

BRIEFING PAPER TO THE HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

ALCOHOL MISUSE AND ITS IMPACT ON HEALTH

Prepared by: **Maureen Noble, Head of Drug and Alcohol Strategy**
And **Janet Mantle, Public Health Specialist, Manchester PCT**
Annie Murray, Alcohol Strategy Coordinator

Contact: **Maureen Noble, m.noble2@manchester.gov.uk**

The purpose of this paper is to provide an update briefing to Committee Members on the scale of alcohol misuse in Manchester, and the impact this has on the health of the population and on our health services. It also links the health impacts on other areas such as young people, prevention, crime and anti-social behaviour. Alcohol misuse is defined as drinking above sensible and safe limits that are hazardous and potentially harmful to health. This paper does not focus on moderate drinking or drinking within recommended safe levels.

Members are asked to note the content of the report and to support the actions outlined in the Alcohol Strategy, which is currently under review and due for refresh in summer 2007.

1. Background

Alcohol misuse is associated with a wide range of health and social problems for individuals, their families and society. It is a major cause of disease and injury, with only tobacco smoking and high blood pressure as higher risk factors. Alcohol is increasingly a factor in poor mental health, as well as in accidents, crime including domestic violence and antisocial behaviour. The cost of alcohol misuse to the NHS is £20 billion per annum.

Alcohol consumption among young people in the North West is higher than the national average. North West research shows 16 to 24-year olds living in the North West have higher levels of alcohol consumption than any other age group and are more likely to binge drink. In 2004 63% of men and 39% of women coming into prison were classed as hazardous drinkers in the year leading up to custody.

2. National evidence

Alcohol misuse is associated with or attributable to

- Between 15,000 and 22,000 deaths per annum, of these 5,000 are cancers, 1,200 are due to strokes and 4,500 are alcohol-related liver disease, the latter is a 90% increase over the past decade.
- Up to 35% of all Accident and Emergency (A&E) attendances
- 150,000 hospital admissions, 33,000 are due to alcohol-related liver disease and between 30,000 and 36,000 are due to alcohol dependency.

- 1 in 8 NHS bed days (around 2 million) and 1 in 80 NHS day cases (around 40,000)
- Increased likelihood of unsafe sex. One in seven 16 –24 year olds have had unsafe sex, one in five have had sex they later regretted, and 40% think they are more likely to have casual sex. A survey of 13 –14 year olds found that 40% were drunk when they first experienced sexual intercourse.
- 30% of sexual offences and 50% of violent crime.

3. The Manchester Picture

Manchester has one of the highest rates of alcohol consumption in England particularly binge drinking. Manchester statistics show the level of hazardous or harmful drinking in the City.

- 30.7% of men and 16.9% of women drink over the recommended weekly limits
- 27.8% of men and 15.5% of women drink on five days of the week – drinking on five or more days of the week above recommended levels is one of the possible indicators of dependence
- 50% of men and 25% of women are binge drinkers, and people under 25 are more likely to binge drink

An analysis of causes of mortality undertaken by the Joint Health Unit projected that based on current trends alcohol related deaths in women could overtake heart disease as the biggest contributor to the life expectancy gap between Manchester and England by the end of the decade.

Alcohol misuse is also associated with or attributable to

- 80 deaths per year such as liver disease, fibrosis/ cirrhosis of the liver and alcohol related poisoning. This accounts for 2% of all deaths for Manchester residents, although this excludes deaths occurring whilst under the influence of alcohol or in alcohol fuelled circumstances (e.g. assaults)
- Based on 2002 data estimated hospital admissions in Manchester were between 2,723 and 3,850, the most common reasons for admissions were liver cirrhosis, falls, injuries and alcohol psychosis/dependence/ abuse and assaults. In the North West region only Liverpool has a higher rate of alcohol related hospital admissions
- Mortality from chronic liver disease and cirrhosis per 100,000 of the population, is 16.9 in Manchester compared to 8.9 nationally.
- Approximately 82,000 attendances a year at Manchester's three A&E departments.

Manchester attracts a large number of visitors to the city due to its vibrant and varied nighttime economy, as many as 120,000 people visit the city every Friday and Saturday night. This has a significant impact on alcohol related harm including increased morbidity, mortality and crime. This poses a real challenge to both the PCT and the Local Authority.

4. Framework for Action

4.1 The Manchester Alcohol Strategy 2005-8

The Manchester Alcohol Strategy identifies 5 key themes for action:

1. Improving information and communication.
2. Improving treatment and care
3. Protecting young people
4. Reducing crime and disorder
5. Prisoners and resettlement

4.2 Local Area Agreement

The Manchester Local Area Agreement 'went live' in April 2006. Four areas, which will have the biggest impact on alcohol problems over the lifetime of the LAA, were agreed. These are:

1. Increasing the provision of Brief Interventions in primary care and Accident and Emergency Departments
2. To reduce underage sales of alcohol through off licences and other licensed premises
3. To reduce re-offending in persistent and priority offenders where alcohol is a factor in offending
4. To intervene earlier in cases of parental alcohol misuse to safeguard children and reduce the numbers in the looked after system.

The LAA targets will be 'refreshed' in February 2007 and further local alcohol indicators will be agreed.

5. The NHS and Local Authority contribution

The implementation and the delivery of the health agenda within Manchester's Alcohol Strategy 2005-8 and of the Local Area Agreement includes

- The commissioning and delivery of alcohol treatment and care services in the community, including GP primary care services and Manchester Prison
- The commissioning of acute hospital services. This includes unscheduled care (provision of A&E services and emergency admissions for alcohol related problems) and scheduled care for the treatment of alcohol related chronic conditions.
- The provision of public health promotion including media campaigns, training for frontline staff and retailers and the development of information and resources
- The delivery of the Manchester Healthy Schools Scheme, which addresses drug and alcohol use as an essential element of personal and social education
- The provision of public health intelligence and local data. This is partly provided by the NHS/MCC funded Joint Health Unit and also via the NHS systems for data collection and information management.

Manchester PCT has convened an NHS Alcohol Implementation Group, which has identified the key contributions that the NHS can make to this

agenda. An action plan has been produced attached as appendix one and the key activities are summarised below:

5.1 Improving alcohol treatment and care services

The PCT and MCC are working together to ensure a more integrated approach in the development of services including making the most of existing services but also developing new provision to meet the changing needs of Manchester residents. The three key elements to this work are

- The commissioning of an Alcohol Needs and Capacity Analysis. The aim of this is to review current service provision and make recommendations for commissioners on the development of services that will meet the needs of Manchester's diverse and changing population. The initial report from the project should be available at the end of March 2007.
- Developing and supporting the adoption of a common framework for measuring treatment outcomes and better consistency in client data recording so that services can be subject to Health Equity Audit.
- Reviewing and updating the contracts with commissioned services.

5.2 Developing brief interventions to identify and support problem drinkers earlier

Brief interventions are usually delivered in a primary care and community settings and are directed at hazardous and harmful drinkers who have not typically sought help for an alcohol problem.

A recent trial found that delivering brief interventions has a significant impact on harmful and hazardous drinkers and reduces weekly alcohol consumption by between 13% and 34%. Another study showed that patients who received a brief intervention following visits to a London A&E department made less repeat visits during the following 12 months compared to those who did not. Manchester PCT is developing a pilot project in GP practices to train GPs and practice staff to deliver brief interventions. A bid has been submitted to the PCT Local Delivery Plan process to employ an Alcohol Intervention Specialist to support this work. There has been some difficulty in recruiting GPs to the pilot project due to their workload pressures and because alcohol misuse is not one of the current quality and outcomes framework targets.

Manchester DAST and the PCT have been working together to develop a brief intervention project at MRI A&E department. A specialist nurse has been employed and all those attending, who have drunk alcohol 4 hours prior to presentation, will be screened for alcohol misuse and offered brief intervention and further support, if appropriate. Intoxicated patients will also be asked where they purchased their last drink and this information will be given to the police for action to counter irresponsible retailing.

The pilot project is currently funded via NRF and may receive further DAST /PCT funding if there is evidence of effective implementation. There have been some problems in establishing this project due to delays in recruitment and in agreeing the detail of the project in operational terms e.g. the age of

the attendees screened, currently the age is 16 but negotiations will take place to reduce this age limit in order to capture the increasing number of younger people presenting at A&E as a result of alcohol. However, a specialist nurse is now in post and screening should be starting shortly.

5.3 Improving information and communication

Manchester PCT has delivered a number of high quality campaigns and training programmes over the past 18 months. This has included a successful bus advertising campaign aimed at young binge drinkers, alcohol awareness and brief intervention training for front line staff and targeted training for alcohol retailers.

The PCT has also worked jointly with the Drug and Alcohol Strategy Team to produce alcohol 'Z cards' with information about recommended levels of drinking and how to access local alcohol services.

The PCT public health team has been developing work to assess the impact of alcohol interventions on demand for services and this will be used to support the commissioning strategy.

Evidence suggests that workplace policies are effective in raising awareness of alcohol problems and in reducing alcohol related harm. Whilst MCC has a draft policy there is an opportunity for Manchester PCT and MCC to set an example, to other employers in the city, by implementing workplace alcohol policies.

5.4 Protecting young people

Recently concerns have been raised about the number of young people attending Manchester A&E departments as a result of alcohol. This reflects a national trend. Evidence of this is currently anecdotal and work will take place to assess the extent of this issue and to develop strategies to address this.

Manchester PCT manages the Manchester Healthy Schools Scheme and works jointly with Manchester Education Partnership to develop drugs and alcohol education in schools. This programme will also develop pilot alcohol education work for parents and young people to reduce demand for alcohol amongst young people.

The alcohol project worker based in the PCT has produced a resource for retailers 'Calling Time', which clarifies their legal responsibilities and suggests strategies for reducing under-age sales. This project is currently funded through NRF the PCT aims to mainstream this work as part of the Choosing Health programme in 2007-8.

5.5. Reducing crime and disorder

The Community Alcohol Team are integral to delivering a Conditioning Cautioning pilot scheme, by having a dedicated worker to offer brief interventions to those arrested where alcohol may have been a contributing factor to their offending. South Manchester Police division are delivering the pilot with a view to rolling it out across the whole of the city.

The Community Alcohol Team has employed a worker using NRF to deliver brief interventions in Manchester Magistrates Court. This project aims to provide treatment to persistent offenders, mostly young men, who may not access other services such as primary care. The PCT aims to mainstream this project from Choosing Health Funds in 2007-8.

5.6 Prisoners and resettlement

The PCT has employed a health promotion worker at HMP Manchester who will be providing alcohol education as part of his brief. This will complement the provision of alcohol services that are already on offer. In addition, support will be provided to Styal women's prison to develop an alcohol policy.

5.7 Respect

Strong links have been developed to the Youth Nuisance Pilots operating under the RESPECT agenda bring a concentrated focus on issues in relation to off-licence sales to young people, follow up of young people drinking in public, assessment and referral to a range of services.

6. Recommendations

1. To support the implementation of alcohol workplace policies for MCC and the PCT
2. To support the development of the A&E pilot
3. To support the inclusion of alcohol in the LAA
4. To support the work planned to assess extent alcohol related admissions to A&E and to develop strategies to address this issue develop and comment
5. To receive a further report in six months.