Item 5

Report of the Executive Director Core Services
and the Executive Director of Public Health and Communities,
to the Overview and Scrutiny Committee (OSC)
on 23 July 2024

Problematic Alcohol Use and its Implications for Barnsley

1.0 Introduction

1.1 Problematic drinking is defined as drinking more than the recommended limit of 14 units of alcohol per week for both men and women (NICE 2023; NHS 2022). Problematic drinking can have negative consequences on the physical and mental health of individuals, the well-being and safety of families and children, and the social and economic functioning of the wider community and the health system.

1.2 This report summarises the main implications of problematic drinking on these aspects of life in Barnsley, based on the latest evidence and data. It also provides some recommendations on how to prevent and reduce problematic drinking and its harms, drawing from the best practices and policies in the UK and other countries.

2.0 Background

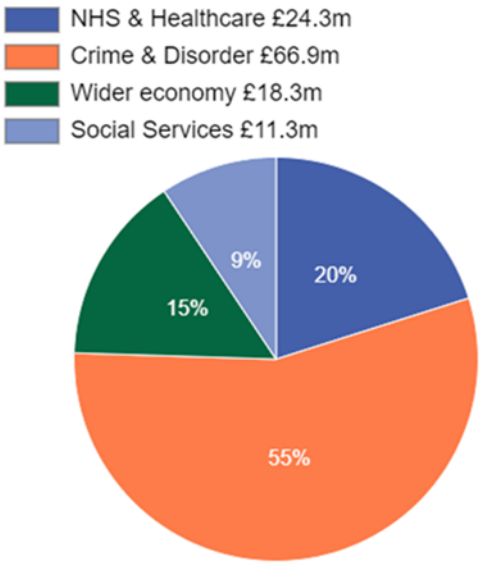
Implications of Problematic Drinking

2.1 Alcohol plays a significant role in our society by creating employment opportunities, contributing to tax revenue, invigorating the UK's evening and night-time economy and being associated with socially enjoyable contexts. While the majority of drinkers consume alcohol in moderations, there has been a significant increase in alcohol consumptions in the last forty years. Consequently, alcohol is now one of the leading risk factors for deaths among men and women in the UK.

2.2 The impact of alcohol extends beyond personal health; it is both a cause and a consequence of a number of challenging issues. Problematic drinking can damage the physical and mental health of individuals, increasing the risk of various diseases, disorders, impairment, and poisoning. It can also affect the quality of life and well-being of individuals, leading to social and legal problems, such as violence, crime, abuse, homelessness, and unemployment. It can have an adverse effect on families and children in various ways, such as violence, neglect, poverty, and poor health. It has adverse consequences for the community and the health system, such as higher costs, lower social cohesion, and more public disorder, alongside destabilising the well-being, resilience, and local community spirit of the people.

2.3 Problematic drinking is a costly problem for society, especially for areas like Barnsley, where the estimated cost of alcohol harm is above the national average. The Institute of Alcohol Studies (IAS) estimates that in 2024 alcohol harm costs society in England £27.44 billion each year. The IAS estimates the costs of alcohol harm in Barnsley each year is £120.7 million, this includes costs such as NHS, crime and social services:

2.4 Breakdown of alcohol costs in Barnsley per year (2024):



Identification of Problematic Drinkers

2.5 The AUDIT-C is the gold standard questionnaire tool services use for screening for problematic drinkers in Barnsley and is used in most health settings. AUDIT C is a shortened version of the Alcohol Use Disorders Identification Test (AUDIT), a 10-item questionnaire developed by the World Health Organisation (WHO). The shortened version consists of three questions and takes less than a minute to complete. Each question is scored and as a general rule, a score of 5 or more is deemed a positive screen for possible problematic alcohol use. The results from the AUDIT-C are used to have a conversation with the person about their alcohol intake and potentially refer to specialist support. If a score of 5 or more applies it is advised that professionals complete the remaining alcohol harm questions with their client to obtain a full AUDIT score.

2.6 When a full AUDIT is completed, scoring is as such: 0 to 7 indicates low risk, 8 to 15 indicates increasing risk (or problematic), 16 to 19 indicates higher risk (problematic), and 20 or more indicates possible dependence. Scores of 0 to 7 or 8 to 15 may be managed by brief interventions. A brief intervention is a short, structured, and motivational conversation that aims to raise awareness of the risks and harms of alcohol misuse, and to encourage positive behaviour change. Brief intervention can be delivered by any health professional in various settings. Where there is a score of 16 to 19 or 20 or more, the individual should be referred to specialised support.

Problematic Drinking and Inequalities

2.7 Arguably, the impact of high alcohol consumption and related harms fall disproportionately on the more vulnerable groups in society. That is, people who fall within the lowest socioeconomic groups are more likely to suffer alcohol-related harm, be admitted to hospital for alcohol-related or specific health concerns or die from these conditions than those in higher socioeconomic groups. That said, it is important not to neglect those living in higher socioeconomic groups.

2.8 The Office for National Statistics (ONS) has published a study indicating that alcohol consumption is more prevalent among people with professional roles, with 69.5% of professionals reporting drinking in the last week, compared to 51.2% in routine and manual roles. It is important to note that while individuals from lower socioeconomic backgrounds may drink less often, they can experience greater harm due to wider inequalities faced by this group. This is known as the ‘alcohol harm paradox’, meaning they drink less but suffer more. Some evidence suggests that this may be due to individuals in lower socioeconomic groups consuming larger quantities, although less frequently. The alcohol harm paradox may also be due to them

being more vulnerable and having less resilience because of their adverse social and economic conditions. This highlights the importance of challenging the perceptions and stereotype associated with problem drinking and a need to target those with professional roles.

Data and Epidemiology

2.9 Quantitative and qualitative data sources are used to identify and reduce problematic drinking in Barnsley. This data is analysed and reviewed to identify areas of unmet need and health inequalities. This is used to make recommendations to address the needs of the local community in partnership working, system responses, and commissioning.

Barnsley Hospital Admissions

2.10 Data for alcohol admissions can be split up into 'alcohol related' and 'alcohol specific conditions'.

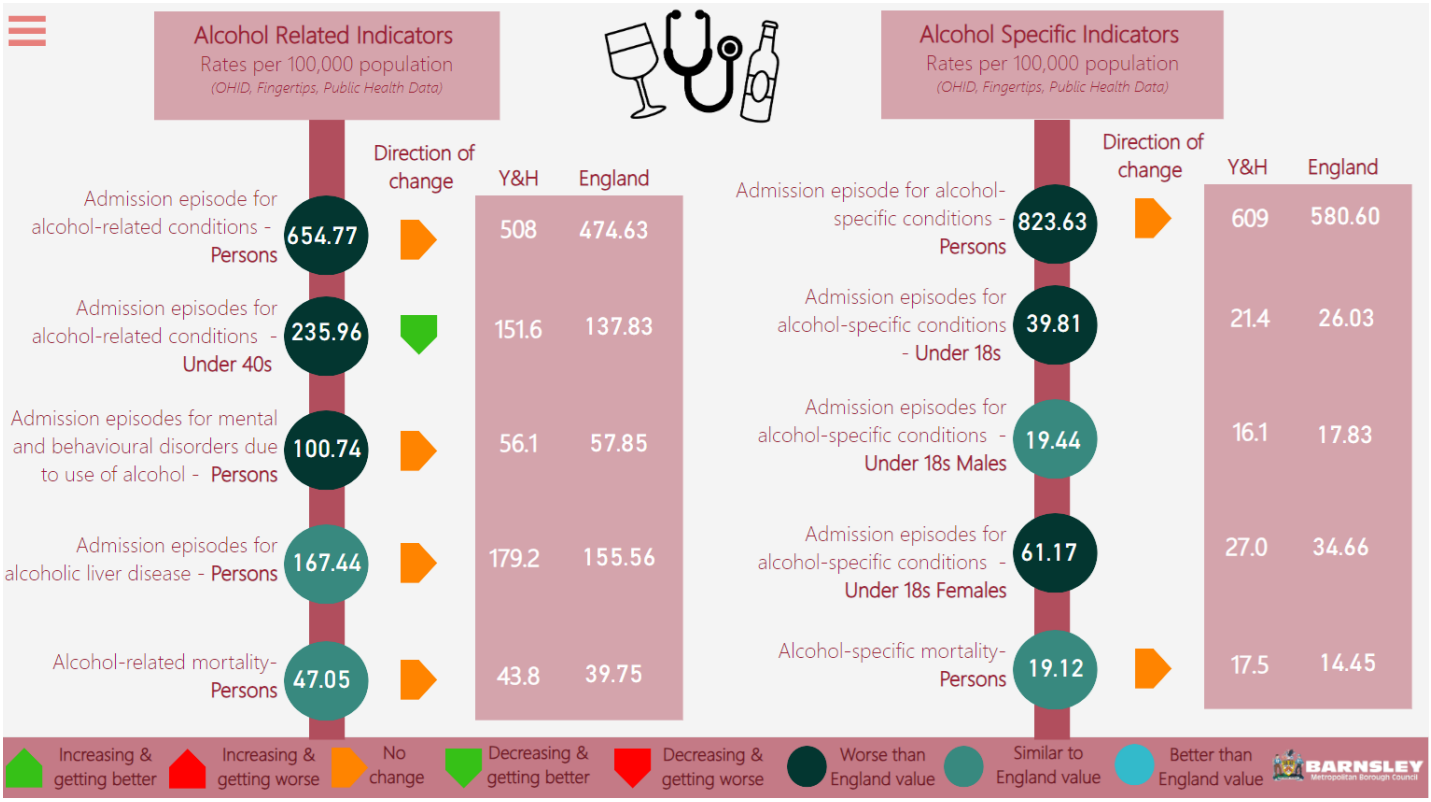
2.11 Hospital admission for **alcohol-related conditions** are admissions to hospital where the cause of the condition is either wholly or partially caused by alcohol. Some of these conditions may be caused by a range of things, and some can occur without alcohol being present. If the condition is 'coded' as alcohol-related, then alcohol will have been thought to contribute in that circumstance. This therefore may include instances where the cause of the diagnosis is *associated* with alcohol consumption but may not be the direct cause for every individual presenting with that condition. Clearly, due to the definition of the alcohol-related indicator, admission episodes for some individuals who have not necessarily consumed alcohol are being captured in the data; they are included in the data purely because their diagnosis code is classified as partly attributable to alcohol. These conditions include all alcohol-specific conditions, plus those where the cause is considered to be partly caused by alcohol, for example various cancers, pneumonia and falls.

- Benchmarked against Yorkshire and the Humber and England, the rates in Barnsley are significantly higher.
- Across the last five years, alcohol related admissions in Barnsley have been consistently above the national level and have risen 8.26%.

2.12 Hospital admission for **alcohol-specific conditions** are admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. The reason for the admission can be directly linked to alcohol consumption. Alcohol-specific conditions include those conditions where the cause is considered to be wholly caused by alcohol - for example, alcohol-related liver cirrhosis, alcohol poisoning, and foetal alcohol syndrome. This is a better indicator as it doesn't capture people who don't drink and is therefore used as a Corporate Performance Indicator.

- Barnsley admission episodes for alcohol-specific conditions are 26% higher than Yorkshire & Humber and 29% higher than England.
- The trends for alcohol specific conditions also show that across the last five years, they have been consistently above the national level and have risen year upon year and are now 4.7% higher than they were in 2016/17.

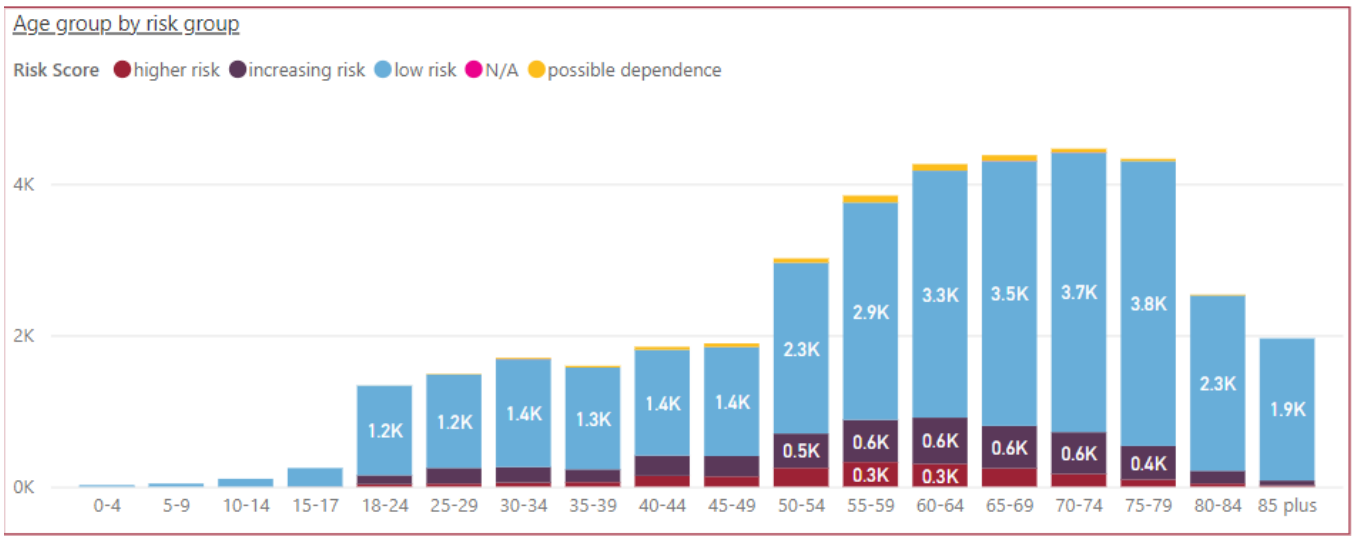
2.13 The infographic below shows some of the highlights of this data, how Barnsley compares with regional and England averages and the direction of travel. Barnsley is significantly worse than the England average for most of the indicators. Barnsley's Combatting Drugs Partnership monitors both the alcohol related and alcohol specific admissions as part of the National Outcomes Framework:



AUDIT C data

2.14 The data the service has via AUDIT C is limited, as not everyone is given the AUDIT screening and as it is self-reported it relies on people being honest to health professionals. The graph below shows the risk scores by age categories from GP data. As this is only GP data it is not representative of Barnsley's population. Furthermore, AUDIT C does not assess the negative consequences of alcohol use, such as physical, psychological, social, or occupational harm, which are important indicators of problematic alcohol use. Therefore, AUDIT C may miss some cases of problematic alcohol use or dependency that have low consumption levels but high impact on health and functioning. As such, AUDIT C is a useful and valid screening tool for problematic alcohol use and dependency, but it has some limitations that need to be taken into account when interpreting and applying its results. AUDIT C should not be used as a standalone diagnostic tool, but rather as a part of a comprehensive assessment that includes other sources of information.

2.15 The available data below highlights that people over 50 are more likely to have completed the AUDIT C at the GP. This may be due to it being a standard part of the NHS Health Check that is only available to people over 40 years:



2.16 In recent months, Barnsley Hospital has implemented AUDIT C screening for all adults admitted to hospital. Most admissions are now screened and those with a score of 5 or more are referred to the hospital's Alcohol Care Team for advice or treatment, dependant on their level of risk. Although almost 90% of screened patients report drinking alcohol at lower risk levels, around 10% report consuming alcohol at increasing, higher risk or possible dependence levels.

Alcohol and the COVID-19 Pandemic

2.17 Alcohol consumption changed substantially during the COVID-19 pandemic for many people across the UK. A recent study quantified how these changes in drinking varied across the population and their potential longer-term impact on health and health inequalities:

- Alcohol consumption in 2020–21 increased in heavier drinkers but fell in moderate drinkers.
- Even if alcohol consumption returns to pre-pandemic levels, it is estimated that across England there will still be an additional 42,677 hospital admissions and 1,830 deaths over 20 years because of the changes that occurred during the pandemic.
- If consumption remains at 2021 levels (during the pandemic) in the long-term across England these figures rise to 355,832 and 12,849, respectively. In all scenarios, the biggest increase in harm occurs in the most deprived 20% of the population.

3.0 Current Position

Barnsley's Alcohol Alliance

3.1 The Barnsley Alcohol Alliance is the borough-wide partnership group for alcohol prevention and harm reduction. The overarching purpose of the Alliance is to develop a system-wide approach to address the availability, affordability, and acceptability of alcohol in Barnsley. The Alliance brings together a wide range of partners with the aim of working together to implement, manage and evaluate the alcohol plan and a range of actions discussed and agreed by the Alliance. The Alliance provides a shared voice, leadership and a shared opportunity for all its members in a way that allows us to do more together than could be achieved by acting in isolation. The Alliance meets quarterly and includes membership from all key partners such as Barnsley Hospital, primary care and Recovery Steps. The full terms of reference for the Alliance are available on request. Please note that the work of the Alliance is under review to strengthen its relationship to the combatting drugs partnership – see below.

Combatting Drugs Partnership

3.2 The combatting drugs partnership (CDP) works collaboratively to prevent and reduce the harms caused by drug and alcohol use to individuals, families and communities. It aims to improve treatment and recovery by:

- Increasing the number of people (adults and young people) accessing alcohol services for structured treatment and support.
- Improving referrals to treatment from health, social care and voluntary organisations.
- Improving outcomes for those accessing treatment including access to safe and secure accommodation and employment opportunities alongside treatment.
- Continue to develop a thriving Recovery Community making recovery visible across the borough.
- Re-build and strengthen the professional workforce to develop and deliver a comprehensive substance misuse workforce development and training strategy.

3.3 Progress is measured through a number of performance indicators that are reported via the CDP and to the Office for Health Improvements and Disparities (OHID). This is important as successful access to treatment is linked to the funding received from OHID which supports service capacity. (See accompanying Combatting Drugs report for further information - Item 4a).

Barnsley Recovery Steps Support Service

3.4 Comprehensive evidence-based support is available for anyone worried about their drinking in Barnsley. As well as structured treatment programmes for people who are alcohol dependant, this service also has a role in prevention and delivers harm minimisation and brief interventions and supports people to reduce their alcohol consumption. (See accompanying Combatting Drugs report for further information - Item 4a).

Barnsley Hospital's Alcohol Care Team

3.5 Since November 2021, a nurse-led alcohol care team (ACT) have provided care and support for people attending or admitted to Barnsley Hospital who are alcohol dependent, present with acute intoxication or have other alcohol-related issues. (See accompanying Combatting Drugs report for further information - Item 4a).

4.0 Current Position and Work Plan

Barnsley Alcohol Plan 2022-25

4.1 The Barnsley Alcohol Plan 2022-25 (available upon request) has been developed by Barnsley Council's Public Health Team in partnership with other agencies and is overseen by the Barnsley Alcohol Alliance. It follows on from the previous plan 2018-21 and outlines what has been achieved as well as the priorities for 2022-25. These include:

National Priorities

1. Availability
2. Affordability
3. Acceptability

Local Priorities

4. Children of alcohol dependent parents
5. Children and young people
6. Mental health
7. Alcohol treatment
8. Night-time economy
9. Partnership approach
10. Licensing and regulation

4.2 The Barnsley Alcohol Plan 2022-25 outlines the work to be undertaken over this period including the relevant performance indicators as well as acknowledges the other strategic plans it complements.

4.3 Progress continues to be made against the priorities in the Alcohol Plan 2022-25, delivered by a range of partners and overseen by the Barnsley Alcohol Alliance. Key updates include the following:

- Development of the Barnsley Alcohol Alliance's comprehensive Communication Plan that aims to change attitudes and raise awareness of problematic drinking. (The Communication Plan is available on request).
- As part of the communications plan a local campaign is being developed for 2024 that aims to change the stereotype/stigma of a typical drinker. This aims to enable more people in

Barnsley to acknowledge they may be drinking too much. This is currently still in development.

- Continue to commission DrinkCoach so people can consider their own alcohol intake. DrinkCoach is part of Humankind Charity and offers a number of digital products to encourage self-assessment, monitoring and behaviour change related to alcohol use. Find out more about the products on https://drinkcoach.org.uk and the Barnsley specific site here - https://drinkcoach.org.uk/alcohol-test. For 2023/24 For the period 1st June 2023 to 30th June 2024 the test site had 1885 views with 452 Audits completed. From the Audits completed 26% were low risk drinkers, 41% were increasing risk drinkers, 21% were higher risk drinkers, and 42% where possible dependant. 348 people who accessed the site followed up for additional information or support. A total of 57 coaching sessions were completed by a professional alcohol specialist. Subsequently, the follow-on support including the coaching sessions is estimated to have had a cost saving of £5805 during this period.
- Maintain lobbying Government for an Alcohol Strategy, the last national strategy was updated in 2012.
- Ongoing support for regional and national colleagues to introduce Minimum Unit Pricing (MUP). MUP is a policy that sets a floor price for a unit of alcohol. The aim of MUP is to reduce the consumption of cheap and high-strength alcohol, especially among harmful and hazardous drinkers, who are more likely to buy alcohol below the MUP. In 2018 Scotland introduced MUP and the latest evidence suggests that MUP had reduced alcohol-attributable deaths by 13.4% - 156 a year.
- Maintain and update the local Alcohol Plan based on best available evidence and any regional/national developments.
- Through the Alcohol Alliance, work as a partnership with services, voluntary sector and anchor institutions to ensure our messages align.
- Continue to work with Recovery Steps and fund the alcohol worker pilot scheme in the North East Area of Barnsley, replicating the smoking advisor Hub and Spoke model. The role will entail providing information, advice, support and training to community members, businesses and organisations in the North East Area. The role will also deliver brief interventions to people who use alcohol and where appropriate refer to Barnsley Recovery Steps to access structured treatment and support. Progress against this will inform the combatting drugs partnership.
- Ongoing work with Integrated Care Board (ICB) colleagues on awareness of Foetal Alcohol Spectrum Disorders (FASD). FASD is a term that describes a range of physical, mental, and behavioural problems that can affect children whose mothers drank alcohol during pregnancy. FASD is not a single diagnosis, but a spectrum of conditions that vary in severity and symptoms. FASD is a lifelong condition that can have significant impacts on the health, development, learning, and social functioning of individuals.
- Support and contribute to the development of a Hidden Harm Strategy and Action Plan. Public Health Core Team and the Substance Misuse Commissioner will provide specialised advice to the Hidden Harm Lead, who sits in the Children's Public Health team.
- Continue with work in the night-time economy to encourage sensible marketing, drinking behaviours and promotions, and ensure the safety of those using licenced premises by continuing to gain Purple Flag status.

5.0 Future Plans and Challenges

Future Plans

5.1 To prevent and reduce problematic drinking and its harms, a comprehensive and coordinated approach is needed, involving multiple stakeholders, sectors, and levels of government. Some of the key evidence-based interventions and policies that can be implemented or strengthened locally are:

- Regulating the availability, affordability, and marketing of alcohol, such as setting minimum unit pricing, restricting outlet density and opening hours, and banning advertising and sponsorship.
- Continue to support commissioners, South Yorkshire Police and Barnsley Recovery Steps in the prevention and enforcement of alcohol-related crime and disorder.
- Raising the awareness and education of the public and professionals about the harms and risks of problematic drinking and promoting the adoption and dissemination of the low risk drinking guidelines and screening availability.
- These interventions and policies should be tailored to the needs and preferences of different population groups, such as different socioeconomic groups, young people, women, older adults, ethnic minorities, and people with co-occurring conditions.

5.2 Challenges

- A lack of funding allocated to the prevention agenda for reducing alcohol related harm in Barnsley.
- Investment in prevention represents excellent value for money compared with health care spend. Yet we see a national trend of disinvesting in the wider funding that helps to maintain and improve people's health.
- A lack of government commitment to address issues related to alcohol-related harm by the absence of a renewed alcohol strategy, or consideration of lobbying for minimum unit pricing.
- Alcohol is a widely consumed and socially accepted substance in the UK (more so than any other drug), with a long history and a significant role in many aspects of British culture and society. However, alcohol consumption as explained in this report also has negative impacts on health, safety, and well-being. A recent Peer Review by the LGA highlighted that there appears to be a social norm of significant drinking in the Borough. The review recommended raising further awareness of the issues and impacts of alcohol use in the borough, and for key public sector organisations to work with the council to create a shared coherent narrative of alcohol use for Barnsley and its consequences for communities. This needs to be framed as an issue for Barnsley and owned by everyone.
- As the report has discussed, despite the evidence of its harmful effects, alcohol consumption remains high and even increasing in some areas. One of the main reasons for this is the influence of the alcohol industry, which consists of producers, distributors, retailers, and marketers of alcoholic beverages. The alcohol industry has a vested interest in maintaining and expanding the market for its products, and it uses various strategies to achieve this goal. These strategies include lobbying, funding, advertising, sponsoring, corporate social responsibility, and creating front groups and alliances. The alcohol industry also attempts to shape the public perception of alcohol and its harms, and to undermine the credibility and effectiveness of health promotion policies and interventions. To counteract the alcohol industry lobbying and to advance public health interests in the UK, the following actions are recommended:
    - Exposing and monitoring: Public health advocates and researchers should expose and monitor the alcohol industry lobbying activities, strategies, and impacts, by collecting and analysing data, documents, and media reports, and by publishing and disseminating findings and recommendations.
    - Challenging and resisting: Public health advocates and experts should challenge and resist the alcohol industry lobbying influence, by providing alternative evidence, narratives, and voices, and by engaging with policy makers, media, and public, to raise awareness and support for policy interventions.
    - Regulating and restricting: Policy makers and regulators should regulate and restrict the alcohol industry lobbying access and involvement, by implementing rules and standards for transparency, accountability, and ethics, and by limiting or excluding the industry from policy making, research, and education.

6.0 Invited Witnesses

6.1 The following witnesses have been invited to today's meeting to answer questions from the committee:

- Anna Hartley, Executive Director for Public Health & Communities. Barnsley Council
- Carrie Abbott, Service Director for Public Health & Regulation, Barnsley Council
- Jayne Hellowell, Head of Commissioning, Barnsley Council
- Kaye Mann, Public Health Specialist Practitioner, Barnsley Council
- Garreth Robinson, Senior Public Health Officer, Barnsley Council
- Ceryl Harwood, Consultant in Public Health, Barnsley Council and Barnsley Hospital
- Ben Dockerill, Service Manager Healthy Lives Team, Barnsley Hospital
- Sam Higgins, Operations Director for South Yorkshire and Calderdale, Humankind Charity
- Claire McEvoy, Assistant Director, Humankind Charity

7.0 Possible Areas for Investigation

7.1 Members may wish to ask questions around the following areas:

- What are the greatest achievements of the Alcohol Alliance and what impact have they made?

- What are the key reasons for admission episodes for both alcohol-related and alcohol-specific conditions being so high in Barnsley and what is being done to address these?

- How is best practice being utilised to combat problematic alcohol consumption in Barnsley?

- How effective are links with the voluntary sector and associated groups such as Alcoholics Anonymous and Al-Anon which supports family/friends?

- How do you ensure you hear the views of the most vulnerable and how has this impacted on the design and delivery of local services?

- What is being done to provide support to the close family/friends of those in treatment given their importance in someone's recovery?

- What work is being done with partners to minimise the wider impacts of alcohol abuse, such as driving under the influence?

- How are you targeting communications activities to challenge the perceptions and stereotypes associated with problem drinking and reach, for example, those in professional roles?

- What is the prevalence of Foetal Alcohol Spectrum Disorders in Barnsley and what is being done to reduce this?

- What plans are in place to refresh the Barnsley Alcohol Plan? How will you measure its impact and demonstrate the right decisions have been made at the right time?

- What can Elected Members do to best support and engage with this work?

8.0 Background Papers and Useful Links

Definitions of problematic drinking:

- https://cks.nice.org.uk/topics/alcohol-problem-drinking/background-information/definition/ .
- https://www.nhs.uk/conditions/alcohol-misuse/#:~:text=Alcohol%20misuse%20is%20when%20you,than%2014%20units%20a%20week.
- Alcohol Identification and Brief Advice: https://www.barnsley.gov.uk/media/20447/alcohol-identification-and-brief-advice-toolkit.pdf

9.0 Glossary

ACT	Alcohol Care Team
CDP	Combatting Drugs Partnership
FASD	Foetal Alcohol Spectrum Disorders
IAS	Institute of Alcohol Studies
IBA	Identification and Brief Advice
ICB	Integrated Care Board
LGA	Local Government Association
MUP	Minimum Unit Pricing
NICE	National Institute for Health and Care Excellence
OHID	Office for Health Improvements and Disparities
ONS	Office for National Statistics
WHO	World Health Organisation

10.0 Officer Contact

Jane Murphy/Anna Marshall, Scrutiny Officers, scrutiny@barnsley.gov.uk
15 July 2024