

Public Health & Communities

Director of Public Health Report 2023

Gloucestershire County Council

Living our values every day



Accountable

Integrity

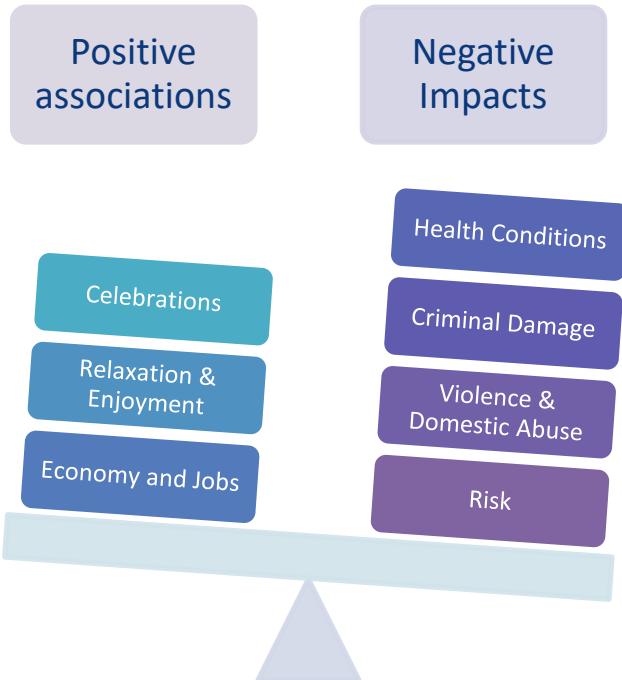
Empower

Respect

Excellence



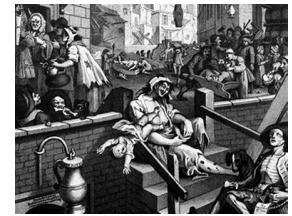
Alcohol



- Part of life in the UK although not everyone drinks – e.g., cultural, religious, health or personal choice reasons
- Impacts of alcohol are not the responsibility of one organisation – it is a system issue
- Not the fun police but...
- Desire to stimulate interest, call people to action and consider the recommendations

When has alcohol caused concern?

- People have consumed alcohol for thousands of years
- 17th, 18th and 19th centuries - various legislation introduced to prohibit or deregulate
- Often followed economic trends: when money was scarce, consumption fell; when the economy boomed so did drinking
- Fast forward to the 1980s, alcohol consumption and alcohol-related harm in the UK steadily increased, reaching a peak in the mid 2000s
- Since then, there has been a decline in the numbers of people reporting 'drinking alcohol in the last week' up until 2019



- 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 2019
- The Covid-19 pandemic had a huge impact on drinking behaviours in the UK



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Who is at risk?

- Higher earners are more likely to drink than those on lower incomes
- 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 illness *(Riglar, 2000)*

In Gloucestershire

- 1 in 8 adults reported that they abstain from drinking alcohol *(2015 – 2018)*
- 1 in 4 adults drink more than 14 units per week *(2015-2018)*
- 13.1% of adults reported binge drinking on their heaviest days *(2015-2018)*
- There were an estimated 5,509 dependent drinkers in 2019

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Alcohol Related Health Harm

Alcohol-related health harm in Gloucestershire can be assessed by looking at data on hospital admissions, alcohol-related conditions and mortality.

Nationally, it has been estimated:

- 1.6% of admissions to hospital in England are as a direct result of alcohol and
- 5.7% of admissions to hospital include alcohol as a factor.

The costs of this are significant. Alcohol costs the NHS an estimated £3.5 billion per year in England

Locally, overall, hospital admissions are either similar to, or better than, English averages. However, these averages mask some significant disparities:

- 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 Stroud (467 per 100,000) and Cotswold (371 per 100,000)

Patterns of Consumption in Young People

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

Source: Gloucestershire Pupil Wellbeing Survey (2022)

What Happened During the Pandemic?

The Institute of Alcohol Studies' review of consumption from March to June 2020 found that:

- Between 1/5 and 1/3 of people were drinking more alcohol during lockdown. Typically, these were people who drank at increased risk or high risk prior to the pandemic.
- Sales of alcohol increased to the extent that some supermarkets limited the amount that people could buy during one shop.
- 1/3 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.



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Developing the Report

Informed by the views and experiences of local people and system stakeholders

- Evidence Review and Rapid Health Needs Assessment
- Stakeholder listening event
- Qualitative Insights Research in St Marks in Cheltenham, and Matson and Podsmead in Gloucester (funded through a GCC budget amendment)

Relieves boredom (This was mentioned in 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.



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.

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

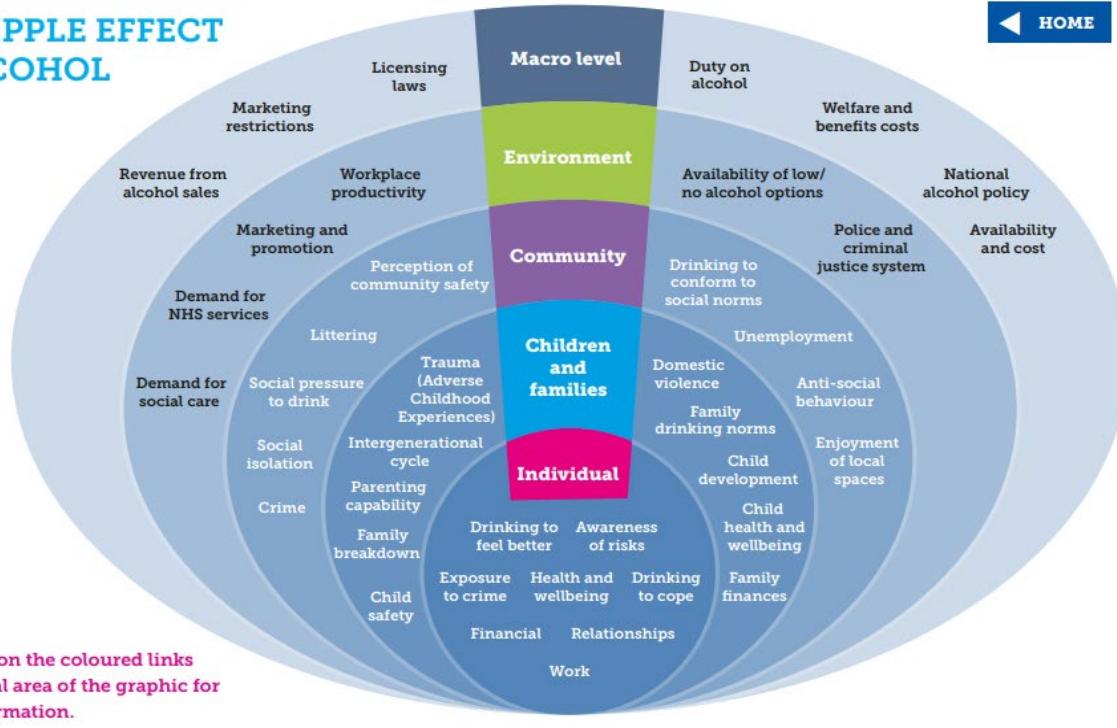
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What's in the Report?

THE RIPPLE EFFECT OF ALCOHOL

◀ HOME



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Individuals and alcohol – influences, 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

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.

"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

"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

"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



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Getting help to cut down – Never any judgement, just support...

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"

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Children and families and alcohol - influences, 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

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 misuse

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.

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Children and Families – case study

"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 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."

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Communities and alcohol – influences, impacts and what can be done to reduce harm?

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

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.



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The value of community and neighbourhood-based support for people affected by risky drinking

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 Ewe Space

"B is a female who is seen as threatening and causing major disruption in 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 often being socially excluded, 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"

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Environment and economy and alcohol –influences, impacts and what can be done to reduce harms?

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

Effective licensing has been identified as a key tool in preventing alcohol-related harms

The Purple Flag scheme is an accreditation that promotes safety and supports excellent practice in managing the evening and night-time economy

The regulation of marketing and reduction in our exposure to alcohol advertising are important components of reducing alcohol use



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What are the guidelines?

The Chief Medical Officer's (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 altogether.

How much is a unit?

Type of alcohol	Number of units
½ 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” lager/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

What Support is Available?

- **Gloucestershire Healthy Lifestyles Service** provide low intensity support for people who are looking to cut down on their drinking, or to stop drinking completely
- **Structured community-based treatment** for adults who want to cut down or stop drinking altogether is currently provided by **Change Grow Live (CGL)** alongside many other skilled staff and services around the local 'system'.
- There are specialist staff placed in services that people with developing problems may attend, in the general hospitals in Gloucester and Cheltenham, 'diversion from custody', and children's social care services.
- 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. Local examples of good practice from the Matson, Robinswood and White City Community Partnership
- Local charity '**InfoBuzz**', part of Young Gloucestershire
- **Prospects** the Gloucestershire Youth Support Team, Young People's substance misuse team
- Gloucestershire Healthy Living and Learning (**GHLL**)



Recommendations – *Public Health*

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

Ensure that all health care providers know how and who to refer for alcohol treatment.

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.

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.

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 – *System and Partners*

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.

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.

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

Upskill and support health and care services to embed brief interventions and use of screening tools, like the AUDIT-C tool, in routine care.

Recommendations – System and Partners

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.

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.

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.

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.

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

And finally, while this is a system report, we can all consider our risks and be more mindful about our own drinking.



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