

Norwich Alcohol Needs Assessment

Executive Summary

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Executive summary

Norwich CCG Children & Families Clinical Action Team called for work to reduce alcohol related harm. The Public Health Directorate agreed to conduct an alcohol needs assessment to inform an alcohol strategy for the Norwich CCG area (population size 205,200).

The objectives of this needs assessment were to:

- review the epidemiology of alcohol for Norwich considering aspects of supply, consumption and harm (health, socio-economic and crime & disorder)
- review current services relating to alcohol misuse
- compare current service provision against national guidance
- describe stakeholder and service user perspectives of alcohol treatment and services
- assess the need for development and make recommendations for improvement

An epidemiological/comparative/corporate approach was used utilising quantitative data and focus group discussions.

Findings

The affordability and availability of alcohol in Norwich has increased. From 2005 to 2012 there has been a 40% increase in the total number of licensed premises and a 67% increase in the number of off-licenses.

There are no comprehensive estimates of alcohol consumption locally but national data show spirit consumption amongst women has risen significantly and has doubled amongst 11 to 15 year olds in the last 20 years.

In the Norwich CCG population it is estimated there are between 4,000 and 6,000 people with signs of alcohol dependence and 7,710 males and 4,030 females who drink at higher risk. 25% of adults binge drink in Norwich, compared to 17% for Norfolk, 18% for East of England and 20% for England.

1% of young people (aged 13-18) in Norwich said they drank every day. The proportion of 'ever drunk' was lower in Norwich than nationally (65% cf. 80%) in ages 15-16 years.

Health impacts

In 11/12 there were an estimated 9,000 A&E attendances related to alcohol for the Norwich CCG population. There were also 801 alcohol-specific hospital admissions costing £928,226. The peak age for admission was 40 to 44 years of age and 5%

were for ages less than 20 years. Emergency admissions accounted for three-quarters of the total.

The Norwich CCG rate of hospital admissions for alcohol-specific conditions is higher than for England and East of England for both males and females. The rate for males is about double that of females. During the period 06/07 to 10/11, both the Norwich male and female rates have increased more rapidly than the rates for England and East of England. For females, the rate increased nearly twice as quickly in Norwich compared to the East of England, and 50% more quickly than the England rate.

- for hospital admissions for alcohol-related liver disease in ages 20 to 24 years, the proportion of female admissions has been ten times greater than the proportion of male admissions (3% compared to 0.3% respectively) over the last ten years.
- there were 3,070 alcohol-related hospital admissions in 11/12 for the Norwich CCG registered population which cost £4,542,166. Over the period 05/06 to 09/10, each year there have been about an extra 150 alcohol-attributable hospital admissions.
- 606 people were in structured treatment for problems with alcohol in Norwich in 11/12. Of these 288 people (48%) successfully completed treatment
- there has been an average of 15 alcohol-specific deaths per year during 2002-2011 for the Norwich CCG population with males accounting for 67% of deaths. Nationally the alcohol-related mortality rate has increased over this period but it is difficult to determine the trend in alcohol-related deaths locally.

Socio-economic impacts

Less than 10% of alcohol-dependent parents with children received structured treatment for their alcohol problems in 2011/12. There were 2,165 referrals to children's social care in Norwich in 10/11 and about 40 to 50% of child protection cases involve parental drug or alcohol misuse.

25 to 30% of young people who refer themselves to the Matthew Project after a school visit do so for parental alcohol misuse concerns. It is estimated that last year in Norwich, Children's Services dealt with 1,080 referrals for families involving children affected by parental substance misuse issues.

Alcohol-induced antisocial behaviour was a factor in 65% of referrals to Norwich antisocial behaviour action group (ASBAG) in 11/12.

Rates of homelessness for the Norwich City Council area are above national average. Housing Advisors in Norwich estimate that each year about 260 cases of homelessness or threatened homelessness have alcohol misuse as an underlying cause.

Crime and disorder impacts

30,000 people come into Norwich each evening at the weekend. In recent years there has been an increase in the numbers of crime/disorder incidents in central Norwich has been between 4:00am and 6:00am following the introduction of extended licensing which has made alcohol available for longer periods of time. A voluntary agreement has been in place since Aug 2012 for Prince of Wales licensed venues to close by 4:00am.

Whilst alcohol-related violent crime and anti-social behaviour is concentrated in the Prince of Wales Road / night time economy area, the whole city is affected. Alcohol-related anti-social behaviour occurs more frequently than violent crime and incidents of anti-social behaviour can often escalate into violent crime.

The rate of alcohol-related crime in Norwich has been steadily decreasing since 06/07, in line with the reductions seen nationally. In the Norwich City Council area, 1,203 alcohol-related crimes were recorded in 2011/12, which represents the second highest rate in Norfolk. 9% of all the alcohol-related crime in Norfolk happens on Prince of Wales Road where the Norwich night time economy is centred.

Domestic abuse accounted for 8.2% of the total crime within the county in 11/12 and alcohol is a factor in about a third of cases. Domestic abuse occurs for the first time during pregnancy in a substantial number of cases. About a half of domestic abuse incidents involved children, affecting about 5% of all children. Norwich has the second highest rate of domestic abuse offences involving children in Norfolk.

Norwich has the highest rate of sexual crimes attributable to alcohol in Norfolk

National guidance

A range of guidance is available to support local work to reduce the harm from alcohol including the National Alcohol Strategy (2012) and Signs for Improvement (DoH, 2009).

Current services in Norwich aimed at reducing the harm caused by alcohol were mapped and compared to national guidance.

Views of stakeholders and service users

Focus group discussions were carried out with the Task and Finish group and a Service User group of people recovering from alcohol misuse. Thematic analysis of discussions identified 21 themes.

Recommendations

A series of recommendations are made which are summarised below:

Supply

- challenge the presumption of approving license applications
- introduce an alcohol license saturation policy to prevent new licenses being issued in areas with an existing high-density of licenses
- reduce the direct and indirect supply of alcohol to children

Awareness, education and prevention

- develop a local programme to help awareness of personal alcohol consumption levels and the potential impact on children based on national social marketing work
- ensure the consistent use of identification and brief advice across primary care, secondary care, criminal justice, social care, housing support settings to identify individuals at risk of alcohol misuse, provide brief advice and refer appropriately

Harm reduction

- recognise the risk groups identified in this needs assessment and understand the opportunities to intervene to reduce harm from alcohol misuse
- reduce alcohol consumption in those people drinking above the recommended safe limits for consumption and reduce dependency on alcohol
- provide extended brief intervention to higher risk or alcohol dependent individuals who are not ready for change

Treatment services

- ensure the provision and uptake of evidence-based specialist treatment for at least 15% of estimated dependent drinkers
- continue to develop and improve alcohol treatment services and implement the recommendation of the DAAT commissioned Tier 4 detoxification service review
- increase the identification, provision of brief advice and appropriate referral of patients at risk of harm from alcohol misuse in acute healthcare settings

Partnership working

- co-ordinate the work of all partners to reduce alcohol-related harm
- work with other local behaviour change and health promotion opportunities such as Norwich Health City
- improve information sharing between partner organisations to help understand the needs of people entering and leaving structured treatment for alcohol misuse