Academy overview: key issues and developments in local alcohol harm reduction (health)

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Outline

- Context of alcohol-related harm
- National position
- Where are we now?
- The AERC Alcohol Academy
- Key issues to champion
- Going forward
Context

- **Historical context**….we’ve been here before
- **Policy context**….the planets are aligning; the levers are in place
- **Local delivery**….champions needed to drive forward!
History: 8th Century onwards

- 8th Century – St Boniface letter to the Archbishop of Canterbury “…the vice of drunkenness is too frequent. This is an evil particular to pagans and our race.”

- 11th Century – English partly lost battle of Hastings because of their drunkenness which led to ‘more rashness than skill’ William of Mansbury c.12
18th Century

- Gin epidemic of the 18th Century, as famously depicted by Hogarth
- Complex history, but legislation was not successful
First World War

- Lloyd George:
  - 1915 - Britain was fighting “Germans, Austrians and drink, and as far as I can see the greatest of these foes is drink”
  - Round buying (‘treating’) was banned
  - Pubs had to close by 9:30pm
  - Tax was raised (cost bottle of a bottle of whisky increased 5x)
Today?
Consumption 1900-2005

Graph showing the consumption of alcohol from 1900 to 2005, with different categories of alcohol represented by different colors. The x-axis represents the years, and the y-axis represents the litres of pure alcohol per head.
What about the last 5 years?

- Since 2005, consumption is decreasing, and the rate of **increase** in rising hospital admissions is slowing.
- Investment, dialogue and recognition of alcohol as an issue has increased…
Consumption & mortality

'Future Proof: Alcohol Consumption, Mortality and Morbidity - Key Findings'
Professor Martin Plant 2009
The numbers affected and how much it costs

**FAMILY/SOCIAL NETWORKS**
(cost not quantified)

- [Cost unquantified due to limitations of current data]
- Number of street drinkers: 5,000-20,000
- Working days lost due to alcohol-related sickness: 11-17m
- Working days lost due to reduced employment: 15-20m
- Cost to economy of alcohol-related deaths: £2.3-2.5bn
- Cost to economy of alcohol-related lost working days: £1.7-2.1bn

**ALCOHOL-RELATED HARM**

- Children affected by parental alcohol problems: 780,000-1.3m
- Alcohol-related deaths due to acute incidents: 4,000-4,100
- Alcohol-related deaths due to chronic disease: 11,300-17,900
- Drink-driving deaths: 530
- Alcohol-related sexual assaults: 19,000
- Arrests for drunkenness and disorder: 80,000
- Victims of alcohol-related domestic violence: 360,000
- Costs of drink-driving: £0.5bn
- Cost to services as consequence of alcohol-related crime: £3.5bn
- Cost to services in anticipation of alcohol-related crime: £1.5bn

**WORKPLACE**
(up to £6.4bn)

- Cost to services of alcohol-related harm: £1.4-£1.7bn

**HEALTH**
(up to £1.7bn)

- [Human costs of alcohol-related crime: £4.7bn]*

**CRIME/PUBLIC DISORDER**
(up to £7.3bn)

- Cost to Criminal Justice System: £1.8bn

Sources: DoH (2001), Leontaridi (2003), Mental Health Foundation, Simmon et al. (2002); Note: All figures are annualised; *Human costs are those incurred as a consequence of the human and emotional impact suffered by victims of crime (e.g. attending victim support services); due to the lack of research in the field, equivalent costs have not been estimated for other alcohol-related harms. For this reason, human costs are not included in the crime/public disorder total figure.
Yorkshire & Humber:

- ‘Drinkers in the North West and Yorkshire and Humber regions were more likely to drink more than 3 or 4 units on at least one day in the previous week.’ Alcohol Statistics England, ONS 2009
- Y&H Great Drink Debate:
  - 19% of respondents drank 3-4 times a week and a further 12% drink almost daily
  - Issues of home drinking, ASB and underage drinking
Alcohol strategy progress since 2004?
Progress through:
Policy levers

- **PSA 25** reduce the harm from alcohol (& drugs)
- **Police and Justice Act 2006** – strategic assessment and local strategy must cover alcohol
- **Commissioning framework** for health and wellbeing/NHS performance management framework
- **NI 39 (LAA)**& **VSC 26**: reduce alcohol-related hospital admissions
Progress through:
Health & treatment guidance

- ANARP - national alcohol needs asst.) (DoH 2005)
- Alcohol Misuse Interventions guidance (DoH 2005)
- Review of the effectiveness of treatment for alcohol problems, DoH 2006
- MoCAM - treatment delivery & stepped care approach, DoH 2006
- ‘Signs for Improvement’, guidance for commissioning, DoH 2009
Progress through:
Alcohol Improvement Programme

- Alcohol Learning Centre & HuBCAPP
  www.alcohollearningcentre.org.uk
- Local Alcohol Profiles (NWPHO)
  www.nwpho.org.uk/alcohol
- The National Alcohol Treatment Monitoring System (NATMS)
- Regional Alcohol Managers/Offices (RAMs/RAOss)
- National Support Team (NST) for Early Implementer PCTs
Progress through:

High Impact Changes (HICs)

- Influence change through advocacy
- Improve the effectiveness and capacity of specialist treatment
- Appoint an Alcohol Health Worker
- IBA - Provide more help to encourage people to drink less
- Amplify national social marketing priorities
- Work in partnership
- Develop activities to control the impact of alcohol misuse in the community
Promoting excellence in local alcohol harm reduction - Yorkshire & Humber AERC Alcohol Academy event.

Progress 2004 - 2009: Alcohol Improvement Programme
Progress 2004-2009: Crime & disorder

- New powers and legislation (lots!)
  - Licensing
  - DPPOs (over 700 in force)
  - PNDs widely used
- Investment and programmes
  - Alcohol Misuse Enforcement Campaigns
  - Home Office campaigns
  - Alcohol grants for local authorities
- Guidance
  - The practical guide for preventing and dealing with alcohol related problems HO 2009
Progress through:
Investment, dialogue & acceptance?

- Investment in treatment & interventions (brief interventions especially)
- Significant investment in further research and development e.g. SIPS
- Wide range of communications, resources and advice & information materials
- Media coverage…
Alcohol and cigarettes are more harmful than Ecstasy and LSD, says drugs tsar

By JAMES SLACK
Last updated at 12:10 PM on 29th October 2009

Student pub crawls face ban amid backlash over drunken disorder

The outrage after undergraduate Philip Laing urinated on a war memorial has led many student unions to bar Carnage, the firm that runs the drinking events.

Amelia Hill
The Observer, Sunday 8 November 2009
Article history
But...still a way to go!

- Alcohol-related hospital admissions are still rising and set to pass 1 million per year
- Consumption trends require analysis e.g. longer term trend, decreases are predominantly 16-24 age only
- Not all are happy with current policy: health bodies, Alcohol Concern & many academics want pricing measures
- Not all legislation or investments have been effective or evidence based
…still a way to go

- Alcohol treatment & funding is still imbalanced (vs. drugs)
- Still gaps in knowledge and understanding
- Policy/strategy often driven politically rather than needs/evidence based (Hadfield P. 2009, AERC Alcohol Insight no. 54)
- Local strategy requires determination and brilliance!
So…
The Alcohol Academy’s aim:

‘to promote excellence in local alcohol harm reduction by supporting local alcohol coordinators and strategic leads for alcohol’
About the Alcohol Academy

• Set up in 2009 by Ranzetta consulting, public health specialists for alcohol
• Funded by a grant from the Alcohol Education and Research Council (AERC)
• A Community Interest Company (CIC) or ‘Social Enterprise’ – any profits re-invested in achieving our aims
Activities

- Workshops, seminars and networking for local alcohol coordinators and strategic leads
- Disseminate news, information, best practice and briefings
- Training for alcohol practitioners and frontline workers
- Influence policy and practice
Delivery

- Regional workshops and seminars
- Email discussion forum for alcohol coordinators and leads: to join email forum-subscribe@alcoholacademy.net
- Briefings on key issues
- Regular updates though Alcohol Policy UK
- More to come – ideas welcome!
Welcome

"Alcohol policy work requires an appropriately trained workforce with a wide variety of knowledge and skills" World Health Organization 2009

The AERC Alcohol Academy promotes excellence in local alcohol harm reduction by training and supporting local alcohol coordinators and strategic leads for alcohol. It provides seminars, networking, briefings and support for alcohol coordinators, as well as training and awareness-raising for frontline staff and non-alcohol specialists. As a social enterprise we re-invest any profits back into achieving these aims.

If you are an alcohol coordinator or strategic lead you can:

- Join the Academy’s email forum for Q&As, networking and discussion with other alcohol leads - send your details to forum-subscribe@alcoholacademy.net
- Become a member of Academy and partake in consultation and submissions to influence alcohol policy (watch this space)
- Get in touch to discuss our free seminars and other opportunities in your region such as training for frontline staff or other support

For further details see the 'What we do' page.

The Academy also provides regular news and analysis through Alcohol Policy UK.

For guidance, best-practice and other resources visit the Department of Health’s Alcohol Learning Centre.
SIPS updates on brief interventions research

Presentations made by the Screening and Intervention Programme for Sensible Drinking (SIPS) research programme at the recent INEBRIA 2009 conference are now available here on the Alcohol Learning Centre.

Although the presentations do not present findings from the research, they give some preliminary insights into some of the learnings and likely efficacy of brief interventions in various forms and settings. The presentations include:

- Introduction to SIPS
- Implementation of screening and brief intervention in accident and emergency departments: challenges and solutions
- SIPS in primary healthcare: extending the existing evidence base
- SBI in the Criminal justice system: can it be done?

SIPS is an extensive research and development programme exploring the most effective ways of delivering brief interventions in key settings including Primary Care, Accident & Emergency departments and Criminal Justice Settings. First phase findings will be released in 2010.

Children and young people alcohol reports

Further reports examining children and young people's alcohol use have been released including:

Influences on how children and young people learn about and behave towards alcohol

A two-part review of literature produced on behalf of the Joseph Rowntree Foundation (JRF) examined...
Academy hot topics:

Issues on which the Academy and members/coordinators feel need further attention and development:

- ‘Middle class drinking’
- Cocaethylene
- Alcohol and older people
- Alcohol commissioning skills
‘Middle class drinking’ as an approach?

- Those in managerial or professional occupations drink greater amounts and more often.
- Those drinking at higher risk levels for a sustained period are at greater risk of longer term illness.
- ‘Middle class’ adults are consuming more alcohol by ‘stealth’ due to stronger wines and home drinking.
- Increasing trend amongst UK adults for home based consumption and popularity of wine.
- Consumption trends are decreasing for younger age groups (16-24) but not for middle/older age groups.
- Figures for alcohol-related diseases and conditions could be pertinent to ‘middle class drinkers’ e.g. rise in oral cancers in over 40s attributed to alcohol.
"Can't we skip the chit-chat and just drink?"
Cocaethylene

- A unique compound formed when mixing alcohol and cocaine
- Increased toxic effect on the liver & higher risk of heart attack
- Rising trends in the use of cocaine and cocaine-related A&E admissions
- Significant anecdotal reporting of increased euphoria and ability to consume more alcohol
- Lack of medical research & low awareness, even in practitioners
- Limited understanding of effective interventions
Alcohol and older people

- Alcohol misuse often overlooked in the elderly e.g. symptoms attributed to ‘being old’
- Risk factors: combining with prescription medication, falls and injury, dementia etc.
- Older population will continue to grow
- Lack of research into specific support or interventions that may be effective
- Indications are that brief interventions/advice can be valuable
- Training for carers or specific workers
Alcohol commissioning skills

- No formal ‘skill set’ for alcohol commissioning
- Understanding and obtaining useful & accurate local data for alcohol is challenging
- Developing World Class Commissioning approach – most PCTs have alcohol as a priority health outcome
- Important for developing and understanding balanced treatment provision across tiers
- ‘Smart’ commissioning imperative facing pending economic challenges
Coming soon…

- Alcohol Treatment Pathways guidance, DoH
- SIPS findings (2010)
- National Institute for Health and Clinical Excellence (NICE) guidance on prevention & clinical management of alcohol problems
- Academy briefing papers (on ‘hot topics’)
- National Alcohol Strategy conference – 24th & 25th November, Aintree
- New government? New pricing policy?
Finally: local strategy is driving alcohol harm reduction!

- Alcohol coordinators and strategic leads have a BIG task but..

Smart multi-component alcohol strategy
1 round at a time, and we can get there…
Further info & contacts

- www.alcoholacademy.net
- www.alcoholpolicy.net

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Yorkshire & Humber AERC Alcohol Academy event, 11/11/09