

JUST ANOTHER DROP?

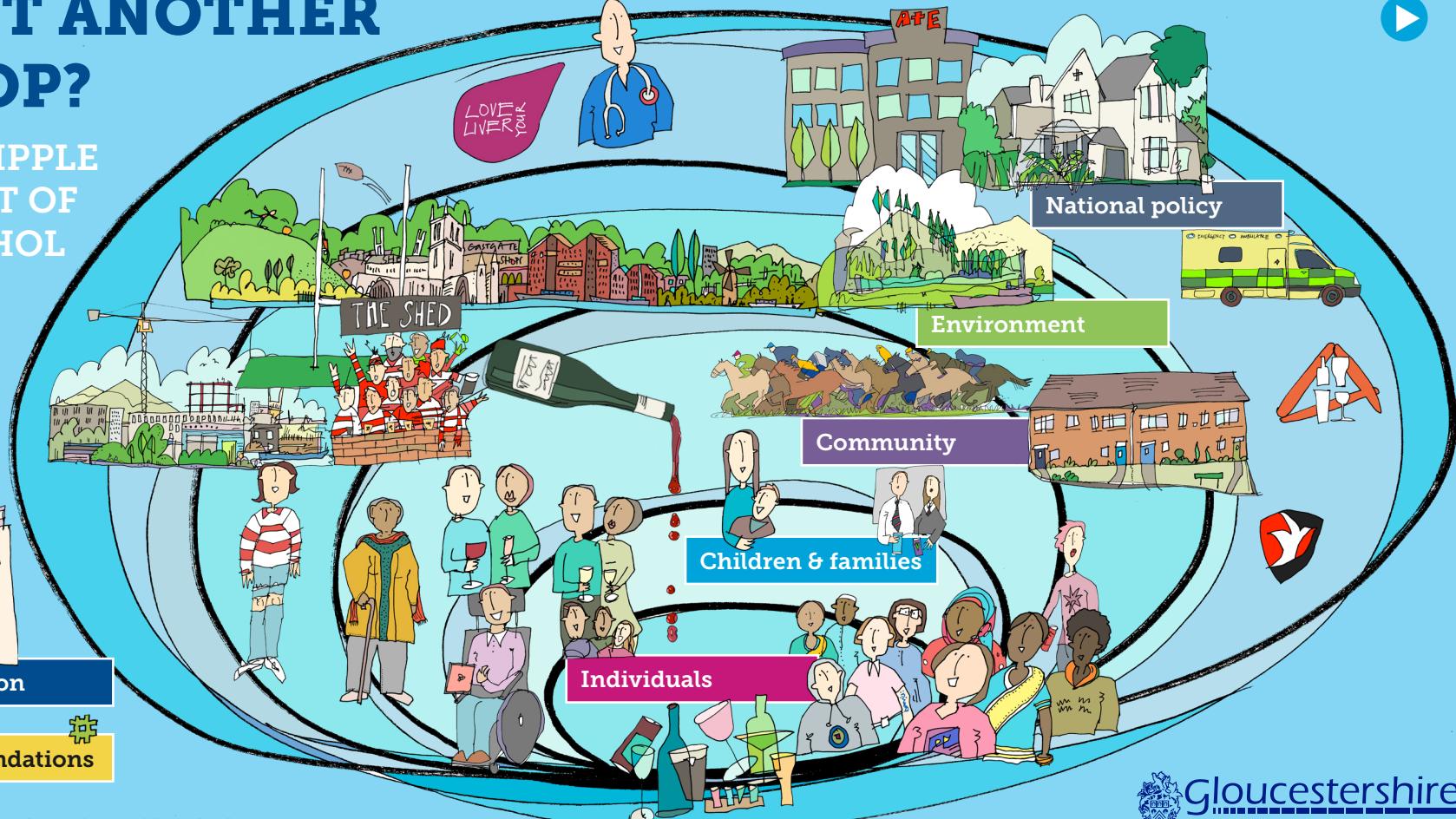
THE RIPPLE EFFECT OF ALCOHOL



Introduction



Recommendations



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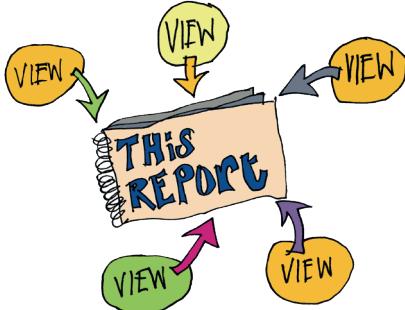
Gloucestershire
COUNTY COUNCIL

WHY FOCUS ON ALCOHOL?

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Our relationship with alcohol is complex and has evolved over time. Drinking is embedded in the very fabric of our society and is very common across the UK. For many, it is a fundamental part of socialising or celebrating life events. However, around 1 in 5 people (21%) are consuming alcohol at levels which put them at increased or higher risk.¹



It would be all too easy to view this harmful behaviour as an individual's 'choice', and the consequences of drinking are often seen differently depending on what is drunk, by whom and where. Individuals who develop problems with alcohol consumption are often labelled as irresponsible, resulting in stigmatization, social exclusion and negative emotions.

Like ripples in a pond, the impacts of alcohol radiate from our individual and group drinking behaviours to our children and families, our communities, local services, and the wider environment and economy. Conversely, these outer rings surrounding the person – our social circumstances, environment and economic factors are among the widespread influences on our drinking behaviours.

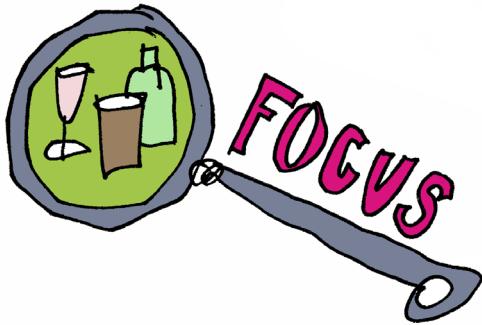
Risky drinking is an issue that affects us all, and that requires all of us to pull together as a system to take action, to address harms and associated inequalities. With

this in mind, we wanted to make sure that this Report was informed by the views and experiences of local people from across the health and care system, local authorities, police and criminal justice system, community partners, and those with lived experience. The process of developing the Report began back in June, with a stakeholder listening event, and this was followed by community-based insights research in the areas of Matson and Podsmead in Gloucester, and St Marks in Cheltenham. I am grateful to colleagues and partners from across Gloucestershire for sharing their experiences, insights and ideas – these have been fundamental in bringing this topic to life.

This is my second annual report since taking up post as Director of Public Health (DPH) in Gloucestershire, and I anticipate it will be one of the most difficult that my team and I produce. This is partly because alcohol is a harmful but legal and socially acceptable drug, and it would be easy to

LINKS
[Introduction from the Director of Public Health](#)





deny that this is something we as society should be concerned about. Equally, focussing on it can lead to criticisms of telling people what to do and policing people's fun. But it would be remiss of me as the DPH, with responsibility for the health and wellbeing of the people in Gloucestershire, to ignore alcohol when it is one of the biggest contributors to the health and wellbeing of the local population. It also has significant social and economic consequences, being both a cause and a product of inequality.

The other reason this report is challenging is that I have personal experience of the impact of alcohol. In this video clip, I share Jane's story which I felt was an important example of how alcohol can affect all of us in many ways. I wanted to recognise that in my role of DPH, I am also faced with the conflicts and challenges many of our population have regarding the place of alcohol in our society. What makes this report so relevant are stories like Jane's and I would like to give special thanks to those who talked so candidly about their own personal experiences with alcohol – thank you for your powerful quotes and case studies and your generosity in allowing us to share your stories in this report.

The purpose of this Report is to raise awareness of the issues surrounding alcohol and to open up the space for us all to reflect on the role that it plays in the culture and economy of Gloucestershire, and on the harm it can cause. It urges us to consider how we can work together to

support people to understand their own drinking behaviour but more importantly how we as a system can prevent and reduce alcohol-related harm. This is done alongside recognising many of us do drink and enjoy it. We present recommendations for the system, but these will need to be owned by all partners and our communities if we want to make a difference. It is part of everyone's role to recognise that even though many people do enjoy using alcohol and there are economic benefits associated with it, we could all do more to reduce the alcohol related harms in our county.

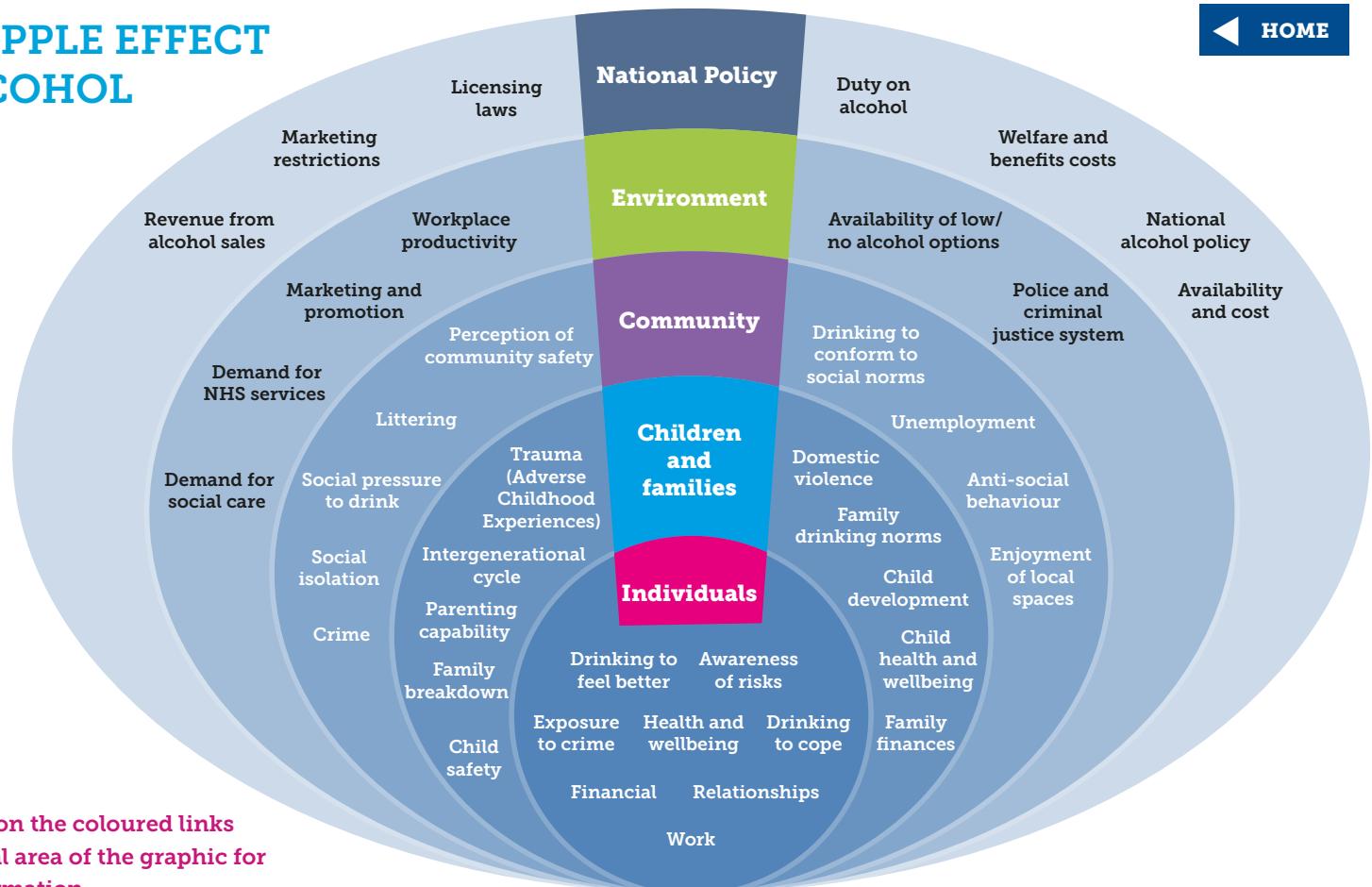
Finally, I would like to thank all those involved in the production of the Report including Nick Day and Jon Ralphs from Nicholas Day Associates, Ramy from Unit1 Films, and members of the Public Health and Communities team – Zoe Clifford, Rhiannon D'Arcy, Helen Flitton, Tracy Marshall, Steve O'Neil, Sue Weaver, Liam Williams and Pete Wilsher.



THE RIPPLE EFFECT OF ALCOHOL

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further information.

WHEN HAS ALCOHOL CAUSED CONCERN?

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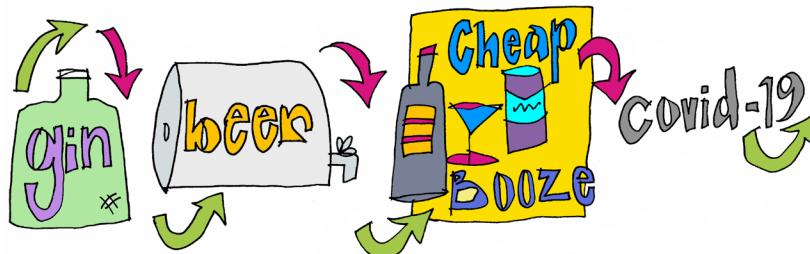
People have consumed alcohol for thousands of years. The consumption of alcohol in this country has risen and fallen over various points in history.

Distillation was deregulated in 1690, gin consumption soared and generated political concern. In 1736 gin was effectively prohibited but this just led to

an illegal market. In 1743 more moderately restrictive legislation and a decline in grain harvests saw gin consumption decrease. The deregulatory Beer Act of 1830 also produced widespread anxiety at the time as it led to 40,000 new beer shops opening over a five-year period. However, sales figures for beer showed a brief increase followed by a 10-year decline. Throughout the 19th century consumption broadly

followed economic trends: when money was scarce, consumption fell; when the economy boomed so did drinking.

If we fast forward to the 1980s, alcohol consumption and alcohol-related harm in the UK steadily increased, reaching a peak in the mid 2000s.^{2,3} This has been broadly linked to the increase in availability and affordability of alcohol.⁴ Since then, there has been a decline in the numbers of people reporting drinking alcohol in the last week up until 2019⁵. The biggest decline has been seen in young people – in 2004 66% of 16–24-year-olds reported drinking within the last week, compared to 44% in 2019⁶. The Covid-19 pandemic had a huge impact on drinking behaviours in the UK as detailed later in the Report.



Key point: Our relationship with alcohol has changed over time and this has been influenced by a range of political, environmental, economic and social factors.

WHAT DO WE MEAN BY 'RISKY' DRINKING?

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The Chief Medical Officers (CMO) guidelines for both men and women are:

- » To keep risks from alcohol low, it is safest not to drink more than 14 units of alcohol a week on a regular basis
- » If you regularly drink as much as 14 units a week, it is best to spread your drinking evenly over three or more days.
- » Some groups, such as pregnant women are advised to avoid alcohol all together.

Lower risk drinking – when alcohol consumption is within the CMO's recommendations

Increased risk/hazardous drinking – when weekly alcohol consumption is above the CMO guidelines, with consequent risk of harm to health, but is below the threshold for alcohol use disorder – **for women this is more than 14 and less than 35 units a week and for men it is more than 14 and less than 50 units a week**

Binge drinking – refers to alcohol consumption that is more than double the daily recommended maximum over a short period of time - **for women this is more than 6 units and for men this is 8 units**

Alcohol use disorder – is split into the following two categories:

- » **High risk/harmful drinking** – when alcohol consumption causes health problems. This is usually associated with a weekly consumption above 35 units for women and 50 units for men
- » **Dependence** – a state of physical and psychological dependence on alcohol caused by chronic and excessive use. Individuals experience cravings, preoccupation with alcohol, and continued use despite the harm caused



Note: Dependent drinkers who suddenly reduce their drinking may experience withdrawal symptoms, which are potentially dangerous or even life threatening. Anyone who is concerned they might be dependent should seek medical advice to help them cut down or stop drinking safely.

LINKS

How much
is a unit?



"I thought of myself as being a lot like the other women I know of my age. I didn't drink during the week (on a school night!) But would on a Friday and Saturday night.

"In my head, it would be a couple of large glasses of wine but when I sat down and was more honest with myself, we always finished the bottle and could sometimes start on another"

QUOTE FROM STAKEHOLDER CASE STUDY

LINKS

Assess
your own
drinking

Help if
concerned
about your
or someone
else's
drinking

Only 18% of adults in the UK know that the low risk drinking guidelines are 14 units a week⁷.

WHO IS AT RISK?

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The amount that people drink varies according to many different factors including their age, gender and where they live. We are all likely to have assumptions about who is most likely to be drinking at risky levels – but are those assumptions correct?

A comment on data

There are numerous gaps in the data on drinking, particularly local level data, which makes it difficult to pin-point where the issues are, who is most affected, and how our drinking patterns are changing. The Gloucestershire level data cited here pre-dates Covid but are the latest available. These data are from the Health Survey for England, which only estimates local-level alcohol consumption every four years. The most recent survey, covering 2019-2022 is due to be published in 2024.

In England in 2021⁸:

- » 1 in 5 (21%) of adults had not drunk in the last 12 months
- » 55% of adults reported drinking in the last week
- » 28% of men and 15% of women drank over 14 units in the last week
- » 1 in 10 (11%) were drinking alcohol on five or more days a week
- » 55–64-year-olds are were most likely to be drinking at least once a week

In Gloucestershire

- » 1 in 8 adults reported that they abstain from drinking alcohol (2015 – 2018)⁹
- » 1 in 4 adults drink more than 14 units per week (2015-18)⁹
- » 13.1% of adults reported binge drinking on their heaviest days (2015-18)⁹
- » There were an estimated 5,509 dependent drinkers in 2019¹⁰

Nationally, among those who do drink, patterns of consumption vary enormously:

- » Higher earners are more likely to drink than those on lower incomes¹¹
- » Older people are more likely to drink regularly
- » Men are more likely to 'binge drink' than women (though this is less the case among young people)

Men and women aged 55–64 were the most likely group to drink at levels indicating increased risk. About one third of adults who have an alcohol use disorder have developed this in later life, when alcohol may be used to cope with changing life circumstances such as bereavement or illness¹².

It is also important to explore drinking patterns among children, which are considered later in the Report.

LINKS

- Data on drinking patterns among children and young people
- Assess your own drinking



The Alcohol Harm Paradox

The Alcohol Harm Paradox refers to the observation that disadvantaged groups have a higher risk of alcohol-related harm compared with advantaged groups.

In 2020 a systematic review examined the factors that drive these differences¹³. It suggested that up to 30% of the difference in the risk of alcohol-related mortality are down to differences in drinking patterns, and that heavy episodic drinking (binge drinking) rather than chronic consumption of smaller amounts was partly responsible for increased harms. Other factors that may be at play include the impact of other health conditions or risk factors, and differences in access to health services.

Where are we seeing the impacts of alcohol in Gloucestershire?

Alcohol-related health harm in Gloucestershire can be assessed by looking at data on hospital admissions, alcohol-related conditions and mortality. A consistent pattern emerges with increasing harm associated with deprivation and urban living. The two main urban districts of Gloucester and Cheltenham experience the highest levels of harm, whereas the lowest levels of harm are within the two more rural districts of Cotswold and Stroud, which have lower deprivation levels comparatively.

Alcohol-related mortality in Cheltenham is 46.1 per 100,000 population, compared to 31.9 per 100,000 population in Cotswold district.

Alcohol-specific hospital admissions are highest in Cheltenham (694 per 100,000) and Gloucester (678 per 100,000), and lowest in Cotswold (371 per 100,000) and Stroud (467 per 100,000).

Alcohol consumption data are not available at district level.

“The interpretation of risky drinking has a high threshold. This may lead some people to self-identify as ‘not being at risk’...yet they may still be drinking above recommended guidelines”

QUOTE FROM STAKEHOLDER RESEARCH

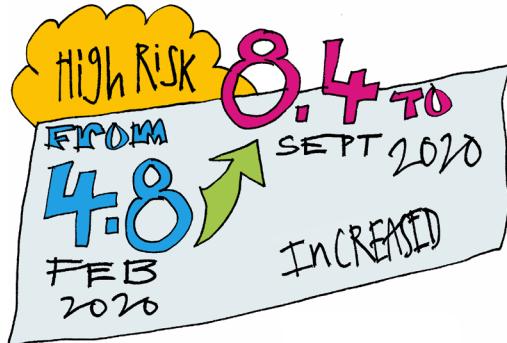
Recommendation: Develop a stronger data-informed approach to identification of risky drinking in Gloucestershire to inform action to intervene early to reduce alcohol-related harm and associated inequalities.

The impact of the Covid-19 pandemic on our drinking

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On March 23, 2020, the UK went into lockdown to reduce the spread of COVID-19. This meant that no-one was permitted to leave their home "without reasonable excuse," such as essential journeys to purchase groceries.



As well as grocery stores, off-licenses – shops that have a license to sell alcohol for consumption off the premises – were designated 'essential businesses', with permission to remain open throughout. Alcohol was also available in supermarkets throughout lockdown.

The Institute of Alcohol Studies' review of consumption from March to June 2020¹⁴ found that between a fifth and a third of people were drinking more alcohol during lockdown. Typically, these were people who drank at increased risk or high-risk levels prior to the pandemic. Sales of alcohol increased to the extent that some supermarkets limited the amount that people could buy during one shop!

A third of people consumed less alcohol in lockdown, typically those who consumed the least amount of alcohol before the pandemic.

The number of high-risk drinkers increased from 4.8 million in February 2020 to 8.4 million in September 2020.¹⁵

Data provided by the Office of National Statistics (ONS) indicates an increase in demand for domestic abuse victim services during the Covid pandemic¹⁶. While there are many things that might have contributed to this, higher alcohol consumption has been identified as one of the work factors.

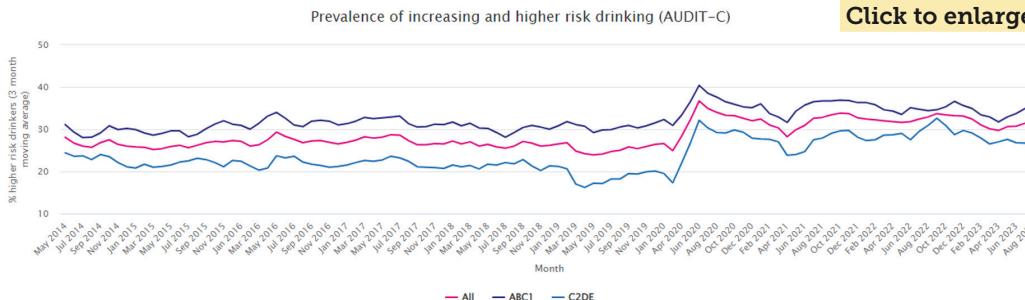
Deaths from alcoholic liver disease are an important reflection of drinking levels across the population and changes in drinking patterns among heavy drinkers. There was a significant and sustained increase in the rate of unplanned admission to hospitals for alcoholic liver disease from June 2020 onwards.¹⁷ In 2020, there was a 20% increase in total alcohol-specific deaths compared to 2019¹⁸.

WHO IS AT RISK? NATIONAL TRENDS 2014-2023



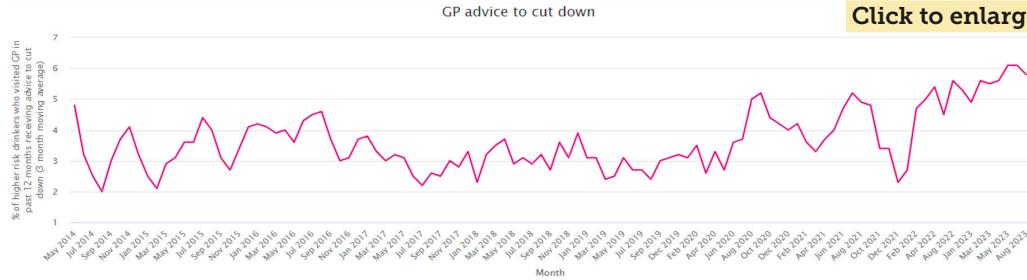
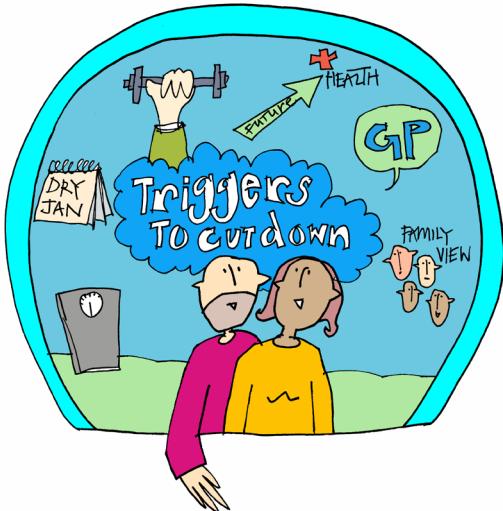
Two national surveys conducted by the Tobacco & Alcohol Research Group in University College London are informing government strategies to reduce smoking and alcohol consumption and support better health for all. The graphs shown here are based on data from these surveys and demonstrate the latest trends in alcohol consumption in England.

The graph (top right)¹⁹ indicates that levels of higher-risk drinking are consistently higher among more affluent people (ABC1 socio-economic groups). These data also show a sudden increase in higher-risk drinking across all groups during the early stages of the Covid pandemic and that this has started to subside since its peak (around June 2020) but remains at a higher level than pre-Covid.



The graph (bottom right)²⁰ shows the proportion of high-risk drinkers who state that they are motivated to cut down. Figures have fluctuated around 25-35%, across all socioeconomic groups, but show a slight increase overall since 2020 compared to previous years.

The graph (right)²¹ shows the proportion of high-risk drinkers who visited the GP within the previous 12 months who received advice to cut down. Figures have generally fluctuated between 2 and 5% but have shown a steady increase to around 6% over the past year or so.



Triggers for cutting down

Participants who report drinking heavily were also asked about their triggers to cut down on their drinking.²²

- » The most frequently cited triggers are weight loss, fitness and future health concerns – cited by 38 – 45% of respondents
- » Other triggers included cost, Dry January, current health concerns, GP advice and comments by family.
- » Government adverts were least frequently cited - by only 2.6% of respondents

What does this mean for Gloucestershire?

These data are not available at local (county) level. However, we would expect the trends seen nationally to be reflected in Gloucestershire, including the increase in alcohol consumption during the Covid pandemic, and the apparent increase in the proportion of high-risk drinkers who report that they are motivated to cut down.

INDIVIDUALS AND ALCOHOL - Key Points

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What are the influences, the impacts and what can be done to reduce the harms?

» An individual's drinking patterns are driven by a range of social, environmental and economic factors, as well as their own personal motivations and perceptions of the risks



- » People drink alcohol to cope, to feel good, to conform with the 'norms' of others around them, and to be sociable
- » People who use alcohol as a coping mechanism are at a higher risk of developing alcohol dependence than those who drink for other reasons
- » Drinking alcohol above the recommended levels is linked to a wide range of immediate and long-term risks to physical and mental health. Generally, the more people drink, the higher the risk of harm
- » The harmful effects of alcohol on those who drink, and those around them, go way beyond the risk to health and wellbeing and include a range of social and economic impacts, and increased risk-taking behaviour and crime
- » There are many opportunities in health and community settings to use 'brief interventions' to identify people who are at risk from alcohol and support them to cut down, or to access treatment
- » While there are examples of brief interventions for alcohol being delivered in Gloucestershire, there are many untapped opportunities and a need to deliver brief interventions more systematically
- » For people who are alcohol-dependent, engaging with treatment services provides the best protection against serious health consequences or death.

LINKS

[Learn more about units](#)

[Assess your own drinking](#)

[Help if concerned about your or someone else's drinking](#)

[Case study 1](#)



WHY DO PEOPLE DRINK?

Individual motivations

A person's decision to drink (consciously or unconsciously), and their drinking habits, are driven by a complex range of factors including their personal motivations and perceptions of the risks.



Two main motivations for individuals are²³:

- » **Coping** — Drinking because it makes you forget about problems e.g. "Because it helps you when you feel depressed or nervous". There is more information about using alcohol as a coping strategy on page 16.
- » **Enhancement/ Feel good factor** — Drinking to feel better or to be able to do things with more confidence e.g. "Because I like the feeling".

Extra dopamine (the happy hormone) is produced when we start drinking alcohol. This travels to the 'reward centres' of the brain – the parts that make us feel good and want to do more of whatever we're doing. So, our first couple of drinks tend to make us feel good and want to drink more. However, if we continue drinking,

the dopamine high is eventually pushed aside by less pleasant effects of alcohol: confusion, clumsiness, nausea and dehydration.

People who use alcohol as a coping mechanism are at a higher risk of developing alcohol dependence.

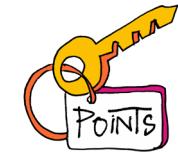
Awareness and perception of risk

A person's awareness of how much they are drinking, and the associated risks, also influence drinking behaviours. Guidance on low-risk drinking limits is given in units, which means people need to be aware of how many units of alcohol are in what they are drinking, and what's safe. We know from stakeholder feedback that people's perceptions of what constitutes risky drinking has a high threshold.

LINKS

[Learn more about units](#)

[Assess your own drinking](#)



What stakeholders told us

In 2023, people living and working in Gloucestershire told us they thought that the following individual factors influence whether or not people drink to excess.



"She likes being with them most of the time because she isn't lonely, and she can't be there and refuse a drink because they would think she was criticising their drinking"

QUOTE FROM STAKEHOLDER RESEARCH

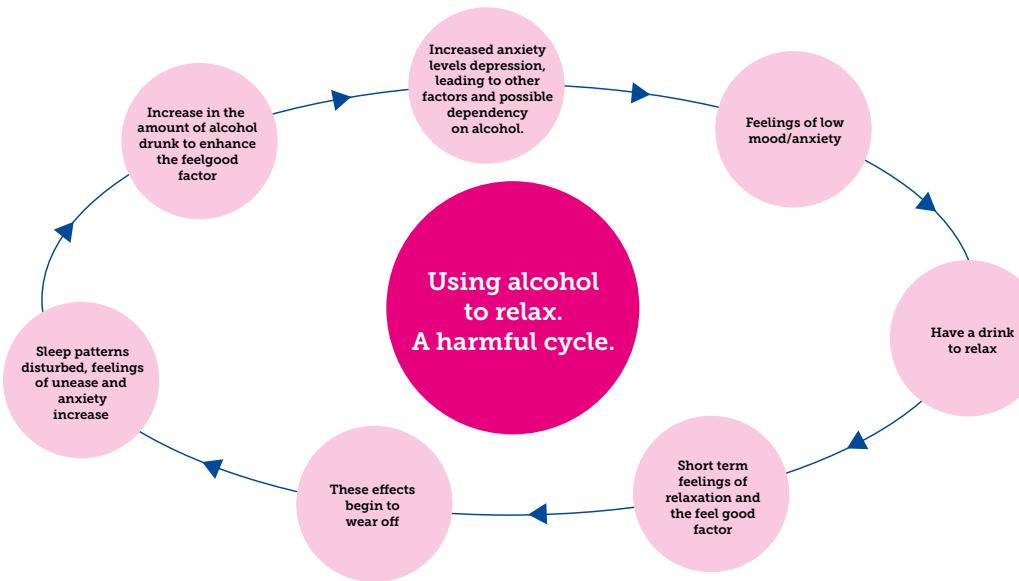
LINKS
Case study

"She started having a drink when she put her daughter to bed and now she finds she is drinking for at least 4 hours a night. She picks up cheap deals with her weekly shopping, so she feels better that she is not going to the off-licence every morning"

QUOTE FROM STAKEHOLDER RESEARCH

Individuals – Use of alcohol as a means of coping

Many people use alcohol as a way of coping with difficult emotions, challenging life events, stress or trauma. Using alcohol regularly as a method of coping or a means of unwinding can set up a harmful cycle of use.



"We're all going through some mental health changes after coming out of Covid"

QUOTE FROM STAKEHOLDER RESEARCH

LINKS

Video about dependent drinking

Trauma, physically or emotionally or something they are not happy about. Lose control of how much they drink... Emotional stress, work, a breakup, you could have lost somebody – can cause you to drink more"

QUOTE FROM STAKEHOLDER RESEARCH

Use of alcohol as a means of coping

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"Normally I drink when I am emotionally down to drown my sorrows"

QUOTE FROM STAKEHOLDER RESEARCH



"If something could be done about Bill's pain and mobility then he wouldn't feel the need to drink so much, but at the moment he needs help with his depression"

QUOTE FROM STAKEHOLDER RESEARCH

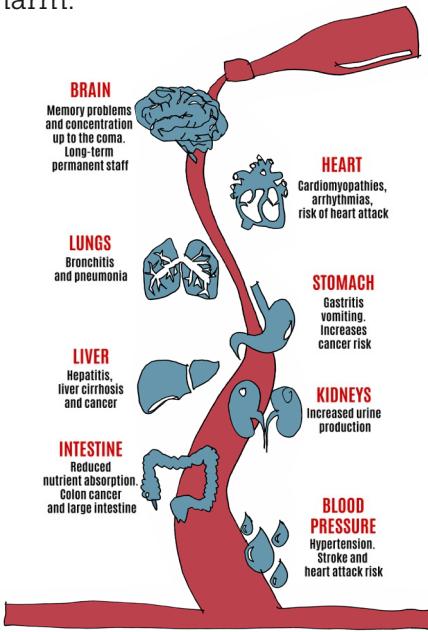
"When I thought about it, I realised I was finding that my 'relaxing' glass of wine on a Friday evening was no longer making me relaxed and happy but was more often than not making me moody and grumpy"

QUOTE FROM STAKEHOLDER CASE STUDY

Key point: Adults who use alcohol as a coping mechanism are at higher risk of developing alcohol dependence. We need to do more to consider how we identify where this is a risk for people in Gloucestershire.

What is the impact on health?

Drinking alcohol above recommended levels is linked to a wide range of physical and mental health harms. Generally, the more people drink, the higher the risk of harm.



The brain

Wernicke-Korsakoff's syndrome is characterised by a loss of memory and changes in vision and muscle coordination – alcohol is a known cause.²⁴ Drinking heavily over a longer-period of time may increase the risk of developing dementia²⁵, but the exact nature of the link between dementia and alcohol isn't yet known.

In 2021/22 in Gloucestershire there were 1,921 admissions for mental and behavioural disorders related to alcohol use, including Wernicke-Korsakoff's syndrome²⁶

The liver

Excess alcohol causes a range of liver problems, including fatty liver disease, alcoholic hepatitis and cirrhosis²⁷.

Liver disease is a particularly useful marker for alcohol-related harm. Liver disease often remains silent in its early stages, and for three quarters of people diagnosed with cirrhosis it is too late to intervene. Liver disease causes 86% of the mortality that is attributable to alcohol consumption in the UK²⁸.

In Gloucestershire in 2021, mortality from liver disease was 18 per 100,000 - significantly higher than the English average.²⁹ However, this data must be interpreted with caution as it is a one-year snapshot and cannot be compared over a longer time-period. It is important that we continue to monitor this indicator moving forwards.

The impacts of liver disease are not felt equally across our communities. While increasing numbers of affluent people are affected, people facing socioeconomic deprivation are more likely to develop, be hospitalised by, and die from liver disease than the most affluent³⁰.

Mental health

Alcohol use is associated with depression, and higher consumption significantly increases the risk of suicide. A Government run confidential enquiry into suicide among people with mental illness found that there was a history of alcohol misuse among 45% of suicide cases³¹.

More than half (55%) of people in alcohol treatment services expressed a need for support with their mental health Alcohol dependence and mental health - UK Health Security Agency³².

Cancer

Alcohol is associated with an increased risk of many cancers, including mouth, oesophagus, breast and bowel.³⁷

In Gloucestershire, this incidence of alcohol-related cancer was 37.82 per 100,000 people - similar to the England average (2019)³⁸.

Risk to life

Alcohol consumption is the third most significant risk factor for mortality and morbidity in the UK behind smoking and obesity³³.

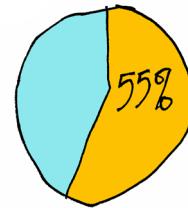
Alcohol mortality can be measured as 'specific' (wholly attributable to alcohol), or 'related' (wholly or partly attributable to alcohol)

In 2021, **alcohol-specific mortality in Gloucestershire** was similar to the England average, at **14 people per 100,000**³⁴.

The heart

Drinking excess alcohol increases the risk of cardiovascular problems including heart disease, hypertension (raised blood pressure), atrial fibrillation (irregular heartbeat) and stroke³⁵.

In 2021/22, in Gloucestershire there was 572 per 100,000 admission episodes for alcohol-related cardiovascular disease³⁶ significantly lower than the England average.



"You don't need to be an alcoholic to reassess your relationship with alcohol and to take steps to change your habits"

QUOTE FROM STAKEHOLDER CASE STUDY

INDIVIDUAL MOTIVATIONS TO DRINK

A familiar story for many



"I thought of myself as being a lot like the other women of my age. I didn't drink during the week (on a school night!) but would on a Friday and Saturday night.

In my head, it would be a couple of large glasses of wine but when I was more honest with myself, we always finished the bottle and could sometimes start on another, so usually I bought wine on a Friday and then again on a Saturday to reduce the temptation.

I had suffered with anxiety for a few years, and this started to get worse. My sleep pattern was all over the place, particularly at weekends; during the day I was finding it harder to join in with the kids and be happy and the headaches were getting worse. I sat down with a bit of paper and wrote it all down, trying to find a pattern and identify a reason. I had everything, so why was I so

anxious and fed up all the time. I realised I was finding that my 'relaxing' glass of wine on a Friday evening was no longer making me relaxed and happy but was, more often than not, making me moody and grumpy. I would spend all day Saturday and Sunday being snappy and hungry and too tired to get excited about doing weekend things. I realised something had to change and decided it was worth trying giving up alcohol. I had a friend with an amazing fun lifestyle, and she'd given up alcohol a year or so ago and I realised if she could do it, so could I, so I reached out and asked her what she had done. She provided some great podcasts and a book; 'This Naked Mind' by Annie Grace, that really worked for me. You read a chapter at a time and take time to ponder and reflect. It talks you through the addictive nature of alcohol and how it's become so normal in our society that this makes it hard not to end up drinking as

INDIVIDUAL MOTIVATIONS TO DRINK (CONTD.)

it becomes a habit. I didn't think it would work as, while I don't consider myself to be an 'alcoholic', it seemed odd imagining myself at weekends, going out, on holidays and days out not involving alcohol. But it was much easier than I thought it would be.

The positive changes have been so worth it. I am perfectly happy to be around alcohol and not even want it because I don't want to go back to being anxious. I've been out with the girls; danced; and on an all-inclusive holiday and not even wanted a drink, which I never thought possible. I am so much healthier; I sleep better; I don't suffer with an ever-present feeling of anxiety; my skin is clearer; I've lost some weight (mainly from not snacking the day after drinking); my mind is clearer;

and I never have to wake up again with 'hangxiety', with missing bits of the evening even after just a couple of glasses. The best bit is that my kids are much happier with me as I don't fall asleep half-way through a film; I join in so much more and I'm not grumpy during the weekend for no apparent reason.

People do at first look at you weirdly when you say you don't drink but when I explain why, I often see a note of recognition and the dismissive, 'but that's not for me'. You do need to talk to those close to you to get them to understand and this isn't always easy. You don't need to be an alcoholic to reassess your relationship with alcohol and take steps to change your habits. I thoroughly recommend it to anyone."



WHAT ARE THE WIDER IMPACTS ON INDIVIDUALS?

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Most people know that alcohol can have negative impacts on health. However, the harmful effects of alcohol on those who drink, and the people around them, go way beyond the risk to health and wellbeing and include a range of social and economic impacts, and increased risk-taking behaviour and crime.



Beyond the health impacts

Published evidence, and the experiences of local stakeholders, identified multiple impacts beyond the risks to health including:

- » Relationship issues
- » Difficulty finding and staying in work
- » Strain on finances including risk of losing home
- » Loss of opportunities
- » Poor sleep
- » Increased risk of being a victim, or a perpetrator of crime, including assault and intimate partner violence, drink driving and anti-social behaviour
- » Risk of accidents and injuries such as motor vehicle collisions, falls, drownings and burns

- » Risky sexual behaviours and associated risk of unintended pregnancy and sexually transmitted infections
- » Risk of developing alcohol dependency
- » Impact on friends and family including family breakdown and the risk to children of parents or carers who drink.

LINKS

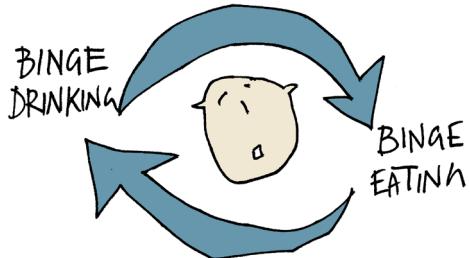
Impacts on children and families

"I forget that I do stuff... Start hearing stories of what you did. Friends start telling you, you did this you did that and you can't remember"

QUOTE FROM STAKEHOLDER RESEARCH

WIDER IMPACTS...

Many of the problems caused by alcohol creep up insidiously over time. It can be easy to be drinking too much, or in a way that causes harm to individuals and those around them.



Healthy weight

- » While there is some evidence of a link between heavy and binge drinking and obesity, there is not a clear causal relationship, and the effects of alcohol on body weight might be more pronounced in people who already carry excess weight³⁹.
- » Alcohol can lead to an increase in food intake and many people are unaware of the energy (calories) contained in alcoholic drinks.
- » There is also strong evidence of a synergy between **alcohol, body weight and the risk of liver disease**.
- » For someone with a Body Mass Index (BMI) above 35 the risk of liver disease **doubles** for any given level of alcohol consumption⁴⁰

"He didn't feel able to go to the GP because it would be admitting to another weakness or failure on top of losing his business and putting his family in debt"

QUOTE FROM STAKEHOLDER RESEARCH

WHAT WORKS IN IDENTIFYING AND SUPPORTING INDIVIDUALS AT RISK OF HARM FROM ALCOHOL?

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Providing **accurate information** and **clear advice** about alcohol and its health risks helps people make informed choices about drinking.

Government-run campaigns to raise awareness of the Chief Medical Officer's guidance on alcohol consumption, and the inclusion of health messages on alcohol packaging can help people to understand the risks and encourage some to take steps to cut down.

Early interventions are a key approach to reducing alcohol-related harm. The aim is to identify drinking that is becoming harmful, and to provide support to re-establish healthier patterns of behaviour. For those who are already drinking at harmful or hazardous levels the aim is to support them to access specialist treatment.

Participation in national campaigns such as **Dry January** and **Alcohol Awareness Week** encourages a reduction in drinking and a 'reset' of our relationship with alcohol.

There are a number of evidence-based digital self-help tools and apps that can help people to cut down on alcohol.

Recommendation: Promote evidence-based digital self-help tools as part of local campaign targeted at harmful and hazardous drinkers.

While this is a system report, which makes recommendations to local organisations and partnerships, we can all consider our risks and be more mindful about our own drinking.

The NHS Health Check is a free check-up carried out at the GP Surgery. It is offered once every five years to people aged 40 to 74 years. It can help spot early signs of stroke, kidney disease, heart disease and type 2 diabetes and includes advice for how to reduce the risk of these conditions and dementia. It provides an opportunity to speak to a health professional about alcohol and to find out about the support available to cut down on alcohol if needed.

Recommendation: Strengthen the role of the NHS Health Check in identifying people with higher risk alcohol intake and encouraging them to access support.

LINKS

[Assess your drinking](#)

[Help if concerned about your or someone else's drinking](#)



Brief Interventions/Alcohol Identification and Brief Advice (IBA)

Brief interventions for alcohol (BIA) are counselling sessions lasting 5-15 minutes that aim to increase an individual's awareness of their alcohol use, and any risks, and to motivate them to either cut down or seek treatment if needed.

BIA can be delivered in a range of health and community settings and are effective for reducing risky drinking⁴¹.

Systematic sustainable use of BIA in health care settings (e.g., hospitals) is often lacking. University Hospital Southampton NHS Foundation Trust implemented trust-wide BIA by integrating it into patients' medicine reviews on admission. This increased the number of patients whose level of alcohol use was accurately recorded, and staff became more confident and competent to have conversations about alcohol with patients⁴².

Alcohol identification and advice training

'All Our Health' is a national alcohol information and training resource. Anyone can access the website for free alcohol identification and brief advice e-learning on identifying those at risk from alcohol and delivering brief advice to change Alcohol: applying All Our Health (www.gov.uk)

The Alcohol Use Disorders Identification Test (AUDIT or AUDIT-C) tool, developed by the World Health Organisation, is a quick and easy way for individuals to assess whether their drinking could be causing them harm now or in the future. It takes 10 minutes to complete and picks up 90% of people with an alcohol problem. There are many opportunities for using AUDIT-C within health and care settings e.g., primary care as part of new patient assessments or chronic disease reviews, in A&E as a self-assessment while people are waiting⁴³.

The Alright My Liver? campaign runs drop-in liver scanning events aimed at detecting the early stages of liver disease.



"Motivation, hearing success stories, someone that has been able to cut down their drinking. Advice from someone like this is very impactful. Someone who has been through the process before or can understand their experience, their addictions."

QUOTE FROM STAKEHOLDER RESEARCH

EARLY INTERVENTIONS

What are we doing in Gloucestershire to identify and support individuals at risk to make changes?

There are many examples of early interventions, and support to access treatment, for individuals in Gloucestershire - but there are opportunities to do more.

Brief Interventions take place in various locations across the county including Gloucester Royal and Cheltenham General Hospitals when people attend the Emergency Department or are admitted with an alcohol-related issue. In the custody suite at Waterwells, if an arrest is alcohol related, an alcohol worker can provide brief intervention and referral to support.

'Alright My Liver' the successful Alright My Liver initiative returned to the Cheltenham Change Grow live hub in September where 8 people were screened.

Liver Health Awareness Roadshow

Gloucestershire Hospitals NHS Foundation Trust have worked with the British Liver Trust to deliver a 'Love your Liver' roadshow in Gloucester. A liver health questionnaire and free liver scans were offered with 116 people taking up the offer and of those, 21% had a reading that indicated that lifestyle changes were needed to reduce their risk.

Gloucestershire Healthy Lifestyles Service provides 1:1 coaching to support people who are concerned about alcohol to make sustainable changes to reduce the amount they drink. The service takes a non-judgemental, holistic approach, signposting people to other support and services when appropriate. In 2022/23, 228 people accessed the service to reduce their alcohol intake and of these, 187 (82%) reduced their weekly intake by at least 50%.



LINKS

[Healthy Lifestyles](#)
[Case Studies](#)

Recommendation: Undertake a benchmarking exercise to review what organisations are already doing in terms of identifying people who could be at increased risk of alcohol-related harm, and whether they could do more.

Upskill and support health and care services to embed brief interventions and use of tools, like AUDIT-C, in routine care. This will identify more people with higher risk alcohol intake and increase the number of people accessing support.

EARLY INTERVENTIONS (contd.)

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Forest of Dean Integrated Locality

Partnership runs a collaborative project with treatment provider (CGL) and social prescribers, to take a multi-disciplinary approach to individuals affected by substance misuse. When a clinician refers an individual into treatment, they are encouraged to refer to the local social prescribing team at the same time, in recognition that substance misuse issues are seldom experienced in isolation of other issues such as poor mental health or social isolation. Social prescribers work with individuals to address some of these wider issues.

Moving forwards this joined up, patient-centred approach is being integrated with Gloucestershire Health and Care NHS Foundation Trust's Community Mental Health Transformation work to align with wider services such as employment and housing. A 'Peer Ally' model has also been introduced, recognising people may need additional support between referral and entry to treatment to encourage take-up.

Cheltenham Integrated Locality

Partnership's Substance Misuse project sets out to 'better understand how we can provide a seamless, joined up service to people who don't access health services in the traditional way and provide those affected by substance misuse with the best opportunity to engage with health and support services.' It also aims to improve knowledge of primary care staff so they can better signpost patients to appropriate support and reduce the need for hospital care. Through partnership working with P3 and Open Door the project has also helped people to access screening and vaccination programs. E.g. Hepatitis B screening, liver scanning, and Flu and Covid vaccinations.

Reducing drink-drive collisions

In 2022 there were 112 drink-drive collisions in Gloucestershire, 42 of which caused serious injury or death. In response, **Gloucestershire Road Safety Partnership** launched a badge to identify designated drivers and dissuade other drinkers from tempting them with alcohol on nights out. Wouldn't it be better if we could shift social norms so interventions like this weren't needed?



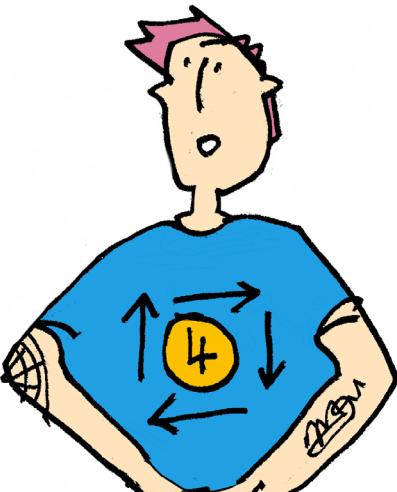
Recommendation: Run a campaign to raise awareness of alcoholic liver disease, including its silent nature and the importance of early identification, and take a data-driven approach to reviewing opportunities to offer liver scans for early disease among high-risk groups e.g., within alcohol treatment services, GP practices, and A&E.

WHAT MORE NEEDS TO BE DONE TO PREVENT OR REDUCE ALCOHOL-RELATED HARM AMONG INDIVIDUALS?

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Much more needs to be done locally to identify people who could be at increased risk from their drinking and help them to access support. While brief interventions for alcohol (BIA) are used in Gloucestershire they are not delivered systematically or at scale.



In addition, there are opportunities to use tools such as AUDIT-C more widely among people who are at higher risk (for example, rough sleepers, military personnel, and people with poor mental health) but who have not previously engaged in treatment. This would enable services to better reach people⁴⁴. There is a key opportunity to have a significant public health impact through the wider application of these approaches.

Population health management (PHM) is an approach that can help us identify those at risk of health harms from alcohol and guide us to act as early as possible to keep people well. The approach aims to improve population health through data-driven planning using both healthcare data from clinical systems and non-healthcare data from sources including local authority and social services. Non-

healthcare data can include information about lifestyle, housing, and deprivation. PHM is a proactive approach, focusing on interventions to prevent illness, reduce risk of hospitalisation, and address inequalities.

Mindfulness Practice

Mindful based interventions have been shown to be beneficial for 'at risk' drinkers. Such interventions support individuals to attend non-judgmentally to cravings for a drink, which over time helps them to exercise control over how they respond. Randomised controlled trials have demonstrated that a brief session of mindfulness resulted in significant reductions in alcohol consumption at one-week follow up⁴⁵.

LINKS

[Access to the ALL OUR HEALTH e-learning on alcohol](#)

[Mindful drinking support & info](#)

WHAT MORE NEEDS TO BE DONE?

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Recommendations:

Undertake a benchmarking exercise to review what organisations are already doing to identify people who could be at increased risk of alcohol-related harm, and whether they could do more.

Upskill and support health and care services to embed brief interventions and use of tools, like AUDIT-C, in routine care. This will identify more people with higher risk alcohol intake and increase the number of people accessing support.

Strengthen the role of the NHS Health Check in identifying people with higher risk alcohol intake and encouraging them to access support.

Run a campaign to raise awareness of alcoholic liver disease, including its silent nature and the importance of early identification, and take a data-driven approach to reviewing opportunities to offer liver scans for early disease among high-risk groups e.g., within alcohol treatment services, GP practices, and A&E.

Promote evidence-based digital self-help tools as part of local campaigns targeted at harmful and hazardous drinkers.

GETTING HELP TO CUT DOWN

Never any judgement, just support...

 **HOME**



Case study – Healthy Lifestyles Service

"I wasn't feeling well and went to see my GP. I was very conscious that I was drinking a lot more than I should. I wouldn't class myself as being dependent on alcohol, but I certainly needed some help. I was generally feeling exhausted and unwell. If I'm being honest my work was suffering, and I was making mistakes. I wasn't the best company to be with as I was tired and even started my days feeling a bit hungover.

My GP referred me to the Healthy Lifestyles Service. We discussed the impact that alcohol was having on my life and working together developed a plan to help me reduce my alcohol intake. There was never any judgement, just support and a willingness for me to succeed. Having a coach helped me be accountable, which was really important in the early days.

I found there were great psychological benefits to drinking less and losing weight. I felt so much better in myself, and my confidence improved. My new lifestyle is also helping me manage a problem I have with my knees.

I don't think I could have taken those first steps on my own. I had started to form an addiction to alcohol, which I now believe I have broken. I'm now performing better at work; I make far fewer mistakes I'm more cheerful and positive and I'm better company to be around.

If I had advice for anyone like me, I would say that if you even think you may have a problem get some help, the sooner you do the sooner you will feel the benefits. And if you do have a bad day, don't beat yourself up about it, focus on the good things you have achieved, put the blip behind you and keep going"

GETTING HELP TO CUT DOWN

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Case study – Healthy Lifestyles Service

"I received the sobering news from my GP that I was prediabetic. This really made me stop and think about life and what I was doing. I did like a drink and would never have classed myself as being dependant but looking back now I was probably on my way to being an alcoholic. My father was an alcoholic, and it was something I desperately didn't want for myself. Alcohol can be so destructive and yet it is easy to fall into the habit of drinking every day.

I was referred to the Healthy Lifestyles Service and allocated a couch. We started to look at the things that contributed towards my pre-diabetes and the things within my own life that I would like to change and would be willing to change. I worked with my coach to develop a plan to reduce my

drinking. We started by reducing drinks in the evening and over time I drastically reduced the amount I was consuming to the point that some weeks I would go without any alcohol at all.

The impact of reducing my alcohol has been enormous. I have lost weight and am now able to move much easier and therefore am more active. Losing weight and being more active has helped my bad back and I am now delighted to say I am no longer considered pre-diabetic.

If I could give anyone like me some advice it would be to accept that you're important and that you matter. Take advantage of having a coach because it gives you someone else who believes in you and is there to help you achieve amazing things that will change your life!"



SUPPORTING INDIVIDUALS WHO HAVE BECOME DEPENDENT ON ALCOHOL

Community-based treatment

Engagement with treatment services is the biggest single protective factor against alcohol related deaths.

However, it is estimated that in England only 18% of dependent drinkers, and even fewer increasing or high-risk drinkers, are accessing support⁴⁶.

In Gloucestershire, for adults who want to reduce their alcohol intake or stop drinking altogether, structured alcohol treatment is currently provided by Change Grow Live (CGL) alongside many skilled staff and services around the local 'system'.

In 2022-23, 809 alcohol users and a further 471 drug users⁴⁷ who are also alcohol dependent received treatment. This equates to 23% of the county's estimated alcohol-dependent population. Numbers



SUPPORTING INDIVIDUALS (contd.)

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in treatment have remained steady over the past six years with a 14% increase⁴⁸ during the second year of the pandemic, dropping back to 809 in 2022/23. A key ambition of the recently formed Gloucestershire Combating Drugs Partnership is to help more people access treatment.

There are also workers placed in services that people with developing problems may attend. Examples of this are the general hospitals in Gloucester and Cheltenham, diversion from custody, and children's social care services. Where possible alcohol brief interventions are delivered over one to two sessions, aiming to reduce harmful drinking. The Alcohol Use Disorders Identification Test (AUDIT tool) may be used to highlight to the individual the severity of their drinking, prompting positive change.

Effective and safe alcohol treatment is delivered in line National Institute for Health and Care Excellence (NICE) guidance for the diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence (CG115). Most alcohol treatment in the community lasts between 6 weeks and a year in duration. All alcohol users in treatment receive structured psychosocial talking interventions, involving both one to one and group work. These interventions are geared toward motivating change and providing individuals with strategies to overcome psychological dependence to alcohol.

Community Based Ambulatory Detox is a medically assisted intervention for people with a physical dependence on alcohol that means they experience withdrawal symptoms when they don't drink (they feel very ill and may suffer

seizures). Relatively few alcohol users need this type of treatment, which is delivered under medical/nurse supervision in the community service and involves medication, which is tapered over a week or two to manage withdrawal slowly. These interventions are delivered alongside psychosocial support. This also allows people to be with others experiencing similar problems.



SUPPORTING INDIVIDUALS (contd.)

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Residential detoxification and rehabilitation is reserved for a relatively small proportion of people who have an alcohol dependence so severe, and/or complex conditions which could make withdrawal in the community dangerous.

Specialist inpatient units within the region provide medically assisted withdrawal with round the clock supervision. Treatment tends to last up to two weeks and is followed with psychosocial support in the community or a period of residential rehabilitation lasting 3-6 months.

In Cheltenham and Gloucester referrals from A&E to the **Hospital Alcohol Liaison Team** increased by 74% between 2019 and 2023. Service improvements have reduced untoward events including violence and aggression, and frequent attender presentation.

The Blue Lights approach was developed by Alcohol Concern, with Public Health England (PHE) and targets the small number of drinkers who are not engaged in community alcohol services. It seeks to build skills and change culture so that alternative approaches and care pathways can be developed for change-resistant drinkers. Clients respond best to an assertive approach, which is patient, persistent and not time-limited and accepts that change may be gradual and faltering. Often, different needs must be addressed in parallel or before the client can benefit from alcohol treatment. The approach is a collaborative meeting of many agencies that come into contact with the person drinking (County and District Councils, Police, Housing organisations NHS mental health and hospital staff). Blue Lights meetings currently take place in Gloucester, Cheltenham and Stroud.

For many stopping drinking and remaining abstinent is the best option. Gloucestershire has a wide-ranging recovery network. There are mutual aid support groups in the Alcoholics Anonymous tradition with SMART recovery groups delivered by CGL. Many people with lived experience of alcohol misuse volunteer and work in services. This provides a rich perspective in staff teams complementing the training and experience of staff.

Intergroup - Alcoholics Anonymous
Helpline 01452 418515 (aasevern.org.uk)



LINKS

Emma's Case Study

CHILDREN AND FAMILIES - Key Points

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Influences on drinking, impacts and what can be done to support children and families



- » Family environment has a significant influence in shaping beliefs and habits around alcohol consumption especially in teenage years
- » Children living with adults who drank alcohol were more likely to drink themselves
- » The earlier in life that children consume alcohol, the more likely it is that they will become frequent or binge drinkers
- » There has been a decline in the numbers of children and young people drinking but those who do drink are more likely to 'binge'
- » Drinking can contribute to domestic abuse and violence in the home; make it harder for parents to care for their children in a safe and positive way; and exacerbate financial stresses for families.

» In Gloucestershire in 2020-21 there were 1,881 referrals to children's social care where parental drug or alcohol misuse was a concern.

» Gloucestershire Youth Support Team, and local charities such as 'Infobuzz', offer a range of interventions for young people aged 11-18 developing problems with alcohol

» There is a range of support for parents affected by alcohol including help to improve parenting and family functioning and having specialised alcohol workers placed with children's social care.

LINKS

[Learn more about units](#)

[Assess your own drinking](#)

[Help if concerned about your or someone else's drinking](#)



WHY DO PEOPLE DRINK?

Family influences on drinking

 **HOME**

Family drinking patterns

Family environment has a significant influence in shaping beliefs and habits around alcohol consumption especially in teenage years.

Family composition, family economic status and parental educational level, drinking behaviour and attitudes all shape a young person's view of alcohol.

Parental behaviour around alcohol consumption has a huge impact on how children and young people navigate risk and make their own choices about drinking. Children living with adults who drank alcohol were more likely to drink themselves⁴⁹. The earlier in life that children consume alcohol, the more likely it is that they will become frequent or binge drinkers.

How much are children in Gloucestershire drinking?⁵⁰

- » Over the last decade, and in line with national trends, there has been a significant increase in the proportion of pupils reporting never having had a drink. In 2012, 45% of pupils surveyed reported that they had not drunk alcohol. This had increased to 57% of pupils in 2022.
- » **One in five Year 12 pupils** reported having tried alcohol
- » **One in six pupils** reported being drunk at least once
- » 2.4% of pupils reported being drunk regularly – this was a decrease from 4.6% who reported being drunk regularly in 2012



"My father was an alcoholic, and it was something I desperately didn't want for myself. Alcohol can be so destructive and yet it is easy to fall into the habit of drinking everyday"

QUOTE FROM STAKEHOLDER CASE STUDY

WHY DO PEOPLE DRINK?

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Changes to young people's drinking habits

While there has been a decline in the numbers of children and young people drinking, there is some evidence of a polarisation of drinking habits among younger people.

Research from Sweden suggested that while overall alcohol consumption had decreased, those young people who did drink were drinking larger amounts and in more harmful ways i.e., binge drinking⁵¹.

In England, the latest survey (2021 data) of secondary school children, aged 11-15 years, exploring drinking habits reported⁵²:

- » 65% of 15-year-olds reported that they had ever had an alcoholic drink
- » 14% of 15-year-olds said they drank alcohol at least once a week (same as 2018)
- » Those aged 15 to 17 years were more likely to report that they binge drink, which was linked to other health risk behaviours such as
 - Unprotected or regrettable sexual activity
 - Antisocial or criminal behaviour
 - Self-harm or thoughts of suicide⁵³.



Local insight research identified family as one of the key themes in risky drinking. Family can be both a trigger (e.g. adverse childhood experiences) and part of the consequences of risky drinking. Family could also help spot problems early, help people cut down and cope with less alcohol.

Drinking can have a substantial impact on family, including:

- » Contributing to domestic abuse and violence in the home
- » Making it harder for parents to care for their children in a safe and positive way – parental alcohol misuse is considered an Adverse Childhood Experience (ACE)
- » Exacerbating financial stresses for families
- » Increasing the likelihood that the next generation will develop risky drinking behaviours.

The impact of alcohol on relationships and families is significant. This is partly illustrated by the demands on social services, but this only shows the tip of the iceberg.

It is estimated that **189,000 - 208,000 children in England live with an alcohol-dependent adult**, while 15,500 children live with an adult receiving treatment for alcohol dependence.⁵⁴

In Gloucestershire in 2020-21 there were **1,881 referrals to children's social care** where parental drug or alcohol misuse was a concern. A deep dive into referral data from May 2015 – May 2018 isolated **parental alcohol misuse as 'a concern' in 15.5% (3,490) of assessments.**

Data from 2013 - 2015 demonstrate an uneven distribution across the county, with the highest concentrations of cases involving alcohol within the main urban centres of Gloucester and Cheltenham.

LINKS

Siobhan's story

"The Adult Safeguarding team has experienced a steady increase in the numbers of concerns reported where alcohol misuse is a key factor. This is predominantly seen in cases of self-neglect and domestic abuse"

QUOTE FROM ADULT SAFEGUARDING TEAM LEADER

Parental Alcohol Misuse and Adverse Childhood Experiences

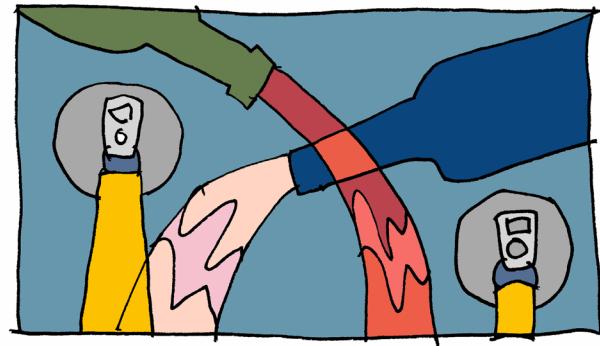
The effects of parental alcohol misuse (PAM) can start before birth and continue into adult life. PAM disrupts everyday routines and leads to unpredictable parenting. Children may feel isolated and stigmatised, and many are required to take on caring responsibilities.⁵⁵

PAM is considered an 'Adverse Childhood Experience' (ACE). ACEs are specified traumatic events occurring before the age of 18 years. High or frequent exposure to ACEs can lead to toxic stress. This is strongly linked to a wide range of mental and physical health problems throughout the lifespan, including substance misuse⁵⁶.

This can set up a cycle - PAM can create an ACE, and ACEs increase the likelihood of risky behaviours including harmful drinking.

Protective factors, including self-esteem and a trusted adult role model, help children to be resilient and have positive outcomes despite experiencing PAM. Family-focused services improve outcomes for alcohol misusers as well as children, and are cost effective⁵⁷.

PAM is also associated with neglect and abuse, and child protection cases involving PAM have poorer welfare outcomes⁵⁸.



"Well, alcohol took my Mum, but in many ways it took my childhood. I ended up in difficult and dangerous situations that no child should be in"

QUOTE FROM DIRECTOR OF PUBLIC HEALTH



Pregnancy

Consuming alcohol during pregnancy can cause birth defects.

The most severe form of harm, known as foetal alcohol syndrome (FAS), can cause lifelong learning and behavioural problems with knock on impacts for health and social services⁵⁹.

Britain has one of the highest prevalence of FAS worldwide and was ranked 7 out of 195 countries studied⁶⁰.

Domestic abuse

- » The most disadvantaged experience as many as 14 times the number of alcohol-related domestic violence incidents per 1,000 people compared to the least disadvantaged⁶¹.
- » Research suggests a strong two-directional relationship between alcohol consumption and intimate partner violence (IPV), where alcohol consumption can be both a cause and a consequence of IPV, serving as a coping strategy for some⁶².
- » In 2018 in England 16.6% of domestic abuse victims reported that they thought the offender was under the influence of alcohol⁶³.

LINKS

Siobhan's story

Bonding and early child development⁶⁴

Parental alcohol misuse (PAM) can make it much harder for parents to provide safe and loving care for their children. For babies and young children this can impact on healthy brain development and the emotional attachments they form. In the early years, the provision of a stimulating environment, opportunities for meaningful play and parental responsiveness to cues and signals is crucial for cognitive and educational development. PAM can make it much harder for parents to meet these needs consistently. Parents who drink excessively have been found to be less responsive to their babies, less willing to engage in meaningful play and less able to respond in ways that encourage further interaction.

PAM can also make it more likely that the emotional environment at home will feel unsafe, which can negatively affect the ability of babies and young children to form secure attachments. The abilities of parents to create stable routines around mealtimes, playtime and bedtimes can be less in families where there is PAM. Lack of routine can result in feelings of distress and uncertainty for small children. The effects of alcohol on mood and behaviour also means that PAM can result in parents being inconsistent in how they respond emotionally to their children. In the early years this can impair the development of emotional security and trust. Living in an environment where the child feels uncertain, untrusting or lacks confidence that a parent will meet their needs can result in the development of insecure and disorganised attachment patterns.

"We kids were at home, 15 and 14, basically left to get on with things. They'd often come home, singing loudly in the living room while we were upstairs trying to sleep"

QUOTE FROM DIRECTOR OF PUBLIC HEALTH

SUPPORT FOR CHILDREN AND FAMILIES



Gloucestershire County Council commissions a range of prevention and support services for young people, and for parents, struggling with alcohol

Support for Children and Young People

'Prospects' the Gloucestershire Youth Support Team, and the local charity 'Infobuzz', offer a range of interventions for young people aged 11-18 developing problems with alcohol misuse, including awareness raising sessions to groups in educational and community settings, and small group and one to one support.

You can make a referral into **Young People's substance misuse team** by using the screening tool here - <https://youthsupportteam.co.uk/services/health>, or if you have some questions about substance misuse, call them on **01452 415707** or email sas.referrals@prospects.co.uk.

Children and Young People: Prevention and Early Intervention

There is evidence that 'whole school approaches' to alcohol are effective in preventing risky drinking. Such approaches combine personal, social, health and economic education (PSHE), relationships and sex education (RSE), and other actions, including promoting a positive ethos and environment, and engaging with parents and carers (NICE).

Locally, **Gloucestershire Healthy Living and Learning (GHLL)** work with schools and colleges across Gloucestershire. GHLL takes a whole school approach to prevention that combines teaching young people about alcohol with the development of personal and social skills; school environments that promote healthy and positive relationships between children and young people, and with the school; and the creation of links between the school and local community. These measures all contribute to protective factors that reduce the inappropriate use of alcohol.

In Gloucestershire **Action on ACEs** is a unique collaboration between public sector, voluntary and community organisations. Our vision is a resilient Gloucestershire where communities and organisations are acting on ACEs by building resilience.

A recent professionals' survey in the County showed that most respondents were 'ACE aware'.

Support for Parents

There is a range of support for parents affected by alcohol including help to improve parenting and family functioning and having specialised alcohol workers placed with children's social care.

The Multi Agency Safeguarding Hub (MASH) responds promptly to referrals, working closely with researchers to manage enquiries from social workers to determine whether referrals have a history of alcohol-related need. The MASH hub receives 30 - 70 enquiries a day of which 2-3 include alcohol.

Other support includes:

- » The multi-agency **Turnaround Children's service TACS** (Social work, Health Visitor for families, includes alcohol and addictions where children are at risk of significant harm)
- » Specialist substance misuse midwifery in **Gloucestershire Hospitals Trust** to help identify and work with women and parents where alcohol consumption may cause problems in a pregnancy.

» **The Gloucester Multi-Agency Team (GMAT)** where specialist alcohol workers support children's social care services to identify parental alcohol misuse and work with those families. In 2022/23 GMAT received 74 referrals, over a third of whom commenced treatment for alcohol misuse.

Recommendation: Undertake a needs assessment to identify areas requiring targeted Tier 2 work and deliver prevention and early intervention initiative to groups of young people with a higher level of risk of alcohol misuse identified through the needs assessment.

What are the community influences and impacts of alcohol and what can be done to reduce harm?

- » The communities we are part of have a significant influence in shaping beliefs and habits around alcohol consumption
- » People drink to be sociable, and to conform to social norms, with peer pressure to drink being common in various situations
- » Excessive drinking is linked to a wide range of harms to communities including, violent and anti-social behaviour, littering, damage to community resources, and creating the feeling that community spaces are less safe to be in
- » There is also a strong association between alcohol and unemployment, which can add to the burden on communities
- » The negative impacts of alcohol can be felt across all our communities, even among those who don't drink, but they are not shared equally across the whole of society and tend to impact more on people already living in difficult circumstances
- » In Gloucestershire there are some great examples of effective community-led interventions helping to reduce alcohol-related harm, and there are opportunities to do more.
- » Community-based insights research has been undertaken in St Marks (in Cheltenham), and Podsmead and Matson (in Gloucester) to understand why people engage in risky drinking behaviour in these communities and what might enable people to modify their drinking behaviour. Budget has been allocated to take forward the learning from this research, working closely with communities in Matson, to explore what could have the biggest impact.



LINKS

**Assess
your own
drinking**

**Help if
concerned
about your
or someone
else's
drinking**

Case studies



WHY DO PEOPLE DRINK?

Community influences on drinking

The communities we are part of help shape our social norms.

For alcohol, this includes our ideas about when, with whom and how much drinking is appropriate or not. Communities will have unwritten 'rules', practices, values and beliefs around what is, and what is not, socially acceptable when they get together**. Two powerful motivations for drinking are to conform or to be sociable. Both motives are influenced by those we surround ourselves with.

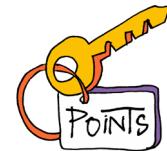
Conforming

Evidence suggests that social norms influence alcohol consumption.

The social context around alcohol, including peer pressure to conform, has a powerful influence on our drinking. Peer pressure to drink can be experienced either very openly or in much more subtle ways. It affects people of all ages, though some people perceive that peer pressure lessens with age but can still exist in subtle ways.

Sociability

Drinking is often associated with social events – a wedding, a birthday party, a Christmas celebration. This a clear theme through the 2023 insights research. The reasons for drinking socially may differ, from using alcohol to help relax in social situations, or to fit in and sharing the drinking experience with peers, or to mark celebratory moments. However, it can also play a part in socially negative events.



**Communities that don't drink alcohol

It is important to note that a significant proportion of our local population who do not drink alcohol, whether for religious, personal, or other reasons. A number of studies have explored the social experiences of young people who drink little or no alcohol including students attending universities in the UK. Many students reported being subjected to peer pressure to drink and some faced social exclusion if they did not. Students report using a range of strategies to cope including lying or providing medical reasons to legitimise being a non-drinker⁶⁵.

"People might try to play games who can drink more. Celebrating, being around people. In situations like you can forget how much you drink"

QUOTE FROM STAKEHOLDER RESEARCH

WHY DO PEOPLE DRINK?

What stakeholders told us

In 2023, people living and working in Gloucestershire told us they thought that the following individual factors contribute to excess drinking in the county.



"I stopped drinking for about 2 months, my mates would ask a lot why I wasn't drinking, you can feel the pressure or can be made to feel odd"

QUOTE FROM STAKEHOLDER RESEARCH

"I have WKD at BBQs and sometimes Malibu, at weddings, celebrations things like that"

QUOTE FROM STAKEHOLDER RESEARCH

"I probably would have been closer friends with certain people....I know some people just don't rate that I don't get drunk, they just don't... understand it because they... might think it's a bit boring"

QUOTE FROM A NON-DRINKER, FROM PUBLISHED STUDY AT A UK UNIVERSITY⁶⁶

WHAT COMMUNITIES TOLD US



In spring 2011, the Public Health team at NHS Gloucestershire commissioned the Bristol Social Marketing Centre to work with them on a project aimed at understanding more about risky drinking in Gloucester.

The project focused on people living in Podsmead and Matson. It uncovered complex stories about why people started to drink; what keeps people drinking, why they might not ask for help and how it affects those around them. Seven broad themes emerged from the study:

Family: Family can be both a trigger (e.g. childhood experiences) and part of the consequences of risky drinking. Family could also help spot problems early, help people cut down and cope with less alcohol.

Trapped: Feeling trapped in many ways: by their responsibilities, because they can't move away, by their financial situation and by what's available locally.

Worry: Worried about the practical and the social consequences of seeking help: losing children to Social Services, losing friends or benefits and the humiliation of other people knowing their problems.

Powerless: Feeling stuck in a rut, they may be suffering mental health or mood problems or simply be bored, de-motivated and feel they have no reason to get up in the morning.

Alone: Feeling physically, emotionally and socially isolated. Others are at work, and they are stuck at home, no one else understands.

Ashamed: Men feeling shame about admitting weakness and harming their masculine self-image, women feel ashamed about not fulfilling caring duties. Consequently, everyone hides their problems.

Confused: People feel confused by conflicting advice, what will happen if they ask for help, and what's normal.

In July 2023, rapid qualitative insights research was undertaken to update what we understand about motivators for risky drinking in Gloucestershire.

This work engaged 27 residents and stakeholders across three communities – Podsmead and Matson in Gloucester and St. Marks in Cheltenham. It explored motivations for drinking alcohol, perceived consequences of drinking, barriers to drinking less alcohol and what 'good support' might look like to reduce risky drinking.

The main themes around why people are motivated to drink alcohol were:

Socialising

- » Connecting with others.
- » Celebrations and events (e.g., weddings, BBQ).

Social norm/ pressure

- » Peer pressure to drink.
- » Do it because everyone else does.
- » Gives confidence.

Cheap alcohol (Podsmead, Matson)

- » Easy to access.

Habit/reliance (Podsmead, Matson)

- » Drinking alcohol is habitual.

Coping mechanism

Forget stress : (Matson, Podsmead) A way to cope with stresses of daily life or long-term issues. Examples ranged from work pressures, to being disabled and unable to work, to losing custody of children and other breakdowns of family relationships.

A stakeholder in Matson mentioned how many people are 'going through mental health changes' after Covid-19.

Improves mood: People thought drinking alcohol could make fun situations even more enjoyable and could help overcome anxieties.

Relieves boredom: (This was mentioned each locality, but interestingly was mentioned by everyone in St Marks). People said there isn't much opportunity to have fun and drinking is something many people can easily access and enjoy.

LINKS

**2023
insights
research
report**

Excessive drinking is associated with a wide range of harms to communities.

These can include violent and anti-social behaviour, criminal activity, littering, damage to community resources, and creating the feeling that community spaces are less safe to be in. There is also a strong association between alcohol and unemployment, which can add to the burden on communities.

The negative impacts of alcohol are felt by everyone, even those who don't drink. But the negative effects are not shared equally across the whole of society. Those already living in complex or difficult circumstances are more likely to be impacted.

Crime

There is a strong link between alcohol and crime, particularly violent crime but also public order offences, acquisitive crime and drinking and driving. The links between alcohol, violent crime and anti-social behaviour are strong.

» Alcohol fuels almost 40% of violent crimes⁶⁷ (an estimated 525,000 incidents in England and Wales in 2020) and half of domestic violence.

- » In 2022 there were 112 drink-drive collisions in Gloucestershire⁶⁸. Of these 42 caused serious injury or death.
- » In Gloucestershire in 2019/20 354 crimes in which where the victim had a warning marker for alcohol were reported, and 956 crimes where a suspect or offender had a warning marker for alcohol.
- » Gloucestershire's Drug and Alcohol Recovery Service delivered 202 alcohol arrest interventions in 2021/22⁶⁹.

LINKS

[Community Case Studies](#)

"If someone gets hurt or something gets damaged then it's all just part of the fun, you just make a joke out of it because you never know how the night is going to turn out"

QUOTE FROM STAKEHOLDER RESEARCH

HIDDEN HARMS IN OUR COMMUNITIES

[◀ HOME](#)

[◀](#) [▶](#)

What stakeholders told us.

In 2023, we asked people living and working in Gloucestershire to tell us about how they experience the negative impacts of alcohol.



COMMUNITIES - THE POWER OF PLACE

 **HOME**

While the place people live can influence their drinking, there is also a link between place and the impacts of risky drinking.

This relationship is complex but presents a clear opportunity to work at a place-based level to reduce alcohol-related harm. There are some good examples of effective community-led interventions in Gloucestershire.

Data on admissions to hospitals in Gloucestershire indicate that people from the most deprived communities are more likely to be admitted to hospital for a reason related to alcohol. The table on the next page shows the rate of

alcohol-related admissions to hospital for different areas of the County. Among the ten neighbourhoods in Gloucestershire experiencing the highest admission-rates, seven are in the 20% of most deprived areas of the County. However, harm is experienced by individuals across socioeconomic groups, and one neighbourhood on the list is among the 10% least deprived areas of the County.

When considering these data, it is important to note that they represent only one year of admissions. Further monitoring will be needed to understand if these patterns persist over time.

Recommendation: Review the outcomes and learning from the budget amendment work on alcohol taking place in Matson and make recommendations for future community-based action based on these findings.

Gloucestershire County Council Budget Amendment on Alcohol

Gloucestershire County Council has recently commissioned a piece of insight work in St Marks (in Cheltenham), and Podsmead and Matson (in Gloucester) to understand why people engage in risky drinking in these communities and what might enable people to modify their drinking.

Residents said that the things that could help people to drink less include, access to one-to-one support, information and advice, 'having more things to do' and online support and information.

A recent Council budget amendment has resulted in £75,000 being allocated to take forward the learning from this research and the Council is working closely with the communities, focusing on Matson, to explore how this funding could have the greatest impact.

COMMUNITIES - THE POWER OF PLACE



LINKS

Community intervention

Rank	District	Lower Super Output Area**	Rate of alcohol admissions	IMD decile (2019)
1	Gloucester	Kingsholm and Wotton	8.34	1
2	Cheltenham	College	5.02	10
3	Gloucester	Westgate (5)	4.23	1
4	Gloucester	Westgate (1)	3.63	1
5	Tewkesbury	Tewkesbury Town with Mitton	3.46	5
6	Gloucester	Moreland	3.20	2
7	Cheltenham	St Mark's	3.12	1
8	Forest of Dean	Newent Central	2.72	6
9	Cheltenham	St Paul's	2.67	1
10	Cheltenham	Hesters Way	2.60	2

Definitions: *Lower Super Output Areas and **Index of Multiple Deprivation IMD 1 = most deprived , 10 = least deprived

'Lower Super Output Areas' (LSOAs) are small neighbourhoods, each representing 1000 – 3000 residents. There are 373 LSOAs in Gloucestershire. Twelve of these LSOA's fall within the 10% most deprived** LSOAs in England and 31 fall within the 20% most deprived** areas in England according to the 2019 Indices of Multiple Deprivation.

**Index of Multiple Deprivation (IMD) provide small area measures of relative deprivation across the country based on a range of separate indicators including employment, education, skills and training, health and disability, crime, barriers to housing and services, and living environment. The Index is updated every four years or so and the current data is from 2019.

COMMUNITY-BASED INTERVENTIONS

[◀ HOME](#)

[◀](#) [▶](#)

The value of community and neighbourhood-based support for people affected by risky drinking, and its complementary role alongside specialist alcohol services, cannot be overestimated.

Here are some local examples of good practice from the Matson, Robinswood and White City Community Partnership

The Redwell Centre

This a multi-purpose hub developed and managed by the charity Together in Matson. They offer a huge range of activities from toddler groups to counselling sessions to Thai boxing. As a trusted local organisation, they receive referrals by reputation for people facing huge challenges, welcoming them into the centre and providing support in the community.

The Ewe Space



This is a community hub in Matson managed by GL Communities in partnership with a range of local organisations. It provides a place to seek advice, pick up donated food, get creative, use the phone or internet for free, or simply enjoy a cup of tea. The Ewe space coordinator is hugely experienced in engaging members of the community who are facing complex circumstances, building relationships based on mutual respect with no expectations or power imbalances.

The Matson Community Shed

This is a woodworking and repair shop developed by the charity GL Communities and open to anyone to access for free. The Shed has regularly supported participants with alcohol dependency. The support is not about 'quitting' or even alcohol at all, but engaging with people in group activities, reducing isolation, interacting with others, improving confidence and wellbeing, all while developing some practical skills along the way.

Recommendation: Explore opportunities to work in partnership with communities to equip more local people to deliver very brief interventions to support people who are concerned about their alcohol to access support.

LINKS

[Community Case Studies](#)

COMMUNITY BASED CASE STUDIES



Case study from the Redwell Centre

"Through word-of-mouth C met with staff at the Centre who provided her with some necessities such as food and clothing. C and her partner both abused drugs and alcohol and C lived in a violent and volatile situation. Over time, a trusted relationship was built with staff. C was encouraged to attend weekly groups that built upon her natural ability and enjoyment of art. The team never gave up on building that relationship and supporting C to boost her wellbeing and self-esteem. The Charity supported C to attend medical appointments to improve her mental health; to engage with specialist addiction support; and to apply for a new home after leaving her abusive relationship. C continues her journey to recovery and today feels better about herself than she has in 20 years."

Case study from The Matson Community Shed

"L is in a life-threatening situation and must not drink following long-term alcoholism. Before engaging, he was completely isolated in his flat with no connections to friends or family. He has attended The Shed regularly for the past ten months and enjoys the social aspect and talking with others. L says his wellbeing has improved immensely, as well as his motivation to abstain from drinking."

Case study from The Ewe Space

"B is a female who can be disruptive within the community. So much so there is involvement from the police and housing providers, and she is subject to an order restricting her from certain areas. Despite her problems, B has been proactively invited into the Ewe Space for conversation and support. A respectful relationship has been built over cups of tea, where they talk without judgement, and provide appropriate challenge. In the short term this has resulted in positive engagement with someone whose interactions with authority and the community has only been negative. We know that there is a long journey ahead for people like B who is in self-destruct mode and if we give up, she might too."

COMMUNITY BASED CASE STUDIES



Case study from The Matson Community Shed

"P has an on-off alcohol dependency and regularly attends the shed where he also engaged with GL Communities' wider support with money advice and wellbeing services. He had been unemployed for over 20 years, has some learning difficulties, and cannot read or write, but with the support of ESHO (employment support embedded in the centre), he is engaging in adult learning and now has a small part-time job as a kitchen assistant. This outcome started from an invitation to come and make a bird box."



What are the key influences and impacts of alcohol and what can be done to reduce harms?

- » The environment in which people live and work drives their attitudes and behaviour around drinking. This includes the availability, pricing and promotion of alcohol
- » Alcohol is a major player in the UK economy, generating substantial revenue (£12.4bn in tax receipts in 2022/23) and supporting thousands of jobs across the supply chain
- » Alcohol marketing normalises alcohol consumption as a part of everyday life from a young age and the affordability of alcohol in the UK has increased by over 72% since 1987
- » Alcohol use is associated with unemployment, absenteeism and decreased output
- » Drinking impacts almost all parts of the NHS from maternity and neonatal care to the care of older people, increasing the amount of work and creating significant avoidable costs
- » Reducing the affordability of alcohol through taxation and minimum unit pricing (MUP) is the most effective and cost-efficient way to reduce alcohol harm
- » The Purple Flag scheme is an accreditation that promotes safety and supports excellent practice in managing the evening and night-time economy
- » Effective licensing has been identified as a key tool in preventing alcohol-related harms
- » The regulation of marketing and reduction in our exposure to alcohol advertising are important components of reducing alcohol use



LINKS

[Learn more about units](#)

[Assess your own drinking](#)

[Help if concerned about your or someone else's drinking](#)

WHY DO PEOPLE DRINK?

Environmental and economic influences

[◀ HOME](#)

[◀](#) [▶](#)

The environment in which people live and work heavily affects their attitudes and behaviour around drinking. This includes the availability, pricing and promotion of alcohol.

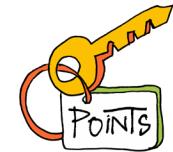


The alcohol industry

Alcohol is a major player in the UK economy, generating substantial revenue and supporting thousands of jobs. In 2022/23 tax receipts from alcohol duties across the UK were £12.4bn.⁶⁹

Alcohol marketing covers a wide range of methods to promote and sell alcohol including broadcast, print and online advertising, sales promotion (e.g., buy-one-get-one-free), product placement and sports sponsorship. Marketing normalises alcohol consumption as a part of everyday life from a young age. In recent years, alcohol brands have increasingly started to align themselves with female empowerment, friendship, feminism and motherhood. This has seen the rise of pink products, sweet flavours, low-calorie options and concepts such as 'mummy juice' and 'wine o'clock'.

No single body regulates alcohol marketing in the UK. Advertising is overseen by the Advertising Standards Agency (ASA), and sponsorship of TV shows by Ofcom. Complaints by the public must be within the remit set by advertising representatives, which means the advertisers decide what can be complained about⁷⁰.



"We are fed images of alcohol everywhere, adverts, people drinking on the TV, in soaps, people meet at the pub, sports sponsorship by alcohol brands etc"

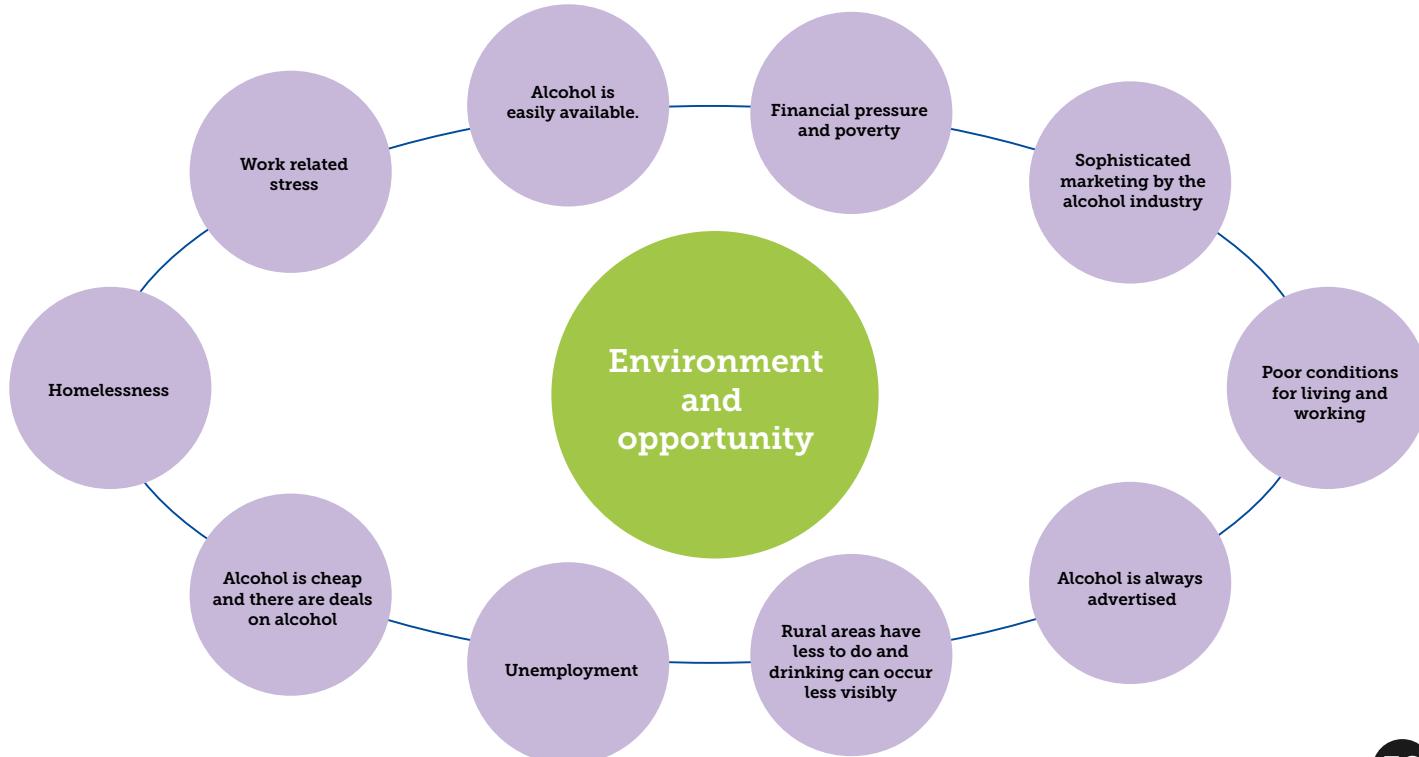
QUOTE FROM A FOCUS GROUP PARTICIPANT, BIG ALCOHOL CONVERSATION, COMMISSION ON ALCOHOL HARM REPORT⁷⁰.

WHY DO PEOPLE DRINK?



What stakeholders told us

In 2023, people living in Gloucestershire told us what they thought were the environmental influences on excess drinking in the county.



WHY DO PEOPLE DRINK?



There has been a long tradition of alcohol sponsorship and sport. In football the Premier League itself was sponsored by Carling from its second season until 2001, and was known as the FA Carling Premiership. Companies selling alcoholic drinks have been almost ever-present, peaking in 1994-95 with six sponsorship deals: McEwans at Blackburn, Coors at Chelsea, Carlsberg at Liverpool, Newcastle Brown at Newcastle, Labatt's at Nottingham Forest and Holsten at Spurs.⁷¹

In England there are currently no statutory restrictions on alcohol sport sponsorship. The Portman Group, which represents drinks producers, has a 'code of practice' for alcohol companies wanting to get involved in sports sponsorship. This seeks to ensure that drinks are marketed in a socially responsible way and to adults only.

Recent years have seen some shifts away from alcohol sponsorship – the once 'FA Cup with Budweiser' is now sponsored by Emirates and Chang Beer's 13-year deal with Everton has been the league's only deal since 2010. After the Cheltenham Gold Cup was dropped by Magners Cider in 2020, it partnered with the charity WellChild⁷².

However, in 2019 Guinness signed a six-year sponsorship deal for the Six Nations Rugby Championship worth millions of pounds. This is why it is so hard to say no to alcohol-related sponsorship deals.

Some groups are particularly vulnerable to marketing, including children and young people, people in recovery, and those trying to reduce their alcohol consumption. Evidence on the impact of marketing consistently reports that exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will drink more⁷³.

WHY DO PEOPLE DRINK?

Environmental and economic influences

Affordability and Pricing

The affordability and availability of alcohol have a significant impact on how much people drink. Affordability of alcohol in the UK has increased by over 72% since 1987 – the price of alcohol, compared to disposable income has increased from 100.2 in 1987 to 172.4 in 2020⁷⁴. In 2020, research found that in England, it is was possible to drink 14 units of alcohol for just £2.68⁷⁵.

Research cited by the Association of Directors of Public Health (2019)⁷⁶ shows that the decision to abolish the alcohol duty escalator in 2012/13 and the subsequent duty cuts and freezes led to increased alcohol consumption and substantial increases in alcohol related harms and associated costs⁷⁷. It was concluded that reducing the affordability of alcohol through taxation and minimum unit

pricing (MUP) is the most effective and cost-efficient way to reduce alcohol harm⁷⁸.

A study that evaluated minimum unit pricing in Scotland and Wales⁷⁹ showed that MUP reduced the amount of alcohol brought for 'off-trade' purchases (i.e., for places where alcohol is not consumed on the premises such as supermarkets and off-licences), and that households with the highest levels of purchase prior to MUP has the biggest proportionate decrease in their purchase. It works by targeting the cheapest and strongest products on the market without impacting prices in pubs and bars. The conclusion was that MUP is an effective policy option to reduce the off-trade purchase of alcohol.

The UK Alcohol Health Alliance includes setting a minimum price per unit of alcohol across the whole UK as a policy priority for addressing alcohol-related harm⁸⁰.



Unemployment

Alcohol use is associated with unemployment, absenteeism and decreased output.

- » There is a two-way relationship between alcohol and unemployment⁸¹.
- » Becoming unemployed has been shown to increase the chance of developing an alcohol use disorder six-fold.⁸²
- » Alcohol misuse worsens the health impacts of being unemployed including mental health problems, which can make it harder for people with alcohol dependence to find work again⁸³.

HIDDEN HARMS IN OUR ENVIRONMENT

The true cost of alcohol

Alcohol misuse across the UK is a significant public health problem with major health, social and economic consequences, estimated at between £21 and £52 billion a year⁸⁴. The negative economic impact of alcohol include:

- » direct costs to public services including the NHS, social care, police and the criminal justice system; fire and rescue services; and public cleaning services⁸⁵ and
- » indirect costs to employers and the wider economy due to productivity losses caused by alcohol-attributable sickness absence, absenteeism, accidents and early retirement, and unemployment⁸⁶.

Health services

The upward trend in alcohol-related death and hospital admissions accelerated in the pandemic. The costs of this are significant. Alcohol costs the NHS an estimated £3.5 billion per year in England⁸⁷.

General Practice

GPs are presented with a range of chronic physical, mental and social problems arising from alcohol. Problem drinkers consult their GPs twice as often as the average patient⁸⁸.

Mental health services

- » There is a two-way link between alcohol and mental health with alcohol being both a cause and a consequence of mental ill-health⁸⁹.
- » Evidence demonstrates the high prevalence of co-morbidity among those attending mental health services and alcohol treatment services⁹⁰.
- » An estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year⁹¹.

LINKS

Find out more about the impacts on our hospitals here

HIDDEN HARMS IN OUR ENVIRONMENT



The true cost of alcohol

Employment

Drinking leads to considerable costs for workplaces:

- » 40% of employers mention alcohol as a significant cause of low productivity⁹²
- » Around 4% of all work absence is due to alcohol⁹³
- » Alcohol-related deaths typically occur at a younger age⁹⁴
- » Workplaces can also exacerbate the problem; 27% of employees say that workplace stress makes them drink more, and many workplace cultures can encourage drinking through events where drinking is considered the norm⁹⁵.
- » Lost productivity due to alcohol use is estimated to cost the UK economy over £7 billion and 167,000 working years lost every year⁹⁶

Crime

Alcohol is commonly identified as a factor in violent crime and anti-social behaviour and results in considerable costs to the criminal justice system. In 2020 the cost of alcohol-related crime in the UK was estimated to be £11.4 billion pounds a year⁹⁷.

Police

- » Section 136 gives the police emergency powers in a public place where you need immediate help.
- » The police will take the individual and/or keep the individual in a place of safety where the individual's mental health will be assessed.
- » This utilises valuable police time.
- » In 2023 in Gloucestershire, Section 136's where alcohol was a factor was as high as 19% in Quarter 3.

Quarterly Summary Statistics

	FY 2023			
	Q1	Q2	Q3	Q4
% In handcuffs	21%	20%	14%	20%
% where alcohol is a factor	14%	9%	19%	7%
Female	4%	2%	7%	1%
Male	9%	7%	13%	6%
No. clients spent longer 12hrs in 136	21	31	24	33
% clients spent longer 12hrs in 136	18%	23%	23%	28%
% open to other GHC services	85%	86%	85%	86%
Average time in 136 (exc wait) in hrs	06:38	12:07	07:56	07:29
Average time in 136 (inc wait) in hrs	07:53	13:18	08:57	08:45

THE TRUE COST OF ALCOHOL

The impacts on our hospitals

Drinking impacts almost all parts of the NHS from maternity and neonatal care to the care of older people.

It increases the amount of work there is to do and creates significant potentially avoidable costs.

It has been estimated that 1.6% of admissions to hospital in England are as a direct result of alcohol, and that a further 5.7% of admissions to hospital include alcohol as a factor⁹⁸.

Emergency departments (ED)

Alcohol is associated with acute intoxication and a wide range of injuries that require immediate treatment. Significant numbers of adults and children attend Emergency Departments (EDs) in England as a direct result of alcohol consumption.

» Short-term harms include serious accidents including road traffic collisions, falls and burns, assaults, domestic violence, collapse and psychiatric problems – some of which result in death and permanent disability.

- » In 2014/15, 12-15% of visits to ED in the UK were due to acute alcohol intoxication (AAI), and 40% of these arrived by ambulance⁹⁹
- » In 2021/22, there were 28,019 admissions in England for unintentional injuries¹⁰⁰.
- » In 2021/22 in Gloucestershire, there were 365 ED admissions for AAI.
- » EDs also admit, on a daily basis, people suffering from the longer-term health effects of sustained alcohol use, for example acute withdrawal, pancreatitis and liver failure¹⁰¹

"We are in contact almost every day regarding patients who might be on the ward or approaching discharge. We offer to provide them with referral to Alcohol treatment options or follow up support"

QUOTE FROM HOSPITAL ALCOHOL IN-REACH WORKER, GLOUCESTER



THE TRUE COST OF ALCOHOL



ED admissions for conditions caused by alcohol show a similar pattern to that seen within general hospital admissions with a very close association with deprivation.

Admissions are concentrated in Gloucester and Cheltenham. Six of the ten neighbourhoods with the highest rate of ED attendance are within the most deprived 10% in the county, with only two neighbourhoods, College (2) and Springbank (4), experiencing lower levels of deprivation.

Within the ten highest ranking neighbourhoods there is a wide variation in the rate of attendance, with Westgate (5) having more than double the rate seen in Springbank (4).

When we triangulate ED attendance with alcohol hospital admissions, five neighbourhoods feature in the 10 highest ranking neighbourhoods in both datasets - Kingsholm and Wotton (3), Westgate (1 & 5), St. Mark's (1) and St' Paul's (2).

When considering these data, it is important to note that they represent only one year of admissions. Further monitoring will be needed to understand if these patterns persist over time.

"Alcohol referrals to ED are increasing and referrals to the Alcohol liaison team (ALT) have increased by 74% between 2019 and 2023. The Service is working hard to reduce untoward events, violence and aggression and frequent attender presentation."

**QUOTE FROM EMERGENCY DEPARTMENT
HEATHCARE WORKER, GLOUCESTER**

THE TRUE COST OF ALCOHOL

 HOME



Rank	District	Ward	Rate	IMD decile (2019)
1	Gloucester	Westgate (5)	11.40	1
2	Gloucester	Barton and Tredworth (4)	10.23	1
3	Gloucester	Kingsholm and Wotton (3)	9.20	1
4	Gloucester	Westgate (1)	8.17	1
5	Cheltenham	St Mark's (1)	5.43	1
6	Cheltenham	College (2)	5.28	7
7	Cheltenham	St Paul's (2)	5.17	1
8	Gloucester	Kingsholm and Wotton (1)	4.80	3
9	Cheltenham	St Paul's (3)	4.46	3
10	Cheltenham	Springbank (4)	4.36	6

Key message: While people experiencing deprivation are disproportionately affected by alcohol-related harm, nobody is immune and those who are relatively well-off are also coming into hospital with problems caused by alcohol.

THE TRUE COST OF ALCOHOL

The impacts on our hospitals



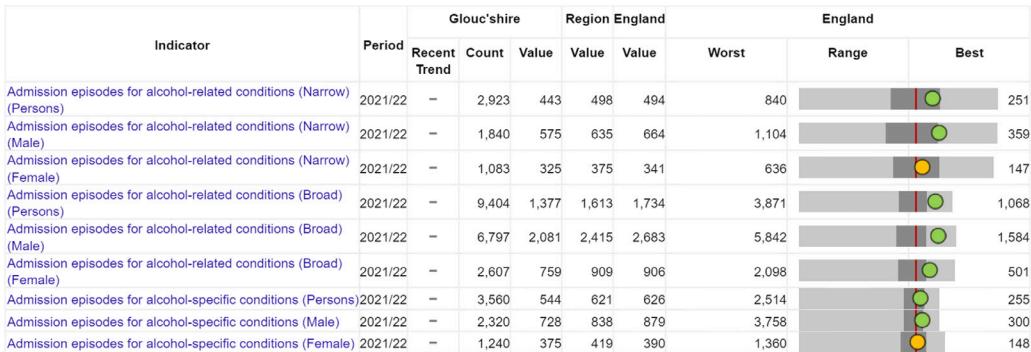
Hospital admissions

Alcohol-related admissions ('broad' and 'narrow') steadily increased in England from 2003 to 2019¹⁰². In Gloucestershire from 2008 to 2019, alcohol-related admissions ('narrow') were mostly worse than the England average from 2008 to 2014/15, and then either better or not statistically different than the England average until 2019¹⁰³. The 'broad' measure of

alcohol-related admissions is not available in Gloucestershire over the time-period.

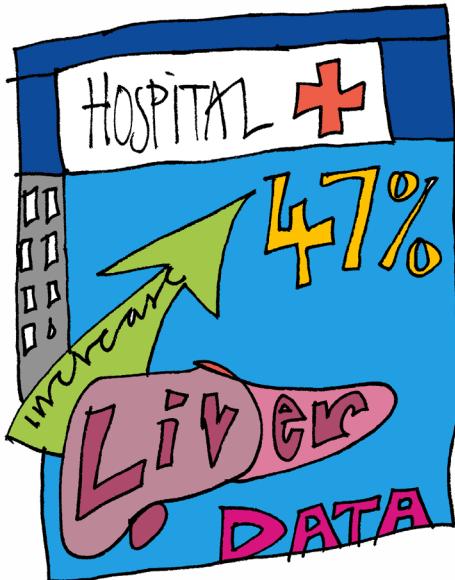
The figure below shows a range of data for alcohol-related admissions in 2021/22, comparing Gloucestershire rates to the England averages. Overall, local admissions are either similar to, or better than, English averages. However, these averages mask some significant disparities - while outcomes for females in Gloucestershire

are similar to English averages, males have lower rates across all measures. Trend data, showing changes over time, have not been included in this Report as the population estimates which these rates are based on have changed in 2021/22 due to the 2021 Census.



"Alcohol related liver disease accounts for 1 in 10 of our patients....reasons for drinking have become much more complex and our roles have changed with this to enable us to deal with these complexities"

QUOTE FROM LEAD LIVER SPECIALIST NURSE, GLOUCESTER



Liver disease admissions

- » Liver disease is a useful marker for alcohol-related harm and an indicator of end stage disease. Liver disease is almost entirely preventable with major risk factors of alcohol, obesity and hepatitis B and C accounting for up to 90% of cases¹⁰⁴.
- » It often remains silent in its early stages and for three quarters of people diagnosed with cirrhosis it is too late to intervene to improve the prognosis.
- » Recent data reveals a 47% increase in liver disease hospital admissions in England in 2022, compared to ten years ago¹⁰⁵.

- » In Gloucestershire, in 2019/20 there were 939 admissions (141.1 per 100,000 people) where the primary diagnosis was alcoholic liver disease.
- » Estimates for hospital admissions with alcoholic liver disease in 2022 cannot currently be compared to other years, so they have not been included here. It will be important to continue to monitor these data to establish whether national trends are reflected locally.

WHAT WORKS IN MODIFYING THE ENVIRONMENT TO REDUCE HARMS OF RISKY DRINKING?



Taking just one approach to prevention and harm reduction is not the best way to achieve results, and having wider societal interventions in place helps people to make better choices.

Evidence suggests^{106,107} that modifying environments where risky behaviours take place can reduce harm. Things like controlling alcohol sales, the number and proximity of outlets selling alcohol, and the price of alcohol can all have an impact if used alongside coordinated prevention activities delivered in a variety of settings (such as home, school, workplace, community, media etc).

As alcohol becomes more affordable, drinking and alcohol-related harm is thought to increase. The simplest way to reduce the amount of cheap alcohol drunk is by increasing the price. Minimum unit pricing has been successfully introduced in Scotland and Wales but is yet to be UK-wide.

Our six District Councils have a leading role in reducing alcohol related harm in their areas. They are responsible, under the Licensing Act 2003, for licensing the retail sale of alcohol and the supply of alcohol

to members of registered clubs. They have a duty to produce a Licencing Policy and promote four statutory objectives: the prevention of crime and disorder, public safety, the prevention of public nuisance, and the protection of children from harm.

Directors of Public Health are now considered Responsible Authorities under of the Licencing Act 2003 and can input into Local Authorities' Licensing Policies and impact assessments, and make relevant representations on the likely impacts of granting a new premises licence.

There is evidence of effectiveness for licencing and enforcement authorities working together to prevent underage sales or take action against premises that regularly sell alcohol to people who are underage or are making illegal purchases for others. Improvements in community safety and licensing activity can be informed by routine sharing of Hospital and Ambulance data.

WHAT WORKS IN MODIFYING THE ENVIRONMENT TO REDUCE HARMS OF RISKY DRINKING?

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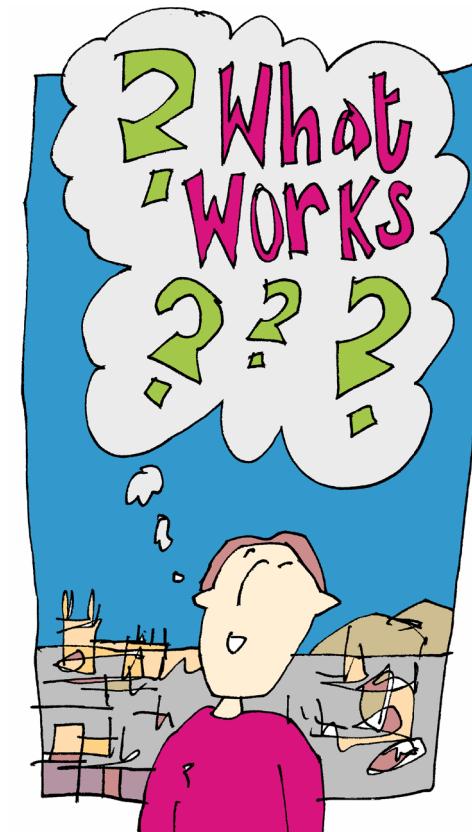
The use of **minimum unit pricing** reduces alcohol-related harm by increasing the price of the cheapest and strongest alcoholic drinks. This makes it much less affordable to drink excessive amounts of alcohol. Minimum unit pricing has been successfully introduced in Scotland and Wales.

The **Purple Flag scheme** is an accreditation that promotes safety and supports excellent practice in managing the evening and night-time economy. Gloucester and Cheltenham are both accredited members of the purple flag scheme.

Marketing and advertising campaigns are designed to encourage us to buy and consume products. The **regulation of marketing** and reduction in our exposure to **alcohol advertising** are important components of reducing alcohol use. This is particularly relevant for young people where there is enough evidence to support policies that reduce children's exposure to marketing¹⁰⁸.

Public Space Protection Orders help to reduce anti-social behaviour associated with drinking. There are two public space protection orders in Gloucester which protect alcohol free spaces in the city centre.

Alcohol has become increasingly available in the UK in recent years. **Effective licensing** has been identified as a key tool in preventing alcohol-related harms.



WHAT ARE WE DOING TO MODIFY THE ENVIRONMENT TO REDUCE HARMS OF RISKY DRINKING?



There are some examples of environmental interventions to reduce harms from risky drinking in Gloucestershire, but the available opportunities could be further exploited and more could be done to adapt the environment to help protect local people from these harms.

Recommendation: Build on the Purple Flag accreditation to review opportunities to encourage businesses to the nighttime economy that do not serve alcohol, or promote no and low alcohol alternatives, and are attractive to a range of ages.

Purple flag accreditation

Gloucester has recently been reaccredited for 'Purple Flag', a nighttime economy safety accreditation. This UK-wide initiative indicates an entertaining, diverse, safe and enjoyable night out. It comprises a comprehensive set of standards and good practice examples designed to improve town and city centres.

Cheltenham Borough Council obtained data from the police in support of their Purple Flag accreditation and found that in the last year the number of reported alcohol-related incidents occurring within the town centre between 5.00pm and 5.00am has decreased and is now well below pre-pandemic levels. These figures are particularly encouraging given that footfall within the town centre during the evening and into the night has increased considerably, particularly in the following

time frames: 5.00pm to 8.00pm and 8.00pm to 11.00pm which are showing a threefold increase over 2019 levels.

The hospitality sector in Cheltenham is booming with a net increase in the number of venues. Much of the focus of the evening and night-time offer is moving away from alcohol. As a result, the proportion of venues within the town centre defined as alcohol based has fallen from 37.1 % in 2017 to 32.0% in 2023.

Cheltenham has renewed its Purple Flag accreditation and was rated 'outstanding' on safety, care and management. This was attributed to the support of third sector groups such as the Street Pastors and Cheltenham Guardians, a rigorous licensed premises inspection strategy, and effective partnership working with the trade and police to highlight and deal early with problem individuals and premises.

WHAT ARE WE DOING TO MODIFY THE ENVIRONMENT TO REDUCE HARMS OF RISKY DRINKING?



Public Spaces Protection Orders

Gloucester City Council have two alcohol related Public Spaces Protection Orders (PSPOs). A Citywide PSPO allows people to drink alcohol in our open spaces and a city centre alcohol-free zone PSPO where people drinking must stop and surrender their alcohol if they cause a nuisance. Licensed events must pay attention to the rules of the PSPO and put measures in place to ensure their customers comply with PSPOs.

Gloucestershire Workplace Health Award

Over 100 local employers are working towards, or have achieved, the Gloucestershire Workplace Health Award, which recognises local employers for the work they do to support their employees' health and wellbeing. The Award is free and open to all Gloucestershire organisations, large and small and includes action they can take to support their workforce around alcohol.

Recommendation: Maximise opportunities to use the Gloucestershire Healthy Workplace Award to address work-related factors that can drive risky drinking (e.g., workplace stress), to raise awareness of risks, promote healthier ways of socialising, relaxing and coping with difficulties, and signpost to available support.

Changes to alcohol advertising in Sport

There have been some notable recent shifts away from alcohol brands in sport. The FA Cup – once the "FA Cup with Budweiser" – is currently sponsored by the Emirates airline. After the Cheltenham Gold Cup was dropped by Magners Cider in 2020, it partnered up with the charity WellChild and in October 2018 Scottish Womens Football took the decision not to accept alcohol industry sponsorship, citing a responsibility for the wellbeing of the players, their clubs and communities.

Influencing alcohol sales at events

Cheltenham Races are known internationally and bring a huge influx of people into the town every year. Whilst this brings many economic benefits it also has a negative impact in terms of alcohol-related crime and anti-social behaviour. In 2017 the Racecourse banned people bringing their own alcohol onto the site and restricted sales onsite to four alcoholic drinks at a time.

WHAT MORE COULD BE DONE TO MODIFY THE ENVIRONMENT TO REDUCE HARMS OF RISKY DRINKING?



Director of Public Health (DPH) Role as Responsible Authority

There is an opportunity for closer working between the Public Health and Communities team and District Council licensing leads on the development of local licensing policies and on making representations on the likely impacts of granting new premises licences, taking a data-informed approach.

Joint working between licensing and enforcement

District Council Licensing teams work with Gloucestershire Constabulary to enforce licensing regulations, to ensure that licenced premises are meeting their objective under the Licensing Act to 'prevent children coming to harm', and enforce any breaches through education, letters or warnings, tickets or taking the premises to review in certain circumstances.

Recommendation: Build on the opportunity for closer working between the Public Health and Communities team and District Council licensing leads to strengthen our approach to licensing.

WHAT MORE COULD BE DONE TO MODIFY THE ENVIRONMENT TO REDUCE HARMS OF RISKY DRINKING?



Alcohol Advertising and Marketing Bans

Research led by the University of Stirling and the Cancer Policy Research Centre at Cancer Research UK found that 11 to 19-year-old current drinkers, who report high alcohol marketing awareness, are one-and-a-half-times more likely to be higher risk drinkers, compared to those who have low or medium awareness¹⁰⁹.

There may be opportunities to further influence the advertising and marketing of alcohol, particularly targeted at young people.

Labelling

The Government are currently consulting on labelling guidance for no and low alcohol alternatives with the aim of increasing substitution of alcoholic drinks with 'alcohol free' or low-alcohol ('NoLo') alternatives among people who drink above low risk levels.

<https://www.gov.uk/government/consultations/updating-labelling-guidance-for-no-and-low-alcohol-alternatives>

Alcohol CLeaR system level self-assessment tool

CLeaR is an evidence-based approach to system improvement used to understand the effectiveness of local arrangements for preventing and reducing alcohol-related harm. It aims to identify areas for further development and help prioritise action across an alcohol partnership

Recommendation: Under the auspices of the Combating Drugs Partnership, work with partners to undertake the CLeaR self-assessment of local arrangements for preventing and reducing alcohol-related harm and incorporate recommendations into the CDP Action Plan.

NATIONAL AND LOCAL POLICY

National alcohol policy has a significant impact on drinking behaviours and associated harm. Current policy reflects that successive Governments have tended to highlight the perceived benefits of alcohol and its place in our economy and social lives, alongside the harms.

Commitments to introduce a minimum price for alcohol, restrict marketing activities such as multi-buy alcohol discounting, and introducing stronger powers for local areas to control the density of licensed premises could all have an impact.

National Policy Overview



It may be outside of the gift of Gloucestershire County Council and partners to implement some of the interventions that we think will have the greatest impact, however, we, and our communities, can advocate and try to influence for change.

Local Context

Gloucestershire Alcohol Harm Reduction Plan 2016-2019

- » Raise awareness of potential harm.
- » Early identification and signposting or onward referral and treatment
- » Reducing alcohol related crime and anti-social behaviour
- » Engage with on- and off-licenses in developing standards for responsible retailing and promotion of responsible drinking

Gloucestershire Joint Health and Wellbeing Strategy 2019

- » Includes a priority on healthy lifestyles.
- » Priorities link to tackling the potential root causes of alcohol - mental wellbeing, loneliness and social isolation, Adverse Childhood Experiences (ACEs)

Gloucestershire Drugs and Alcohol Action Plan (2023)

- » Echoes the aims of the National Drugs Strategy (2021) (which includes action on alcohol)
- » Seeks to
- » Harm reduction and recovery support 'Prevention'
- » Improve quality of, and access to treatment

Recommendation: Encourage partners and communities to advocate for change to introduce interventions that we know are most effective in reducing alcohol related harm.

RECOMMENDATIONS



Reducing alcohol-related harm in Gloucestershire requires a system-wide response. The recommendations below have been divided into actions that the Public Health and Communities team will take forward, and those for wider system partners.

The Public Health and Communities team will:

- 1** Strengthen the role of the NHS Health Check in identifying people with higher risk alcohol intake and encouraging them to access support.
- 2** Ensure that all health care providers know how and who to refer for alcohol treatment.

3 Explore opportunities to work in partnership with communities to equip local people to deliver very brief interventions to support people who are concerned about their alcohol use to access support. This includes reviewing the outcomes and learning from the budget amendment work on alcohol in Matson and making recommendations for future community-based action based on these findings.

4 Build on the opportunity for closer working between the Public Health and Communities team and District Council licensing leads to strengthen our approach to licensing.

5 Maximise opportunities to use the Gloucestershire Healthy Workplace

Award to address work-related factors that can drive risky drinking (e.g., workplace stress), to raise awareness of risks, promote healthier ways of socialising, relaxing and coping with difficulties, and signpost to available support.

Recommendations to the System and Partners

6 Develop a stronger data-informed approach to the identification of risky drinking in Gloucestershire to inform action to intervene early to reduce alcohol-related harm and associated inequalities.

7 Undertake a benchmarking exercise to review what organisations are already doing in terms of identifying people who could be at increased risk, and what more they could do.

RECOMMENDATIONS

- 8** Run a campaign to raise awareness of alcoholic liver disease, including its silent nature and the importance of early identification, and take a data-driven approach to reviewing opportunities to offer screening for early stages of disease among high-risk groups for example, offering within community treatment services, GP practices, A&E and other frontline service settings, as well as within treatment outreach.
- 9** Upskill and support health and care services to embed brief interventions and use of screening tools, like the AUDIT-C tool, in routine care. Key opportunities include new patient assessments and chronic disease reviews in primary care, or as a self-assessment while people are waiting in A&E. This will identify more people with higher risk alcohol intake and increase the number of people accessing support.
- 10** Develop a needs assessment to identify areas requiring targeted Tier 2 work and deliver prevention and early intervention initiatives to groups of young people with a higher level of risk of alcohol misuse, identified through the needs assessment.
- 11** Build on the Purple Flag accreditation to review opportunities to encourage business to the nighttime economy that do not serve alcohol or promote no and low alcohol alternatives and are attractive to a range of ages.
- 12** Under the auspices of the Combating Drugs Partnership, work with partners to undertake the CLeaR self- assessment of local arrangements for preventing and reducing alcohol-related harm and incorporate recommendations into the Partnership Action Plan.
- 13** Encourage partners and communities to advocate for change to introduce interventions that we know are most effective in reducing alcohol related harm and to better understand the role of the alcohol industry in advertising and promotion to children and young people.
- 14** Promote evidence-based digital self-help tools as part of a local campaign targeted at harmful and hazardous drinkers.
- 15** And finally, while this is a system report, we can all consider our risks and be more mindful about our own drinking.

Click [here](#) for tips on drinking more mindfully



ALCOHOL PROFILE FOR GLOUCESTERSHIRE

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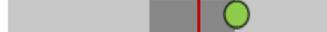
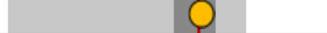
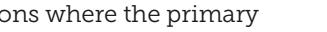


Key Indicators (LAPE)	Period	Glouc'shire			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Mortality										
Alcohol-related mortality	2021	—	276	39.9	34.7	38.5	77.5		23.0	
Alcohol-specific mortality (1 year range)	2021	—	93	14.0	12.0	13.9	33.7		4.6	
Alcohol-specific mortality (3 year range)	2017 - 19	—	140	7.3	9.7	10.9	27.3		3.9	
Under 75 mortality rate from alcoholic liver disease (1 year range)	2021	—	73	12.3	9.8	11.5	29.8		3.1	
Under 75 mortality rate from alcoholic liver disease (3 year range)	2017 - 19	—	102	5.8	7.9	9.1	23.9		3.7	
Mortality from chronic liver disease, all ages (1 year range)	2021	—	122	18.0	12.2	14.5	35.4		4.1	
Mortality from chronic liver disease, all ages (3 year range)	2017 - 19	—	196	10.0	10.6	12.2	31.9		5.4	
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2020	➡	3,105	975	1,032	1,116	2,436		559	
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2020	➡	1,600	466	456	500	1,125		246	
Admissions										
Admission episodes for alcohol-specific conditions	2021/22	—	3,560	544	621	626	2,514		255	
Admission episodes for alcohol-related conditions (Narrow)	2021/22	—	2,923	443	498	494	840		251	
Admission episodes for alcohol-related conditions (Broad)	2021/22	—	9,404	1,377	1,613	1,734	3,871		1,068	
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	—	135	34.9	46.0	29.3	83.8		7.7	

ALCOHOL PROFILE FOR GLOUCESTERSHIRE

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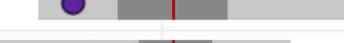
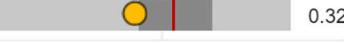
Hospital admissions	Period	Glouc'shire			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Admission episodes for alcohol-related conditions (Narrow) (Persons)	2021/22	–	2,923	443	498	494	840		251	
Admission episodes for alcohol-related conditions (Narrow) (Male)	2021/22	–	1,840	575	635	664	1,104		359	
Admission episodes for alcohol-related conditions (Narrow) (Female)	2021/22	–	1,083	325	375	341	636		147	
Admission episodes for alcohol-related conditions (Broad) (Persons)	2021/22	–	9,404	1,377	1,613	1,734	3,871		1,068	
Admission episodes for alcohol-related conditions (Broad) (Male)	2021/22	–	6,797	2,081	2,415	2,683	5,842		1,584	
Admission episodes for alcohol-related conditions (Broad) (Female)	2021/22	–	2,607	759	909	906	2,098		501	
Admission episodes for alcohol-specific conditions (Persons)	2021/22	–	3,560	544	621	626	2,514		255	
Admission episodes for alcohol-specific conditions (Male)	2021/22	–	2,320	728	838	879	3,758		300	
Admission episodes for alcohol-specific conditions (Female)	2021/22	–	1,240	375	419	390	1,360		148	

Note: Hospital admissions are grouped under 'narrow' and 'broad' category admissions (narrow refers to admissions where the primary diagnosis is an alcohol-related condition, and 'broad' where the primary diagnosis or a secondary diagnosis are alcohol related). This provides the full impact of alcohol on hospital admissions and the burden placed on healthcare services.

ALCOHOL PROFILE FOR GLOUCESTERSHIRE

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Treatment indicators	Period	Glouc'shire			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Number in treatment at specialist alcohol misuse services	2020/21	-	704	704	-	76,740	-	-	-
Proportion waiting more than 3 weeks for alcohol treatment	2020/21	➡	0	0.0%	-	2.0%	41.9%		0.0%
Successful completion of alcohol treatment	2021	➡	-	35.6%	38.1%	36.6%	18.4%		
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol	2019/20	-	200	58.5%	34.7%	43.9%	63.6%		
Deaths in alcohol treatment, mortality ratio	2018/19 - 20/21	-	30	1.22	-	1.00	2.03		0.32

Summary

Gloucestershire outcomes are largely in line with, or better than the English average for most alcohol related indicators although county level data can mask differences at district or community level and these figures are still indicators of significant alcohol-related harm within the county and allow no room for complacency.

Where the county differs most noticeably is for mortality from chronic liver disease in 2021, where Gloucestershire fairs significantly worse than the English average. However, this data must be interpreted with caution, as it is a one-year snapshot, and cannot be compared over a longer time-period. Previous data collected from 2017-2019 has Gloucestershire as significantly better than the English average. It is important that we continue to monitor this indicator moving forwards.

Note: At the time of writing, 2021 data are not comparable to previous years as they are based on the 2021 census data. Rebased estimates for 2012 to 2020 will be published in due course.

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HOW MUCH IS A UNIT?

 HOME

A unit of alcohol is a simple way of understanding how much pure alcohol is in a drink. The stronger the drink, the more units of alcohol it will contain.

Lower risk drinking	Increased risk drinking	High risk drinking	Dependence
Your alcohol consumption is within recommended limits	Your alcohol consumption is at a level where health is at risk	Your alcohol consumption is causing health problems	Your body craves alcohol, you think about your next drink a lot and you feel you can't stop drinking
Less than 14 units per week	For women: more than 14 units and less than 35 units per week For men: more than 14 units and less than 50 units per week	For women: more than 35 units per week For men: more than 50 units per week	



Type of alcohol	Number of units
1/2 pint "regular" beer/lager/cider	1 unit
1 pint "regular" beer/lager/cider	2 units
1 pint "strong" or "premium" beer/lager/cider	3 units
1 can "regular" larger/cider	2 units
1 can "super-strength" lager/cider	4 units
1 medium (175ml, 13.0%) glass of wine	2.3 units
1 large (250ml, 13.0%) glass of wine	3.3 units
1 bottle (750ml, 13.0%) of wine	10 units
1 single measure of spirits	1 unit
1 alcopop	1.5 – 3 units

AUDIT-C

a quick way to assess drinking behaviours

Being mindful about how much we are drinking, and the associated risk, is important. We know that people's perception of what constitutes risky drinking has a high threshold. The AUDIT-C tool, scored on a scale of 0-12 provides a quick way to assess risk.

The higher the AUDIT-C score the more likely it is that a person's drinking is affecting their health and safety.

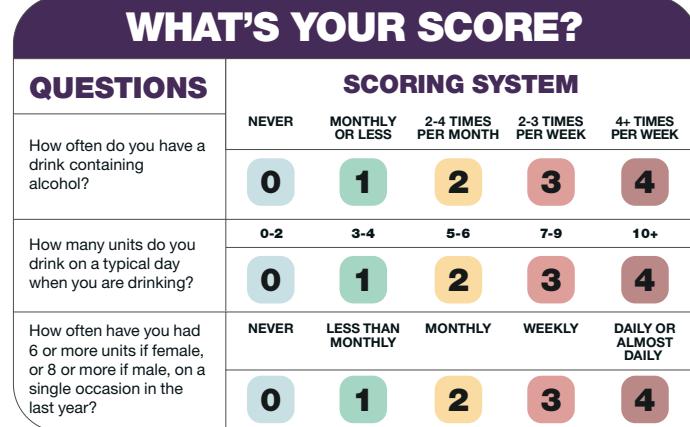
 HOME

ONEYOU Think about your Drink

HAVE A WORD

Delivered by



1 UNIT =

1/2 pint of beer

or
1/2 glass of wine

or
1 single shot of spirit

YOUR TOTAL

CHECK BELOW
TO FIND
OUT YOUR
RESULTS

0 1 2 3 4 5 6 7 8 9 10 11 12

SCORED 0-4?

Congratulations! Your drinking is at low-risk for health harm. Keep it up!

SCORED 5-10?

You may be drinking at a level that could put your health at risk. A few small changes could make all the difference.

SCORED 11 OR 12?

It may be worth speaking to your GP about your score. Take this scratch card with you and ask for some advice. Or, you could call Drinkline.

TIPS FOR DRINKING MORE MINDFULLY



If you regularly drink more than 14 units of alcohol a week, try these strategies to help you drink more mindfully

- » Keep a note of what you are drinking and when
- » Set yourself a limit – decide how much you want to drink in advance and stick to your plan
- » Eat before and while you drink to help you pace yourself
- » Alternate alcoholic drinks with a soft drink or water
- » Choose a smaller glass and a lower strength (ABV in %)
- » Try drinking low-alcohol and no-alcohol alternatives
- » Pace yourself – enjoy each drink

slowly and remember you don't have to join in every time someone decides to drink!

- » It is surprising how many people think it's okay to pressure other people to drink – remember it's fine to say 'no'
- » Plan what you will say if you are offered a drink and say it with confidence
- » Use bar measures such as shot or wine measures when drinking at home
- » Have several drink-free days each week
- » Let your friends and family know you are cutting down and it's important to you – so they can support you
- » Take part in special alcohol-free initiatives like 'Dry January' or 'Go Sober for October'

- » Keep track of your drinking with MyDrinkaware app www.drinkaware.co.uk

Ask for help – lots of people struggle with alcohol at some point in their lives and need support to turn things around.

- » If you are finding it difficult to control your drinking (or are concerned about someone else's drinking):
 - » Talk to your GP or contact your local alcohol service
 - » Call Drinkline for free confidential advice - 0300 123 1110 (weekdays 9am – 8pm, weekends 11am – 4pm)
 - » For further information go to www.drinkaware.co.uk or www.alcoholchange.org.uk or www.alcoholicsanonymous.org.uk
 - » For help from local agencies, [click here](#).

