Booth & Feng, 2002).

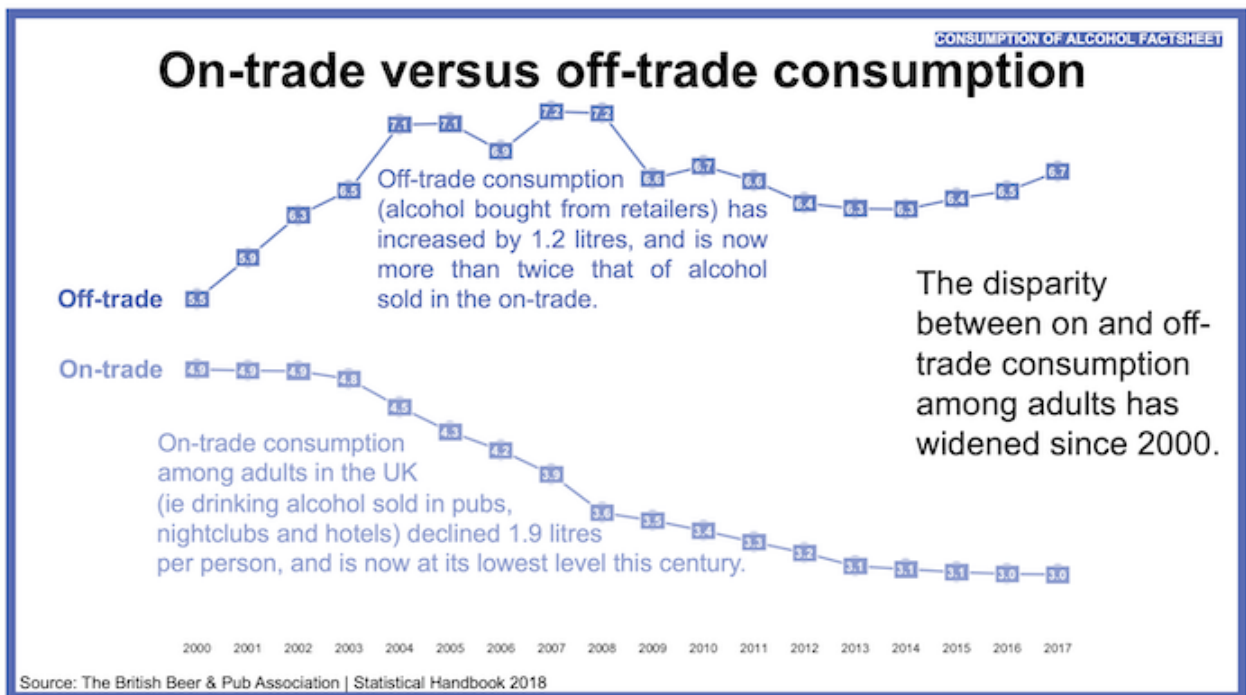
A large longitudinal study in New Zealand demonstrated a strong association (unadjusted odds ratio of 2.17–2.23) between those that have three or more alcohol abuse/dependence symptoms and relationship breakdown compared with those with no symptoms. The results suggested a causal association between alcohol misuse and relationship breakdown, with estimates suggesting that alcohol use disorder accounted for 4.5–4.6% of marital/cohabiting relationship dissolution in the cohort (Joseph, et al., 2013).

ECONOMIC IMPACT

The alcohol industry accounts for around 2.5% of GDP nationally. With that being split evenly between the production of alcohol and retail. It is also estimated that the alcohol industry provides around 2.5% of jobs, with most (65%) of them being in the retail element such as in pubs and clubs. Economic arguments around the provision of income, employment and trade, are often used in support of the alcohol industry against measures to reduce consumption. However, an analysis by the Institute of Alcohol Studies concluded that there was little convincing evidence that reduced alcohol consumption would harm the UK economy, and indeed that it might benefit it (Institute of Alcohol Studies, 2017).

There has been a trend in increasing amounts of alcohol being bought from retailers and falling amounts being bought in venues see figure below. This trend has contributed to the reduction in the cost of alcohol by unit purchased. In addition to the health risk from a reduction in cost per unit, the corresponding increase in demand for off-trade consumption may result in an increased supply of off-licenses a business that The Royal Society for Public Health (RSPH) has designated as unhealthy as betting shops and takeaways (RSPH , 2018).

Figure 10 On-trade versus off-trade alcohol consumption from 2000-2017



Unlike most other products, the sale of alcohol carries other costs to the UK economy, due to the health and social challenges associated with higher consumption.

- Presenteeism: Evidence suggests that alcohol consumption reduces people’s productivity at work, although quantifying this is challenging. 28% of UK workers admit going to work hungover, and most believe this negatively

affected their performance (Science Group of the European Alcohol and Health Forum, 2011).

- Absenteeism: Several studies have found that high levels of drinking, particularly in men is linked to higher rates of absence from work. Studies from Sweden and Norway showed that a 1-litre increase in total per capita alcohol consumption is associated with a 13% increase in absence in men (Norstrom, 2006).
- Unemployment: the most prominent studies in the UK suggests that being a problem drinker is equivalent to the effect of not having a degree on the person chance of finding work.
- Premature Death: alcohol-related deaths reduce the size of the labour force. It has been estimated that over 167,000 years of working life were lost in England in 2015 due to alcohol, this calculated to 16% of all working years lost (Moller & Matic, 2010).

DOMESTIC ABUSE

The relationship between domestic abuse and substance misuse is a complex one. While drug and alcohol misuse cannot be said to cause abusive behaviour, they are often interrelated. According to the Crime Survey for England and Wales (CSEW) year ending March 2020, an estimated 7.3% of women (1.6 million) and 3.6% of men (757,000) experienced domestic abuse in the last year. Nationally women aged 16 to 19 years were more likely to be victims of any domestic abuse in the last year than women aged 25 years and over, however, the case studies included victims who were all aged over 25. The volume of domestic abuse offences has increased since the first national lockdown, analysis shows that between 1st January 2018 and 31st January 2021. Warwickshire police recently conducted a case series study consisting of 5 case studies related to domestic abuse. One of the key themes identified across all the case studies were alcohol and drug misuse. Warwickshire County Council recently conducted a domestic abuse needs assessment which highlighted the complex relationship between domestic abuse and substance misuse⁴.

Alcohol and drug addiction was a strong theme in four of the case studies. Within these four case studies, alcohol had been a factor in all of the incidents most commonly because the suspect had been drinking. Shared alcohol between the victim and suspect was initially considered companionable and encouraged by the suspect as a means to socialise.

However, continued consumption resulted in further incidents and victims' described the alcohol as a contributory factor in the 'dominator' behaviour they experienced. Three of the case studies involved either the victim, suspect or both having taken part or been offered an alcohol recovery referral including, from Warwickshire's drug and alcohol service providers. However, similar alcohol-fuelled incidents continued to

⁴ WCC domestic abuse needs assessment: <https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/thematic-needs-assessments-previous-annual-updates/1>

be reported after the referral was made. It is therefore highly likely that the treatment was unsuccessful. Without further information on whether the parties attended the treatment, it is difficult to discern why this strategy failed.

ALCOHOL-RELATED CRIME

Warwickshire Police is organised into two local policing areas which cover the county of Warwickshire. North Warwickshire police cover North Warwickshire, Nuneaton & Bedworth and Rugby Boroughs. South Warwickshire police cover Warwick and Stratford Districts. Each year Warwickshire police receive 290,000 calls, of which 80,000 are 999 calls. There are about 43,000 recorded crimes each year in Warwickshire (Warwickshire Police, 2020).

When police officers suspect alcohol was involved in a crime a flag was entered on the electronic record. The figures below show alcohol-related crimes in the 5 districts of Warwickshire from 2018-2021, the data was provided by a senior performance analyst from Warwickshire police. A caveat of the data presented below is there is likely to be measurement bias, the officer involved makes a subjective decision if they think alcohol may be a factor in the crime committed, therefore there is likely to be variation from officer to officer on entering alcohol flags on the electronic record. Although this reduces the certainty of the accuracy of the data presented, flags for alcohol-related crime provides valuable insight into how alcohol impacts crime in the districts of Warwickshire.

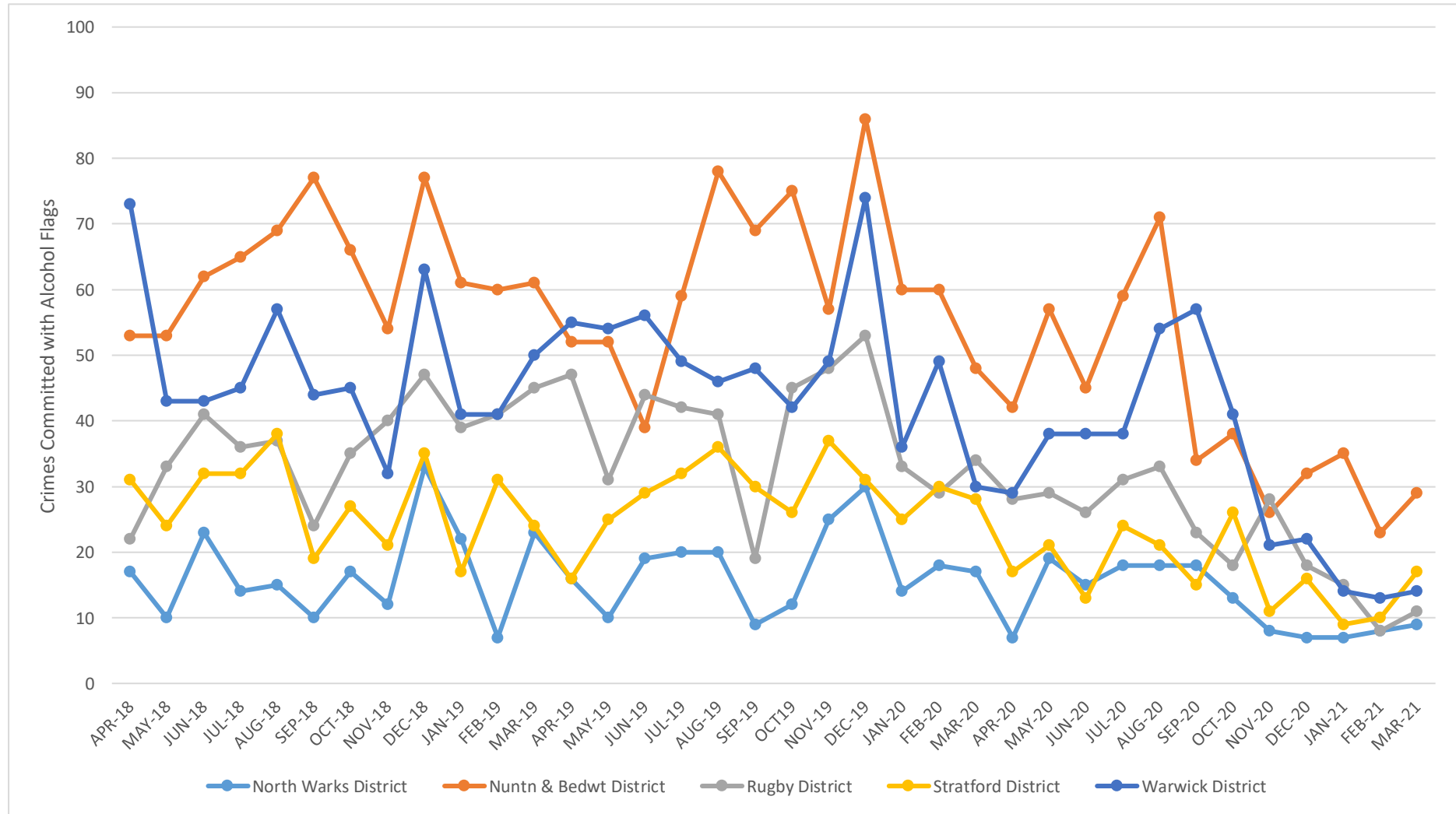
The table below shows the crimes committed in Warwickshire between 2018 to 2021 where an officer suspected alcohol may have been involved. There were fewer crimes recorded with alcohol flags in 2020/21, this may be due to various lockdowns that took place due to the COVID 19 pandemic. The highest number of crimes committed in 2018/19 & 2019/20 was in December, this may be due to higher volumes of alcohol being consumed in the holiday period of Christmas and New Year.

Table 3 Flags for alcohol involved with crimes committed in Warwickshire from 2018-2021

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	Total
2018/19	196	163	201	192	216	174	190	159	255	180	180	203	2309
2019/20	186	172	187	202	221	175	200	216	274	168	186	157	2344
2020/21	123	164	137	170	197	147	136	94	95	80	62	80	1485

Figure 11 shows the alcohol flagged crimes recorded in the 5 districts and boroughs of Warwickshire. Data presented doesn't take population demographics such as size, ages, sex into account, however, does provide us insight into where alcohol flagged crimes are being committed. As seen in the table above most districts and boroughs peak in December of each year. A dip is observed in March 2020 which coincided with the first national lockdown in England, the following peak during the summer of 2020 may be linked to the reopening of bars across England and relaxing of socialising measures. Nuneaton & Bedworth had consisting a higher number of recorded alcohol flagged crimes in most of the 3 years of data presented, this was closely followed by Warwick. North Warwickshire & Stratford-on-Avon had the lowest number of recorded alcohol flagged crimes.

Figure 11 Crimes Committed with Alcohol Flags from April 2018-March 2021 in Warwickshire



ALCOHOL RELATED CRIME HOTSPOTS

Figure 12 below illustrates hotspots of alcohol related crime in Warwickshire. Figures 12-16 were produced by a community safety partnership analyst in September 2021. Hotspots for alcohol related crime across Warwickshire were located in Nuneaton & Bedworth Borough, Rugby Borough, Warwick District and Stratford-upon-Avon District. It is evident that the hotspots for alcohol related crime in Warwickshire are around the main town centres. There are also minor hotspots around some of the residential areas in the boroughs/districts. Nearly half of the offences with an alcohol flag also had a domestic marker (47%) which indicates that nearly half of the alcohol related crime in the time period was domestic related.

Figure 12 Map showing crime with an alcohol related flag in Warwickshire, 1st April 18-31st March 21

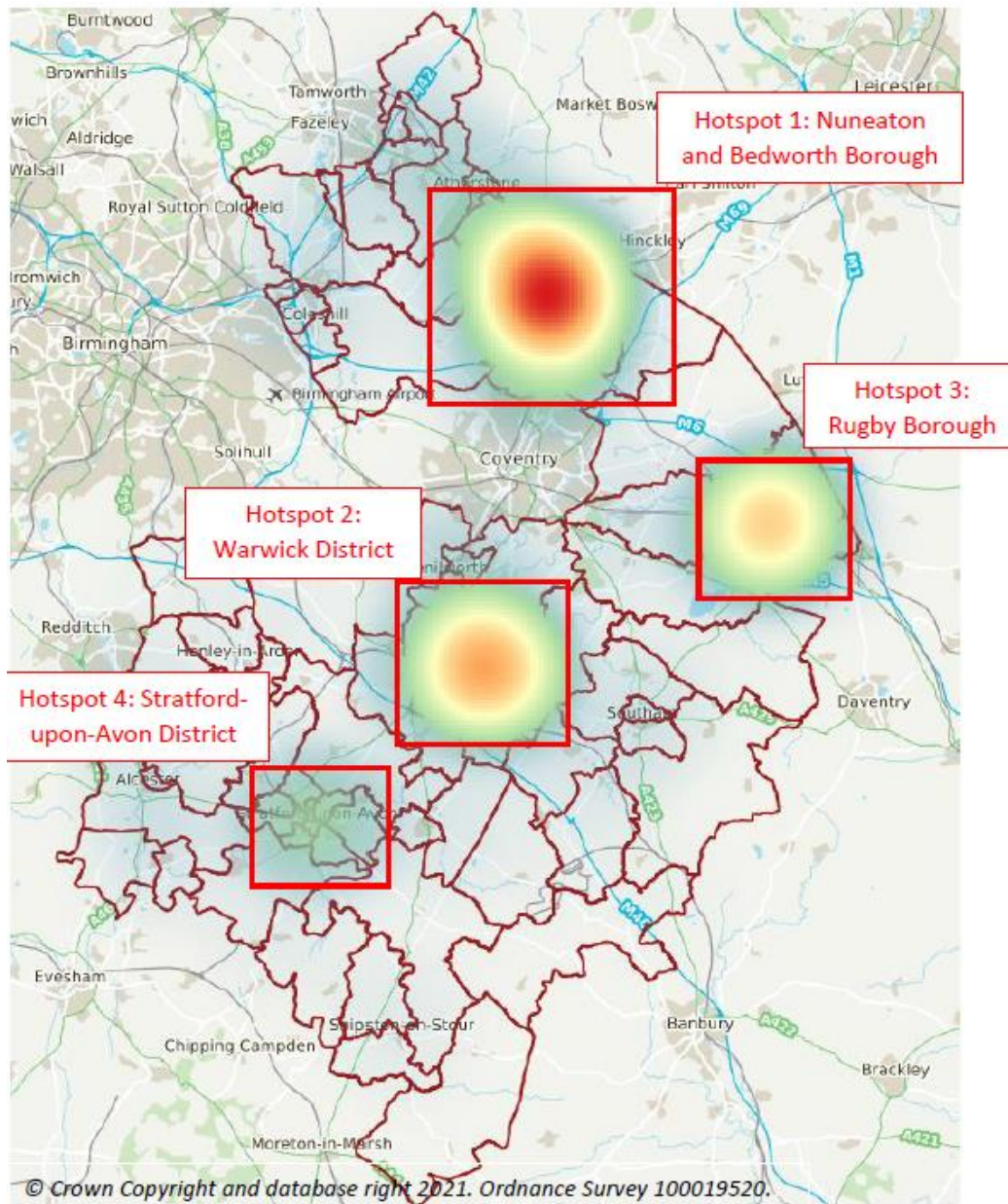


Figure 13 Map of showing crime with an alcohol related flag in North Warwickshire, 1st April 18-31st March 21

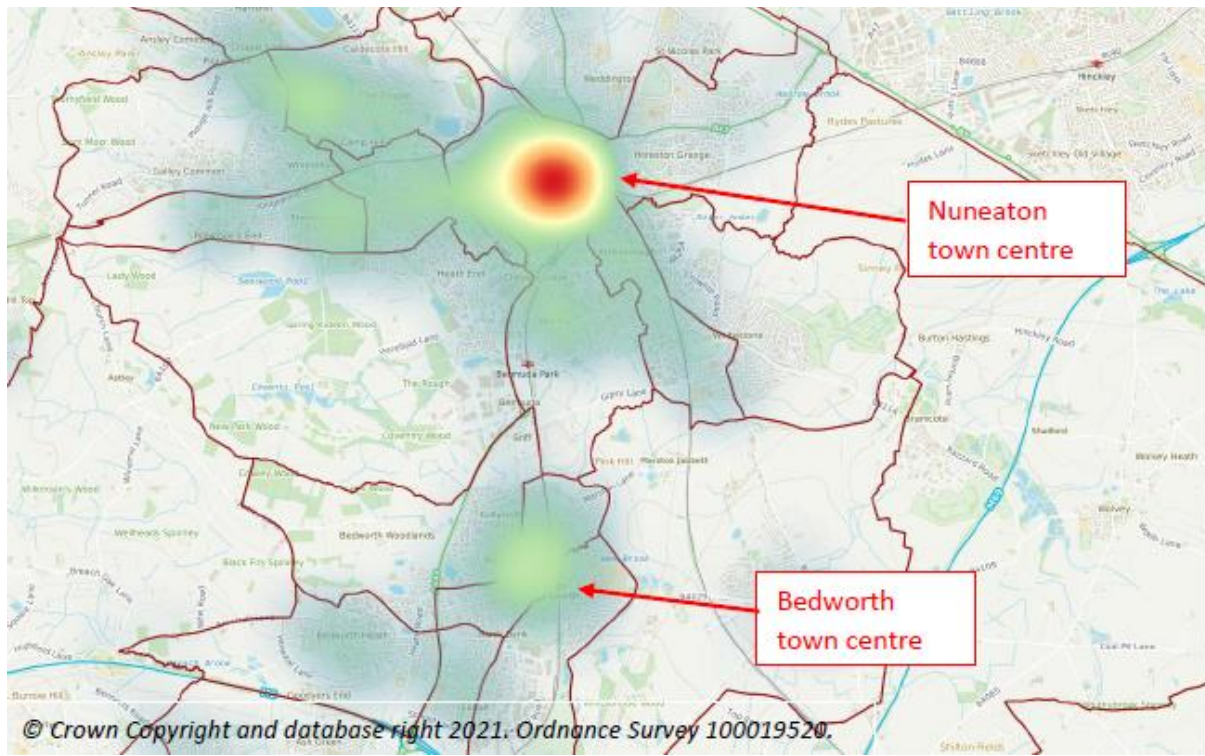


Figure 14 Map showing crime with an alcohol related flag in South Warwickshire, 1st April 18-31st March 21

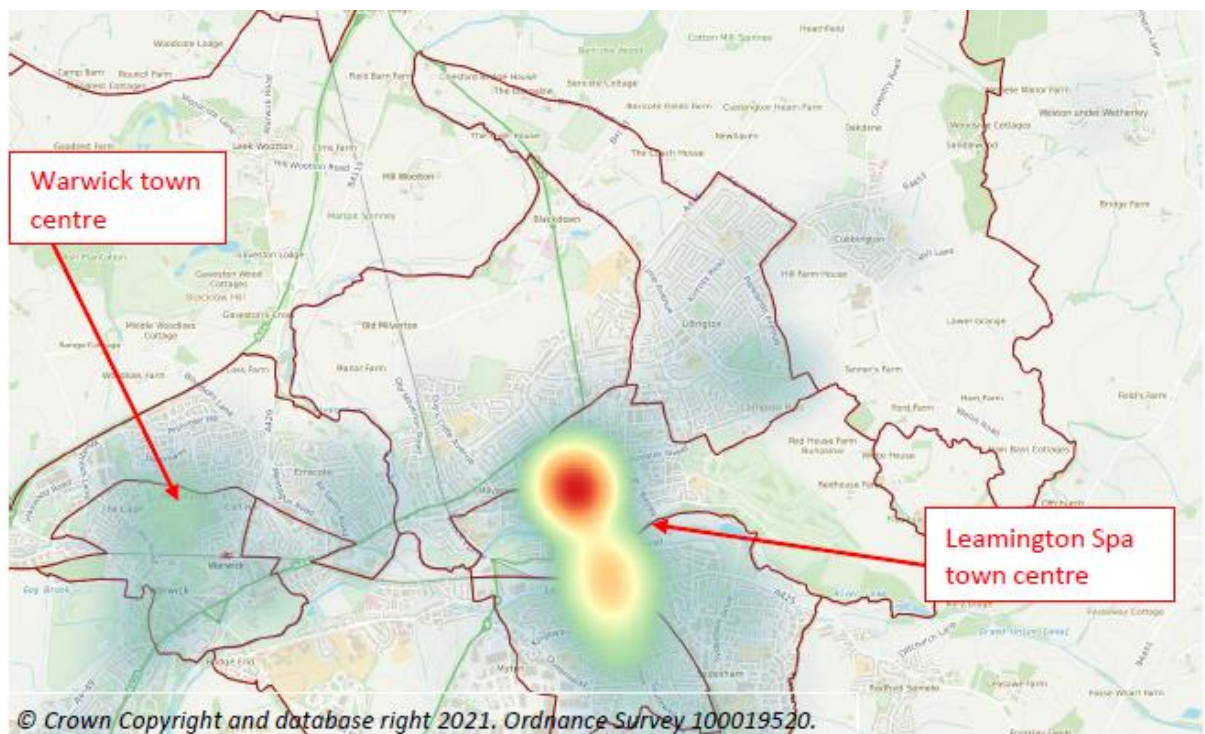


Figure 15 Map showing crime with an alcohol related flag in Rugby, 1st April 18-31st March 21

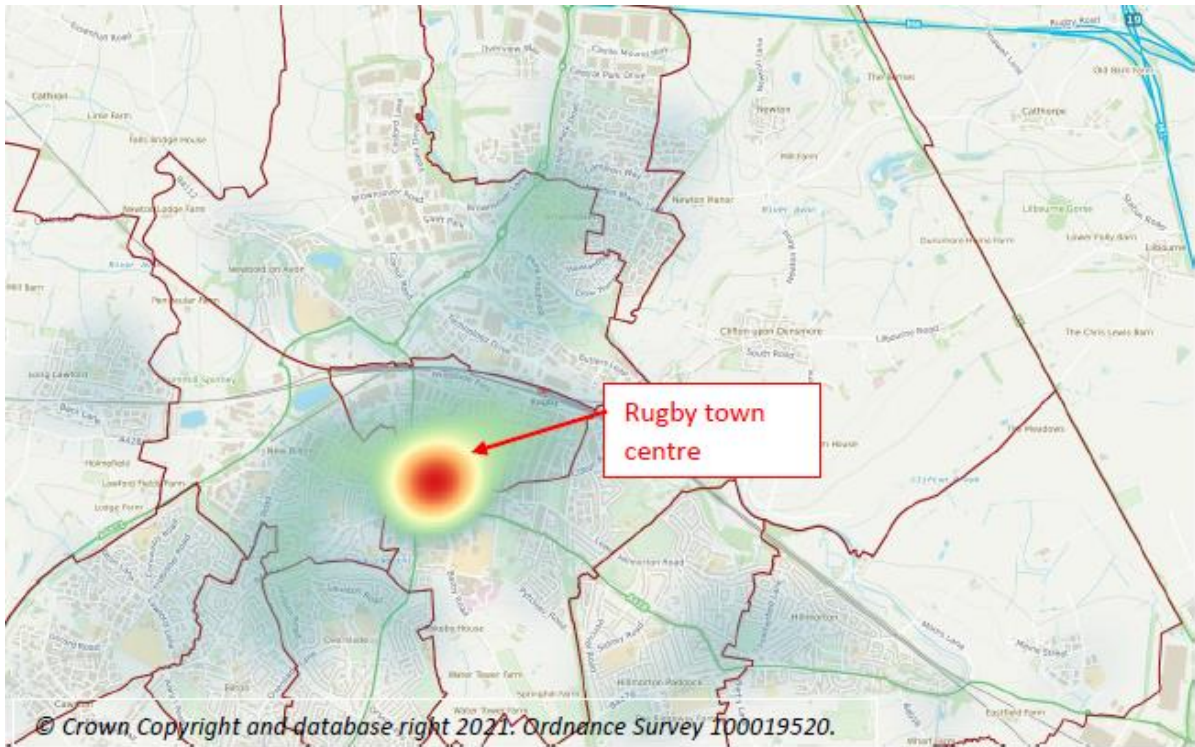
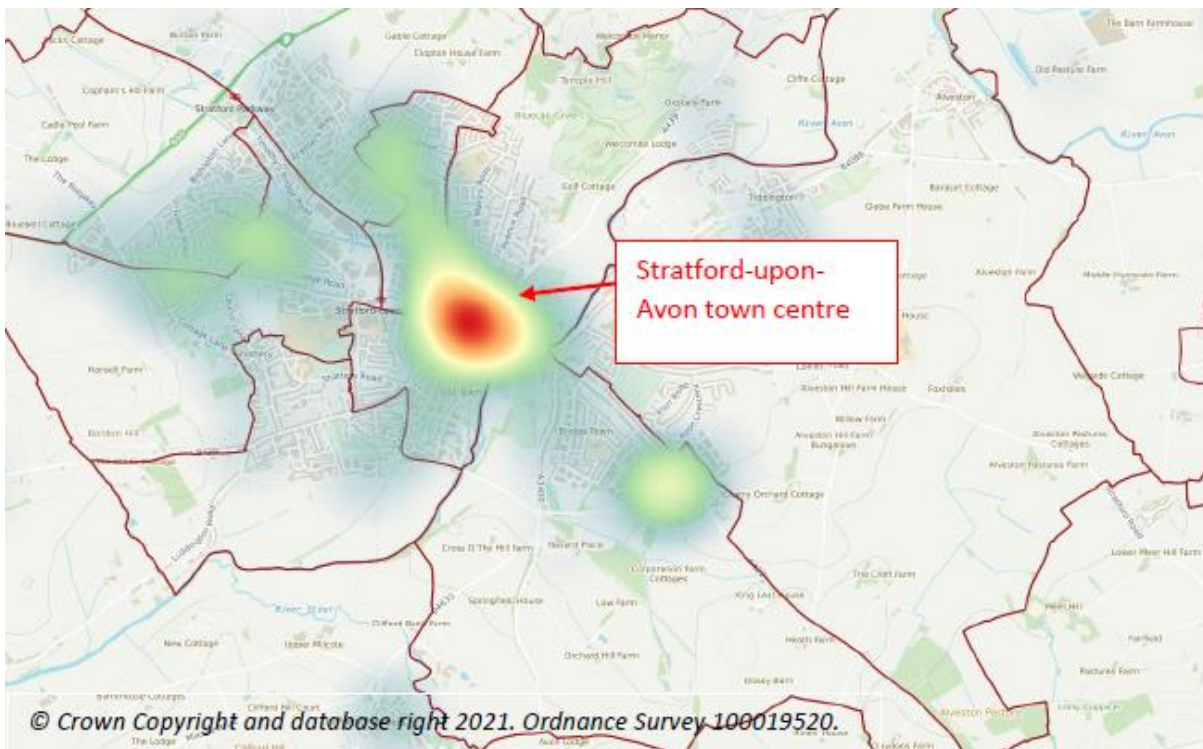


Figure 16 Map showing crime with an alcohol related flag in South Warwickshire, 1st April 18-31st March 21



COMMUNITY SAFETY PARTNERSHIP STRATEGIC ASSESSMENTS

The below sections are extracts from the Community Safety Partnership Strategic Assessments covering the time period of 1st October 2019-30th September 2020. The assessments compare crime and disorder trends to the previous 12-month period, by themes. One cross-cutting theme is drugs and alcohol and the extracts below identify where alcohol was considered a notable factor. The assessments are written by the Warwickshire CSP Analysts and were published in January/February 2021.

1) EXTRACTS FROM SOUTH WARWICKSHIRE CSP STRATEGIC ASSESSMENT:

Domestic violence reports have increased compared to last period and continue to account for around 40% of all violence in South Warwickshire. Despite restricted access to support services during lockdown periods, the Multi Agency Risk Assessment Conference (MARAC) data shows an increase in cases discussed in South Warwickshire. This trend is specifically noted in Warwick District with an increase in referrals to support agencies including Domestic Abuse Counselling service and Refuge (Domestic Violence Service Warwickshire) during this time. MARAC data also shows a notable increase in cases where children were in the household as well as a significant increase in cases where alcohol, drugs or mental health were involved.

The worrying trend of increased MARAC cases involving drugs and alcohol may in part be due to greater emphasis on recognising and recording these factors. However, consultation has highlighted that the nature of the lockdown conditions this period is likely to have increased anxiety and reliance on substances to 'self-medicate'. Recent trends show a 40% increase in alcohol purchases since lockdown as well as a higher volume of referrals to commissioned services from alcohol dependence. Consultation has highlighted that the increased anxiety and associated changes to lifestyle as a result of the pandemic (e.g. closures of schools and increased childcare demands) is likely to have resulted in increased pressure in domestic settings, and led to a general lack of tolerance amongst residents.

Night-Time Economy (NTE)

As expected with the lockdown conditions this period, violent offences linked to the night-time economy have decreased, by 13%. The Your Say on Community Safety Survey this year showed that being physically attacked by a stranger was not one of the top five crime areas that South Warwickshire respondents were most worried about being a victim of (WCC, 2021).

Consultation has also highlighted a trend towards more alcohol related incidents occurring, although reported offence data does not support this.

The government restrictions during this period had led to less opportunities for this type of offending to occur. Consultation has highlighted that the continued presence of Street Marshalls in Leamington Spa town centre has also contributed to the decline this year. However, over the long term, it is highly likely that violence linked to the night-time economy will return to 'typical' trends and may even increase.

2)EXTRACTS FROM RUGBY BOROUGH CSP STRATEGIC ASSESSMENT:

Violent crime in Rugby Borough continues to increase and this is due to the high volumes of violence without injury offences which are at the highest ever recorded volumes for the borough. This can be directly attributed to the increases in Controlling or Coercive Behaviour and Stalking offences. In addition, the increase in Malicious Communications offences noted in last year's assessment continues to contribute to the raised volumes of violence without injury. The overall seriousness of the violent crime offences in the borough remains consistent with last year, with the most serious wounding offences (Sec 18) continuing to constitute around 9% of all violence with injury offences.

The proportion of domestic related violence has increased in the borough this period, accounting for 41.5% of all violence. This is most significant within violence with injury offences and will be discussed in the 'Vulnerability' priority section of this Strategic Assessment. Analysis suggests that alcohol related violence has increased in the borough, compared to reductions in drug related offending.

Domestic abuse offences and crime incidents continue to increase in the borough in line with the county trend. Analysis suggests that the incidents are likely to be of a more serious nature with an increase in medium and high level DASH incidents in the borough during this reporting period, as well as reports relating to domestic violence increasing, most significantly within violence with injury offences. MARAC data shows a slight decrease in cases discussed in Rugby Borough this period, with other support agencies also noting a decrease in referrals including DACs and Refuge. Limited access to support services during the lockdown period may have contributed to this, although most other Warwickshire boroughs/districts noted an increase during this time. MARAC data also shows a notable increase in cases where alcohol or drugs were involved in the borough suggesting an area of focus for the CSP.

The increase in reports but decrease in referrals suggests a higher level of repeat victims or a lack of willingness of residents to use support services. Analysis of reported crime indicates that Rugby Borough has the highest rate of repeat victims of domestic abuse in the county highlighting this as a specific risk for the CSP.

The worrying trend of increased MARAC cases involving drugs and alcohol may in part be due to greater emphasis on recognising and recording these factors. However, consultation has highlighted that the nature of the lockdown conditions this period is likely to have increased anxiety and reliance on substances to 'self-medicate'. Recent trends show a 40% increase in alcohol purchases since lockdown as well as a higher volume of referrals to commissioned services from alcohol dependence.

3)EXTRACTS FROM NORTH WARWICKSHIRE BOROUGH CSP STRATEGIC ASSESSMENT:

Domestic related violence has not seen as greater increase when compared to a total increase of Domestic Abuse and Crime Incidents, where a 7% increase has been seen. Where MARAC cases have been discussed in the northern area, a 20% reduction has been seen in discussed cases. The number of MARAC Cases discussed across the county has dropped significantly, the trend in the North of the County is consistent with this countywide trend. The proportion of Police referrals to the North Warwickshire MARAC has reduced by 41% in comparison to the same period in 2019/20. Despite the reduction seen, worryingly an increase has been seen in alcohol and drug related cases, with 29% and 59% respectively. Consultation has reflected this and highlighted that the nature of the lockdown conditions this period is likely to have increased anxiety and reliance on substances to 'self-medicate'. Considering the factors that drive this type of offending, it is evident that the lasting effects of the current pandemic including unemployment, health, substance misuse, financial and personal pressures may further aggravate the motivation for domestic violence over the next twelve months, and is of concern to the CSP.

Alcohol Related Violence

Alcohol related violence reports have remained fairly stable in the borough compared to last year and accounts for 9% of all violence against the person offences. A total of 63% were related to domestic related violence, which highlights a concern for the CSP. MoRiLE scoring has highlighted the critical levels of physical, psychological and financial impact on those involved in substance misuse. Recent countywide trends show a 40% increase in alcohol purchases since lockdown and highlight a higher volume of referrals from alcohol dependence and deaths, where this is a contributing factor.

Where – Atherstone Central Ward continues to record the highest alcohol related violence offences, with a rate of 4.41 per 1,000 population. Interestingly Dordon Ward has shown the second highest offending rate (3.81) as well as the second highest levels of offences (13) recorded. Seasonal peaks continue to see increases

in November and December. A total of 57% were female victims with 33% aged 20-29 years old, and 78% were male offenders, with 31% aged between 30 and 39 years old.

Consultation suggests that alcohol purchases have increased this period as a result of the COVID-19 pandemic, however this does not seem to have had an effect on violence related offending. Analysis shows that alcohol related violence in the borough is strongly linked to domestic violence and is evidenced in the MARAC cases seeing a 29% increase in alcohol related offences this period. Furthermore, it has been found in a study by the Institute of Alcohol Studies that across England and Wales, social renters have a concerning high incidence rate of alcohol related domestic violence. This marries with the levels of social rented housing in the borough where the highest levels (506) are located in Atherstone Central Ward which reports the second highest crime rate (2.63). This is followed by Arley and Whitacre Ward with 390 social rented housing properties and a crime rate of 2.21. This therefore highlights alcohol as a specific risk factor in these locations, particularly in regards to domestic related violence.

4)EXTRACTS FROM NUNEATON AND BEDWORTH BOROUGH CSP STRATEGIC ASSESSMENT:

Violence in the borough continues to account for almost a third of the county's violence against the person offences (31%) and continues to see an increase this year in the borough. Violence without injury offences continue to make up the majority of all offences (70%) and has seen the largest proportional increase. This continues to be a countywide trend and is a direct result of the Home Office counting rules change. Violence without injury levels have seen the highest volumes this period over the last three years and continues to be a direct result of levels of malicious communications, controlling or coercive behaviour, harassment and stalking offences as mentioned last year, all of which all account for 43% of all violence without injury offences.

The level of alcohol and drug related violence offences saw reductions this year overall, however violence without injury offences saw a 12% increase in alcohol related offences.

Reducing Reoffending

It is clear that offending levels have been hit by the COVID-19 pandemic and periods of lockdown which have made the opportunities to commit crime more difficult, and has led to mobility issues for young people. There has been a change in the offending profile, which is in part a direct result of the pandemic but also the prolific nature of offending linked to a small number of individuals living in the borough. Generally, there has been a reduction in crimes linked to substance misuse committed by young offenders. Evidence shows that being in drug and alcohol treatment reduces levels of offending, therefore a commitment to treatment is paramount to support people to address their dependence in order to reduce the risk of re-offending. Roughly half of all acquisitive crime is carried out by people who use heroin, crack cocaine or powder cocaine at least once a week. The Probation Service has recently restructured and aims to better connect with the local communities and the partner organisations to help positively impact on service users' lives.

DRIVER/RIDER IMPAIRED BY ALCOHOL

The Transport and Highways team within Warwickshire County Council provided data on incident when the Police reported the driver/rider was impaired by alcohol from 2016-2020. From 2016-2020 there were 360 incidents in Warwickshire when the Police reported the driver/rider was impaired by alcohol, this equated to 60 alcohol impaired incidents per 1000 collisions in Warwickshire. This rate was higher than any other surrounding regions and significantly above the rate for West Midlands (36.9 per 1000 collisions) and national rate (3508 per 1000 collisions).

Table 4 Driver/Rider impaired by alcohol per 1000 collisions from 2016-2020 in West Midlands

<u>Area</u>	Driver/Rider impaired by alcohol Per 1000 collisions 5 year average
West Midlands	36.9
Birmingham	23
Coventry	34.7
Dudley	34.7
Herefordshire	57.3
Sandwell	36.1
Shropshire	54.3
Solihull	20.7
Staffordshire	25.7
Stoke on Trent	16.1
Telford & Wrekin	49.3
Walsall	35.4
Warwickshire	60
Wolverhampton	39.4
Worcestershire	56.8
England	35.8

ALCOHOL SALES

In 2021 Public Health England published a report on monitoring alcohol consumption and harm during the COVID-19 pandemic⁵ (PHE, 2021) . The report concluded that tackling alcohol consumption and harm must be an essential part of the UK government's

COVID-19 recovery plan, given that tackling geographic health disparities are part of the government's Build Back Better plans. Alcohol harm is a major risk factor driving

⁵ [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

these differences. Long-term, sustained action to prevent and reduce liver disease remains a priority for public health, given the stark trends in significantly higher alcoholic liver deaths, likely because of increased consumption among an already at-risk group of heavy drinkers. Before the pandemic, there were already increased alcohol-related hospital admissions and deaths. The pandemic seems to have accelerated these trends (PHE, 2021).

The table below shows the volume of pure alcohol sold through off-trade in the 5 districts of Warwickshire compared to England. In general, the sales of all types of alcohol including beer, wine and spirits were similar or lower than the national average of litres of alcohol sold per adult. It should be noted that these figures are from 2014, PHE purchased this data for one year only (2014), therefore may not necessarily reflect alcohol sales in more recent times.

The method in which this data is collected assumes that average sales per outlet are constant across LAs within a region. Therefore, there are potential biases in the numerator as a measure of local consumption due to the exclusion of unrecorded alcohol (e.g. untaxed or illegal alcohol) and wastage (sold alcohol that isn't consumed). There is also potential under-recording from the non-inclusion of online sales and sales from discount retailers.

The last indicator in Table 5 shows the number of premises licensed to sell alcohol per square kilometre in the 5 districts of Warwickshire, the national average is 1.3 premises in a square kilometre. The 2017/18 data shows that Warwick and Nuneaton & Bedworth had a significantly higher number of premises selling alcohol compared to other surrounding areas and the national average. Nuneaton & Bedworth has almost 3 times as many licensed premises within a square kilometre compared to the West Midlands average. It worth noting that a premise may have a license to sell alcohol, but may not be selling alcohol. Also, premises may have ceased trading since a licence was granted but not yet been removed from LA records

Table 5 Average litres of pure alcohol sold per adult (18+) through the off-trade by alcohol product type & Licensed premises. RAG rated against national average.

	Period	England Average litres of pure alcohol sold per adult (18+)	West Midlands region Average litres of pure alcohol sold per adult (18+)	Warwick Average litres of pure alcohol sold per adult (18+)	Stratford-on-Avo... Average litres of pure alcohol sold per adult (18+)	Nuneaton & Bed... Average litres of pure alcohol sold per adult (18+)	North Warks Average litres of pure alcohol sold per adult (18+)	Rugby Average litres of pure alcohol sold per adult (18+)
Volume of pure alcohol sold through the off-trade: all alcohol sales	2014	5.5	5.1	4.3	5.9	5.4	6.3	5.7
Volume of pure alcohol sold through the off-trade: beer sales	2014	1.49	1.4	1.17	1.61	1.48	1.72	1.57
Volume of pure alcohol sold through the off-trade: wine sales	2014	2.16	1.88	1.57	2.17	1.99	2.31	2.1
Volume of pure alcohol sold through the off-trade: spirit sales	2014	1.38	1.34	1.12	1.55	1.42	1.65	1.5
Number of premises licensed to sell alcohol per square kilometre	2017/18	1.3	1.3	2.0	0.5	3.7	0.9	-

ILLICIT ALCOHOL

There are two types of illicit alcohol:

- Counterfeit - alcohol made illegally to imitate a genuine brand.
- Non-duty paid – Legitimate alcohol bought legally in a foreign country, smuggled into UK in large quantities with no UK Duty Tax paid.

Counterfeit alcohol can be dangerous and poses a real risk to health because, in most cases, these goods do not comply with the strict quality standards used by

legitimate brand manufacturers. Counterfeit alcohol may also contain hazardous substances. For example, counterfeit alcohol mostly contains a highly poisonous substance called methanol. Methanol is a non-drinking alcohol substance that is used for industrial purposes only. Methanol can be found in products like anti-freeze and paint remover. If methanol is consumed it can lead to breathing difficulties, liver damage or even death.

The sale of counterfeit alcohol is a criminal offence and further offences may also have been committed in respect food standards legislation, both of which Trading Standards have a duty to enforce. In Warwickshire the trading standards team investigate premises where illicit alcohol can be found. Each case is progressed and dealt with in a staged and proportionate manner with relevant partner agencies involved as appropriate. Since April 2021, the trading standards team have received numerous complaints and intelligence reports in respect alleged counterfeit Vodka and Wine. In response to these complaints the team have conducted targeted visits at a number of premises, conducting inspections, and seizing goods where there are suspected infringements. Four retail premises have been found with illicit / counterfeit / smuggled vodka, 2 in Rugby, 1 in Stratford and 1 in Nuneaton. Four further premises were found to be offering counterfeit wine for sale. The premises were sent an initial warning, with further sanctions if practice has not changed.

It is not believed that there is any particular safety issue in respect the wine, however a number samples of the suspect Vodka were submitted for analysis by the public analyst to check on the composition. Test results of one of the illicit brands indicated the presence of high levels of non-permitted Iso-Propanol (Industrial Alcohol). Furthermore, many of the samples tested did not contain the correct level of alcohol. This varied from 6% understrength, to 2% overstrength. This clearly indicates that the production process was a far from controlled process.

AGE RESTRICTED SALES TEST

Warwickshire Trading Standards run age restricted sales test purchase exercise in partnership with Warwickshire Police and the District and Borough Licence teams. Premises are targeted using intelligence gathered from the community (including parents) and organisations. Child volunteers under the age of 18 are asked to visit these premises and attempt to purchase alcohol. If a premise makes a sale, there are a range of measure implanted, from a warning (with advice) to a prosecution. Sellers could also be issued with fixed penalty notices by the Police and could have their licence to sell alcohol reviewed.

Since April 2019 Warwickshire Trading Standards visited 94 premises, of which 26 sold alcohol to under 18-year-old volunteers. All received warning letters with accompanying advice. The Police issued fixed penalty notices on some occasions (no figures on this).

BENEFITS OF LOCAL PUBS

Regularly visiting a local pub can improve an individual's social network and affect how engaged they are with their local community. Social networks can act as a protective factor against mental or physical illness (Dunbar, et al., 2016). Health on the High Street pubs and bars as one of the 6 most health-promoting businesses on the high street due largely to their role in promoting social interaction (RSPH, 2015).

In some rural areas of the county, a local pub is the only meeting place where members of the community who otherwise would have no cause to meet socialise in the same venue. Such meeting places can help to reduce social isolation and in some cases loneliness through bring people together and increasing social cohesion. In addition, some community pubs have taken on additional community functions, allowing people without access to transport to remain independent in their community for longer. This includes local shops and post offices.

The number of pubs and bars has fallen in most parts of the UK between 2001 & 2019. In Warwickshire, the district of Nuneaton & Bedworth has the highest number

of pub and bar closures of 37 between 2001 and 2019. This was followed by North Warwickshire which saw 25 pubs and bars close in the same period. There were fewer closures were in Rugby (20), Warwick (18) and Stratford-on-Avon (3) (ONS, 2020). Furthermore, there has been a long-term trend towards people spending more of their household income on eating out and less on drinking out. This has been reflected in the tendency in pub and bar enterprises to employ more people serving food to changing consumer habits.

Pubs were among those businesses forced to close during restrictions introduced to halt the spread of the coronavirus (COVID-19). Pubs and bars were among the thousands of non-essential businesses told to close since the first coronavirus lockdown in March 2020. At that time there were 38,870 pubs and bars in the UK employing 467,000 people (ONS, 2021). While funding schemes have been introduced by the government to help keep these businesses alive until they can resume trading fully, the series of lockdown measures have resulted in the establishments shutting up shop for months at a time. Recently, there has been a revival of confidence, with the most recent data for early May 2021 showing 24% of pub and bar owners had “high confidence” about the survival of their business beyond three months. This return of confidence could have been the result of the unveiling of the road map out of the pandemic and the subsequent reopening of hospitality.

INEQUALITIES

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Alcohol does not impact groups of people equally across society, rather groups of people within a population are disproportionately impacted by alcohol.

A health impact assessment (HIA) was completed by Warwickshire County Council in July 2020 to identify key factors that may affect the population’s health and

wellbeing as a direct result of the COVID-19 outbreak. The HIA references that the harm from COVID-19 was unequally distributed across the population and is likely to continue to be so whilst still circulating. This analysis shows that the wider impacts from the pandemic and lockdown will fall more heavily on communities most directly affected by the disease itself. This analysis highlighted the importance of understanding the impact on Black, Asian and Minority Ethnic (BAME) groups and on the most vulnerable individuals facing multiple deprivations.

On 31 July 2020, NHS England and NHS Improvement set out the third phase of the NHS response to Covid-19. In which, 8 urgent actions were identified to address inequalities in NHS provision and outcomes. The following actions out of the 8 actions are relevant to this alcohol health needs assessment.

Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. Local NHS systems should address local priorities to improve preventative services. At the same time, progress is expected in four areas:

- develop priority lists in primary care for preventative support and long term condition management

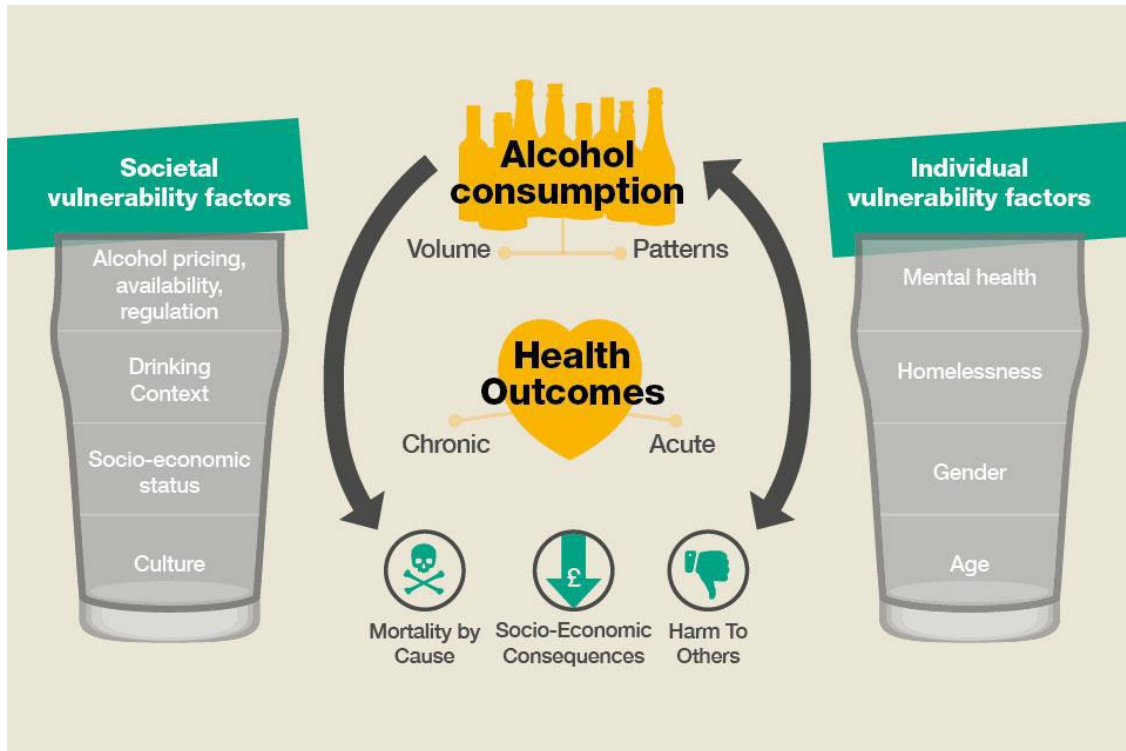
Particularly support those who suffer mental ill-health

The long-term impact of Covid-19 may contribute to or exacerbate mental health problems. The guidance requests that all local systems validate their plans to deliver mental health transformation and expansion for the rest of 2020/21, paying particular attention to groups facing inequalities.

Ensure datasets are complete and timely. The guidance states that all NHS organisations must record ethnicity for all patients by 31 December 2020, so that datasets accurately reflect the activity undertaken.

Although the volume of alcohol consumed is a clear indicator of potential harm to health, other factors affect the relationship. This is shown on the PHE infographic below:

Figure 17 Public health England cycle of alcohol consumption infographic



UNDER 18 HOSPITAL ALCOHOL RELATED ADMISSIONS

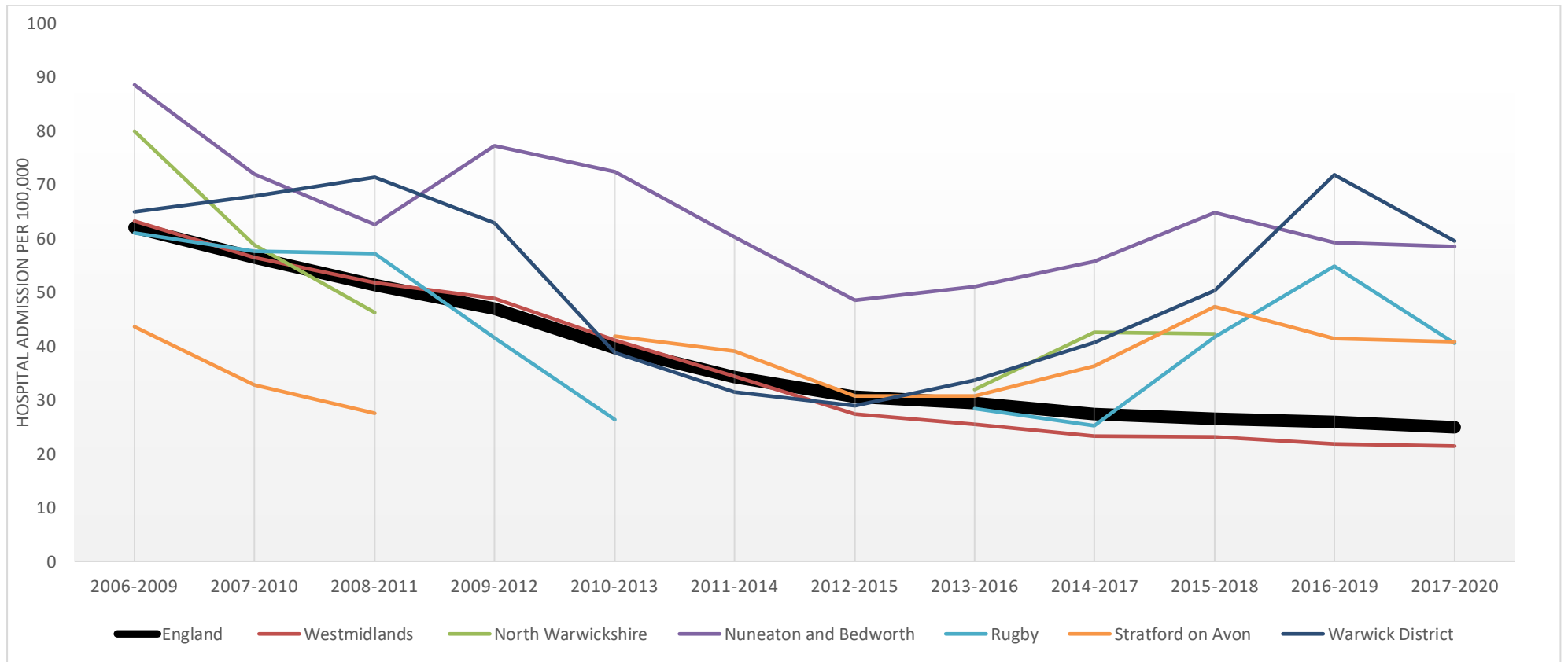
Admissions for under 18s was higher in all district and boroughs of Warwickshire compared to the regional and national average. Since 2012 there has been an upward trend in the rate of alcohol related under 18 admissions. Nuneaton & Bedworth has consistently had a higher rate of admissions for this age category compared to other areas within Warwickshire. This rate was matched by Warwick district in recent times, which had an equally high rate of admission. The latest rate of alcohol related admissions for Nuneaton & Bedworth and Warwick district was just under 60 under 18 admissions per 100,000, which was over double the national average of 24.9 per 100,000 in 2017-2020. Other areas of Warwickshire were lower

than Nuneaton & Bedworth & Warwick District however all were significantly higher than the national and regional average. There was no recoded data for North Warwickshire from 2016 onwards, however the area had a similar trajectory to Stratford on Avon, which has a significantly higher under 18 alcohol related admission rate.

Potential reasons for higher rate of admissions in Warwickshire were discussed with Police and trading standards colleagues, they include:

- Multiple and large open public spaces within the county that younger people meet friends.
- Younger people using sibling identification to obtain alcohol from off licences

Figure 18 Under 18 alcohol related hospital admissions per 100,000 of population from 2006-2020 in Warwickshire



	2006-2009	2007-2010	2008-2011	2009-2012	2010-2013	2011-2014	2012-2015	2013-2016	2014-2017	2015-2018	2016-2019	2017-2020
England	62	56.5	51.3	47	39.6	34.2	30.5	29.4	27.4	26.4	25.9	24.9
West midlands	63.2	56.5	51.7	48.9	41.1	34.4	27.3	25.4	23.2	23.1	21.8	21.4
North Warwickshire	79.9	58.8	46.2		31.1			31.9	42.5	42.3		
Nuneaton and Bedworth	88.5	72	62.6	77.2	72.4	60.3	48.5	51.1	55.7	64.7	59.2	58.5
Rugby	61	57.6	57.1	41.5	26.3			28.3	25.2	41.6	54.9	40.5
Stratford on Avon	43.6	32.7	27.5		41.8	39	30.7	30.7	36.3	47.3	41.4	40.8
Warwick District	64.9	67.8	71.4	62.9	38.8	31.5	28.9	33.6	40.7	50.3	71.8	59.5

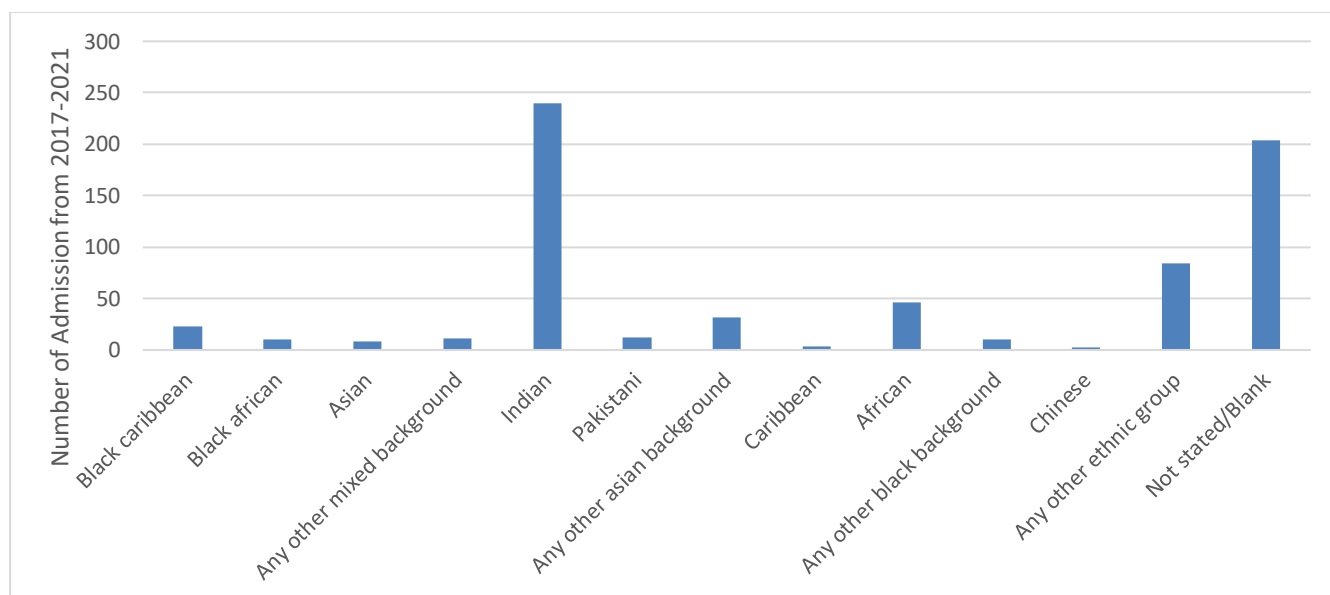
ETHNICITY

In England, there are health inequalities between British white groups and between different ethnic minority groups. The picture is complex, both between different ethnic groups and across different conditions, and understanding is often limited by a lack of data.

Nationally, young white people are more likely to have an alcoholic drink than those from Black and Minority Ethnic group background (72% compared to 27%). The Health Survey for England, 2019 (The Health and Social Care Information Centre, 2019) findings show that 19% of adults drank at increased or higher risk of harm (more than 14 units per week). Furthermore, 35% of children aged 13 to 15 reported having ever had a proper alcoholic drink. Small proportions of younger children had tried drinking: 1% aged 8 to 10 and 9% aged 11 to 12.

In Warwickshire & Coventry, alcohol-related admissions had a good level of ethnic data recorded for patients, over the course of 4 years only 4.7% of patients had no ethnic data recorded. A very high proportion (77%) of patients seen were white British. Any other white background had a very similar count to Indians in the past 4 years of data. Indian ethnicity accounts for the largest BAME alcohol-related admissions. In the available data people of Indian ethnicity accounted for around 5.5% of alcohol-related admissions. Please note that 2021 data is not fully complete.

Figure 19 Alcohol-related admission by ethnicity (other than White British) in Warwickshire & Coventry from 2017-2021



CHILDREN WHO LIVE WITH ADULTS THAT MISUSE ALCOHOL

Parental alcohol misuse damages and disrupts the lives of children and families in all areas of society, spanning all social classes; it blights the lives of whole families and harms the development of children trapped by the effects of their parents’ problematic drinking” (Turning Point, 2006).

It is estimated that in the UK 30% of children live with an adult binge drinker, 22% with a hazardous drinker and 2.5% with a harmful drinker (Manning, et al., 2003). In Warwickshire, the number of children that live with an adult binge drinker is estimated at 31,661 (2019).

DRINKING ALCOHOL WHILST PREGNANT

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk. Drinking alcohol in the first three months of pregnancy increases the risk of the baby having a low birth weight, premature birth and miscarriage. Drinking in pregnancy after the first three months increases the risk of the baby having learning disabilities and behavioural problems (Tunnard, 2002).

In Warwickshire, the 3 main Trusts are South Warwickshire NHS Foundation Trust (SWFT), University Hospitals Coventry & Warwickshire (UHCW) and George Elliot Hospital (GEH). All 3 Trusts have appointed a public health midwife to support delivering on the health & well-being workstream, this workstream focuses on three key topics, one of which is alcohol misuse during pregnancy. The public health midwives will seek to understand the prevalence of alcohol misuse in pregnancy and are currently completing audits of previous records to identify how women are screened for alcohol consumption and what referral pathways were used. Although this work is in the earlier stages some key areas of improvement have been identified such as ensuring all Trusts migrate to electronic recording of information, standardisation of alcohol screening tools and clarity on thresholds for alcohol treatment referrals to drug & alcohol service providers.

VETERANS/ARMED FORCES

Approximately 5% (23,620) of Warwickshire's population (≥ 16 years) are veterans i.e. have served at least one day in the UK Armed Forces (Ministry of Defence, 2017). Compared to civilians those that serve in the military are much more likely to classify being alcohol dependent. Local data on alcohol use and misuse amongst veterans is not available however high levels of alcohol use and misuse have been reported in studies of UK military personnel. A study suggested that 67% of men and 49% of women in the military drink at levels considered increasing risk problem

compared to 38% of men and 16% of women in the general population (Fear, et al., 2007). From June 2016, alcohol screening and brief intervention have been in place for all UK Armed Forces Personnel attending routine dental inspections (Defence initiative, 2017).

It is thought that the higher levels of alcohol dependency in veterans is due to a combination of military culture, distressing service experiences and mental health difficulties with problems associated with adjusting back to civilian life (Thompson, et al., 2011). There is a well-established connection between alcohol misuse, Post Traumatic Stress Disorder (PTSD) and other common mental health disorders. Mental health conditions such as depression and PTSD can have an impact on the likelihood of drinking problems with a study finding that veterans with PTSD or depression were twice as high as those that did not report alcohol misuse (Jakupcak, et al., 2010)

Table 6 Estimated Incidence Rates and Prevalence for Veterans Sub Categories⁶

	Medically Discharged (estimated incidence rate per 100,000)	Normal Service Leavers (estimated incidence rate per 100,000)	Diagnosed After Service (estimated prevalence)
CMD	91 ⁷	219 ⁸	41.7% ⁹
Alcohol Dependency	X ¹⁰	84 ¹¹	11.8% ¹²
PTSD	48 ¹³	52 ¹⁴	3% ¹⁵

⁷ Numerator: F30-39 mental health medical discharges, denominator: outflow (including mental health medical discharges)

⁸ F30-39

⁹ Average total estimated prevalence Table 2

¹⁰ Data unobtainable

¹¹ F10 Figure 9

¹² 5.9% x 2 = 11.8% (NCSR, 2007; FIMT, 2015)

¹³ Numerator: Total F431 medical discharges, denominator: outflow (including mental health medical discharges)

¹⁴ Figure 9: Tri Service: Normal Service Leavers Incidence Rate by Mental Health Condition 2007-2014

¹⁵ (NCSR, 2007)

HOMELESS POPULATION

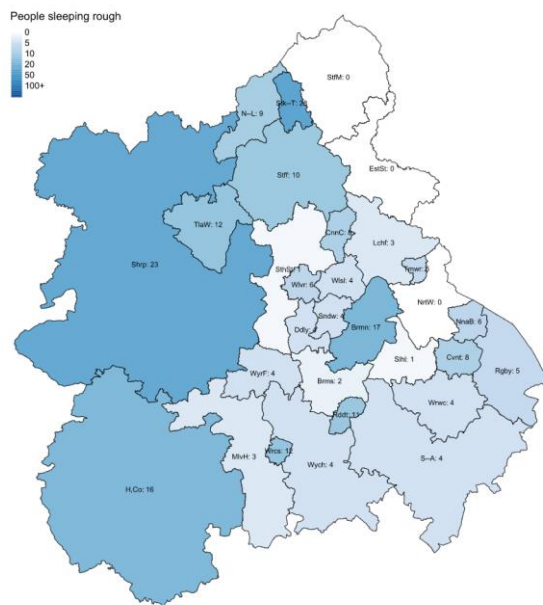
Alcohol is often used as a coping mechanism following mental health problems or adverse events. This can lead to both harmful and alcohol dependency. Alcohol dependency is both a cause and effect of homelessness (Shelter, 2007).

The 'Homelessness Kills' report, published in 2012, investigated the mortality of homeless people in England for the period 2001-2009. The report identified that homeless people have seven to nine times the chance of dying from alcohol-related diseases and 20 times the chance of dying from drugs (CRISIS, 2012).

Table 7 Number of people sleeping rough in the Warwickshire on a single night in autumn 2020

Local Authority	Approach	Single night estimate
North Warwickshire	Estimate including spotlight	0
Warwick District	Estimate including spotlight	4
Stratford-on-Avon	Estimate including spotlight	4
Rugby	Estimate including spotlight	5
Nuneaton and Bedworth	Estimate including spotlight	6

Figure 20 Number of people sleeping rough in the West Midlands on a single night in autumn 2020



some form of drug and/or alcohol use condition(s) (Revolving Doors Agency, 2019). The framework discusses that people with co-occurring conditions can often find it difficult to get their needs met as it can be difficult to determine what the main issue is. The Institute for Alcohol Studies and Centre for Mental Health in 2018 surveyed mental health and alcohol services. The survey found that most staff in both settings thought that support for people with co-occurring conditions was poor, with support for homeless people being consistently the biggest area of concern (Institute for Alcohol Studies, 2018).

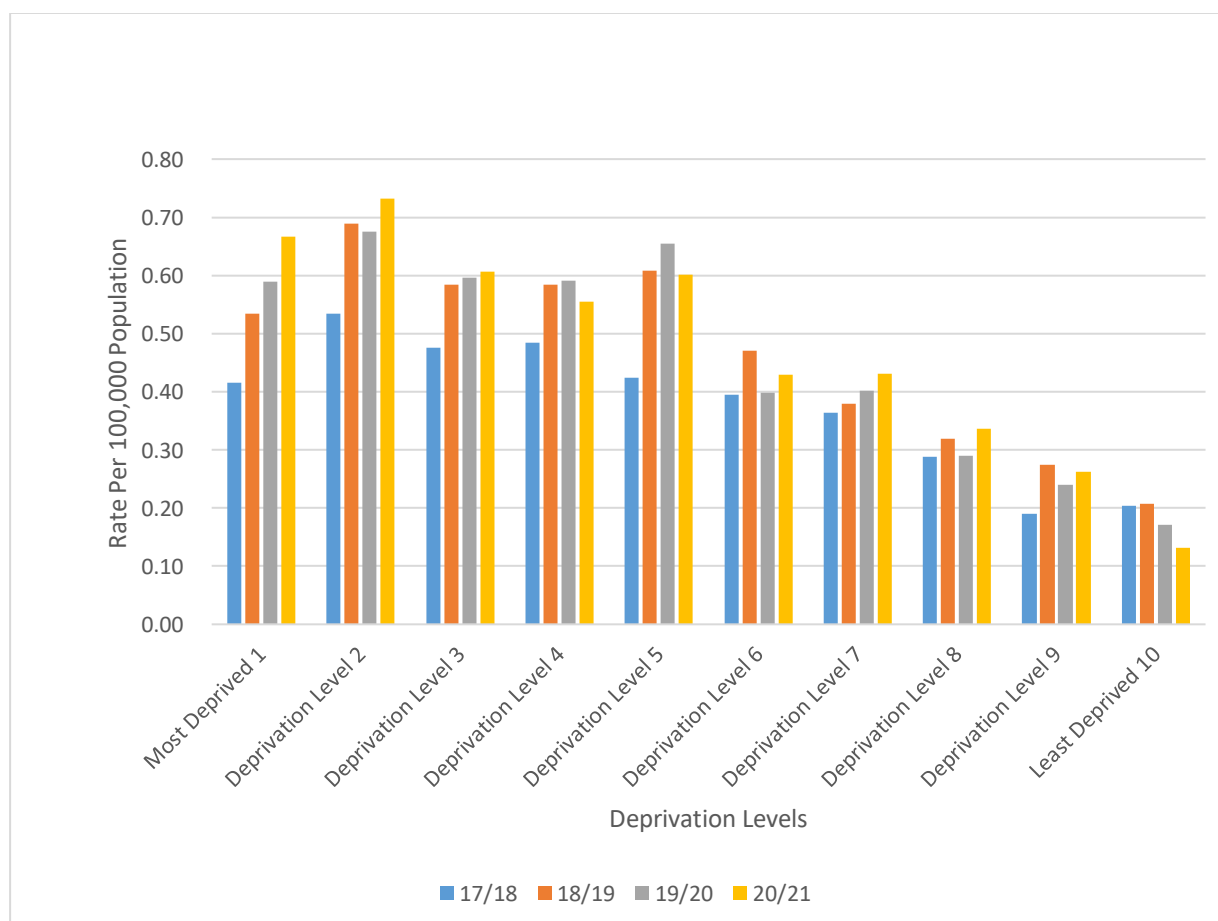
In Warwickshire, a mental health needs assessment survey took place between February 24th and March 26th 2021 and was hosted on Warwickshire County Council's Ask Warwickshire consultation hub. The survey received 581 respondents. One of the key themes highlighted was the difficulties in meeting service thresholds/criteria and there was a repeated feeling people had to reach a crisis point before a service was offered. Additionally, there appeared problems when people presented alcohol-related problems and didn't 'fit' service criteria. Another key theme was the need for a more joined-up approach between services e.g., primary and secondary care was referenced especially between GPs and specialist services.

Respondents categorised as public mental health service users and the public were then asked about their general mental health. This question focused on factors not relating to the COVID-19 pandemic. These respondents were asked, over the past 2 years how has your mental health been impacted by substance misuse (drugs & alcohol) of which a high proportion (86.5%) of people answered, "none of the time". 5% of people answered rarely and less than 1% answered all of the time.

SOCIO-ECONOMIC DEPRIVATION

In Warwickshire, the highest alcohol-related rates of hospital admissions were associated with those from the most deprived areas. This has been a consistent pattern observed from 2017 to 2021 as shown in the figure below. Conversely, those from a less deprived area were significantly less likely to be admitted for an alcohol-related admission. In 2020/21 alcohol-related admissions from more deprived areas increased from the previous years, this may be related to COVID-19. In contrast, least deprived areas had similar or lower admissions in 2020/21 compared to the previous year. Please note admissions rates capture activity where diagnosis codes are ‘Wholly attributable to alcohol’, this was extended to include both Primary and Secondary Diagnosis.

Figure 21 Alcohol-related Admission Rates Per 100,000 Registered GP Population in Coventry & Warwickshire



Source: Warwickshire clinical commissioning group (CCG)

Figures 15-18 show maps of Warwickshire & Coventry by LSOA alcohol-related admission rates. The highest rate of admissions was in LSOA of Rugby named Caldecott North West of 24 per 100,000 in 2019/20. 6 Out of the top 15 LSOA alcohol related admission rates in Warwickshire were from Nuneaton and Bedworth. Rugby had 4 LSOA's in the top 15 admissions rates in Warwickshire. A list of the highest admission rate LSOAs can be seen in table 8.

Figure 22 Crude alcohol-related admissions in Coventry & Warwickshire by LSOA 2019/20

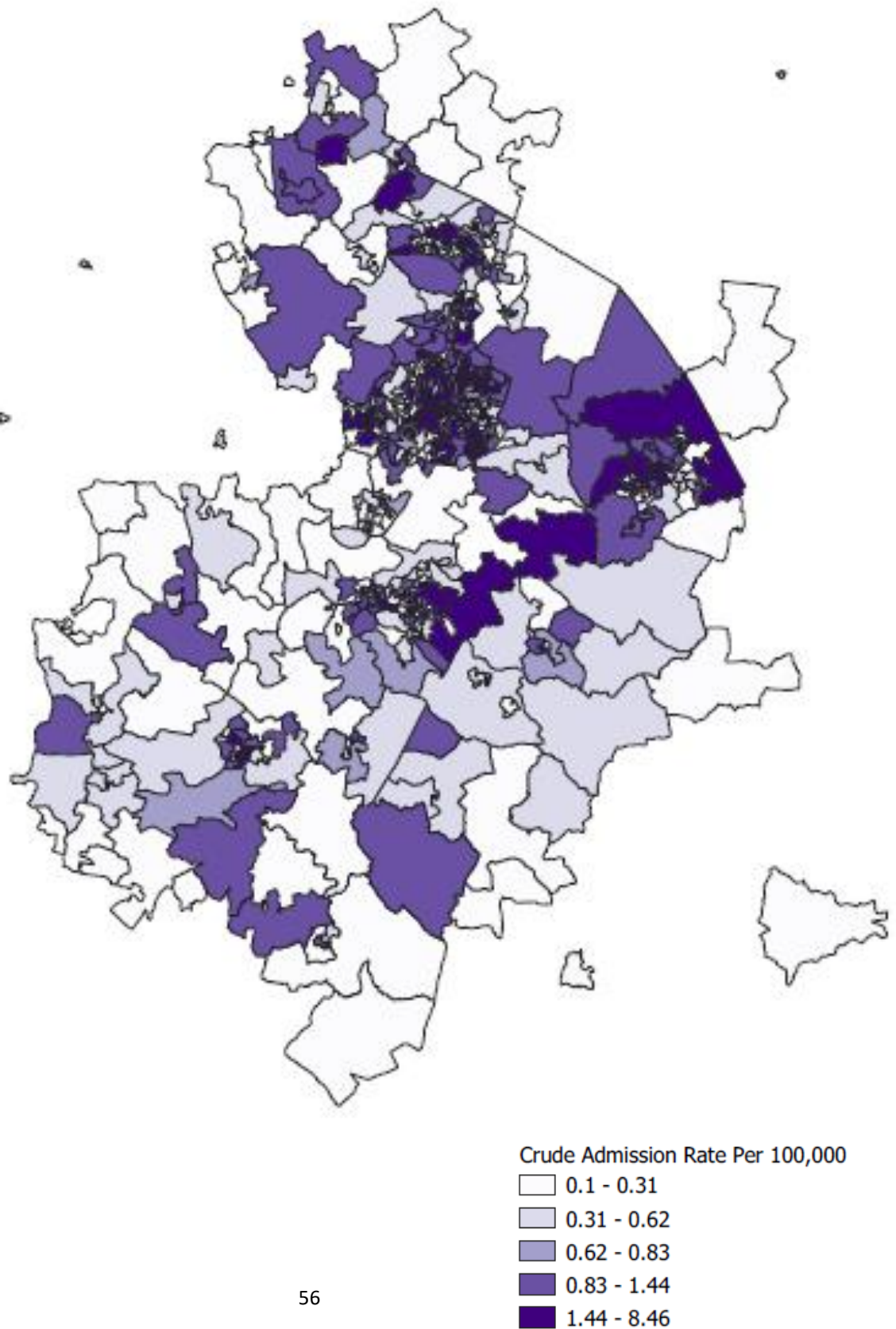


Table 8 LSOA with the highest crude rate of alcohol related admissions in Warwickshire in 2019/20

District & Boroughs	LSOA	Alcohol related Admissions	Population	Rate of admissions
Rugby	New Bilton South East	17	1403	12.12
Stratford-on-Avon	Old Town & Town Centre South	23	1849	12.44
Nuneaton and Bedworth	Bede Cannons	18	1309	13.75
Warwick	Offchurch & Hunningham	20	1428	14.01
Rugby	Benn South	29	1999	14.51
Nuneaton and Bedworth	Bede East	22	1476	14.91
Nuneaton and Bedworth	Poplar Coalpit Field	24	1589	15.1
Nuneaton and Bedworth	Camp Hill East & Quarry	33	2065	15.98
North Warwickshire	Mancetter South and Ridge Lane	26	1597	16.28
Rugby	Overslade North West	27	1493	18.08
Nuneaton and Bedworth	Abbey Town Centre	34	1836	18.52
Warwick	Lillington South	28	1492	18.77
Nuneaton and Bedworth	Middlemarch & Swimming Pool	33	1723	19.15
Stratford-on-Avon	Stratford Mount Pleasant East	26	1308	19.88
Rugby	Caldecott North West	38	1530	24.84

SERVICES, SUPPORT AND HARM REDUCTION INTERVENTIONS

COMMISSIONED ALCOHOL SERVICE FOR ADULTS

The is an adult drug & alcohol service provider commissioned by Warwickshire County Council. This includes people with alcohol and/or drug problem. There is a recovery-focused service with a full range of treatments and interventions designed to support people to take control of their recovery journey and achieve their recovery goals. Services include harm reduction, opiate replacement prescribing, residential and community detoxes, counselling, emotional support and supported access to mutual aid. Support in accessing training, employment and housing is also available. Services are delivered from dedicated properties in Leamington Spa, Nuneaton and Rugby.

Service details

- 1 to 1 session. Face to face and virtual.
- Group work – low-level alcohol, high-level alcohol, maintaining change, preparation for change
- Confidential dedicated telephone line

People in Treatment

In 2020/21 711 clients entered the service for alcohol only treatment, this is similar to previous years 2016/17 there were 761 clients and 2017/18 there were 729 clients. For Warwickshire (2017/18) this equates to 1.54 per 1000 residents who received alcohol treatment which is similar compared to the national rate of 1.54 per 1000.

The table below shows the referral sources of the new presentations in 2020/21 for services users. The table shows referrals for both alcohol and drugs. A majority of individuals (76%) entering the services are through self-referrals in 2020/21. The national average of self-referrals is 65%. There is a higher proportion of self-referrals

and a lower proportion of referrals from other sources than experienced nationally. This could be due to the local service keeping more complete records however there may also be potential to create more referral routes locally

Table 9 Adult drug & alcohol service referrals by type in 2020/21

Adult drug & alcohol service provider Referrals	Total 2020/21
Criminal Justice	115
Drug Service related	11
Healthcare	33
Other	40
Psychological Services	13
Self	755
Social Services	23
Total	987

Successful Completions

The latest figures from adult drug & alcohol service provider in 2021 shows there were 235 (33%) clients in alcohol only treatment that successfully completed treatment out of 711 clients within the service⁷. Of those that successfully completed treatment 2.7% re-presented to the services within the last 12 months. This is similar to the WCC Key Performance Indicator (KPI) target set locally of 33.4%, however, this is significantly lower than the 2019 national average of 39.7%. The number of those that re-present within 12 months after treatment in Warwickshire was 2.7% (March 2021) was significantly lower than the WCC KPI target of 12.5%.

Figure 23 below shows the successful completion proportion for Warwickshire from 2010 to 2019. Whereas the national average has remained relatively stable in the past 10 years the Warwickshire rate has fluctuated from a higher rate of treatment completion in 2010 & 2011 to a significantly lower rate in more recent times (2018

⁷ Successful completion definition: Number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within 6 months as a percentage of the total number of alcohol users in structured treatment.

onwards). In 2019 there were 237 successful completed recorded, which accounted for 27.9% of those within treatment, this was significantly lower than the regional (38%) and national (37.8%) completion averages. As shown in figure 24 Warwickshire's alcohol treatment completion rate compares poorly against other local areas, out of 14 local areas Warwickshire ranked 13th.

Figure 23 Successful alcohol treatment completed in Warwickshire from 2010-2019 compared to the national average

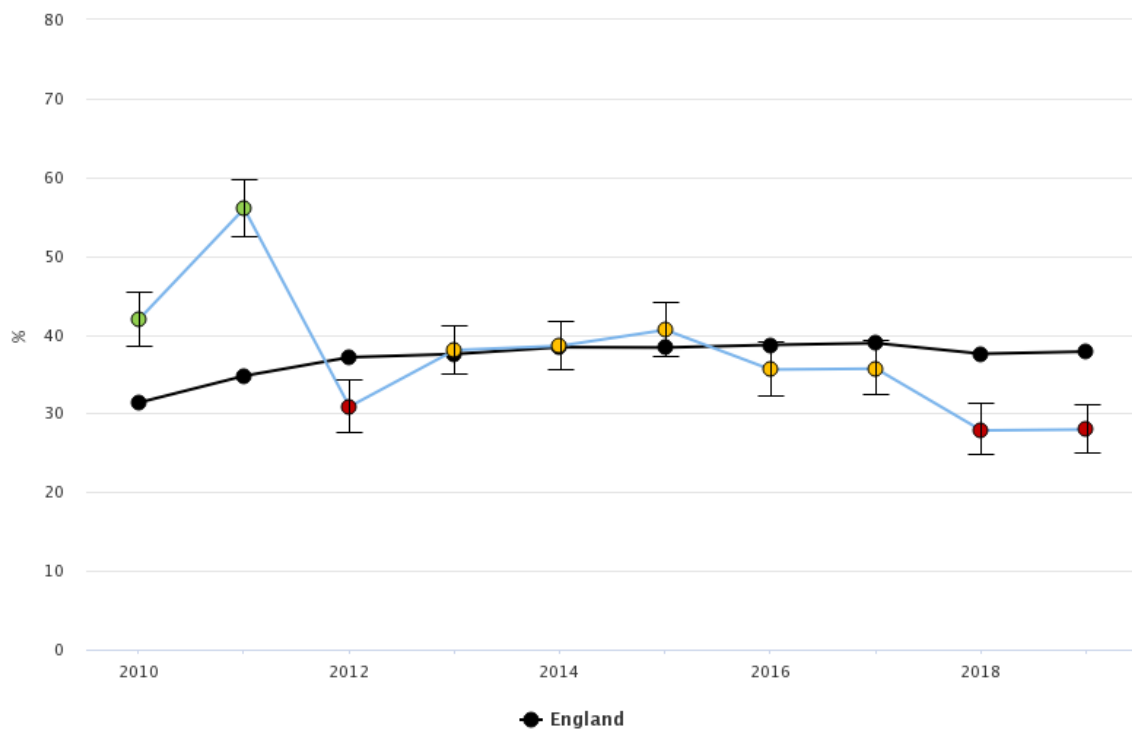
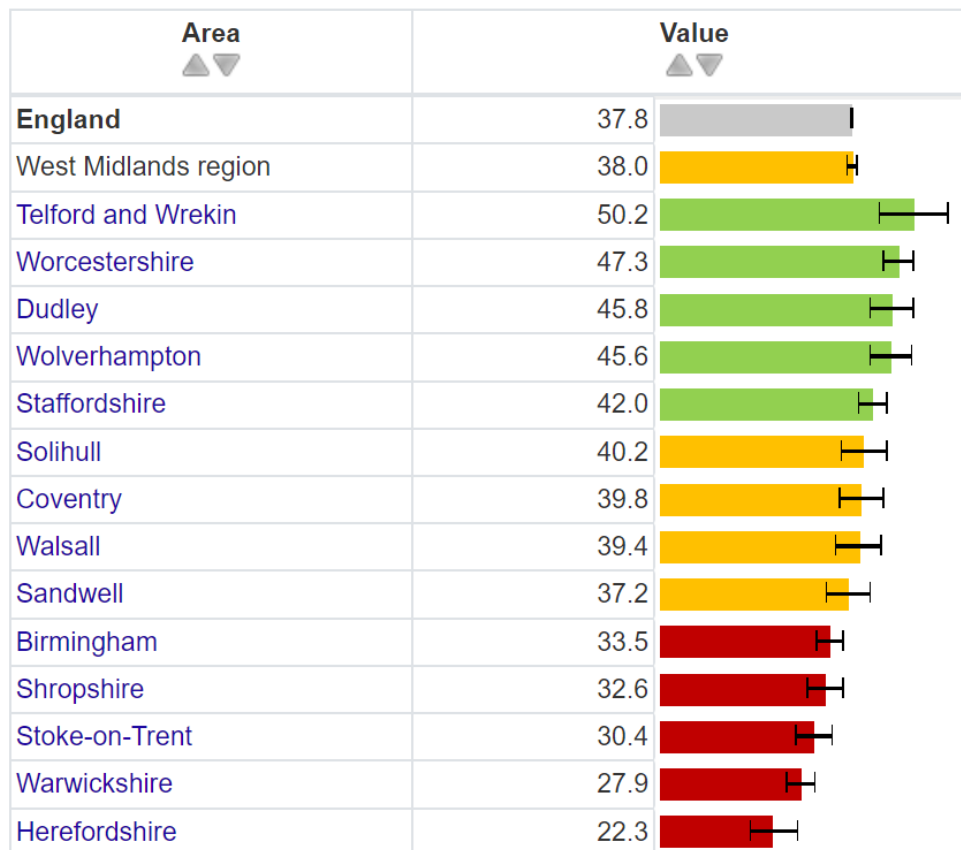


Figure 24 Successful alcohol completions in West Midlands 2019



Client User Deaths

In 2020/21 there were 28 deaths of adult drug & alcohol service provider services users, of these around a third of those in for alcohol treatment only. For alcohol only deaths this accounts for 1.1% of services users in Warwickshire, which is similar to the national average those that die in treatments services also at 1.1% (PHE, 2020).

Waiting Times

In 2019/20 over 99% of clients waited less than three weeks to start treatment, compared to 98% nationally. This accounts for 4 clients that had to wait over 3 weeks for alcohol treatment in 2019/20, which was slightly higher than the previous year where no client waited over 3 weeks.

Unplanned exits

Early unplanned exits are people who have left treatment in an unplanned way before 12 weeks. In 2020/11 Q2 9.9% of new alcohol only clients had an unplanned exit. This is lower than the national figure of 12.1%.

Unmet Need Estimate

Unmet need is the number or proportion of dependent drinkers who are not accessing alcohol services. In 2018/19 PHE estimated there to be 4,018 alcohol dependent adults in Warwickshire who were potentially in need of treatment. This equates to 79.9% of dependent drinkers in Warwickshire not being in alcohol treatment, this is slightly lower than the regional (83%) and national (82.4%) averages. This figure is the estimated proportion of alcohol dependent adults in the given year who were not in contact with alcohol treatment services in that year it was calculated by National Drug Treatment Monitoring System⁸ and Estimates of Alcohol Dependence in England.

This unmet need does not reflect the number of individuals trying to access the service and failing but rather reflects the number of individuals who either do not recognise their dependency or for a variety of reasons do not access services.

⁸ The National Drug Treatment Monitoring System (NDTMS) data helps drug treatment demonstrate the outcomes it achieves for the people it treats and in doing so aids accountability for the money invested in it. [NDTMS - National Drug Treatment Monitoring System](#)

COMMISSIONED ALCOHOL SERVICE FOR CHILDREN AND YOUNG PEOPLE

There is a drug & alcohol service provider for children and young people commissioned by Warwickshire County Council to provide substance misuse services for children and young people who need support around their own or another person's drug or alcohol use. The service works with anyone between 5 and 25 years of age in Warwickshire.

Service details

- Children's who are drinking needs are addressed on a 1 to 1 basis
- ChatHealth confidential text messaging
- Workforce training
- Group work
- Health Promotion & assertive outreach
- Whole family support & safety planning

Service details

The drug & alcohol service provider for children and young people began to use a new electronic Health Needs Assessment (HNA) system to deliver the nationally recommended key stage contacts at school entry, year 6 and year 9. This new and improved tool helps make the process quicker and easier for parents/carers and young people to complete and produces more relevant data, enabling the service to better respond to individual and community needs.

Closure of schools in line with the Government guidelines meant that the programme was paused. During the lockdown and restoration of community services period, the service continued to respond to the needs that had been identified but in a virtual manner using phone calls and digital technology. The drug & alcohol service

provider for children and young people intends to resume the programme for the academic year 2020/2021 and will work with schools to work out the most effective means of delivering it under the present circumstances.

In 2019/20 and 2020/21 children in years 6 & 9 across Warwickshire were asked a set of questions, which had alcohol-related themes. There was one question for year 6 and three questions for year 9 that directly asked themes related to alcohol consumption. The areas schools are located in are split into 3. The north includes schools Nuneaton, Bedworth and North Warks. Central includes schools in Rugby, Leamington Spa and Southam. South includes schools in Stratford, Warwick and Kenilworth.

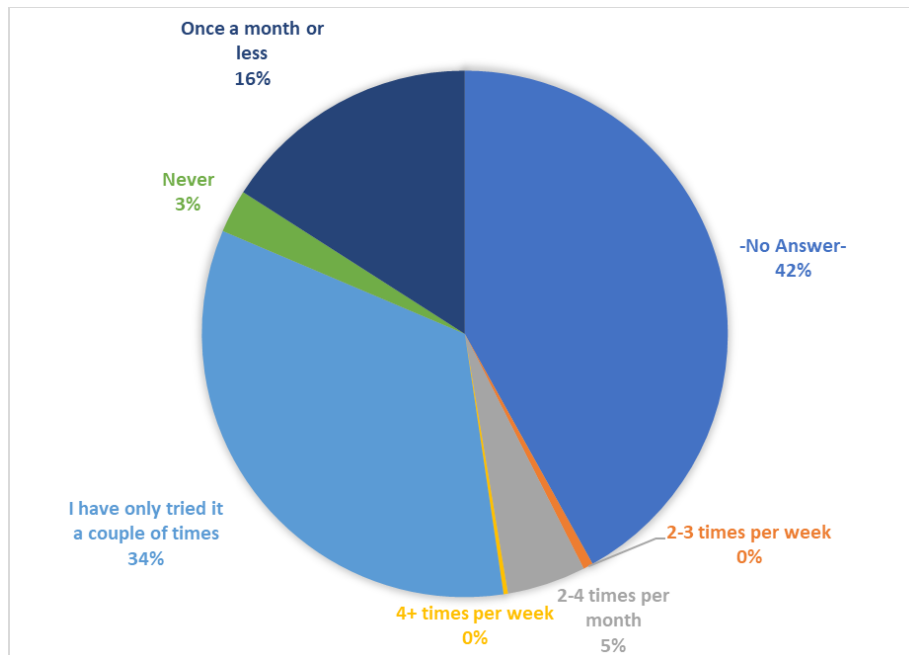
The table below shows how Year 6 pupils answered the question ‘does anyone drink alcohol in a way that worries you at home’. The number of questionnaires returned and response types in both 2019/20 and 2020/21 were comparable. Schools in the north had a slight higher response to ‘worries at home’ towards alcohol consumption in compared to central and south school in both years.

Year 6- Thinking about the people who live in your home, does anyone drink alcohol in a way that worries you							
2019-20	Total questionnaires	Yes		No		Non-answer	
Warwickshire	4427	265	6.0%	4063	91.8%	99	2.2%
North	2036	142	7.0%	1843	90.5%	51	2.5%
Central	1133	54	4.8%	1048	92.5%	31	2.7%
South	1258	69	5.5%	1172	93.2%	17	1.4%
2020-21							
Warwickshire	4696	288	6.1%	4305	91.7%	103	2.2%
North	1905	129	6.8%	1740	91.3%	36	1.9%
Central	1702	105	6.2%	1552	91.2%	45	2.6%
South	1089	54	5.0%	1013	93.0%	22	2.0%

The table below shows how Year 9 pupils answered the question 'have you ever tried alcohol'. There were fewer responses in 2020/21 due to the difficulties in completed questionnaire in the pandemic. From the data available there was a significantly higher percentage of Year 9 students that had tried alcohol in 2019/20, in which students from the south had a slightly higher proportion of people trying alcohol. A caveat of different sample sizes from the year and areas needs to be taken into account as this could skew results.

Year 9- Have you ever tried alcohol?							
2019-20	Total questionnaires	Yes		No		Non answer	
Warwickshire	1467	843	57.5%	603	41.1%	21	1.4%
North	1234	696	56.4%	521	42.2%	17	1.4%
Central	0	0	0.0%	0	0.0%	0	0.0%
South	233	147	63.1%	82	35.2%	4	1.7%
2020-21							
Warwickshire	423	142	33.6%	272	64.3%	9	2.1%
North	353	125	35.4%	224	63.5%	4	1.1%
Central	43	9	20.9%	29	67.4%	5	11.6%
South	27	8	29.6%	19	70.4%	0	0.0%

Figure 25 Year 9 pupils asked 'How often do you have a drink containing alcohol?' across Warwickshire in 2019/20. 1467 number of questionnaires were received.



Figures 25 & 26 shows how Year 9 students answered 'how often they drank a drink containing alcohol'. In both years most students didn't answer, the second most common answer was 'once a month' in 2020/21 and 'tried a couple of times' in 2019/20.

Figure 26 Year 9 pupils asked 'How often do you have a drink containing alcohol?' across Warwickshire in 2020/21. 423 number of questionnaires were received.

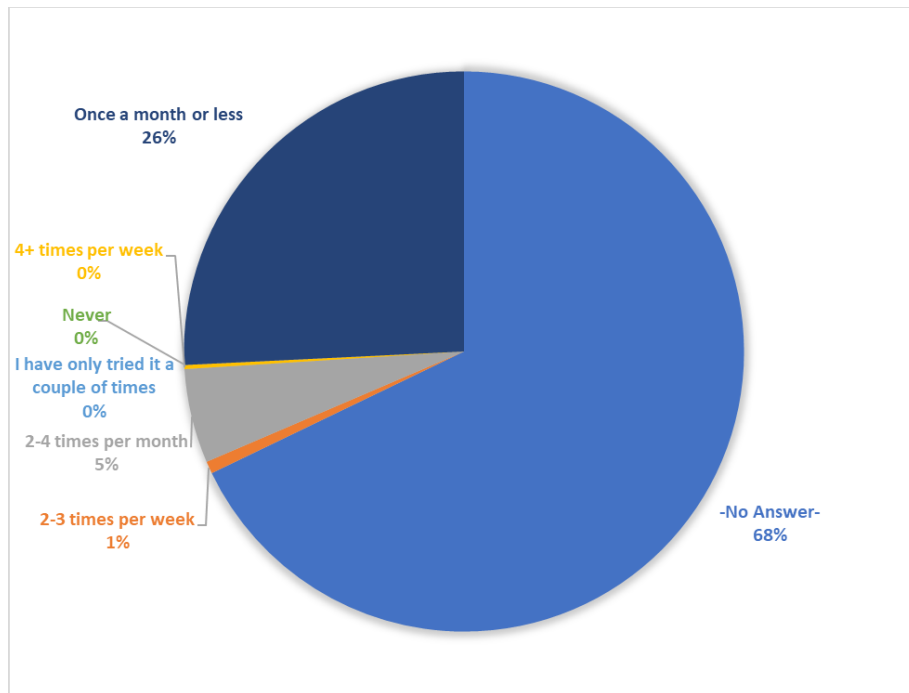
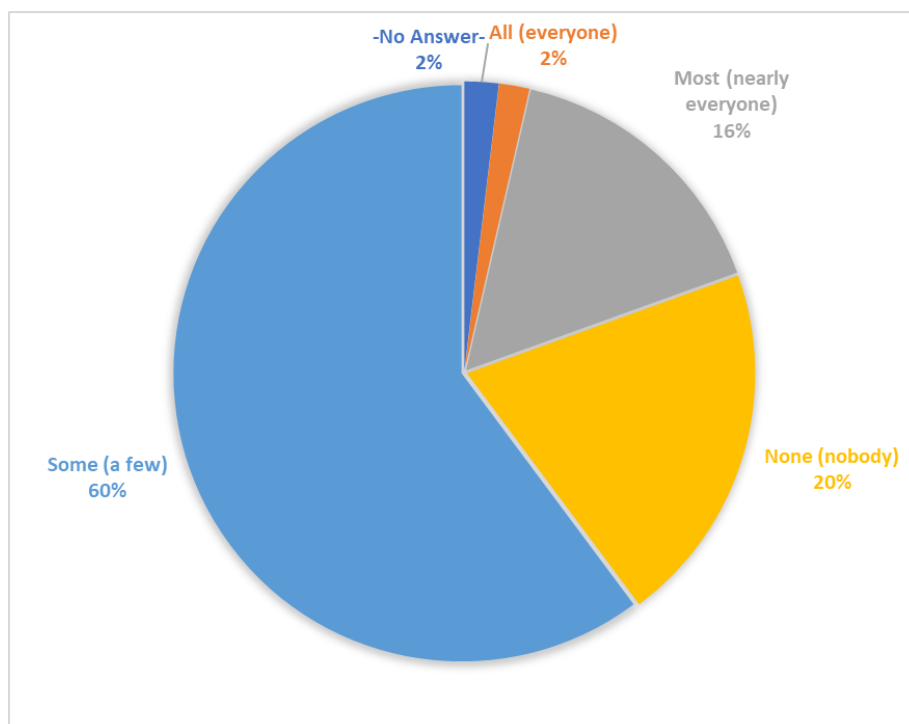
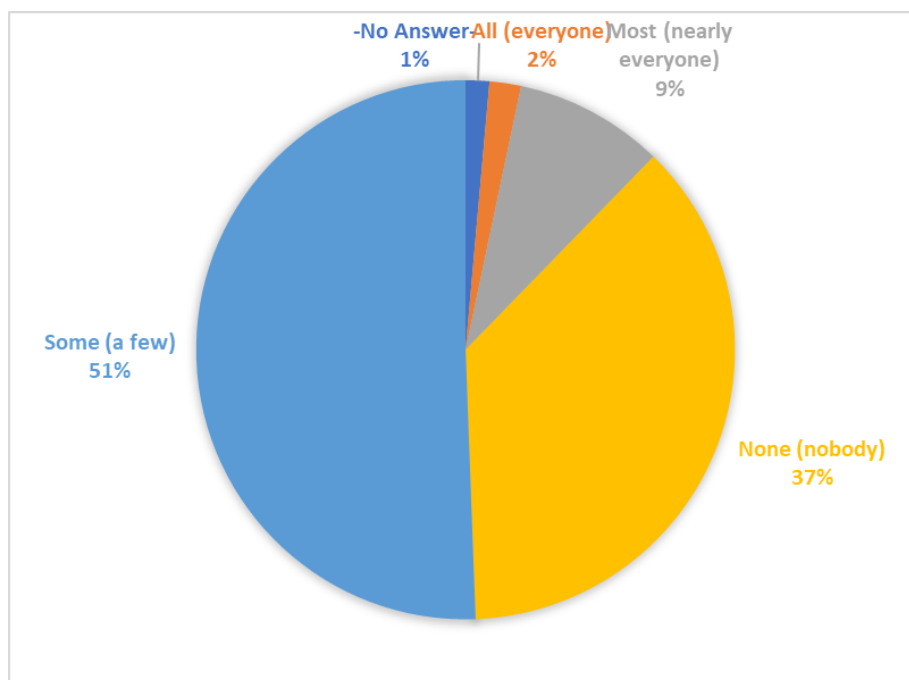


Figure 27 Year 9 pupils asked 'Thinking about people in your class, how many people do you think drink alcohol?' across Warwickshire in 2019/20. 1467 number of questionnaires were received.



Figures 27 & 28 shows how Year 9 students answered 'how often they think their classmates drink alcohol'. The most common answer was student answer that they think some classmates drink alcohol, the second most common answer was 'nobody'. Interesting there was 16% (in 2019/20) and 9% (in 2020/21) students that thought almost all their classmates drank alcohol.

Figure 28 Year 9 pupils asked 'Thinking about people in your class, how many people do you think drink alcohol?' across Warwickshire in 2020/21. 423 number of questionnaires were received.



PRIMARY CARE- GENERAL PRACTICE & COMMUNITY SERVICES

GP, primary care and community service professionals see patients with alcohol dependency and can deliver brief advice interventions when these are identified as required. Health checks delivered in primary care are a further touchpoint in which alcohol consumption can be discussed, the audit-c tool (Appendix 1) used and either brief intervention or referral to services delivered.

SECONDARY CARE

Trusts see patients that are admitted for both acute and chronic alcohol-related conditions. Secondary care plays a vital role in ensuring patients have access to services, identifying patient needs and appropriately signposting/ referring/ treating patients.

Feedback was gained from the substance misuse practitioner based at south Warwickshire NHS Foundation Trust (SWFT) who is responsible for providing 'Brief Interventions' (BI) and extended intervention/psycho-social model of care/support to patients who present with or are admitted and are identified to have alcohol misuse.

The screening tool used to identify and assess alcohol use at SWFT is AUDIT(C) – this is used in Accident & Emergency department (A&E) and across the trust. SWFT monitor patients who frequently attend A&E and patients experiencing acute mental health issues. The Substance Misuse Practitioner role has a close joint- working relationship with the adult drug & alcohol service provider. Currently, patients identified with problematic drinking are provided with a Brief Advice leaflet and also the adult drug & alcohol service provider leaflet and encouraged to self-refer – if deemed appropriate and requested, a direct referral is made by SMP/ SWFT to the adult drug & alcohol service provider.

The service has reported more patients presenting to A&E requesting an alcohol detox, some of which potentially could be managed by the adult drug & alcohol service provider but are not engaging. Patients report missing the face to face contact at the adult drug & alcohol service provider and many report experiencing a delay in accessing treatment. Some do not have IT equipment to access on-line groups. Likewise, increasing numbers of GPs are making direct referrals to myself the SMP at SWFT. They report some patients are not wanting to or not able to access the adult drug & alcohol service provider and therefore GPs are not referring into but contacting SMP at SWFT.

MAKING EVERY CONTACT COUNT (MECC)

Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations. MECC is now an established national initiative in which public-facing workers are encouraged to make contact with patients, service users or the public as an opportunity to support, encourage or enable them to consider health behaviour changes such as stopping smoking or improving their sense of wellbeing.

MECC may involve initiating a very brief intervention that takes place in less than two minutes with a person as part of a routine appointment or consultation; and where appropriate, offering advice, raising awareness of risks, providing encouragement and support for change, or signposting and referring them to local services and sources of further information.

MECC has been in operation in Warwickshire for many years. Alcohol is included in Warwickshire's MECC with messaging to support drinking within recommended

levels. Locally in Warwickshire, the MECC approach was expanded to cover the wider determinants of health.

ALCOHOLICS ANONYMOUS

Alcoholics Anonymous (AA) have closed and open groups running in Warwickshire. Closed groups are intended for those with an alcohol dependency who have a desire to stop drinking, open groups can also include friends, family members and others with an interest in AA. Groups are currently running in Leamington Spa, Rugby, Nuneaton & Stratford on Avon

LICENSING & COMMUNITY SAFETY INITIATIVES

Businesses, organisations and individuals who want to sell or supply alcohol must have a license or other authorisation from Warwickshire County Council as the licensing authority. The law and policy governing this area are overseen by the Home Office.

The types of businesses and organisations that need alcohol licenses might include:

- pubs and bars
- cinemas
- theatres
- nightclubs
- late-opening cafes
- takeaways
- village and community halls
- supermarkets

Published figures for 2018 to 2012 for Warwickshire are available on the National Statistics website, the table below shows the breakdown of licensed premises by

districts in Warwickshire (Home Office, 2018). Due to the COVID-19 pandemic, the Home Office cancelled the 2021 alcohol and late-night refreshment licensing data collection; to reduce the burden on licensing authorities responsible for collecting these data. The next data collection exercise will be in 2022.

Table 10 Districts in Warwickshire licensees to sell alcohol in 2018

Districts	Premises licences	Premises licences selling alcohol
North Warwickshire	258	227
Nuneaton & Bedworth	341	257
Rugby	356	Figures not submitted
Stratford-on-Avon	875	464
Warwick	610	536

In March 2018 there were 2440 premises licenses in Warwickshire, 1484 allowed the selling of alcohol. The number of premise licenses increased from 2298 in 2017 and was similar to the number of premises in 2012 (2431). Nationally there had been a 1% increase in alcohol premises licenses between 2017 and 2018. 401 of the 1484 licenses (27%) were for the sale of alcohol to be consumed on-site, 582 (39%) were for offsite consumption and 70% were for both.

In March 2018 42 venues had a 24-hour alcohol license, although both Rugby & Stratford-on-Avon did not submit figures. 11 was for a shop or a supermarket and 17 were for hotel bars. In 2017/18 there were 678 licences not permitted to sell alcohol in Warwickshire, with a majority of the premises (61%) not permitted were located in Stratford-on-Avon.

All alcohol licenses have the following mandatory conditions:

- A ban on the sale of alcohol below the cost of duty plus VAT.
- A ban on irresponsible promotions
- mandatory provision of free potable (drinking) water
- adoption of an age verification policy
- the mandatory provision of smaller measures

Locally in Warwickshire, monthly Multi-Agency Licensing Meeting (MALEM) take place. They include representation from Police, LA, trading standards, fire services, local businesses and Public Health. This forum allows stakeholders to discuss all licenced premises. The forum provides a platform to discuss challenges such as underage alcohol consumption, alcohol-related violence and geographical area of higher alcohol consumption and strategies to mitigate risk.

MIDLANDS NETWORKING MEETINGS

The Office for Health Improvement and Disparities (OHID) organised a networking meeting which focused specifically on alcohol care teams in hospitals across the Midlands in July 2021. Stakeholders agreed the importance of creating a wider network and continue developing a working together. In line with the NHS Long Term Plan there will be additional funding to optimise alcohol care teams, therefore a Midlands network would support promote best practice and innovative ideas.

WHAT WORKS

In 2016 PHE published an Evidence Review that looked at the effectiveness and cost-effectiveness of alcohol control policies a summary of its findings are discussed in this section (PHE, 2018).⁹The review was commissioned by the Department of Health & Social Care. A short version appeared in the Lancet.

There are three key influencers of alcohol consumption – price (affordability), ease of purchase (availability) and the social norms around its consumption (acceptability)

AFFORDABILITY

Taxation and price regulation

The affordability of alcohol is a composite measure looking at the net effect of price and income. The affordability of alcohol is one of the key influences on consumers' purchasing choice and consumption behaviour. For this reason, addressing pricing to reduce the affordability of alcohol, either through taxation or price regulation, is a key element of policies aimed at influencing consumption patterns and harm (Rabinovich, 2009). The extent to which affordability influences consumption and harm also depends on income levels (income elasticity) and the extent to which real incomes have changed over time. In theory the impact of price increasing policies could be mitigated if real incomes were rising sufficiently fast, but this has not been the case in recent years.

- Minimum unit price (MUP) improves the health of the heaviest drinkers and has a negligible impact on moderate drinkers and on-trade (where alcohol is consumed on the premises).

⁹ [Alcohol public health burden evidence review 2016 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684212/Alcohol_public_health_burden_evidence_review_2016.pdf)

- Taxation on Alcohol that rises in line with inflation and income rises reduces affordability.
- Bans on alcohol sales below tax revenue do not have an impact on Public Health in its current form.
- Price promotion controls can easily be circumvented.

There is a risk of potentially widening inequalities as shown in figure 5, those from more deprived areas were less likely to drink at increased risk. MUP predominately affected high volume alcohol retailed at lower prices, it doesn't affect most spirits. Therefore, people from less deprived areas will be least impacted by MUP, in contrast, those most affected from MUP would be people from lower-risk groups, thus widening health inequalities.

ACCEPTABILITY

Regulating Marketing

Currently evidence centres on reducing harm to children. There is sufficient evidence to implement policies that restrict the advertising of alcohol that can be viewed by children.

Providing information and education

- Education programmes are not cost-effective
- There is little evidence to suggest that labelling is effective at reducing long term alcohol consumption.

However, the policies above fulfil a right for the consumer to be more informed and can build support for regulatory measures.

Reducing drink driving

- Legislative measures are effective and cost-effective
- Policies that reduce drink-drive limits for younger drivers reduce casualties in this group and are cost saving
- Policies reducing drink driving complement policies that look to reduce risky drinking patterns

AVAILABILITY

- Policies that significantly reduce the time that alcohol is for sale, particularly late night on-trade sales can significantly reduce alcohol-related harm in the night-time economy.
- Managing the drinking environment, such as managing nightlife drunkenness is thought to lead to small scale improvements but can be resource intensive.
- Reducing high strength alcohol is built on a sound principle but can be undermined if it is available in a nearby area.

An example of how availability can be managed locally is through maintaining the Multi-Agency Licensing Enforcement Meeting (MALEM) in Warwickshire.

Treatment and interventions

Aimed at those already at risk brief interventions and treatments have a good return on investment if widely implemented with dedicated funding streams. Investing in Alcohol treatment saves money with £3 social return for every £1 spent on alcohol treatment, which increases to £26 over 10 years (PHE, 2018).

Health interventions aimed at drinkers who are already at risk, such as identification and brief advice, and specialist treatment for people with harmful drinking patterns and dependence are effective approaches to reducing consumption and harm in

these groups. Typically, these interventions show favourable returns on investment. However, their success depends on large-scale implementation and dedicated treatment staffing and funding streams, without which they are less effective. Identification and brief advice in primary care reduce weekly drinking by 12%, reducing the risk of alcohol-related illness by 14% and absolute lifetime alcohol-related death by 20%. It can also save the NHS £27 per patient per year.

A comprehensive list of brief interventions and treatments are in appendix 3.

The Policy Mix

Implementing a complementary mix of policies is considered to achieve a critical mass that can change social norms to reduce alcohol consumption. For example, including education to build population support for availability measures and treatment.

RECOMMENDATIONS

This needs assessment has highlighted areas for action to reduce overall population alcohol consumption and to reduce harm from alcohol in more vulnerable groups. The recommendations associated with these are described in the section below.

REDUCE ALCOHOL CONSUMPTION

- Create an environment that promotes responsible drinking by using data and intelligence from services across Warwickshire to enable District and Boroughs to intervene through licensing.
- Improve the quality and/or identification of alcohol-related data held across partners and departments including licensing, social care, police, health visiting and primary and secondary healthcare, school health & wellbeing service and alcohol services.
- Increase the number of brief interventions resulting from health checks, social prescribing interventions and the referrals into the alcohol service of health trainer service for those drinking at higher risk levels.
- Improve local estimates of alcohol-related harms, for example through a regular population-based survey, and incorporate the intelligence into local Population Health Management approaches and to support future placed-based initiatives.
- Promote safe alcohol consumption amongst young people through education settings, empowering schools, colleges, school health, universities and parents to discuss safe alcohol use and making use of social media.

- Empower people to identify when they are drinking above healthier limits, through encouraging the use of digital screening tools.
- Raise awareness of where to get support from such as online self-help tools or alcohol support services.
- Train professionals and volunteers in Making Every Contact Count (MECC) so they can deliver brief interventions and provide messages on safer drinking.

PROMOTE PARTNERSHIP WORKING

- Support a system-wide partnership alcohol forum, with scope to encompass drug misuse. Stakeholders to include WCC commissioners, WCC public health, the adult drug & alcohol service providers, service users, Armed forces representative, Police representative, Primary Care, Secondary Care, CCG, Maternity/health visitor services, community safety partners, district & boroughs, trading standards and homelessness services representative.
- Reduce the alcohol-related harm for those who frequently attend acute settings, through continuing to work with hospitals regarding referral pathways, hospital-based activity and with GPs and specialists to ensure that those who are referred but don't access the services, continue to be offered appropriate care.
- Ensure consistent information from Health Trusts across the county is shared between hospital emergency departments, ambulance services and police, to identify problematic venues.
- Develop and sustain working partnership with representatives of the alcohol industry

- Streamline the referral process from secondary care to drug & alcohol service providers if patients request and give consent. A more effective communication pathway will support better patient outcomes.

REDUCING HIGHER RISK AND PROBLEM DRINKING

- Reduce the alcohol-related harms experienced by children and related to problem drinking in adults.
- Raise awareness among key professionals to improve identification of and support to parents and improve recording of alcohol-related concerns.
- Improve maternity services, data recording systems. Developing a standardised approach to assess alcohol misuse and strengthen referral pathways from maternity services to treatment.
- Continue fast-track services for veterans entering secondary care. Support further development of collaborative working between stakeholders, in particular strengthening partnership working with commissioning & primary care to introduce a similar fast track system for veterans.
- Raise awareness of drink-drive levels across Warwickshire to reduce alcohol-related road traffic accidents through social media and the work of partners.

PROVIDING A HEALTHIER ENVIRONMENT

- Reduce alcohol-related crime, through continuing to work with partners and businesses. Continuation of MALAM forum.
- Work with partners in a person-centred approach to establish an environment that supports the most vulnerable. Including considering appropriate housing and wrap around support options for those addicted to alcohol (also linked to Homeless Strategy).

REDUCING HEALTH INEQUALITIES

- Implement robust recording practices for ethnicity & protected characteristics across all partners.
- Strengthen partnership working to focus on areas experiencing greatest alcohol-related harms, in particular Nuneaton & Bedworth, Warwick and other areas with higher deprivation
- Support health promotion activities with both Coventry and Warwick Universities to promote safe alcohol consumption. The approach should support joint working with local premises/venues selling alcohol to students to encouraging sensible selling of alcohol and educating students about the dangers of binge drinking.

Alcohol use disorders identification test consumption (AUDIT C)

This alcohol harm assessment tool consists of the consumption questions from the full alcohol use disorders identification test (AUDIT).

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

AUDIT C score	
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Scoring:

- A total of 5 or more is a positive screen
- 0 to 4 indicates low risk
- 5 to 7 indicates increasing risk
- 8 to 10 indicates higher risk
- 11 to 12 indicates possible dependence

What to do next

If you have a score of 5 or more and time permits, complete the remaining alcohol harm questions below to obtain a full AUDIT score.

Remaining AUDIT assessment questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

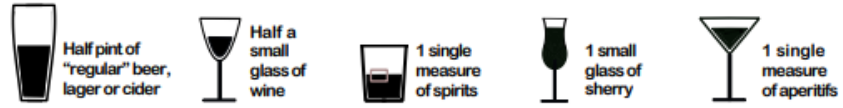
Total AUDIT score	
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Scoring:

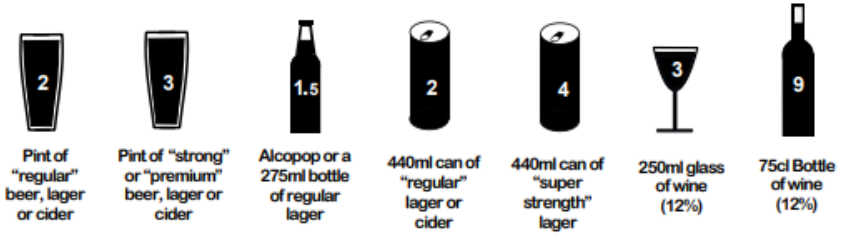
- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk
- 20 or more indicates possible dependence

Alcohol unit reference

One unit of alcohol



Drinks more than a single unit



APPENDIX 2 – PHE EVALUATION OF BRIEF INTERVENTIONS & TREATMENT

Brief interventions and treatment									
Intervention	Nature	Grade	Limitations	Effect	Coverage	Economic impact	Implementation	Inequalities	Summary
G1. IBA in primary care	1 review of reviews 2 meta-analyses 2 systematic reviews 1 RCT 1 modelling study	High	Not identified	IBA is effective for reducing the prevalence of harmful and hazardous consumption over 6 and 12 months	Harmful and hazardous drinkers attending primary health care	Cost-effective	The effectiveness depends on sufficient health delivery systems and dedicated funding	Those in the lowest socioeconomic groups are estimated to experience the greatest absolute reduction in harms	IBA is effective in reducing hazardous and harmful consumption in primary health care, and is cost-effective
G2. IBA in ED	1 meta-analysis 1 RCT	Moderate	Not identified	Small to moderate beneficial effect of IBA	Harmful and hazardous drinkers attending ED	Not identified	The effectiveness depends on sufficient health delivery systems and dedicated funding	Not identified	IBA is efficacious at reducing hazardous and harmful alcohol consumption
G3. IBA in CJS	1 RCT	Low	Not identified	Hazardous and harmful alcohol consumption reduced, offending reduced with most intensive interventions	Harmful and hazardous drinkers in the probation setting	Not identified	The effectiveness depends on sufficient delivery systems	Reduces alcohol consumption and harm in offenders	Hazardous and harmful alcohol consumption reduced, offending reduced with most intensive interventions
G4. eIBA	1 meta-analysis	Moderate	High levels of attrition	eIBA reduced hazardous and harmful consumption, effect mitigated after 12 months	Harmful and hazardous drinkers recruited into digital interventions	Not identified	eIBA could be a lower cost delivery option with the potential for widespread delivery	Not identified	Short-term, reductions in hazardous and harmful consumption
G5. IBA in adolescents	1 systematic review	Low	Not identified	Evidence still emerging	Adolescents who drink	Not identified	It is not clear what the appropriate setting or screening tools are for this group	Potential to reduce harm in adolescents	Currently no clear evidence of benefit in this age group
G7. IBA in sexual health clinics	1 RCT	Low	Not identified	IBA did not lead to meaningful reductions in alcohol consumption	Harmful and hazardous drinkers attending sexual health clinics	Not cost-effective	Not identified	Not identified	Evidence suggests sexual health clinics are not effective settings for IBA
G8. IBA in pharmacies	1 literature review 1 RCT	Moderate	It is possible that the pharmacists were undertrained in the delivery of IBA	IBA did not lead to meaningful reductions in alcohol consumption	Harmful and hazardous drinkers attending pharmacies	Not identified	Not identified	Not identified	Evidence suggests pharmacies are not effective settings for IBA
G9. IBA in the workplace	1 systematic review	Low	Not identified	Effective in reducing hazardous and harmful consumption in the workplace, differing effectiveness across worker type unknown	Harmful and hazardous drinkers in employment	Not identified	Employees may not wish to disclose heavy drinking to their employer	Not identified	Promising results, not clear which employee type may benefit most. Some employees may be unwilling to disclose information
G9. Psychosocial and psychological interventions	1 expert review	Moderate	Not identified	Many treatments effective: behavioural couple's therapy, MET, CBT, SBNT and behavioural therapies compared to treatment as usual, controls and other active interventions	Alcohol dependent adults	MET was cost-effective Coping and skills training, marital or family therapy and behavioural self-control training was cost saving	Not identified	Not identified	Behavioural couple's therapy, CBT, SBNT, MET and behavioural interventions recommended by NICE as an effective therapy
G10. Pharmacological interventions	1 expert review 1 technical appraisal 1 health economic analysis	High	Not identified	The use of nalmefene endorsed for mild dependence, acamprosate, and naltrexone for moderate to severe dependence, disulfiram not endorsed, given that the evidence was poorer quality and the potential for harm was greater	Alcohol dependent adults	Acamprosate and naltrexone were cost-effective Nalmefene was cost saving	Not identified	Not identified	Recommended by NICE as an effective therapy (with an adjunct of psychosocial)

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NEXT STEPS

Lead commissioner:

Date brought to JSNA Commissioning Group:

Information and research requirements:

APPENDIX

Revision dates:

Data	Update due