NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Alcohol Health Needs Assessment

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1.1 Executive Summary

Background

- Alcohol is a toxic substance that is responsible for numerous health conditions such as foetal alcohol spectrum disorder (FASD) and liver cirrhosis.
- At low levels of consumption, it significantly increases the risk of cancer, leading the World Health Organisation to issue a statement that *there is no safe level of alcohol.*
- These harms are not shouldered equally, with alcohol-specific mortality being 2.2x greater in the most deprived communities in England.

Method

- This Health Needs Assessment has been written using data and evidence from partners across the *Staffordshire & Stoke-on-Trent integrated care system (SSOT ICS)*.
- It examines how alcohol burdens five aspects of the ICS:

  1. Our communities and neighbourhoods,
  2. Our social interactions and social care system,
  3. Our health and healthcare system,
  4. Our criminal justice system,
  5. Our local and regional economies.

- The impact of alcohol on each of these five aspects of the ICS has been explored and summarised using a *RAG*-(Red, Amber, Green) rating system (please refer to footnote for further explanation).[1]

Findings

1. Our communities and neighbourhoods:

- Are harmed through the ready availability and advertising of alcohol within the ICS.
- The average English licensing density is exceeded 6.3x in Stoke-on-Trent, 4.6x in Tamworth, and 2.8x in Cannock Chase.
- This licensing density is in turn associated with deprivation and alcohol-specific admissions in the SSOT ICS.
- This harm may be exacerbated by the increasing non-compliance with the conditions of alcohol sales, and a lack of due diligence, in licensed premises in Stoke-on-Trent.

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[1] *The RAG-rating system firstly considers the 'sufficiency of data capture': where there is no or insufficient data is identified to make a judgement on the ICS's performance, a red rating has been applied. Where some data has been identified but not enough to comprehensively review the ICS's performance, an amber rating has been applied. Where ample data has been identified, a green rating has been applied. The RAG-rating system then considers the 'ICS performance': Where performance is consistently worse than the national benchmark, a red rating is applied. Where performance is on par with the national benchmark or there is a mixed performance that is both better and worse than the national benchmark in various indicators, an amber rating is applied. Where the performance is consistently better than national benchmark receives a GREEN rating is applied.*

- There is a stark inequality in the communities consuming alcohol, with 25% of adults in Stoke-on-Trent engaging in binge-drinking, whilst a further 25% of adults are entirely abstinent.
- There is also a growing intergenerational divide in alcohol consumption, as young people across the ICS are becoming less likely to drink alcohol – mirroring the national picture.

2. Our social interactions and social care system:

- Are harmed through the influence of alcohol on abuse and neglect, on housing insecurity, and through increasing the burden of disability – necessitating more social care within the ICS.
- 3-4% of those receiving support for domestic abuse and 5% of those in safe accommodation in SSOT have alcohol-related needs.
- There has been a recent increase in sudden infant death syndrome (SIDS) safeguarding cases in the ICS, with seven SIDS cases being linked to alcohol consumption between 2020 – 2023.
- The prevalence of housing issues in those in treatment for alcohol dependence in Stoke-on-Trent is growing and is currently 1.9x that of the English benchmark.
- The proportion of those experiencing disability in treatment for alcohol dependence in Stoke-on-Trent rose from 35% to 74% over the last six years and is currently 2.6x that of the English benchmark.
- It is suspected that there is a substantial hidden burden of alcohol in social care settings, undermining residents' autonomy, and social functioning. This burden is plausibly highest in South Staffordshire and Staffordshire Moorlands, where average age is eight and nine years older than the national average respectively.

3. Our health and healthcare system:

- are harmed through morbidity and mortality experienced across the life course attributable to alcohol, and the substantial demand this places on emergency and in-patient care.
- It is estimated that 405 neonates are born in SSOT each year with FASD however, there is a poor understanding of true incidence or prevalence, with many barriers to diagnosis identified.
- As with national data, alcohol-specific admissions in the ICS are most common in White, males, aged 50-to-74 years old, and in the most deprived deciles; however, Staffordshire has relatively high alcohol-specific admission rates in women compared to the national benchmark. This is suggestive of a local gender inequity and may be associated with the 8.8 and 3.2 fewer healthy years of life in women in Stoke-on-Trent and Staffordshire compared to England on average.
- Notably, the burden of alcohol-related liver disease has been increasing across the ICS, particularly in Stoke-on-Trent where emergency admissions are x1.9 and mortality is x1.5 the English benchmark for alcohol-related liver disease.
- There is an inequity in screening for those in treatment for alcohol dependence with *Fibroscan* being accessible to those in North and West Staffordshire but not for those in East Staffordshire or Stoke-on-Trent. Notably, screening data has a 7.5% test positivity rate for Liver Cirrhosis.
- There is also an inequity in pharmacological management of alcohol use disorder, with in-patients from Stoke-on-Trent not being eligible for Acamprosate Calcium treatment at Royal Stoke University Hospital. This will be further exacerbated by the expected national stockout of *Pabrinex,* which is crucial for the prophylaxis of Wernicke's encephalopathy.

- As with admissions, mortality is more common in men, aged 50-to-69 years living in more rural, and more deprived communities. Notably, those receiving an IAPT (Improving Access to Psychological Therapies) referral had twice the odds of dying from alcohol-specific mortality, illustrating the interaction between alcohol dependence and mental health.
- Both Staffordshire and Stoke-on-Trent perform better than the national benchmark for alcohol dependence treatment outcomes however this has been offset by a recent increase in mortality in treatment in Staffordshire.

4. Our criminal justice system:

- is impacted by alcohol through its prevalence in various offences, its association with recidivism (re-offending), and its burden on those in prison and probation services.
- At least 16% of public-place violence, 12% of violent crime, 10% of serious violent crime and 7% of sexual offences within the ICS have been flagged for the involvement of alcohol.
- 51% of cases with the prison and probation services have identified an alcohol-related need.
- It was noted that young people with FASD are more likely to encounter the criminal justice system and that their increased susceptibility to confabulation and recidivism places them at increased vulnerability in custody. This is exacerbated by the underdiagnosis of FASD and poor understanding of FASD within the ICS.

5. Our local and regional economies:

- Are impacted through the financing of the medical management and social care needs of alcohol-related conditions, as well as criminal justice expenses, vehicle crash expenses and most substantially, lost workplace productively associated with alcohol consumption.
- Notably, compared to the estimated per capita cost of alcohol-related hospital admissions in England, the per capita cost in Stoke-on-Trent is 1.3x greater and Staffordshire is 1.1x greater.

ALCOHOL NEEDS ACROSS THE INTEGRATED CARE SYSTEM	Sufficiency of data capture (RAG)	ICS Performance (RAG)
THEME 1: ALCOHOL IN THE COMMUNITY		
Availability & Licensing		
Illicit Sales		
Consumption behaviours: Adult		
Consumption behaviours: Young People		
Consumption in the Home		NA
Effects on education & the workplace		
Experiences of civil society		NA
THEME 2: ALCOHOL & SOCIAL CARE SYSTEM		
Children living with alcohol dependent parents		
Safeguarding		
Sheltered accommodation, care & nursing homes		NA
Housing and homelessness		
Asylum processing centres		NA
Domestic abuse		
THEME 3: ALCOHOL & HEALTHCARE SYSTEM		
Pre-admission		NA
General admissions		
Acute & Emergency Medicine		
Hepatology		
Psychiatry		
Maternity		NA
Paediatrics		
Oncology		
Cardiovascular		
Primary Care		NA
Pharmacy		
Mortality		
Treatment: Co-morbidities & Co-dependencies		
Treatment: Access & Prevention		
Treatment: Outcomes		
Recovery		NA
THEME 4: ALCOHOL & THE CRIMINAL JUSTICE SYSTEM		
Police service Involvement		
Fire service Involvement		NA
Prison, Probation & Young Offenders Service		
THEME 5: ALCOHOL & THE ECONOMY		

1.2 Alcohol in society

- Alcohol (or ethanol) is toxic chemical found in a wide range of beverages.
- The consumption of alcoholic beverages is prevalent in the British population.
- In 2021, 79% of adults participating in the *Health Survey for England* reported to have drunk alcohol in the last 12 months.
- A further 49% reported that they drank alcohol at least once a week (fig. 1). (NHS, 2021)

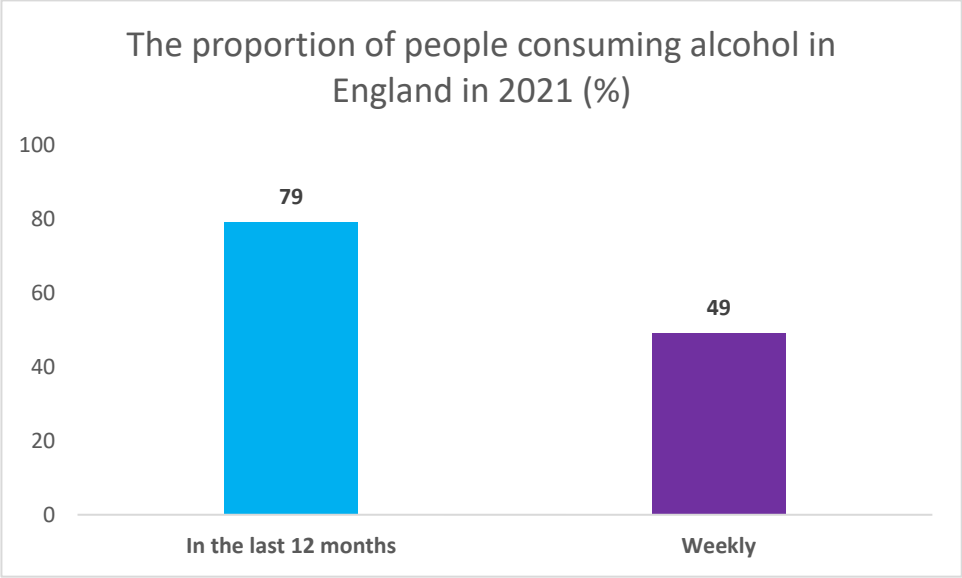

FIGURE 1: ALCOHOL CONSUMPTION PATTERNS IN ENGLAND (NHS, 2021)

- This prevalence of consumption is a relatively recent phenomenon, with sales of alcohol increasing 42% since 1980 and peaking during the coronavirus lockdown.
- These increasing sales have been driven by:
  - increased consumption amongst women,
  - a shift to higher strength products,
  - and increasing affordability of alcohol. (PHE, 2016)
- To illustrate this increasing availability of alcohol (fig. 2), the number of premises licensed to sell alcohol in 2022 was 222,500 (UK Gov, 2022) – a 10% increase from 2012. (UK Gov, 2012)
- **N.B. Throughout the Alcohol Health Needs Assessment a 'RAG' (Red, Amber, Green) rating has been applied to figures where appropriate to signify performance that is better (Green), equivalent (orange) or worse (green) than the relevant benchmark – usually the English average.**

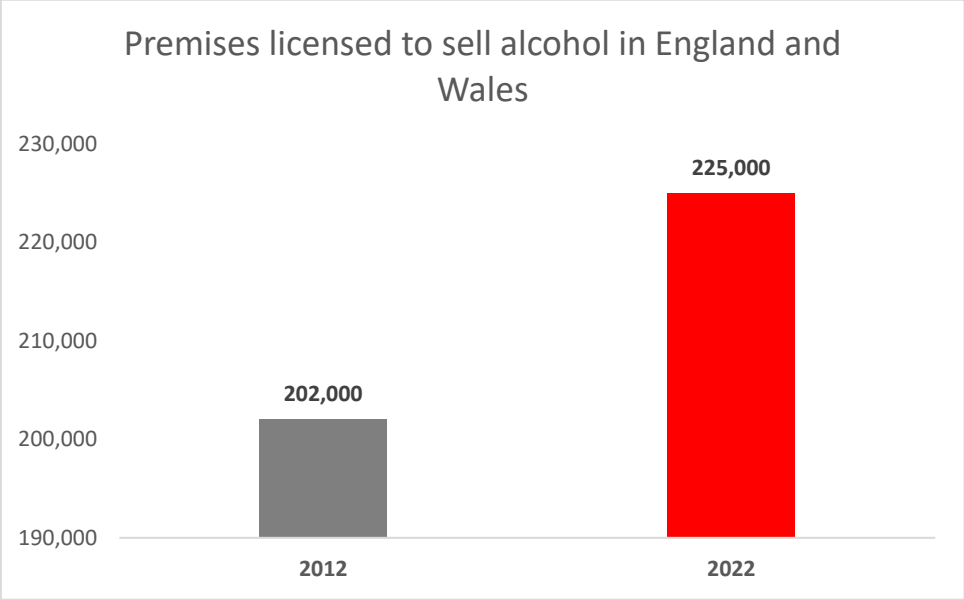

FIGURE 2: INCREASING PREMISES LICENSED TO SELL ALCOHOL NATIONALLY (UK GOV, 2012) (UK GOV, 2022)

- Alcohol is frequently consumed in social settings.
- *Drink Aware Monitor 2021* **(n.b. industry-funded)** identified that over a period of one week:
    - 36% of adults surveyed reported to have drunk alcohol at a pub, restaurant, or bar,
    - 19% reported to have drunk alcohol at a friend or family member's house. (Drinkaware, Drinkaware Monitor 2021, 2021)
- Recently, there has been a shift from drinking away from on-license venues (e.g. pubs) to alcohol bought in off-licenses and consumed at home. (PHE, 2016)
- In the home alcohol is often consumed in solitude, with 18% of adults reporting to drink alcohol at home alone at least once a week in *Drink Aware Monitor 2023*.
- This figure peaked at 24% in the 2021 survey (fig. 3), with an apparent decline in the post-pandemic period. (Drinkaware, Drinkaware Monitor 2023, 2023)
- The increasing availability of this toxicant, together with its increasingly hidden nature of consumption, explain the considerable health burden it places on communities.

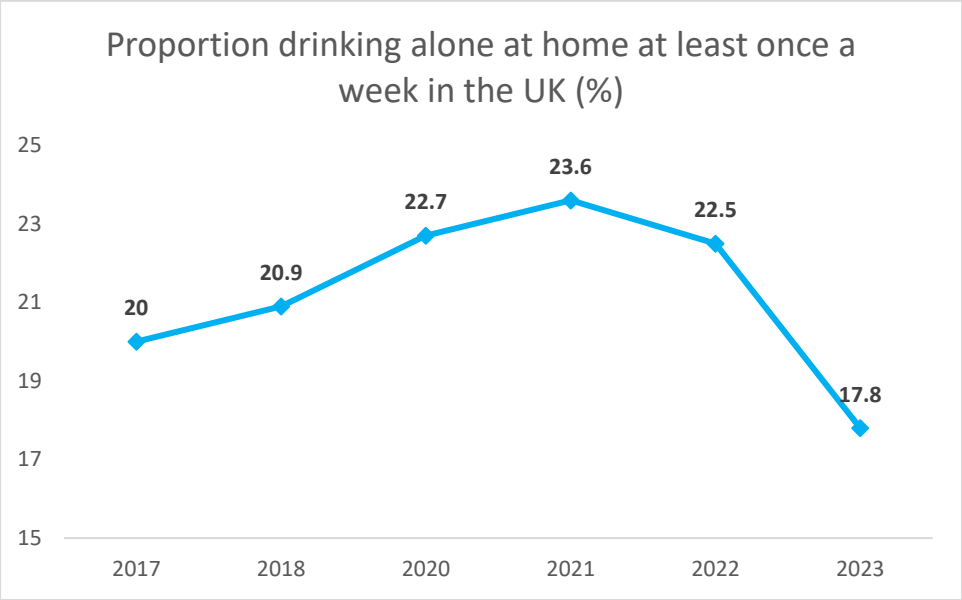

FIGURE 3: ALCOHOL CONSUMPTION ALONE AT HOME IN THE UK (Drinkaware, Drinkaware Monitor 2023, 2023)

1.3 Pharmacology of alcohol

- Alcohol is a central nervous system depressant, and it elicits its effects on the brain through various *neurotransmitters*, such as gamma-aminobutyric acid (GABA), glutamate, dopamine, serotonin, and endogenous opioids.
- Individuals may exploit these depressive effects to reduce feelings of anxiety and increase disinhibition in social situations. (Hironaka, 2022)
- When the amount of alcohol consumed is greater than the disposal capacity of the liver, harmful alcohol metabolites accumulate in the body and induce acute alcohol *intoxication*.
- Depending on the extent of intoxication, individuals may experience disinhibition, motor (movement) impairment, drowsiness, and vomiting.
- Severe cases of acute alcohol *poisoning* can result in coma, respiratory depression (reduced breathing), and even death. (D'Angelo, Petrella, Greco, & al., 2022)
- Alcohol is a *dependence-producing* agent, and acute *withdrawal* from this substance can induce craving, insomnia, and irritability, amongst other symptoms. (Hironaka, 2022)
- Withdrawal from chronic consumption of alcohol can manifest in a severe form of alcohol withdrawal, *Delirium Tremens,* associated with confusion, autonomic hyperactivity, cardiovascular collapse, and potentially death. (Rahman & Paul, 2023)

- **ICB Urgent & Emergency Care Strategy [In Progress]**
- These pharmacological effects help to explain why individuals may consume alcohol by themselves and in social settings, and some of the mechanisms through which this consumption impinges on their health through acute consumption and withdrawal.

1.4 Alcohol consumption and health

1.4.1 The effects of alcohol on health

- Beyond the symptoms of acute intoxication and withdrawal, alcohol consumption exerts a toxic effect on a range of organ systems (fig. 4).

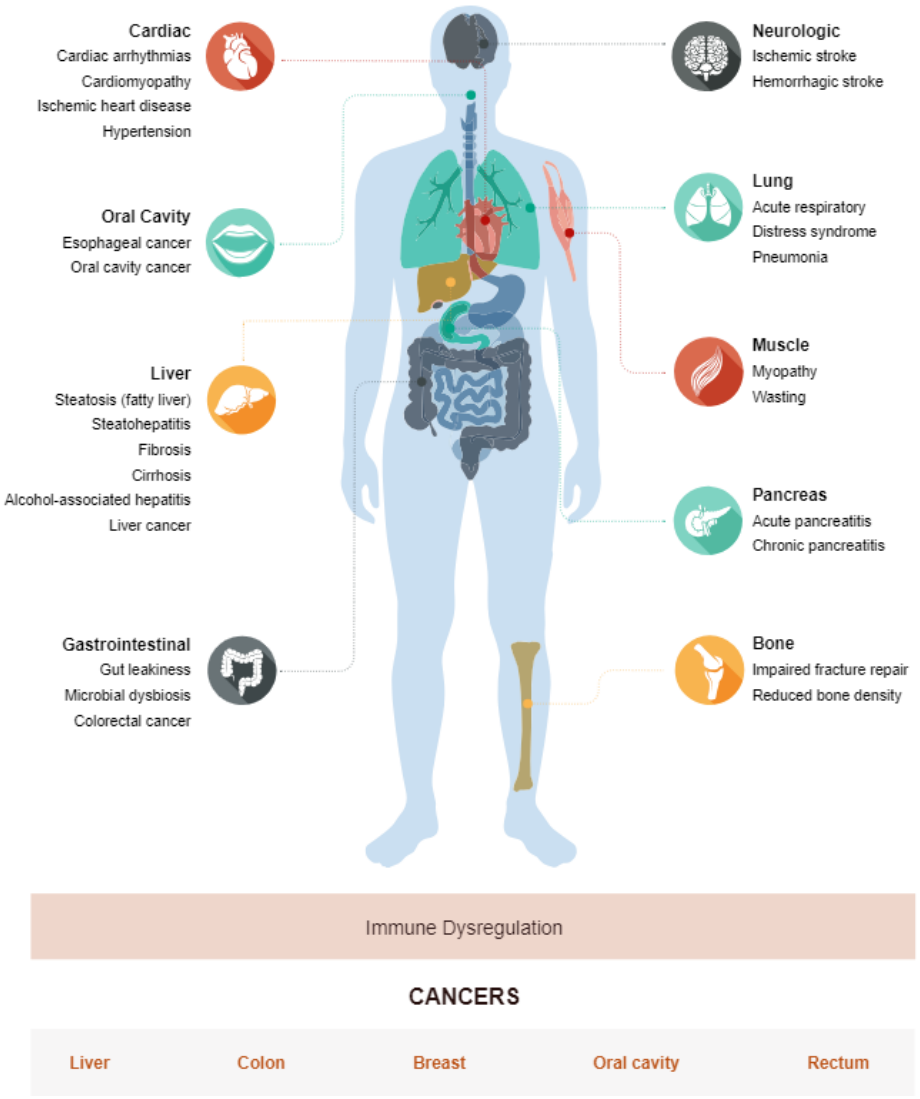

FIGURE 4: ALCOHOL-ASSOCIATED ORGAN DAMAGE

Figure reproduced directly from National Institute on Alcohol Abuse and Alcoholism (NIAAA, n.d.)

- Alcohol:
  - Is a causal agent in over 200 diseases and injuries,
  - contributes to 5.1% of the global burden of disease and injury,
  - contributes to 5.3% of (3 million) deaths globally. (WHO, 2022)
- In England, the average age of those dying from an alcohol-specific cause is 54.3 years compared to 77.6 for the general population (fig. 5). (PHE, 2016)

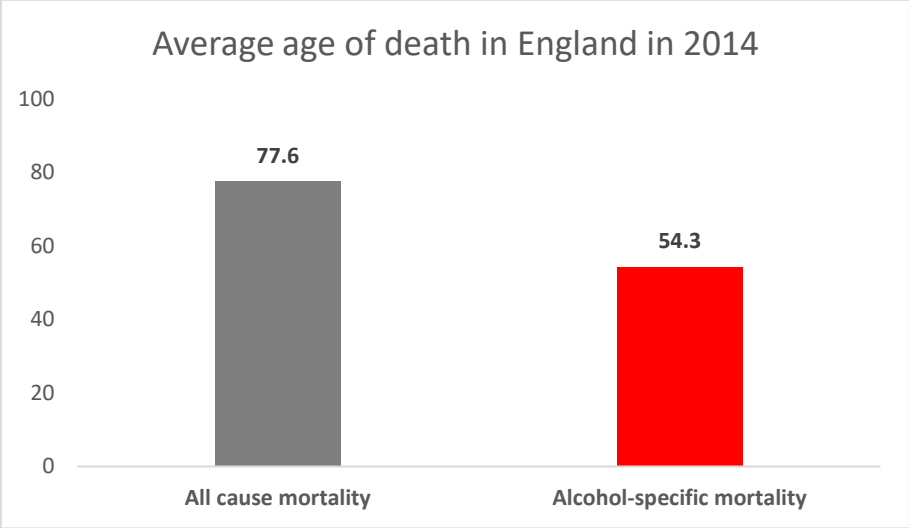

FIGURE 5: AVERAGE AGE OF DEATH IN ENGLAND IN 2014 (PHE, 2016)

- In 2021, there were 9,641 deaths from alcohol-*specific* causes in the UK in 2021 (fig. 6).
- This is the highest number of alcohol-specific deaths on record and constituted a 27.4% increase in alcohol-specific mortality since 2019.

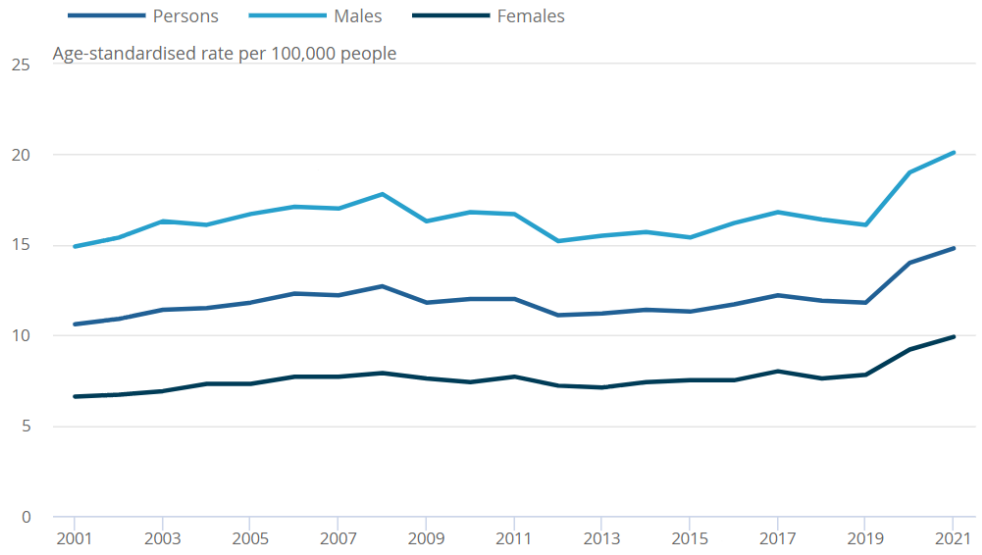

FIGURE 6: AGE-STANDARDISED ALCOHOL-SPECIFIC DEATH RATES PER 100,000 PEOPLE BY SEX, UK, DEATHS REGISTERED BETWEEN 2001 AND 2021 (ONS, 2021)

- These alcohol-specific deaths were primarily accounted for by (fig. 7):
  - Alcohol-related liver disease (78%)
  - Mental and behavioural disorders because of the use of alcohol (12.1%),
  - Accidental poisoning or exposure to alcohol (5.8%) (ONS, 2021)
- Meanwhile, most alcohol-*attributable* deaths are due to cancer. (WHO, 2018)

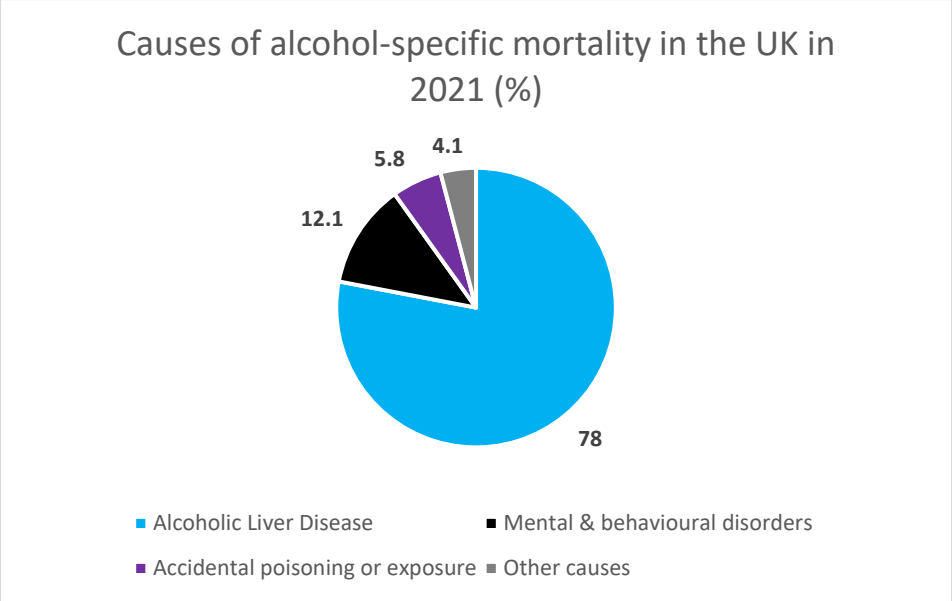

FIGURE 7: CAUSES OF ALCOHOL SPECIFIC MORTALITY IN THE UK IN 2021 (ONS, 2021)

1.4.2 Alcohol risk stratification and health

- Historically, the health effects of alcohol were thought to be *'lower risk'*, when alcohol consumption was below 14 units per week for adults (with interspersed alcohol-free days) – as per the *UK Chief Medical Officers' Guidance (2016).*
- In line with these guidelines, harmful drinking was framed around the *excessive* frequency or quantity ('*binging'*) of alcohol consumed. (Department of Health, 2016)
- Recently, this assumption has been revised by the *World Health Organisation (WHO),* which clarified that there is *no safe level of alcohol consumption*.
- In effect, this means that any quantity of alcohol consumed elicits a harmful effect on the human body. (WHO, 2023)
- This effect is pronounced in cases of alcohol-associated cancers (e.g. breast cancer), with levels of alcohol-consumption deemed *'light'* being associated with an increased risk of cancer. (Bagnardi, Rota, Botteri, & al., 2013)
- Traditionally, studies investigating the effects of alcohol on health have focussed on:
  - *binge-drinking*,
  - individuals with formally diagnosed *alcohol-use disorder,*

  - individuals in treatment for *alcohol dependence*

- These studies are limited as they obscure the *population effect* that low-level alcohol consumption has on our health.
- It is true that the large quantities of alcohol consumed by those with alcohol-use disorder does contributes to the development of co-morbidities and the exacerbation of pre-existing health conditions.
- This dependence on alcohol is also often debilitating, associated with poor mental and physical health, and reduced life expectancies compared to those who consume alcohol in lesser quantities/frequencies or abstain entirely. (Wood, Kaptoge, Butterworth, & al., 2018)
- However, at a population level, most cases of alcohol-related disease are seemingly drawn from the larger groups deemed to be at low or moderate risk for these diseases (based on consumption levels), rather than from the smaller group deemed to be at high risk for that disease.
- In this vein, a greater population health gain may be achieved through moderately reducing average alcohol consumption across the whole population, than through substantially reducing consumption in those deemed high-risk drinkers.
- This is known as the *Prevention Paradox* (fig. 8). (Bradley, 2021)

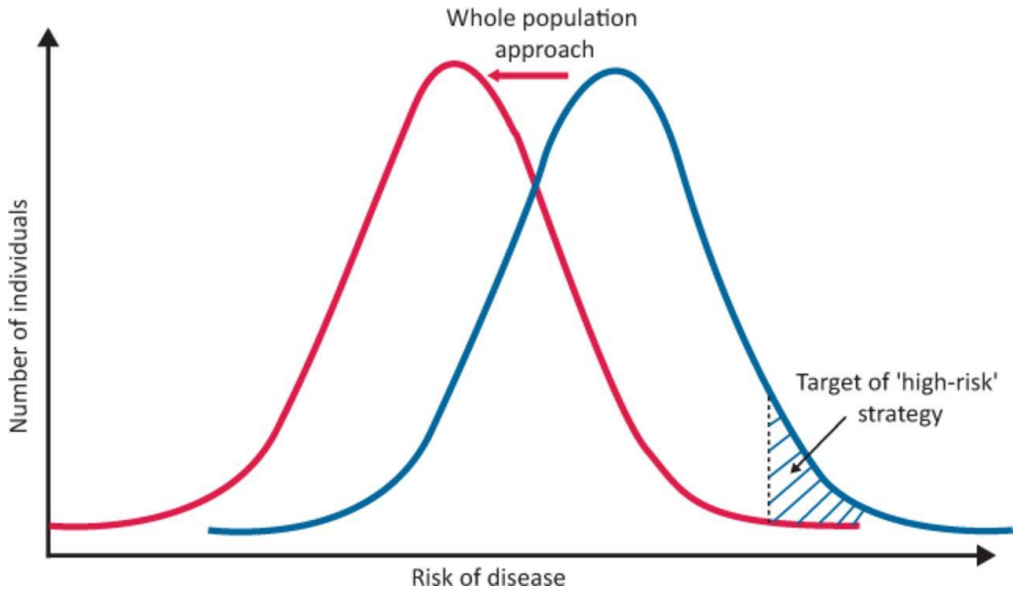

FIGURE 8: THE PREVENTION PARADOX (Bradley, 2021)

The small blue hashed area represents the population at highest risk of disease – in this case, the population of high volume and frequency drinkers who are at the greatest risk of alcohol-associated conditions. This is a small group compared to the population as a whole and therefore focussing purely on targeting this group will have a smaller impact on population health outcomes than reducing the risk of alcohol-related conditions for the entire population. This whole population approach to reducing alcohol consumption leads to a leftward shift, moving the population from the place of the blue curve to the red curve, and thus resulting in a greater decrease in overall disease prevalence. In practice, whole population approaches and high-risk targeted strategies can be used in conjunction to maximise population health benefits and minimise inequalities.

- Any assessment of the needs pertaining to alcohol must therefore consider both:
  - high-risk groups (e.g. those with the highest consumption of alcohol) who are experience a considering health inequity,
  - and wider groups in the population (those who consumed alcohol in smaller quantities and those sober individuals who are in contact with the effects of alcohol on society) who can contribute to better population health.
- It must also be informed by the position that any level of alcohol consumption is harmful to health.

1.5 Alcohol harms along the life course

- The pattern of alcohol consumption (fig. 9) and how its effects manifest (table 1) depends on the stage of life of those exposed to it.

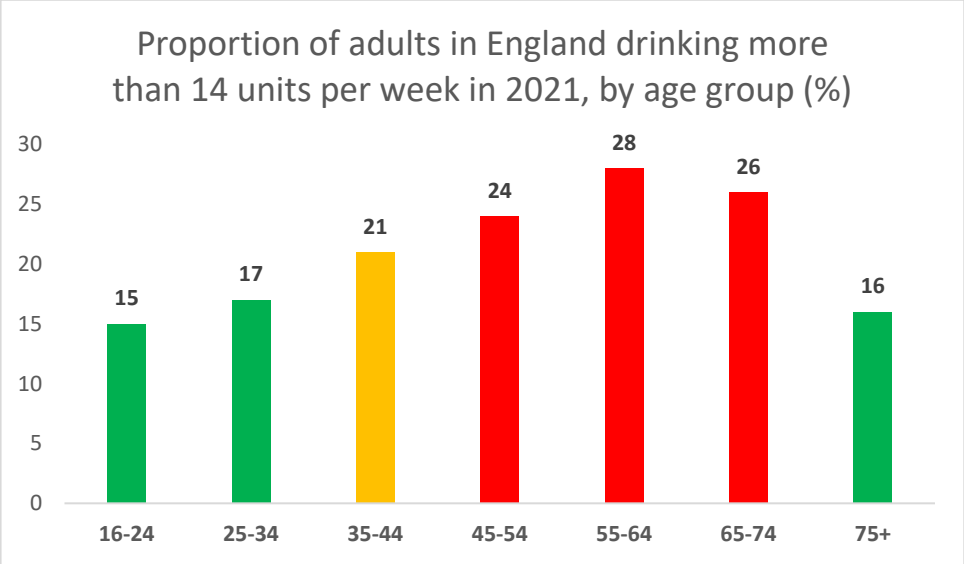

FIGURE 9: PREVALENCE OF ADULTS DRINKING OVER 14 UNITS OF ALCOHOL PER WEEK IN 2021, BY AGE (NHS, 2022)

- Analysing the harms of alcohol, the risk factors for its consumption, and the protective strategies to address its harmful consumption, at different stages of life is called a *Life-course Approach* (fig. 10).
- Employing this approach is important as it allows for targeted interventions for different ages groups within a whole population approach, which may improve *effectiveness* and *efficiency* of alcohol strategies.

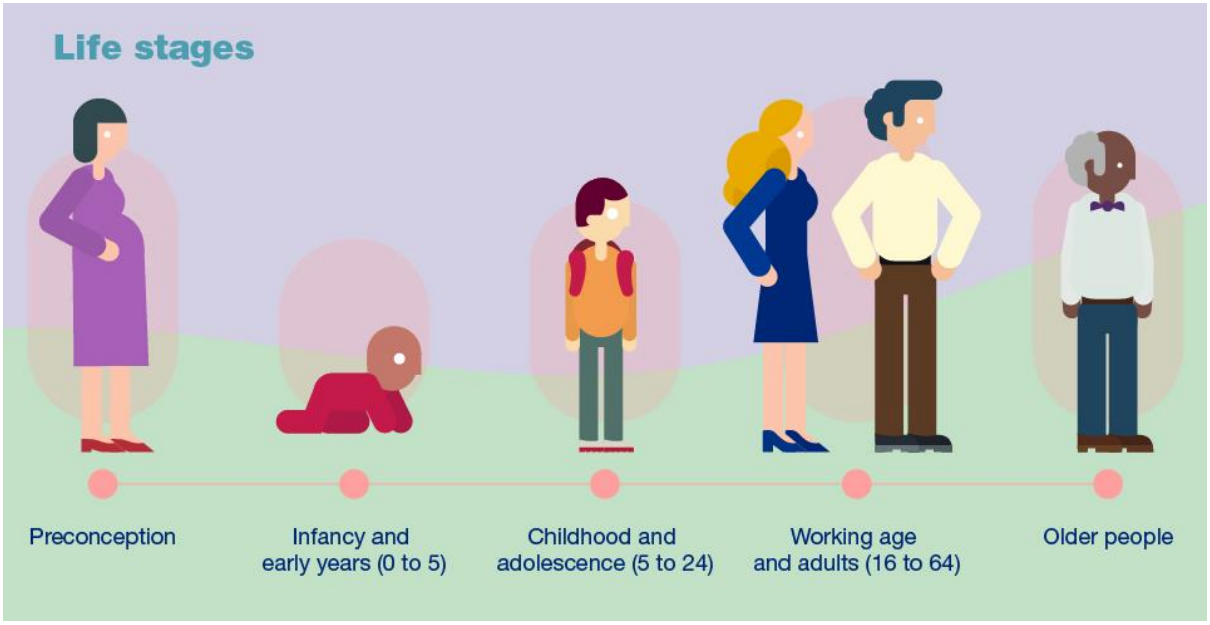

FIGURE 10: THE LIFE COURSE APPROACH (PHE, 2019)

- A life course approach also helps to maintain good functional ability of individuals throughout their life, with potential positive effects on the health of future generations. (PHE, 2019)
- Improving the health of all regardless of age is also important for *improving health equity* and well-being, whilst meeting the system's aims of *reducing health disparities*.
- Including an assessment of the implications of alcohol for all ages may also improve buy-in from communities and *acceptability* of any devised alcohol strategies.

Table 1: Differential health impacts of alcohol across the life-course

Preconception	Infancy and early years	Childhood and adolescence	Working age and adulthood	Older people
Sub-fertility	Foetal Alcohol Spectrum Disorder (FASD)	Abuse & Neglect	Road Traffic Incidents	Alcohol-use disorder & dependence
Gestational diabetes	Abuse & Neglect	Unintentional injuries	Interpersonal violence and domestic abuse	Cardiovascular disease
Gestational hypertension	Unintentional injuries	Road Traffic Incidents	Risky sexual behaviour, unplanned pregnancies & STIs	Stroke
Spontaneous abortion	Malnutrition	Interpersonal violence and domestic abuse	Incarceration	Pancreatitis

Still birth	Adverse Childhood Events (ACEs)	Adverse Childhood Events (ACEs)	Depression & serious medical health issues	Liver cirrhosis
Low birth weight	Acute Alcohol poisoning	Risky sexual behaviour, sexual violence, unplanned pregnancies & STIs	Suicide	Cancer
Premature birth	Unsafe sleeping practices	Gang activity & Incarceration	Alcohol-use disorder & dependence	Dementia
Abnormalities caused by alcohol (e.g. FASD)	Developmental Delay	Depression & serious medical health issues	Cardiovascular disease	Wernicke's encephalopathy
	Poor Attachment	Suicide	Hypertension	Alcoholic Korsakoff syndrome
	Sudden Unexpected Deaths in Infants (SUDIs)	Late Neurodevelopment effects	Diabetes mellitus	Premature mortality
		Alcohol-use disorder & dependence	Chronic pain	Muscle wasting & frailty
		Acute alcohol poisoning & Alcohol-related Blackouts	Physical impairment and economic inactivity	Falls & fractures
		Malnutrition	Wernicke's encephalopathy	Loneliness & isolation
		Chronic health issues (e.g. eczema, headaches and insomnia)	Alcoholic Korsakoff syndrome	Chronic pain
		Lower educational attainment	Reduced fertility	Physical impairment
		Emotional dysregulation	Obesity	Depression and other mental illnesses

1.5.1 Alcohol harms during conception and pre-conception

- The differential health effects of alcohol across the life course can widen intergenerational health inequalities.

- Alcohol consumption during pregnancy is particularly harmful to the developing foetus, with the *Global Burden of Disease* estimating that 41.3% of UK women have consumed alcohol during pregnancy. (Gomez, Goodwin, Chisholm, & Rose, 2022)
- This contributes to an estimated prevalence of 3.2% (Schölin, Mukherjee, Aiton, & al., 2017) to 6.0% (McQuire, Mukherjee, Hurt, & al., 2019) of children living with Foetal Alcohol Spectrum Disorder (FASD) in the United Kingdom.
- The National Institute for Health and Care Excellence (NICE) therefore advise complete abstinence throughout pregnancy, as any level of consumption can lead to FASD. (NICE, 2022)
- Moreover, the consumption of alcohol during the *pre-conception* period may contribute to alcohol-related complications of pregnancy (e.g. spontaneous abortion), as well as FASD and other neurodevelopmental effects in the infant.
- The *UK Chief Medical Officers* therefore advise abstinence from alcohol amongst those *who could get pregnant,* with emerging evidence of a plausible risk from prospective fathers consuming alcohol in the pre-conception period. (UK Gov, 2016)
- Despite this advice, a recent survey identified that 54.5% of British women who were planning a pregnancy were still consuming alcohol. (McDougall, Kavanagh, Stephenson, & al., 2021)
- **ICS Infant Mortality Strategy [In Progress]**
- **ICS 3 Year Single Delivery Plan for Maternity & Neonate Care [In Progress]**

1.5.2 Alcohol harms during childhood and adolescence

- The consumption of alcohol can harm the neurodevelopment of children and adolescents, and thus the Chief Medical Officer for England's guidance (2009) advises complete abstinence from alcohol up to the age of 18. (Chief Medical Officer for England, 2009)
- Similarly, parental alcohol consumption can significantly impinge on the health of the child, with 37% of national serious case reviews (where a child was seriously hurt or killed) having alcohol recorded as a contributing factor. (PHE, 2019)
- **ICB Getting the Right Start: The Children and Young People's Programme 2022-2027**

1.5.3 Alcohol harms during early adulthood

- Alcohol consumption amongst young people appears to be decreasing over time however younger adult age groups (25-34 followed by 16-24) are still more likely to engage in *heavy, episodic drinking* than other age-groups. (IAS, 2020)

- This consumption pattern puts them at higher risk of unintentional and intentional injuries, such as road traffic accidents, interpersonal violence, suicide, and any resultant contact with the criminal justice system. (WHO, 2022)
- As heavy drinking young people progress through adulthood; they are more likely to develop co-occurring severe mental illness and other substance misuses. (PHE, 2017)
- For these reasons, alcohol is now the leading risk factor for ill-health early mortality and disability amongst 15-to-49-year-olds. (PHE, 2016)

1.5.4 Alcohol harms during older adulthood and the elderly

- Older adults consume alcohol *more frequently* than younger adults.
- These trends are particularly stark for older men who compared to older women:
  - Are more likely to be drinkers,
  - Consume more alcohol by volume,
  - Consume alcohol more frequently. (IAS, 2020)
- Alcohol consumption into older age is concerning for two reasons:
  1) The impact of alcohol consumption on health accumulates over time and therefore alcohol-related cancers, dementia processes, liver cirrhosis and other organ system impingements tend to manifest in older adulthood. (WHO, 2022)
  2) As people age, they experience a reduction in lean body mass, reduced liver enzyme efficiency, and potential *polypharmacy* (multiple interacting prescribed medications), which may increase intoxicating effects of alcohol and severity of side-effects (e.g. nausea).
     - In elderly adults, alcohol consumption can exacerbate pre-existing frailty, balance, and vision problems, resulting in falls and potentially fatal hip fractures.
     - These falls in turn can be exacerbated by *long lies,* due to isolated elderly people who have fallen not being found for long periods of time. (NIA, n.d.)
- **ICS Loneliness Reduction Plan [In Progress]**
- **ICB Healthy Ageing and Managing Frailty in Older Age Strategy**

1.6 Alcohol and Long-Term Conditions

- *Multimorbidity,* or having multiple long-term health conditions, is becoming more common in the UK.

- This is a result of population aging, with relatively more elderly individuals who are living with chronic conditions. (Chief Medical Officer, 2023)
- Between 2018 and 2028 the number of individuals in the UK aged 75-84 years is projected to increase by a third.
- Notably, *The Health Foundation* has projected that four-fifths of the total rise in population morbidity to 2040 will be due to the increase in the number of older people, rather than an expansion of morbidity. (The Health Foundation, 2023)
- Rising multimorbidity is also a result of the general population becoming sicker, with long-term disabling mental and physical health conditions becoming more prevalent amongst working age adults. (BMA, 2022)
- Between 2015-2017 and 2018-2020, *Disability-free life expectancy* at birth in the UK decreased significantly for both males and females. (ONS, 2022)
- Between October-to-December 2023, there were 10.21 million people of working age (16 to 64) who reported to be disabled - accounting for 24% of the working-age population.
- This is an increase of 459,000 from the previous year (fig. 10). (House of Commons Library, 2024)

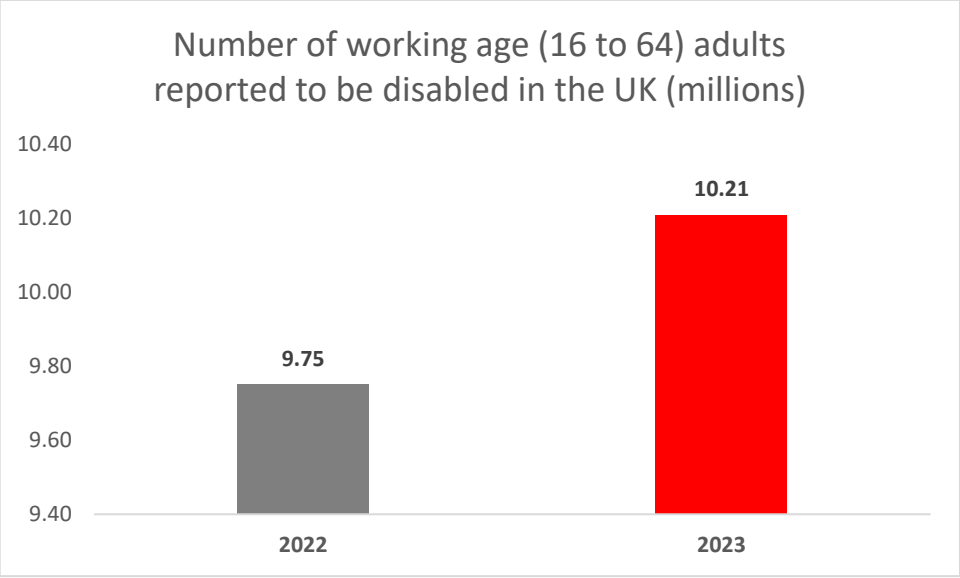

FIGURE 10: NUMBER OF WORKING AGE ADULTS REPORTED TO BE DISABLED IN THE UK

(House of Commons Library, 2024)

- Alcohol is one of the key modifiable determinants of multimorbidity.
- It is a causal agent in the development of many chronic health conditions as well as an exacerbating factor in pre-existing health conditions.

- It is estimated that 85% of cardiovascular disease (CVD) is *preventable,* with alcohol consumption being a key determinant of CVD. (GBD 2019 Diseases and Injuries Collaborators, 2020)
- Tackling alcohol-related harms is therefore key for:
  - the *primary prevention* of disease (e.g. preventing the development of hypertension),
  - the *secondary prevention* of disease progression (e.g. preventing myocardial infarction in those with pre-existing hypertension).
- Addressing harmful alcohol consumption will reduce the burden of multimorbidity on the health and care system, whilst improving population health.
- Based on current 2040 projections however, the burden of alcohol-related health problems appears to be set to grow (fig. 11).
- **ICS Long Term Condition Strategy [In Progress]**
- **ICS Quality Strategy**
- **ICB Healthy Ageing and Managing Frailty in Older Age Strategy**

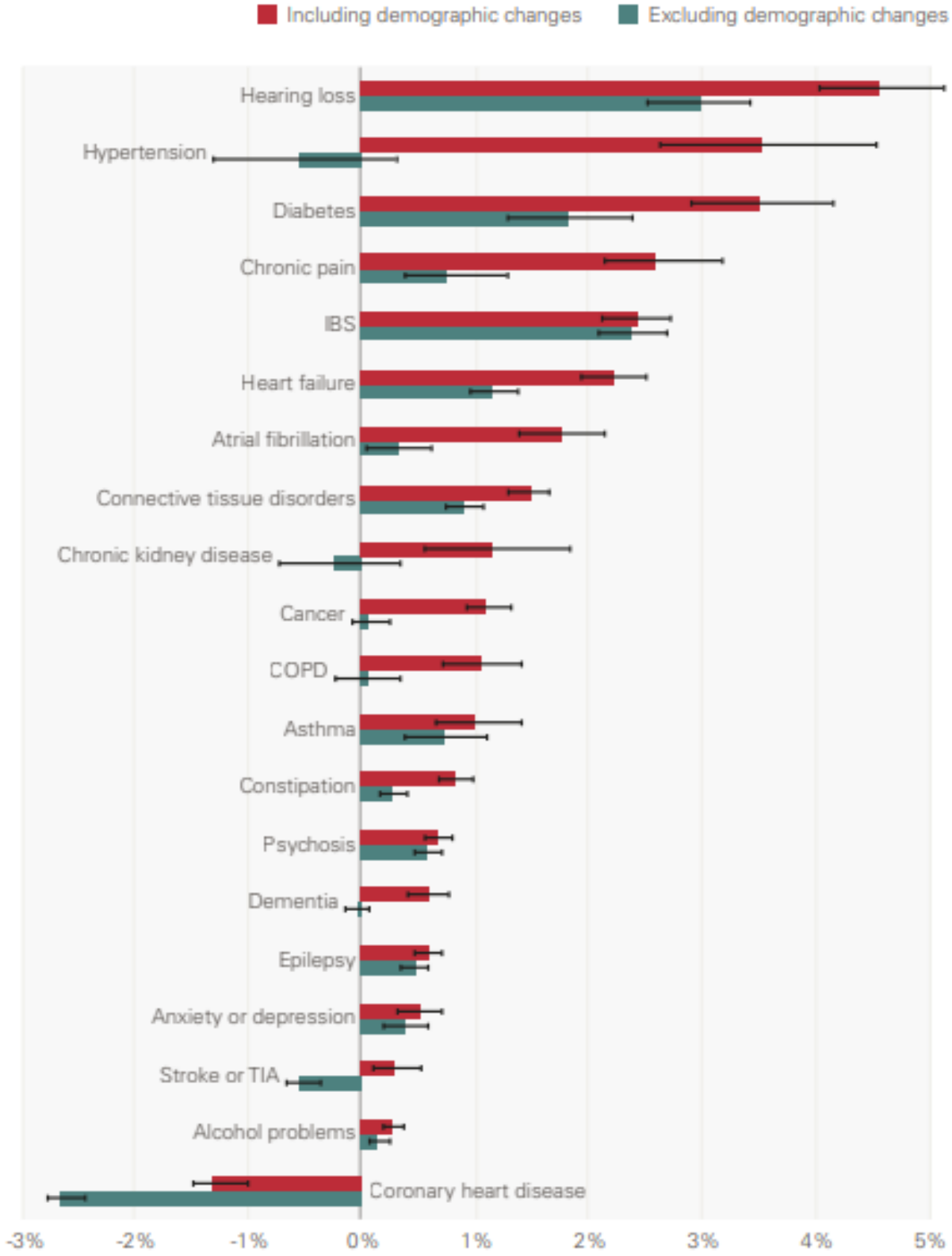

FIGURE 11: PROJECTED PERCENTAGE POINT CHANGES IN PREVALENCE RATES BY CONDITION FOR THOSE AGED 30 YEARS AND OLDER IN ENGLAND (2040 VS 2019)

Alcohol problems are projected to increase in prevalence rate by 2040 – particularly when accounting for demographic change. Other conditions also projected to increase in prevalence such as anxiety, depression, dementia, psychosis, cancer, atrial fibrillation, and hypertension, are all conditions which may be partially attributable to alcohol consumption, symptomatically exacerbated by alcohol consumption and/or often co-occurring with heavy alcohol consumption. Figure reproduced directly from Health Foundation report.

1.7 The wider system implications of alcohol

- Beyond harming the health of communities, alcohol can impinge on other aspects of societal wellbeing - with criminal justice, economic and social implications.

1.7.1 The social burden of alcohol

1.7.1.1 Alcohol in the community

- Alcohol consumption has wide-ranging societal implications.
- An *Institute of Alcohol Studies* report found that 78.7% of surveyed respondents in Northwest England reported experiencing harm from others' alcohol consumption in the past 12 months.
- These social harms included, *"being harassed, afraid or insulted in a public place, being annoyed by vomiting, urinating, or littering on the streets, and being kept awake at night.* (IAS, 2015)
- These social harms are detrimental to community cohesion and interpersonal relationships.

1.7.1.2 Alcohol in the household

- At a familial level, alcohol dependence has been associated with numerous household concerns, such as intimate partner violence, child abuse and debt accumulation. (Lander, Howsare, & Byrne, 2013)
- Between 25% to 50% of perpetrators of domestic abuse in the UK were found to be drinking at the time of assault. (IAS, 2020)
- It is estimated that 189,000 to 208,000 children are living with an alcohol-dependent adult, with only 15,500 children estimated to live with a parent receiving treatment for alcohol dependence.
- These children are at heightened risk of emotional abuse, physical abuse, and neglect from a caregiver. (UK Parliament, 2018)
- Familial financial problems and alcohol consumption are often mutually reenforcing, with an estimated 20,658 people having alcohol dependence associated with harmful gambling, of which 2,591 are receiving treatment for alcohol dependence. (OHID, 2023)

1.7.1.3 Alcohol and housing

- All these alcohol-related issues impinge on the social wellbeing of families and their housing security and may necessitate accommodation in shelters and refuges.
- Alcohol misuse often remains undetected in elderly people until they experience a harmful outcome, such as a debilitating fall or going into mortgage and rent arrears.
- This has social consequences for these individuals, resulting in new care requirements in previously independent adults, and in some cases, homelessness. (Housing LIN, 2016)
- Amongst homeless populations alcohol is frequently employed as a negative coping mechanism for mental health issues and adverse life events. (Alcohol Change UK, 2017)
- Notably, 76% of those surveyed in London who had been homeless for more than 10 years reported to use alcohol. (National Addiction Centre, 2002)
- This heavy burden of alcohol use amongst homeless populations is associated with poor health, which occur through a variety of mechanisms, including inducing vitamin (e.g. thiamine) deficiency. (Ijaz, Jackson, Thorley, & al., 2017)
- Alcohol-specific mortality accounted for 9.6% of estimated deaths of homeless people in 2021 in the UK (ONS, 2022) and 1.4% of all deaths in 2021. (ONS, 2022) (Statista, 2024) (fig. 12)

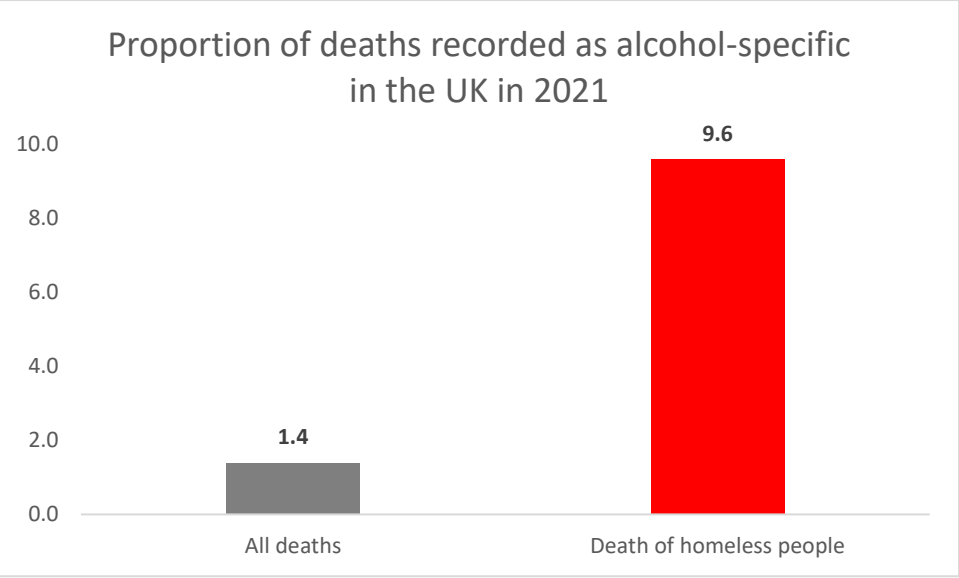

FIGURE 12: ALCOHOL SPECIFIC DEATHS IN HOMELESS & GENERAL POPULATION

1.7.1.4 Alcohol and social care

- The social care burden of alcohol runs across the life course.
- For example:
  - Children with *Foetal Alcohol Spectrum Disorder (FASD)* have significant behavioural and developmental needs. (Fagerland, Autti-Rämö, Hoyme, & al., 2011)
  - Whilst adults with *Korsakoff's syndrome* and alcohol-related dementias have significant behavioural and functional needs. (van Dam, van Meijel, Postma, & Oudman, 2020)

1.7.1.5 Alcohol, education, and employment

- Alcohol consumption has detrimental effects on education and employment.
- Alcohol consumption in pupils has been associated with playing truant, shoplifting, and initiation of other drug use (e.g. cannabis).
- It has also been associated with numerous negative education outcomes.
- Namely, being suspended from school, attaining lower GCSE scores, and not remaining in full-time education beyond the age of 16. (Department of Education, 2010)
- Alcohol-related sickness has also led to the loss of 17 million working days in British employees – costing employers around £1.7 billion. (NICE, 2010)
- The financial burden of alcohol-related *absenteeism* (missing work due to the effects of alcohol) to the UK-economy has been estimated to be £7.3 billion due to losses in productivity. (IAS, 2020)
- These estimated costs are elevated yet further when *presenteeism* (impaired working productivity due to effects of alcohol) is accounted for, with the *Institute of Alcohol Studies* survey finding that 42% of workers have attended work intoxicated or hungover, contributing to estimated productivity losses of £1.2 to £1.4 billion. (IAS, 2019)
- Beyond impingements on workplace productivity and economic output, it has been estimated that 40% of workplace accidents involved alcohol consumption. (British Safety Council, 2023)

1.7.1.6 Alcohol and the environment

- Alcohol also places a significant environmental burden on communities.
- The production of alcohol requires land for crop growth, which displaces food production from the land and may contribute to food security issues.

- The production, transportation and refrigeration of alcohol also generates substantial greenhouse gas emissions.
- The use of non-biodegradable and non-recyclable packaging for alcohol, together with the littering of alcohol-related products, further the impinges on the environment. (IAS, 2022)
- **ICB Green Plan 2022**
- The social needs regarding alcohol consumption are evidently wide-ranging, often poorly documented, and frequently neglected in favour of the health consequences of alcohol consumption.
- This health needs assessment must engage comprehensively with these needs within the system in order to effectively address them.

1.7.2 The criminal justice burden of alcohol

1.7.2.1 Alcohol and the police service

- Every year, there are one million documented crimes committed in the UK associated with alcohol. (IAS, 2020)
- In their *2012 Alcohol Strategy,* the UK Government estimated that in a community of 100,000 people, 1,000 of them would be a victim of alcohol-related crime. (UK Gov, 2012)
- Alcohol consumption can lead directly to alcohol-defined offences, such as *drunkenness offences* or *driving under the influence of alcohol*.
- It also plays a role in other offences, such as *criminal damage* and *violent crime*.
- Indeed, alcohol-related crime accounted for 47% of violent offences in England in 2014-2015. (IAS, 2017)
- Its presence is felt throughout the criminal justice system with one study identified that between 2000 – 2014:

"... between 64 and 88% of individuals in the police [sic] custody setting had an alcohol use disorder. In the magistrates court this was 95%; 53-69% in the probation setting and between 13 and 86% in the prison system." (Newbury-Birch, McGovern, Birch, & al., 2016)

- **Staffordshire Police, Fire and Crime Commissioner Serious Violence Strategy**
- In general, alcohol-related violence has been falling over time.
- This may be partially attributable to the falling levels of alcohol consumption amongst young people, who are disproportionately represented in cases of alcohol-related violent crime in the night-time economy. (IAS, 2023)

- This notwithstanding, certain types of alcohol-related crime have been increasing.
- For example, there were approximately 260 people killed in collisions in the UK in 2021, where at least one driver was over the legal alcohol limit (fig. 13).
- This is the highest level since 2009. (Department of Transport, 2023)

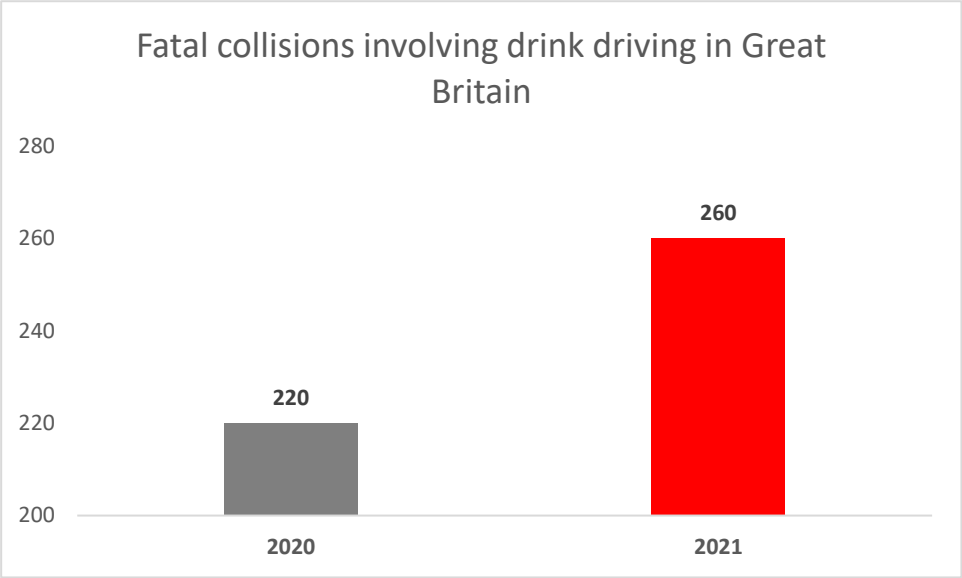

FIGURE 13: DRINK DRIVING FATALITIES IN BRITAIN (ONS, 2023)

1.7.2.2 Alcohol and the fire service

- Alcohol also plays a notable role in fires, with 8% of accidental dwelling fires in England in 2011-2012 being associated with alcohol or drug consumption. (DCLG, 2012)
- This has however been decreasing over time, with drugs and alcohol accounting for 7% in 2016/17. (Home Office, 2017)
- **There is a notable lack of publicly available national data pertaining to alcohol and the fire service.**

1.7.2.3 Alcohol and the carceral system

- Those with contact with the criminal justice system may be at heightened risk of alcohol-related problems.
- Within prison settings, alcohol dependence often *co-exists* with other drug dependence but importantly, the needs of prisoners relating to alcohol are less likely to be met than needs regarding illicit drug use. (Prison Service Reform, 2010)
- These issues persist after release from prison with approximately 20% of those supervised by the Probation Service having an alcohol misuse problem. (Hodges, 2022)

- It is important that this alcohol needs assessment identifies the needs of those communities in contact with the criminal justice system to enable the system's alcohol strategy to address these oft hidden needs.
- **ICS Health Inequalities Strategy [In Progress],**
- **ICS Personalised Care Strategy [In Progress]**

1.7.3 The economic burden of alcohol

- Alcohol places a substantial financial burden on economies across the globe.
- The *US Centers for Disease Control and Prevention (CDC)* estimated that alcohol consumption cost the US economy $249 billion annually (fig. 14).
- These costs are due to alcohol's contribute to:
  - Lost workplace productivity (72% of costs)
  - Healthcare expenses (11% of costs)
  - Criminal justice expenses (10% of costs)
  - Motor vehicle crash expenses (5% of costs) (CDC, n.d.)

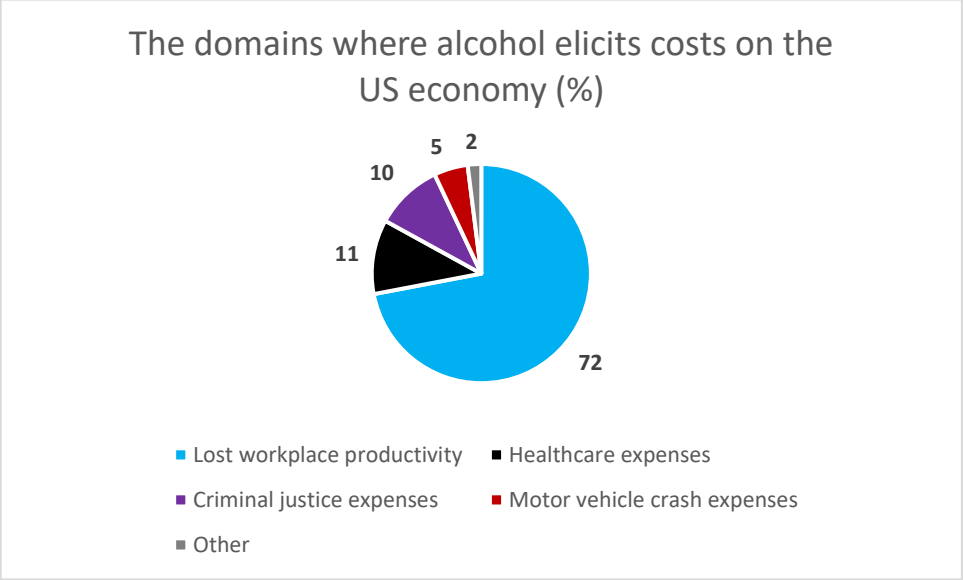

FIGURE 14: THE BURDEN OF ALCOHOL ON THE US ECONOMY (CDC, n.d.)

- Notably, the CDC estimates do not account for *social care* costs, which can be assumed to be substantial considering the sizable social burden of alcohol consumption.
- The *Institute of Alcohol Studies* estimated the total societal cost of alcohol to the UK in 2017 was £21 – 50 billion. (IAS, 2017)
- *Public Health England* estimated alcohol-related costs to be as high as 2.7% of annual gross domestic product (GDP). (PHE, 2016)

- *Alcohol Change* modelled these costs at individual-level in 2023, suggesting that the average drinker in the UK spends £62,899 on alcohol in a lifetime. (Alcohol Change UK, 2023)
- Addressing this significant individual, familial, communal, and national financial burden of alcohol consumption may afford opportunities for the system to improve health and wellbeing during these financially constraint times.
- **ICS Finance Strategy [In Progress]**

1.8 Sociodemographic inequalities in alcohol-related harms

1.8.1 Socioeconomic status and alcohol

- A prominent study in Scotland in 2017 reported findings that illustrated the *Alcohol Harm Paradox:*

> *"**Disadvantaged** social groups have **greater** alcohol-attributable **harms** compared with individuals from advantaged areas for **given levels** of **alcohol consumption**, even after accounting for different drinking patterns, obesity, and smoking status at the individual level."* (Katikireddi, Whitley, Lewsey, Gray, & Leyland, 2017)

- This paradox has been demonstrated across several studies; however, the paradoxical nature of these findings has been critiqued.
- For example, a recent systematic review noted a greater propensity for *heavy, episodic drinking,* amongst lower socioeconomic groups (despite often lower mean alcohol quantity consumed per week or month), purportedly accounting for the difference in harms between socioeconomic group. (Bloomfield, 2020)
- Other studies have noted the absence of a *gradient* of harm for a given consumption of alcohol across socioeconomic groups (depending on the measure of Socioeconomic status utilised), and only observed a difference in harm between the most and least deprivation groups.
- The presence of the paradox has also been suggested to be more evident amongst specific subgroups of the population – namely, younger males. (Beard, et al., 2016)
- Numerous environmental factors are also likely to be mediating alcohol-related harms beyond level of consumption.
- A pertinent example is the association between *alcohol on-license density* and both alcohol-related harms (including violent crime) (Livingston, Chikritzhs, & Room, 2007) and deprivation. (Lightowlers, Pina-Sánchez, & McLaughlin, 2021)

- The *social determination of health* also means that those from more deprivation backgrounds are likely to be in poorer states of physical and mental health, which in turn may exacerbate alcohol harms.
- This is further compounded by *inequality in access* to health and social care services, which may exacerbate alcohol-related harms for a given consumption level amongst deprived communities. (IAS, 2020)
- Despite limitations in the robustness of the *Alcohol Harm Paradox* model, there is clear evidence of worse health outcomes amongst more deprived communities.
- Those constituting the most socioeconomically deprive decile have 2.23 times the rate of alcohol-*specific* mortality and 1.53 times the rate of alcohol-*related* mortality compared to the least deprived decile (fig. 15). (IAS, 2020)

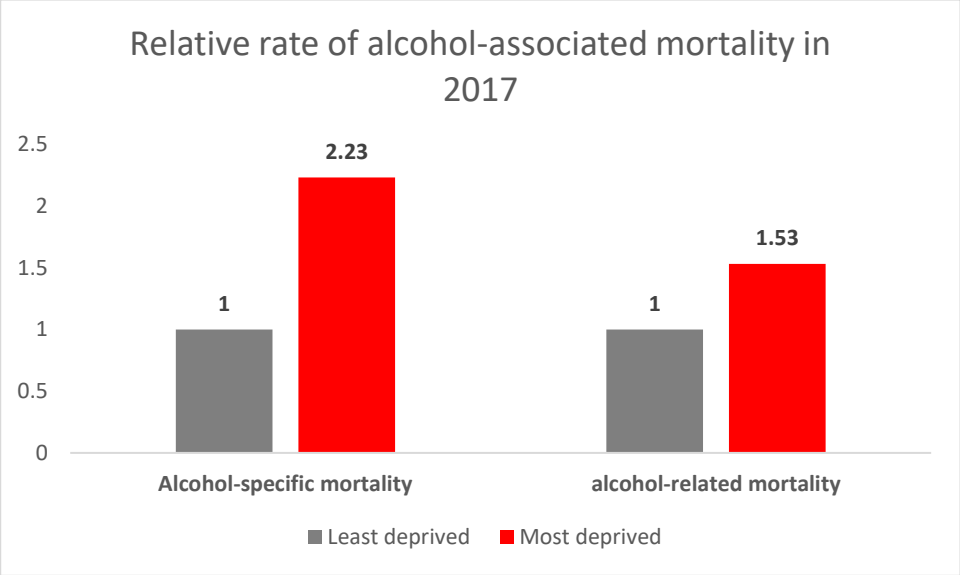

FIGURE 15: ALCOHOL ASSOCIATED MORTALITY AND DEPRIVATION (IAS, 2020)

- To illustrate this, there are now over 1 million alcohol-related hospital admissions in the UK each year, half of which are drawn from the three most deprived socioeconomic deciles. (PHE, 2016)
- It is therefore important to measure the socioeconomic inequalities in alcohol-related needs in this assessment.
- Developing targeted alcohol strategies can reduce this inequality in mortality, whilst reducing socioeconomic inequalities in general.
- For example, through reducing child poverty and malnutrition, social isolation, and unemployment. (OHID, n.d.)
- **ICS Health Inequalities Strategy [In Progress],**

- **ICB Getting the Right Start: The Children and Young People's Programme 2022 – 2027 [In Progress],**
- **ICB Working with People and Communities Strategy 2022/2023**

1.8.2 Ethnicity and alcohol

- Generally, individuals drawn from ethnic minority communities in the UK *consume less* alcohol than their White British counterparts and are *more likely* to be abstinent, leading to a lower burden of alcohol-related harm amongst these communities than the general population. (IAS, 2020)
- There are however certain ethnic inequalities in alcohol that manifest at a national level.
- Compared to their White British counterparts, alcohol-dependent individuals from minoritised ethnic backgrounds may:
  - Be less likely to *seek* alcohol treatment services,
  - Be more likely to *delay* presentation to services until they have experience significant health effects from drinking,
  - Face more barriers in *accessing* alcohol treatment services (e.g. amongst Irish Traveller communities).
- This in turn contributes to national statistics underestimating the prevalence of alcohol-related harms in these communities.
- Minoritised ethnic groups are also less likely to be recruited to clinical trials for alcohol treatment, which is important as it may undermine the real-world *effectiveness* and *acceptability* of alcohol interventions amongst these communities and further widen inequalities.
- Minoritised ethnic groups may experience worse outcomes in relation to certain alcohol-related conditions.
- For example, compared to their White British counterparts:
  - White Irish men experience higher rates of alcohol-related liver disease,
  - Sikh men experience higher rates of liver cirrhosis, (Alcohol Change UK, 2019)
  - Bangladeshi and Pakistani men and women have higher mortality rates from liver cancer.
- These latter examples have been suggested to form another *Alcohol Harm Paradox,* where British South Asians are overrepresented in certain alcohol-related conditions despite lower levels of alcohol consumption. (SHAAP, 2021)

- A final factor that further complicates these associations is that second-generation minoritised ethnic groups are significantly more likely to consume alcohol than their first-generation counterparts, with consumption patterns moving closer to those of their White British counterparts. (Wang & Li, 2019)
- Given that the needs of minoritised ethnic communities are often overlooked in relation to alcohol-related harms, it is important that this needs assessment highlights any specific inequalities these communities may face and promotes community engagement and involvement to undercover hidden needs.
- **ICS Health Inequalities Strategy [In Progress],**
- **ICB Working with People and Communities Strategy 2022/2023**

1.8.3 At-risk communities and alcohol

- There are numerous other groups in society who may be at heightened risk of heavy alcohol consumption.
- Identifying the prevalence of heavy alcohol consumption amongst these communities and other alcohol-related needs is important to improving their health and reducing health inequalities within the system.
- Examples of communities frequently considered at-risk for heavy alcohol consumption or alcohol-related harms are included in Table 2.
- Whilst identifying and addressing the needs of these at-risk groups is important, it must be borne in mind that anyone can develop alcohol dependence.
- Moreover, that any level alcohol of alcohol consumption is harmful to all individuals who consume it and may also harm sober individuals in contact with the effects of alcohol consumption (e.g. victims of alcohol-related violence).
- The importance of a whole population approach to identified alcohol-related needs and its capacity to inform a whole population level strategy must therefore be centred in this needs assessment, supported by targeted, *personalised care* for these at-risk communities.
- **ICS Personalised Care Strategy [In Progress],**
- **ICS Health Inequalities Strategy [In Progress],**
- **ICB Working with People and Communities Strategy 2022/2023**

Table 2: Communities who may be at-risk of alcohol-related harms			
People neither in employment, education, or training and military veterans	People experiencing homelessness & Rough-sleeping communities	People in asylum processing centres	Nursing home, care home, foster home, and sheltered accommodation residents
Incarcerated adults, detained children & those with contact with criminal justice system	People residing in domestic abuse refuges or those who have experienced interpersonal abuse	Isolated, elderly or physically impaired people	People residing in environments with normalised heavy alcohol consumption (e.g. student residences)
Relatives, partners or cohabitants of those with alcohol or drug dependence	People with illicit drug co-dependence	People experiencing chronic pain and poor health-related quality of life	Patients experiencing mental illness, admitted to psychiatric wards, or admitted to secure services
Those with biological susceptibility to alcohol dependence	People who engage in sex work	People who have experienced adverse childhood events (ACEs)	People who initiate alcohol consumption at an early age

1.8.4 Commercial and environmental determinants of alcohol consumption

- Beyond individual, familial, and communal factors, alcohol consumption is commercially and environmentally determined.
- Key factors that influence level of alcohol consumption are:
  - Availability of alcohol (e.g. high alcohol on-licensing density, 24-hour alcohol off-licenses, minimal illicit alcohol enforcement),
  - Affordability of alcohol (e.g. Multi-buy discounting and ‘happy hours’),
  - Acceptability of alcohol (e.g. Socially normalised drinking within communities and peer pressure to drink alcohol),

- Advertising & attractiveness of alcohol (e.g. Visual advertisements at bus stops, sporting events and on television),
- Stressful environments leading to drinking as a coping mechanism (e.g. employment insecurity, food insecurity, housing insecurity) (IAS, 2020). (Ireland, et al., 2019)

- **ICS Prevention Strategy [In Progress],**
- **Health Inequalities Strategy [In Progress]**
- **Loneliness Reduction Plan [In Progress]**

1.9 Strategic approaches to address alcohol consumption

- Various strategic models have been proposed to address these alcohol-related needs and the various determinants of alcohol consumption.
- For example, the *World Health Organisation* have proposed the *SAFER* initiative (fig. 16):

FIGURE 16: WHO SAFER ALCOHOL CONTROL INITIATIVE (WHO, n.d.)

- These strategies vary in their focus:

- Prevention of alcohol consumption versus treatment of alcohol-related conditions,
- Targeting of those with alcohol dependence versus a whole population approach,
- Siloed focus on alcohol versus focus on co-existing addictive behaviours (e.g. co-drug use or drinking & gambling),
- Local versus regional versus national versus international approach,

- Strategies that address current needs versus those that address projected needs.

- Pertinent examples are:

  - The *Glasgow Drug & Alcohol Strategy,* which takes a local, multiagency approach to preventing and treating drug and alcohol related harms,
  - The *UK Government's Alcohol Strategy (2012),* which takes a national governmental approach to preventing and treating alcohol-related harm,
  - *Action on Smoking & Health (ASH), Alcohol Health Alliance (AHA)* and the *Obesity Health Alliance (OHA) 'Holding us Back' report,* which takes a joint national approach to address the co-existing modifiable health determinants of alcohol, food, and smoking,
  - The *World Health Organisation's Global Strategy to reduce the harmful use of alcohol (2010).*

- The focus of the **Staffordshire & Stoke-on-Trent ICB Alcohol Strategy** will be informed by this needs assessment and the deliberations of the ICB alcohol strategic group.

1.10 Demographics of the system

1.10.1 Gender

- It is important to review the demographics of the system to appreciate how alcohol may impact on the system.

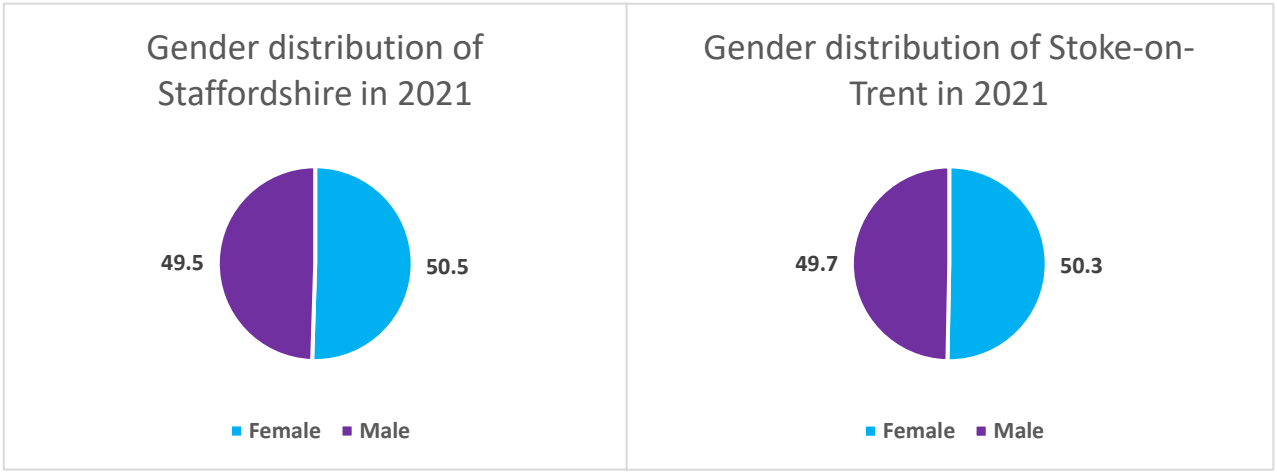

FIGURE 17: GENDER DISTRIBUTION OF STAFFORDSHIRE & STOKE-ON-TRENT IN 2021 (ONS, 2023)

- Historically, alcohol consumption has been greater in men than women. (IAS, 2020)
- Stoke-on-Trent and Staffordshire have similar gender distributions, each with marginally larger female populations (fig. 17). (ONS, 2023)

1.10.2 Age

- Alcohol consumption varies with age, with those in the 55-to-74-year age range being most likely to consume more than 14 units of alcohol a week. (NHS, 2022)
- Alcohol-related disease is also more likely to manifest as we age due to the cumulative effects of its consumption. (WHO, 2022)
- Staffordshire has an older population that Stoke-on-Trent (fig. 18), with 43.5% of Staffordshire being 50-years-old or over compared with 35.6% of Stoke-on-Trent. (ONS, 2023)

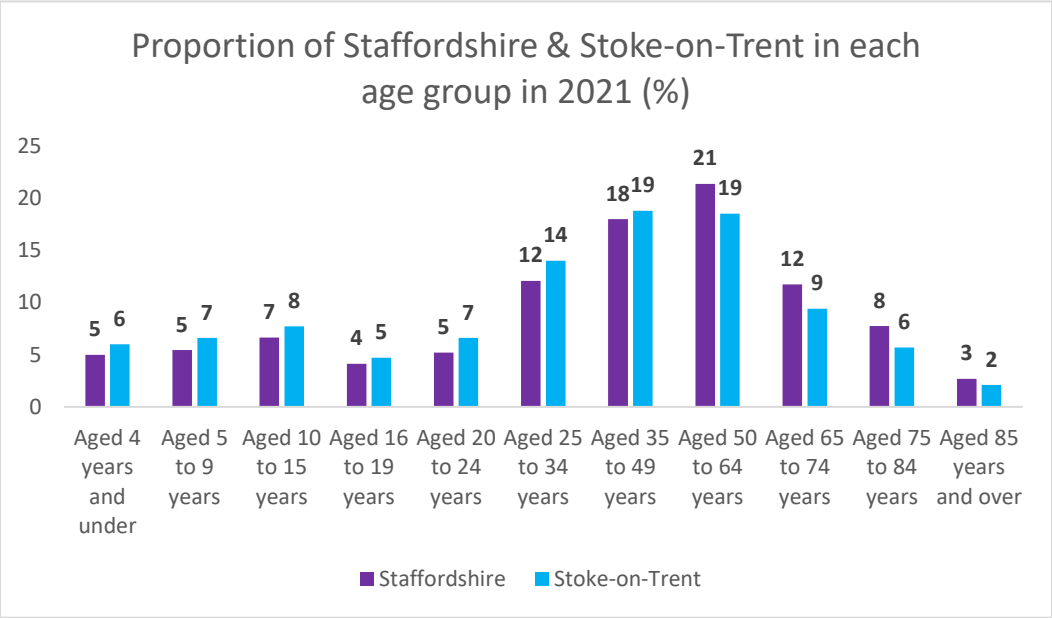

FIGURE 18: AGE DISTRIBUTION OF STAFFORDSHIRE & STOKE-ON-TRENT IN 2021 (ONS, 2023)

1.10.3 Ethnicity

- The burden of alcohol differs between ethnic groups, with White ethnic groups seemingly to bear the greatest burden of alcohol-related harm.
- Non-White ethnic groups may however have delays in *seeking* and *presenting* to health services, coupled with other *access barriers,* which may underestimate the harm they experience. (IAS, 2020)
- Notably, Sikh men appear to have higher rates of liver cirrhosis, and Bangladesh and Pakistani men and women appear to have higher mortality from liver cancer, attributable to alcohol. (Alcohol Change UK, 2019)

- Stoke-on-Trent is considerably more ethnically diverse than Staffordshire, with White ethnic groups making up 83.5% of Stoke-on-Trent's population compared to 93.6% of Staffordshire population in 2021 (fig. 19).
- *Asian, Asian British* or *Asian Welsh* form the second largest classified ethnic group, constituting 9.9% of the population of Stoke-on-Trent and 3.3% of Staffordshire. (ONS, 2023)

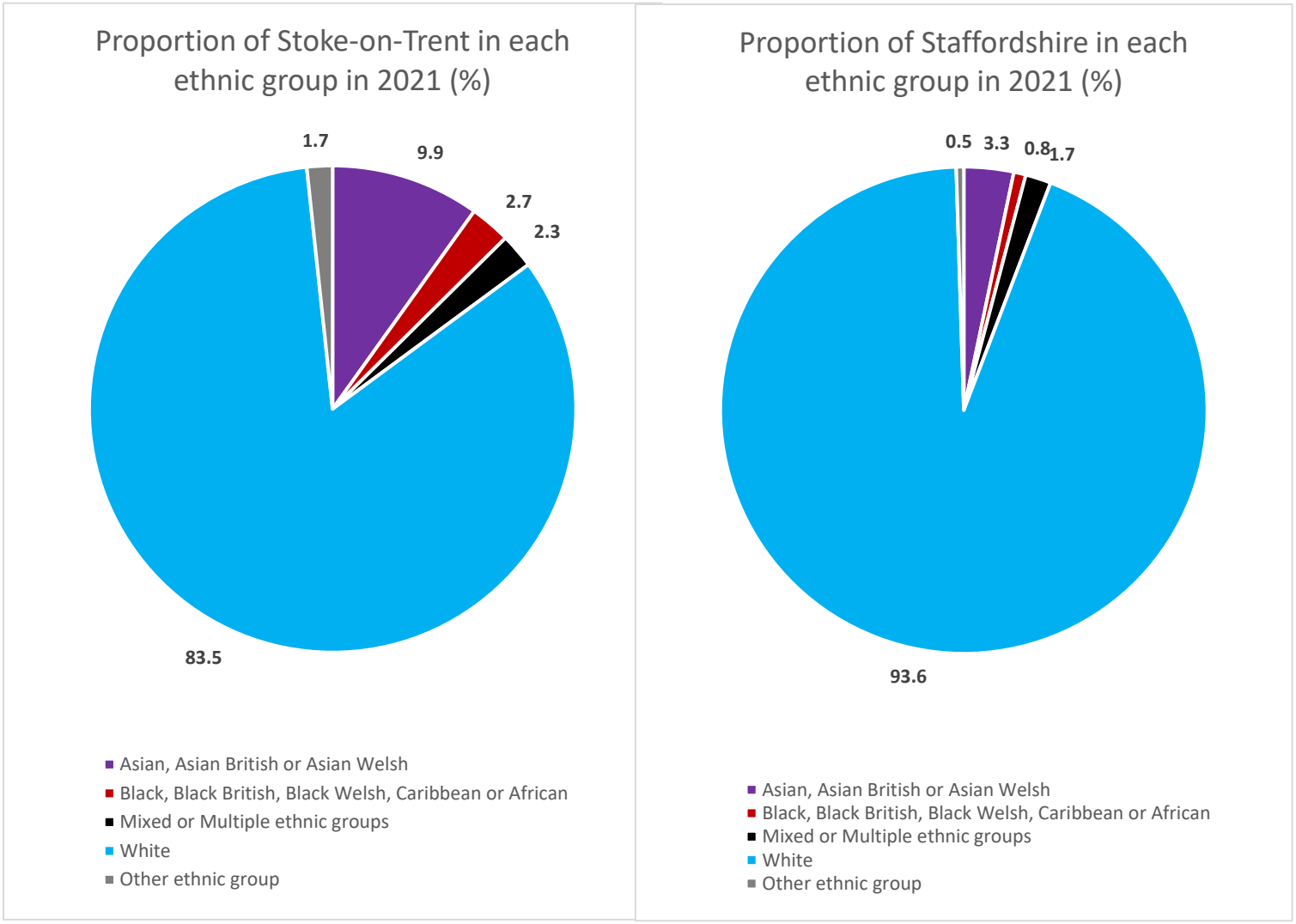

FIGURE 19: ETHNIC DISTRIBUTION OF STAFFORDSHIRE & STOKE-ON-TRENT IN 2021
(ONS, 2023)

1.10.4 Education

- Alcohol consumption is associated with worse educational outcomes such as attaining lower GCSE results and not remaining in full-time education beyond the age of 16. (Department of Education, 2010)
- In 2021, Stoke-on-Trent had proportionately more people with no qualifications than Staffordshire (25.9% vs 19.3%), whilst Staffordshire had proportionately more people with a Level 4 qualification or higher than Stoke-on-Trent (29% vs 21.8%) (fig. 20). (ONS, 2023)

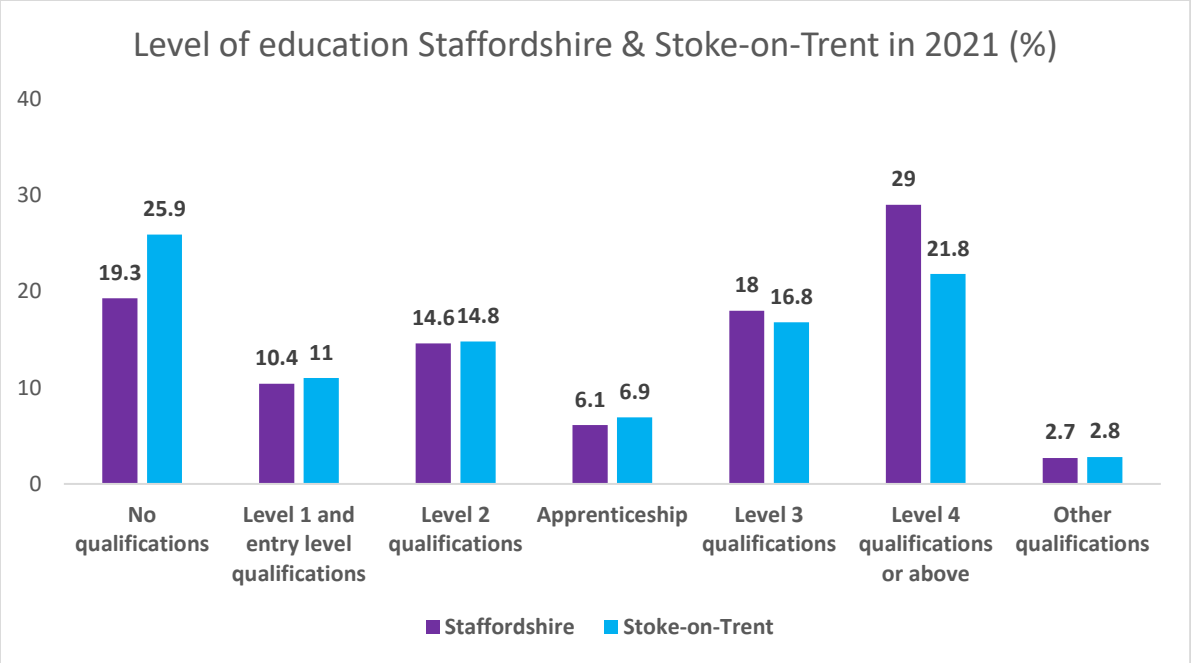

FIGURE 20: EDUCATIONAL DISTRIBUTION OF STAFFORDSHIRE & STOKE-ON-TRENT IN 2021 (ONS, 2023)

1.10.5 Employment

- Alcohol consumption is also associated with poorer workplace productivity and increased workplace absence due to alcohol-related sickness. (NICE, 2010)
- In 2021, Staffordshire had proportionately more people economically active than Stoke-on-Trent (fig. 21). (ONS, 2023)
- Proportionately more economically inactive people in Staffordshire were retired than in Stoke-on-Trent (26.1% vs 20.5%).
- Proportionately more economically inactive people in Stoke-on-Trent experienced long-term sickness or disability than in Staffordshire (3.8% vs 6.4%) (fig. 22). (ONS, 2023)

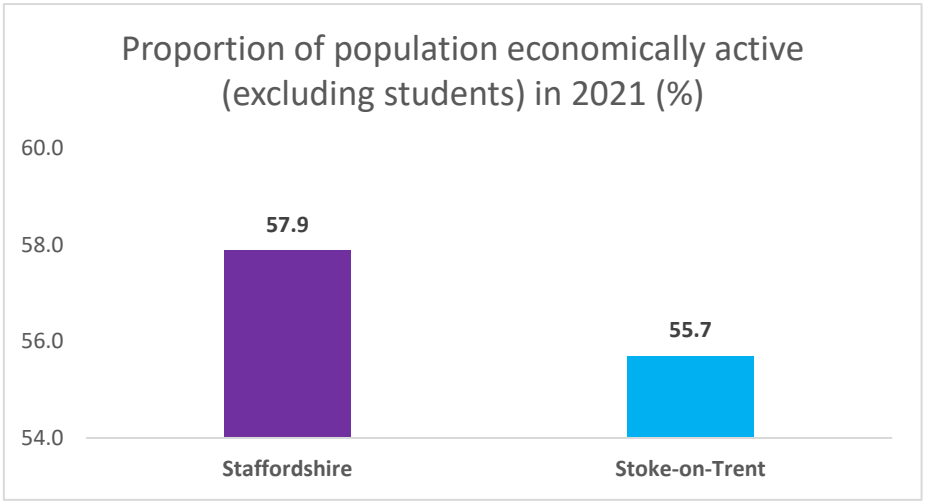

FIGURE 21: EMPLOYMENT IN STAFFORDSHIRE & STOKE-ON-TRENT IN 2021 (ONS, 2023)

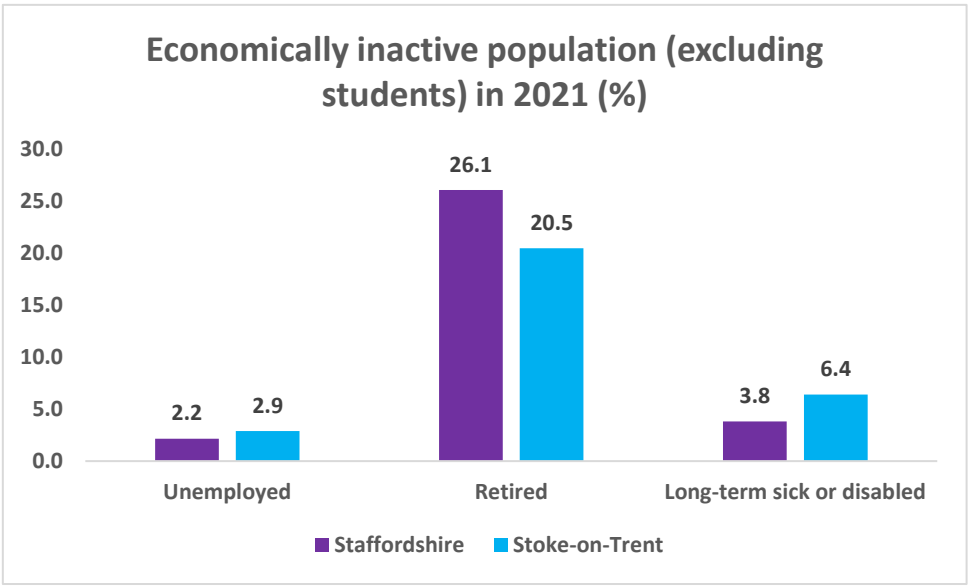

FIGURE 22: UNEMPLOYMENT IN STAFFORDSHIRE & STOKE-ON-TRENT IN 2021 (ONS, 2023)

1.10.6 General health

- Alcohol is a toxicant which can worsen individual's perceived and objective health.
- Individuals who are living with chronic pain or a poor health-related quality of life may also consume alcohol as a coping mechanism and/or analgesic. (Alcohol Change UK, 2017)

- Both perceived *Bad Health* and *Very Bad Health* are higher in Stoke-on-Trent then in Staffordshire (fig. 23). (ONS, 2023)

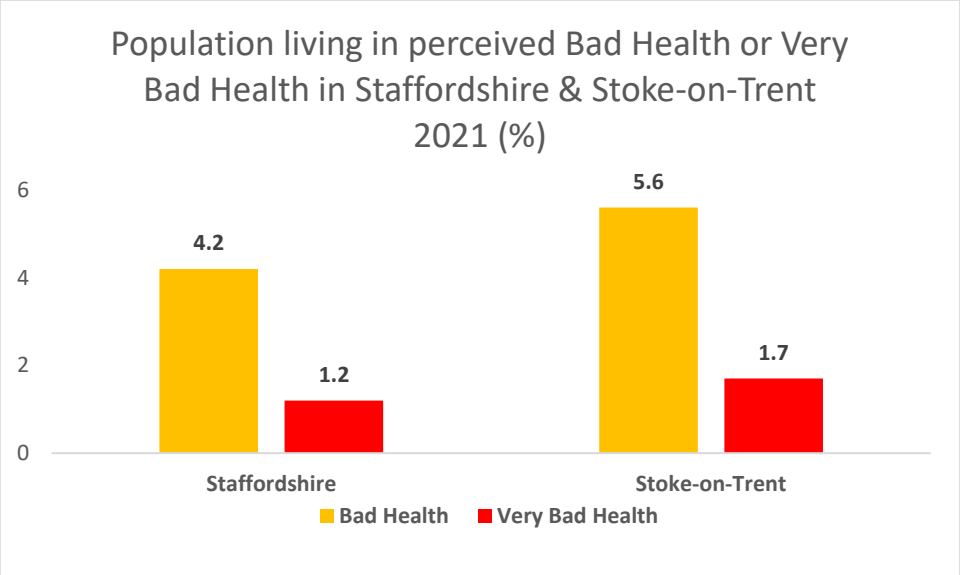

FIGURE 23: HEALTH IN STAFFORDSHIRE & STOKE-ON-TRENT IN 2021 (ONS, 2023)

1.10.7 Disability

- Alcohol may contribute to the developing of certain disabling conditions (e.g. severe mental illness) and exacerbate pre-existing disabilities.
- Alcohol may be used as a coping mechanism amongst certain individuals living with a disability.
- Disability that limits day-to-day activity, either a little or a lot, is relatively more prevalent in Stoke-on-Trent than Staffordshire.
- However, long-term physical or mental health conditions that do not affect day-to-day activities are relatively more prevalent in Staffordshire than Stoke-on-Trent (fig. 24) (ONS, 2023)

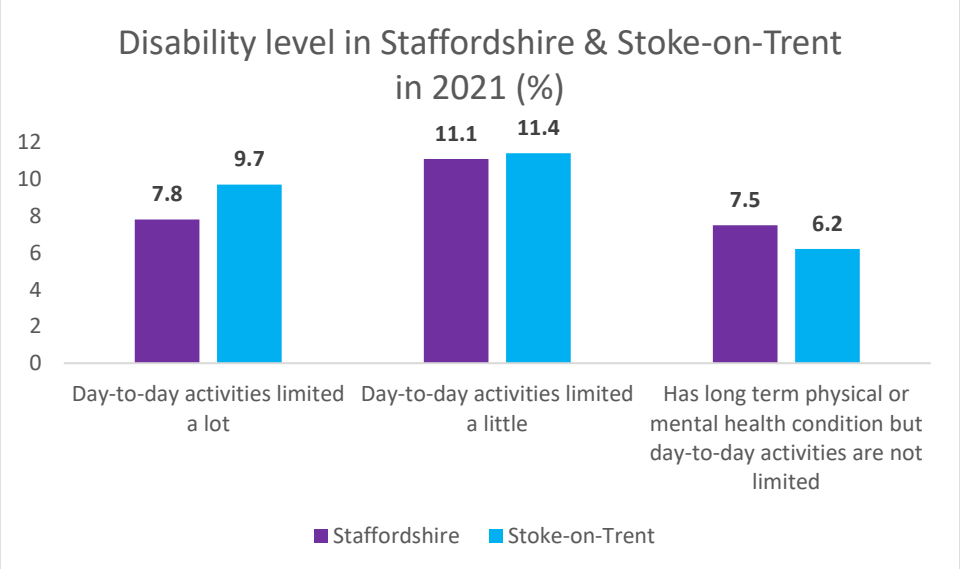

FIGURE 24: DISABILITY IN STAFFORDSHIRE & STOKE-ON-TRENT IN 2021 (ONS, 2023)

1.10.8 Deprivation

- Stoke-on-Trent is 25th most deprivation local authority in England, with 19% of its population living in deprivation in 2019. (ONS, 2021)
- By *Index of Multiple Deprivation,* Stoke-on-Trent was considerably more deprived, and Staffordshire was considerably less deprived, than England on average in 2015 (fig 25). (PHE, 2020)

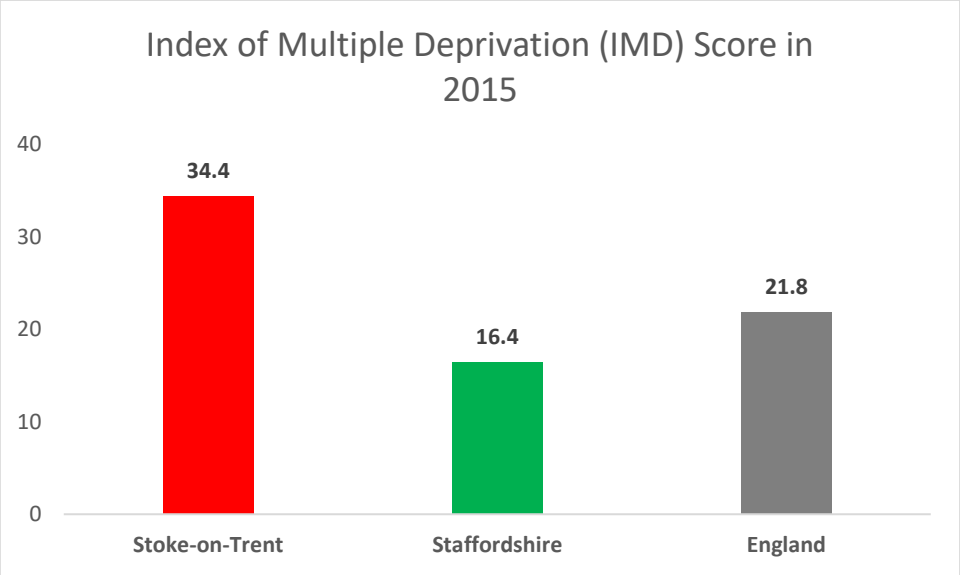

FIGURE 25: DEPRIVATION IN STAFFORDSHIRE & STOKE-ON-TRENT IN 2015 (PHE, 2020)

2.1 Alcohol and the community

2.1.1 Alcohol availability and licensing

- The consumption of alcohol in a community is partially determined by its availability.
- Alcohol availability is in turn determined by the alcohol licensing laws of the UK.
- *Personal* licenses allow for an individual supply of alcohol and have increased in England & Wales by 13% between 2018 and 2022.
- South Staffordshire has the fewest personal licenses in Staffordshire with 775 licenses in 2022, compared to Stoke-on-Trent with 3,511 personal licenses (fig. 26). (LG Inform, 2023)

- It has not been possible to locate any research investigating the association of *personal* licenses with alcohol harms, however it may be surmised that an increase in personal licenses could plausibility be associated with an increase in alcohol-related harms, due to increased availability.
- **The association between personal alcohol licenses and alcohol-related harms, if any, will need further investigated by national research teams, and this falls beyond the scope of the Integrated Care Board's (ICB) work.**

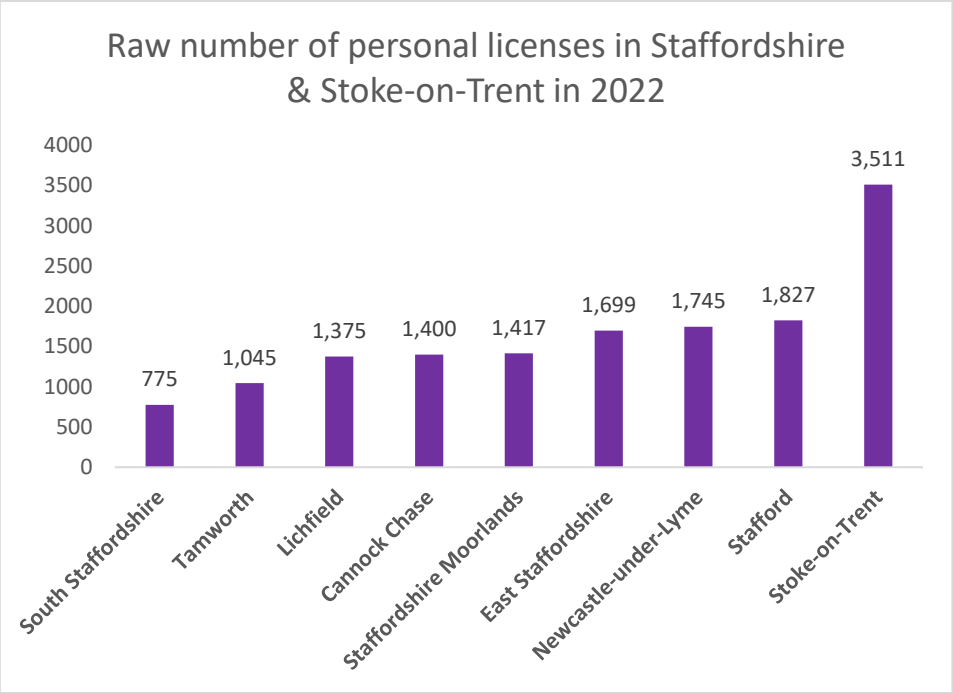

FIGURE 26: PERSONAL ALCOHOL LICENCES IN STAFFORDSHIRE & STOKE-ON-TRENT IN 2022 (LG Inform, 2023)

- *Premise* licenses allow for the *sale* of alcohol by a particular venue.
- There are two main types of premise license:
  1) *on-licenses* allow for the purchasing of alcohol and its consumption *within* said premise (e.g. restaurants and pubs),
  2) *off-licenses* allow for the purchasing of alcohol and its consumption *outside* of said premise (e.g. supermarkets).
- Certain premises also have *24-hour licenses* and are permitted to sell alcohol 24 hours per day. (UK Gov, 2022)
- In 2021 – 2022, the licensing density (number of licensed premises per kilometre squared) of Stoke-on-Trent was 630% of the English average.
- Meanwhile Staffordshire had a licensing density that was 70% of the English average (fig 27). (OHID, n.d.)

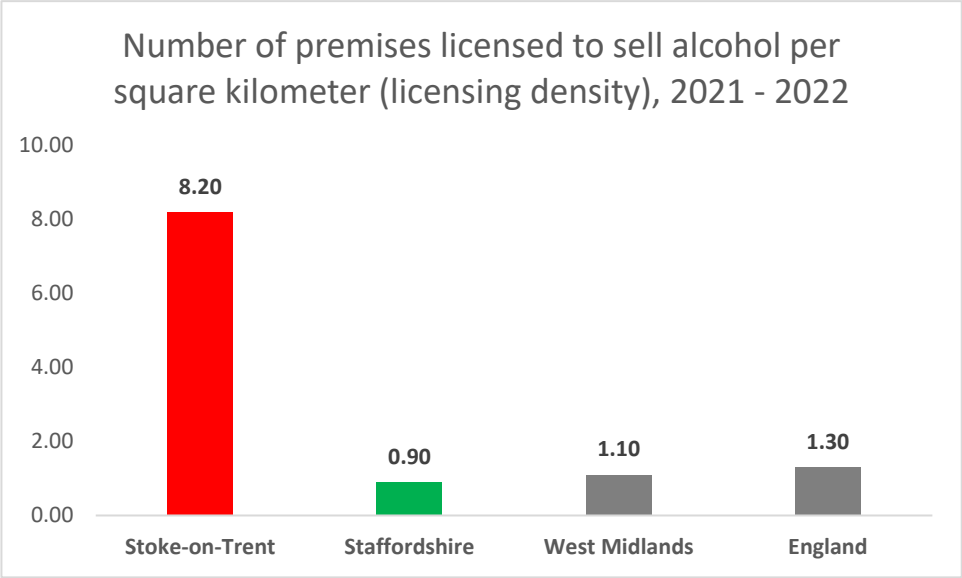

FIGURE 27: LICENSING DENSITY IN STAFFORDSHIRE & STOKE-ON-TRENT IN 2021 - 2022 (OHID, n.d.)

- Within the eight districts of Staffordshire, there is considerably variation in licensing density, ranging from 0.4 in Stafford to 6 in Tamworth (fig. 28).
- No data is available for East Staffordshire.

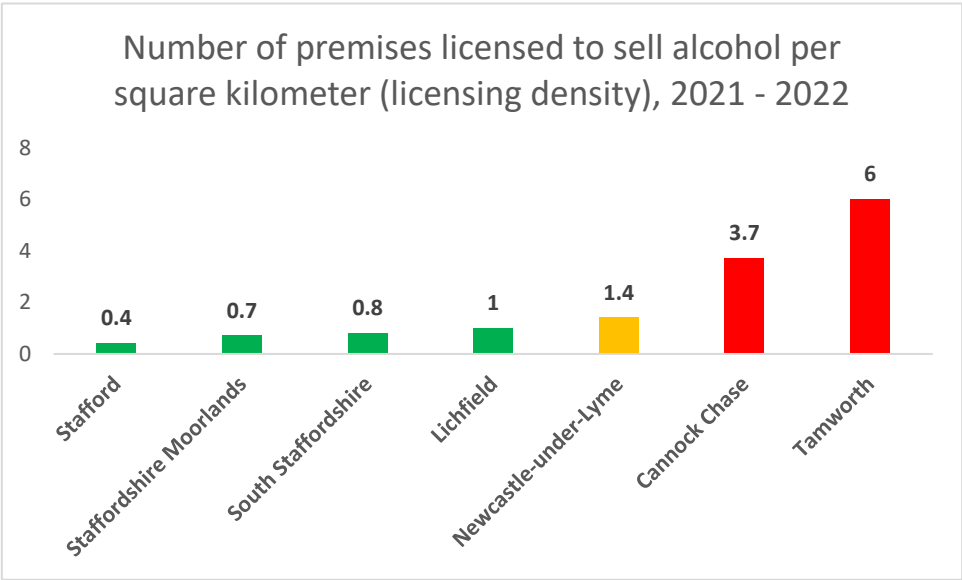

FIGURE 28: LICENSING DENSITY IN DISTRICTS OF STAFFORDSHIRE IN 2021 - 2022 (OHID, n.d.)

- Across England, there were 10,800 venues in 2022 with a 24-hour license.
- In Staffordshire, South Staffordshire had the fewest 24-hour license venues with three, whilst Stafford had the most with 23 (fig. 29).
- There was no data available for East Staffordshire, Stoke-on-Trent, or Staffordshire County.

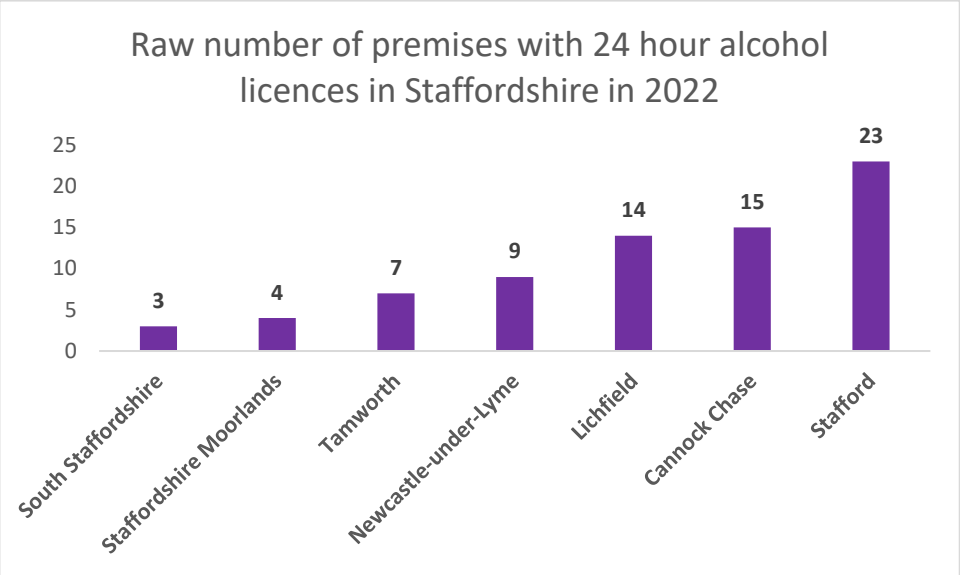

FIGURE 29: NUMBER OF VENUES WITH 24 HOUR LICENSES IN STAFFORDSHIRE IN 2022

(LG Inform, 2023)

- When all drink establishments (on-license) and other (off) licensed venues are mapped across the Staffordshire & Stoke-on-Trent, it becomes visually apparent that licensing density is indeed greatest in:
  - Stoke-on-Trent,
  - Tamworth,
  - and Cannock Chase (in descending order) (fig. 30).
- Interestingly, when licensing density is analysed by *number of establishments per 100,000 of the population* rather than *by square kilometre*, the rate is highest in:
  - Staffordshire Moorlands,
  - Lichfield,
  - and South Staffordshire (in descending order) (fig. 30).
- In section *4.1.2 Admissions* of this Health Needs Assessment, the associations between licensing density and 'alcohol-specific admissions' are mapped.
- Data suggests that number of establishments per squared kilometre is more positively associated with these alcohol-associated health outcomes than the number of establishments per 100,000 of the population.

- When all drink establishments (on-license) and other (off) licensed venues are mapped across Stoke-on-Trent, it becomes apparent that these venues cluster more heavily in areas of greater deprivation (as measured by the *Index of Multiple Deprivation, 2019*) (fig. 31).
- This corroborates national research which showed positive correlations between off-license density and deprivation in England. (Allan, Mooney, & Ling, 2018)
- Importantly, national evidence suggests there may be a *positive interaction* between on-license density and deprivation in England, amplifying their individual effects on violent crime. (Lightowlers, Pina-Sánchez, & McLaughlin, 2021)
- Similarly, research in Scotland noted that alcohol-related deaths and hospitalisations were greater in more income-deprived neighbours, whilst deaths were higher in neighbourhoods with higher off-license densities. (Richardson, Hill, Mitchell, Pearce, & Shortt, 2015)
- **Alcohol licensing density appears to be greater in the more deprived areas of Stoke-on-Trent and this interaction between licensing density and deprivation may increase alcohol-related harms within the system.**

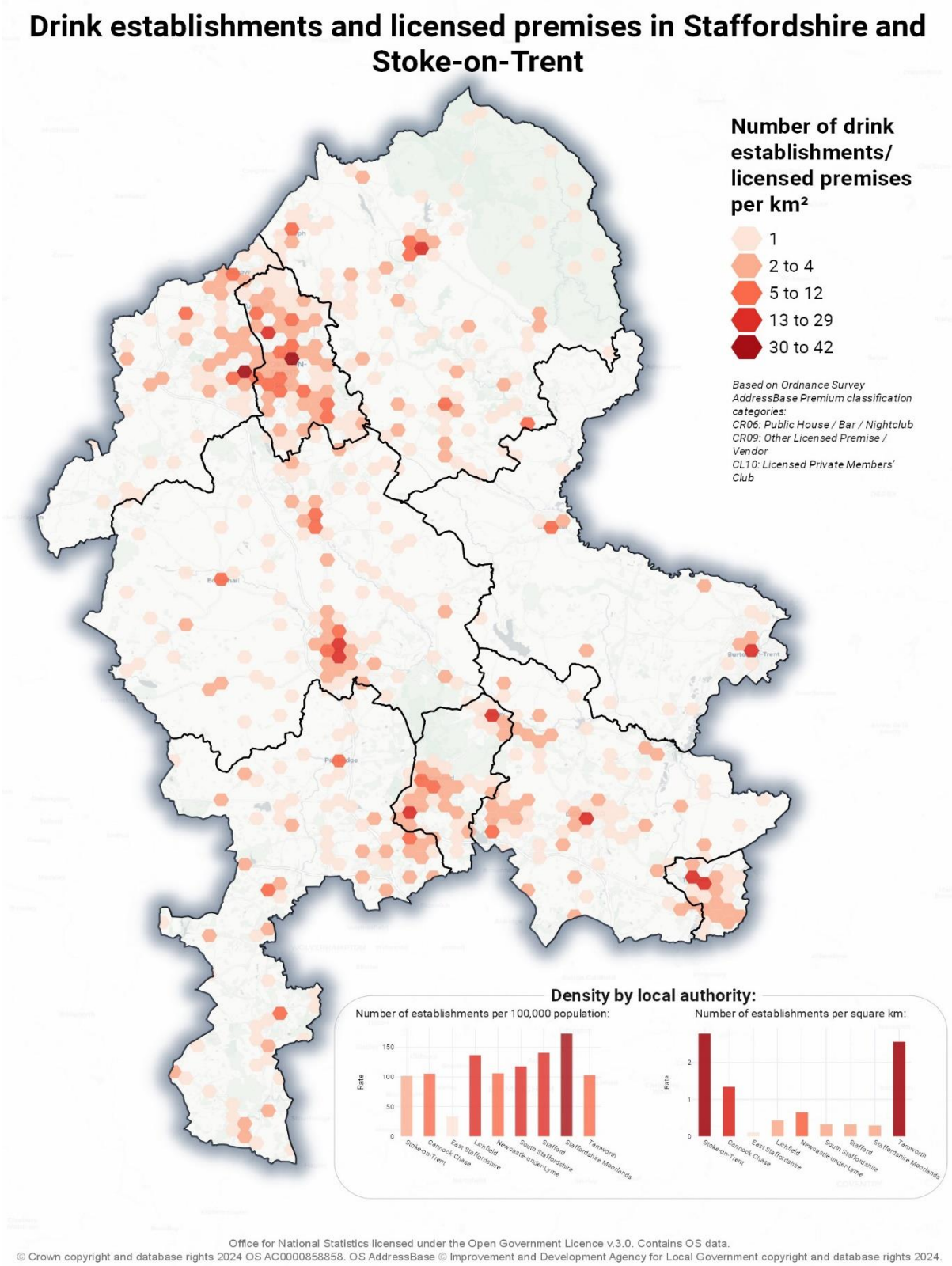

FIGURE 30: VISUALISING LICENSING DENSITY IN STAFFORDSHIRE & STOKE-ON-TRENT

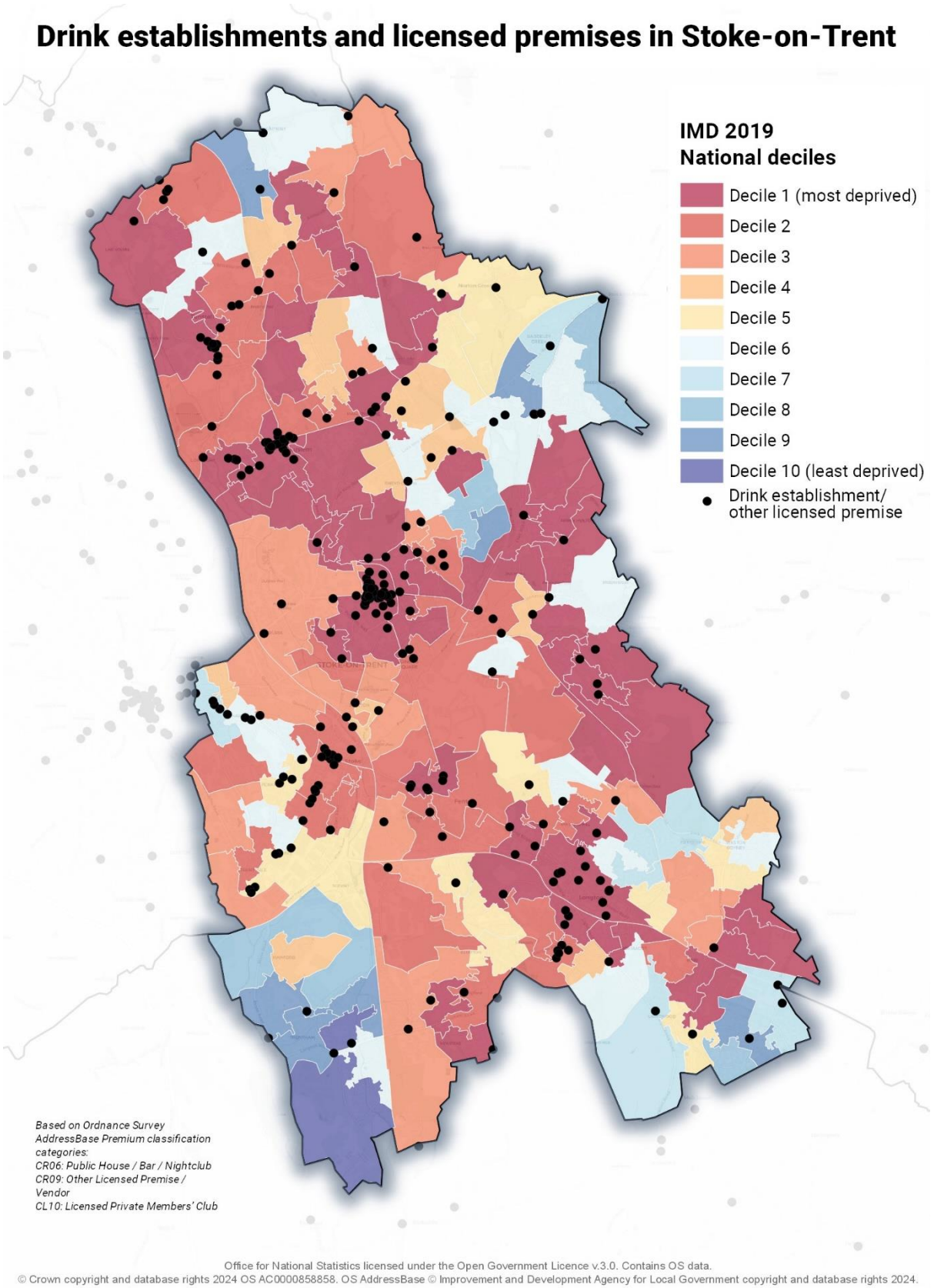

FIGURE 31: VISUALISING LICENSING DENSITY OVER DEPRIVATION IN STOKE-ON-TRENT

2.1.2 Alcohol availability and illicit sales

- Illicit alcohol includes genuine alcohol products for which appropriate taxes have not been paid, as well as counterfeit products.
- These products are illegal and contribute to losses to the UK's taxation revenue and increased health risks from contaminants. (Islington Council, 2013)
- The main adulterant of concern in illicit alcohol is methanol, an occasional by-product of the fermentation process, which can lead to blindness and death. (Manning & Kowalska, 2021)
- Between 2009 – 2014, there were three known deaths from methanol poisoning in the UK. (UK Gov, 2014)
- The Stoke-on-Trent Trading Standards team have reported to have seized:
    - 0 illicit alcohol in 2021 – 2022,
    - 25 bottles of illicit alcohol in 2022 – 2023
    - 0 illicit alcohol in 2023 – 2024 (to date).
- Staffordshire Trading Standards team were involved in the county-wide '*Operation Opson'* towards the end of 2015, in response to a surge of intelligence and complaints about counterfeit vodka and wine products, leading to a number of illicit alcohol seizures.
- During the last three years, only one illicit alcohol product has been seized. (Staffordshire County Council)
- Most recently, the Stoke-on-Trent Trading Standards Team has undertaken a project to search for illicit alcohol at a small number of venues, but no illicit alcohol has been identified. (SOT Trading Standards, 2024)
- Trading Standards teams are also responsible for responding to complaints of underage sales of alcohol.
- It is illegal to sell alcohol to anyone under the age of 18, (UK Gov, 2018) with young people at an increased risk of health effects of alcohol during an important stage of brain development. (Bonnie & O'Connell, 2004)
- Complaints of underage sales in Stoke-on-Trent are more commonly associated with off-license venues, with complaints in on-license venues appearing to be relatively uncommon (fig. 32). (SOT Trading Standards, 2024)
- There appear to be a similar number of complaints to Staffordshire Trading Standards team (fig. 33). (SOT Trading Standards, 2024)

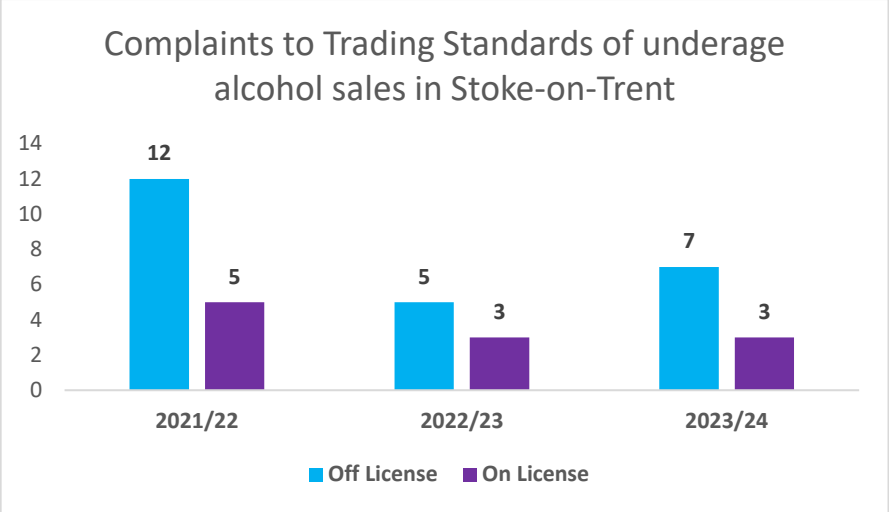

FIGURE 32: UNDERAGE SALES COMPLAINTS TO STOKE-ON-TRENT TRADING STANDARDS (Staffordshire County Council)

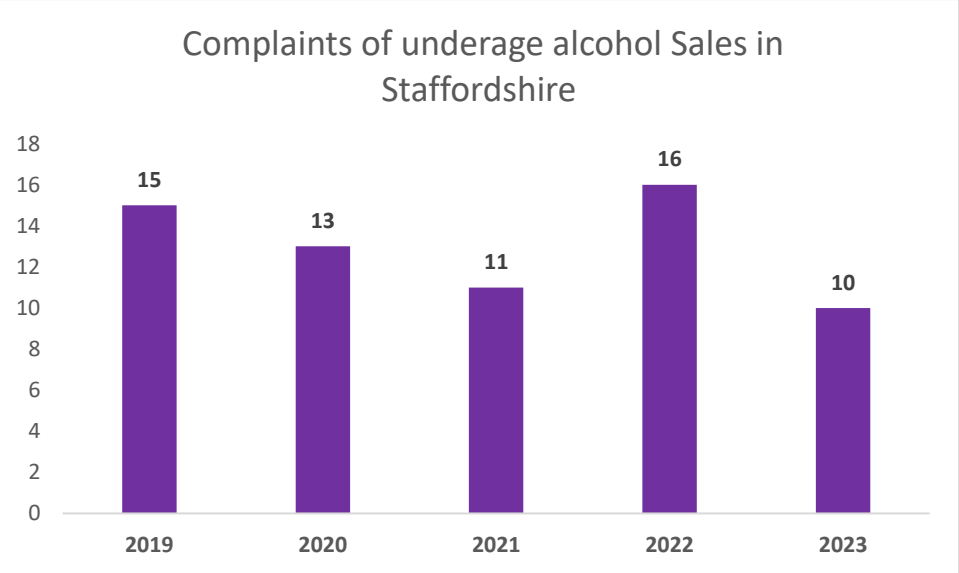

FIGURE 33: UNDERAGE SALES COMPLAINTS TO STAFFORDSHIRE TRADING STANDARDS (Staffordshire Trading Standards, 2024)

- The Trading Standards teams employ test purchasing, where an underage individual attempts to purchase alcohol illegally in an off-license premise to determine whether premises are abiding by the law on alcohol sales.
- Most premises have successfully passed test purchasing attempts in Stoke-on-Trent (fig. 34) and Staffordshire (fig. 35).

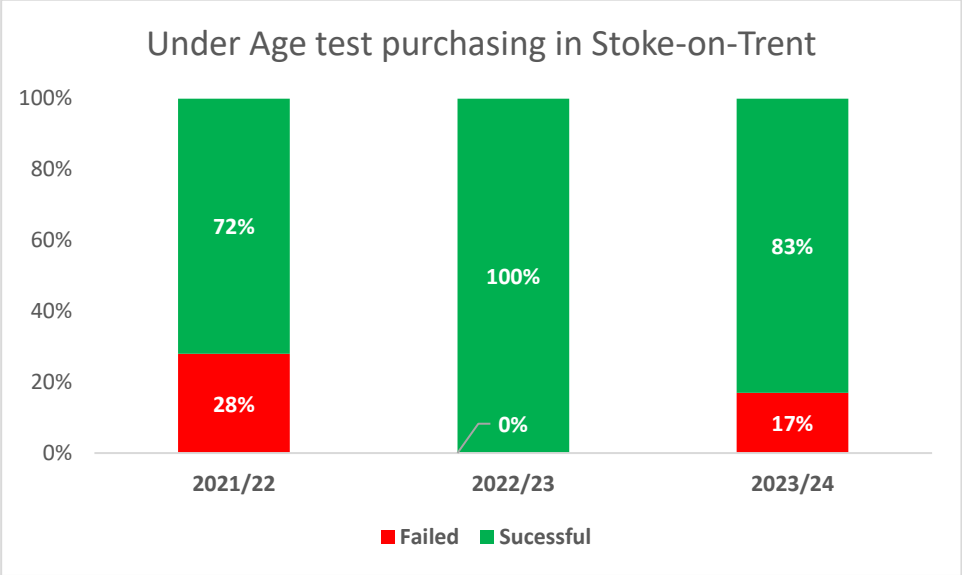

FIGURE 34: UNDERAGE TEST PURCHASING OF ALCOHOL IN STOKE-ON-TRENT (SOT Trading Standards, 2024)

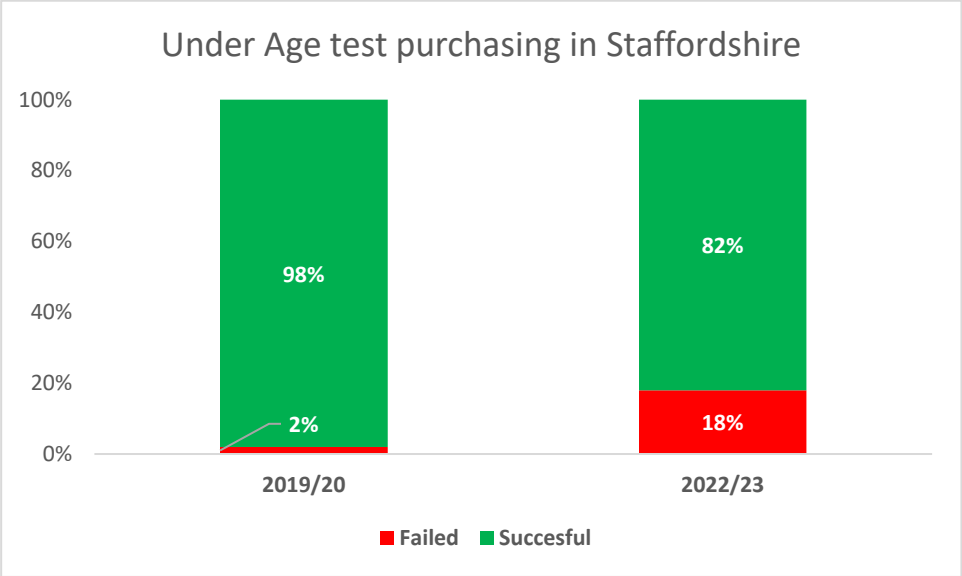

FIGURE 35: UNDERAGE TEST PURCHASING OF ALCOHOL IN STOKE-ON-TRENT (Staffordshire Trading Standards, 2024)

- The Trading Standards team are required by law to ensure that alcohol is not sold lower than the price of alcohol duty + value added tax (VAT).
- This policy was a component of the Government's *Alcohol Strategy 2012,* to prevent businesses from selling alcohol at heavily discounted prices in attempt to reduce excessive alcohol consumption and alcohol-related harm.
- *Non-compliance* with these conditions may be an offence under section 136 of the Licensing Act 2003, if the seller cannot evidence that they took all reasonable precautions and exercised all *due diligence* to avoid committing an offence. (Home Office, 2017)

- Notably, non-compliance has increased in Stoke-on-Trent from 18% of premises reviewed in 2021/22 to 46% of premises reviewed in 2023/24 (fig. 36). (SOT Trading Standards, 2024)
- Staffordshire Trading Standards do not undertake any specific inspections to check for regulatory compliance or due diligence as this is undertaken at district authority level.

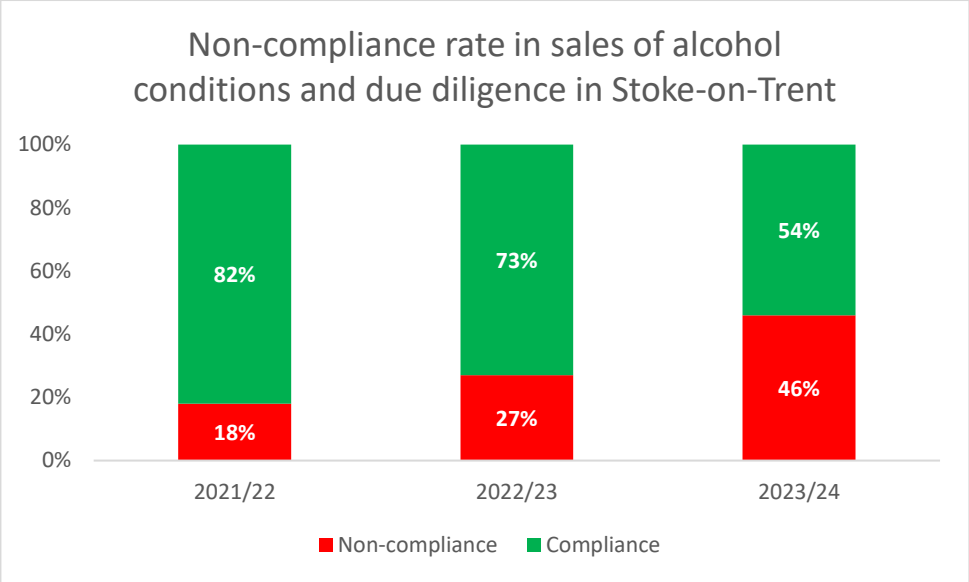

FIGURE 36: NON-COMPLIANCE WITH CONDITIONS OF ALCOHOL SALES IN STOKE-ON-TRENT (SOT Trading Standards, 2024)

- **There appears to be a significant issue with premises in Stoke-on-Trent adhering to alcohol licensing laws, which is increasing the risk of alcohol-related harm to Stoke-on-Trent's communities.**
- **It may be beneficial for the district authorities of Staffordshire to report their *non-compliance* and *due diligence* data to Staffordshire County Council so these can be compared across the county.**

2.1.3 Alcohol consumption behaviours

2.1.3.1 Alcohol Sales

- The number of alcohol sales can be used as a proxy measure of alcohol consumption.
- *OHID* determined that in 2014, the volume of all alcohol sold in Stoke-on-Trent, as well as the volume of beer, wine, and spirits sold, significantly exceeded that of Staffordshire and England on average (fig. 37).

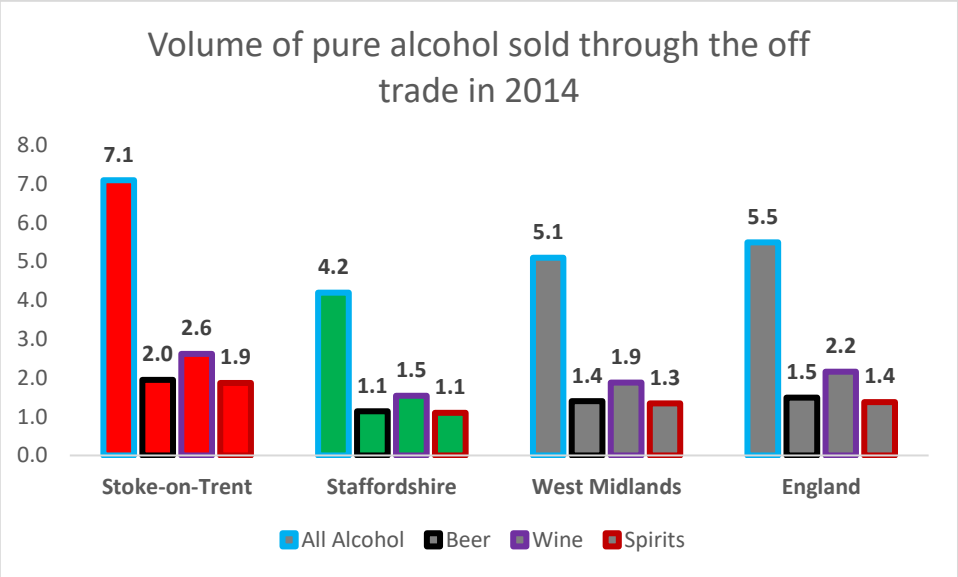

FIGURE 37: VOLUME OF ALCOHOL SOLD IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

2.1.3.2 Adult consumption patterns

- The 2019 *Adult Health and Lifestyle Survey* found 43% of adults (aged 18 and over) in Stoke-on-Trent were consuming alcohol at levels of *increasing* or *higher* risk, contributing to the rise in long-term conditions in the area. (Stoke-on-Trent City Council, 2020)
- The National Institute of Health & Care Excellence (NICE) define *'increasing risk'* 15 – 34 units a week for women and 15 – 49 units a week for men.
- NICE defines *'higher risk'* as exceeding these levels. (Alcohol Change UK)
- These estimates are substantially higher than *OHID* data estimates, which suggest that in Stoke-on-Trent, 31.6% of adults between 2011 – 2014 and 27.3% of adults between 2015 - 2018 were drinking more than 14 units per week (fig. 38). (OHID, n.d.)
- These differences may be accounted by differing methods or may be a result of recent increases in alcohol consumption.
- Between 2015 – 2018, there was a similar proportion of adults drinking more than 14 units per week in Staffordshire – 27.4%
- However, the *confidence intervals* for Staffordshire were much narrower than for Stoke-on-Trent due to a larger population size, resulting in a statistically significant difference between Staffordshire (27.4%) versus England (22.8%), but not Stoke-on-Trent (27.3%) versus England (22.8%).

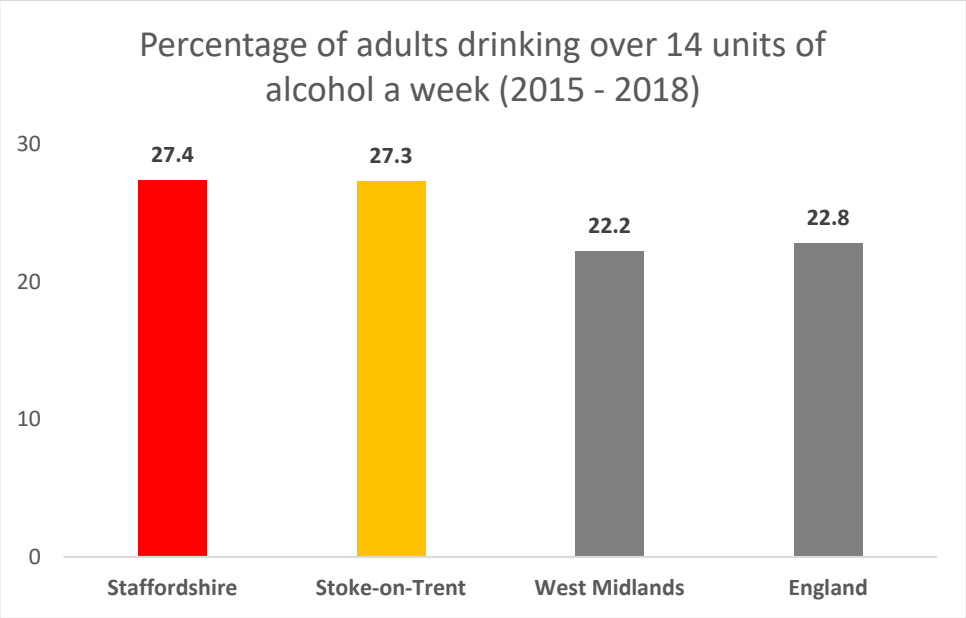

FIGURE 38: ADULTS DRINKING MORE THAN 14 UNITS A WEEK IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- Concerningly, approximately a quarter of adults in Stoke-on-Trent and 22.4% of adults in Staffordshire reported to *'binge'* drink on their heaviest drinking day between 2015 to 2018.
- This puts Stoke-on-Trent 64% higher and Staffordshire 45% higher than the English average of 15.4% (fig. 39). (OHID, n.d.)

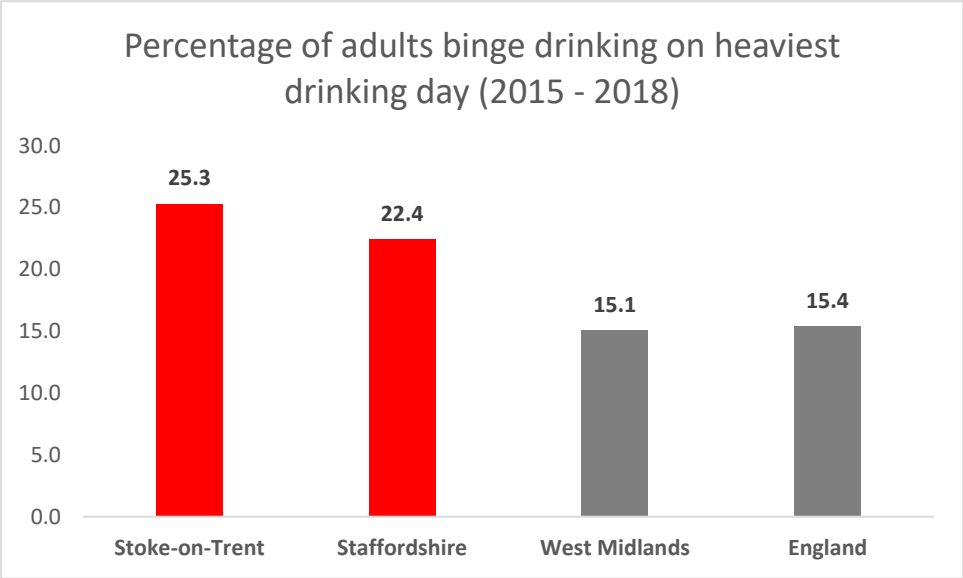

FIGURE 39: PROPORTION OF ADULTS BINGE DRINKING IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- This figure for Stoke-on-Trent appears even starker when almost a quarter of adults between 2015 to 2018 abstained from alcohol entirely (fig. 40). (OHID, n.d.)

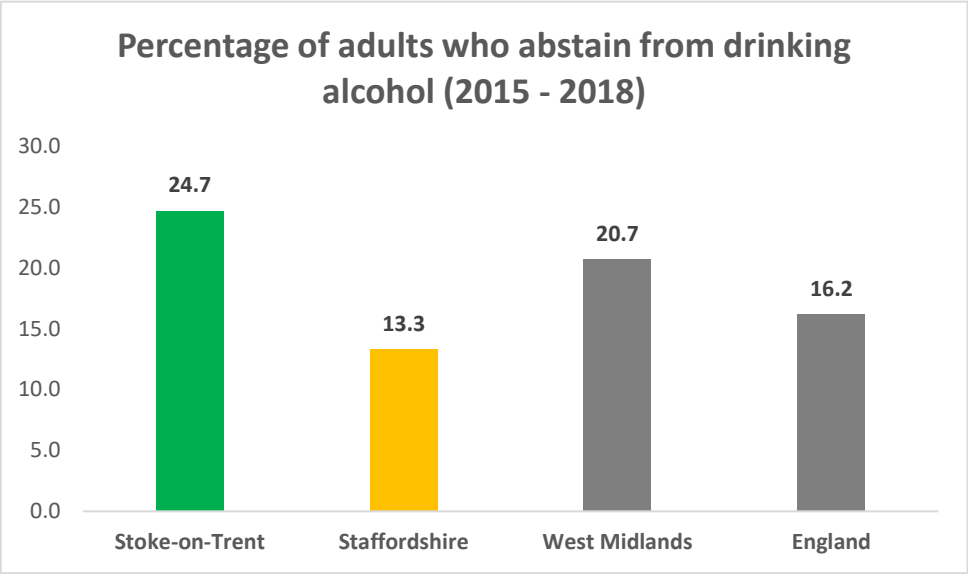

FIGURE 40: PROPORTION OF ABSTINENT ADULTS IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- If Stoke-on-Trent's abstinent population are excluded, this suggests that 33.6% of the adult drinking population binge drank on their heaviest day between 2015 – 2018.
- **This data implies that there are significant inequalities in alcohol consumption within Stoke-on-Trent, with a relatively high proportion of abstinent individuals in the community, as well as a relatively high proportion of binge drinking amongst Stoke-on-Trent's drinking population.**

2.1.3.3 Consumption patterns in young people

- In line with national trends, the proportion of young people consuming alcohol in Stoke-on-Trent is declining.
- The *Young People's Lifestyle Survey* found that 66% of year 11 pupils in Stoke-on-Trent had every tried alcohol in 2019, an 18% decline from 2009 (fig. 41).
- The same survey found that 38% of all pupils in Stoke-on-Trent had ever had an alcoholic drink in 2019. (Stoke-on-Trent City Council, 2020)

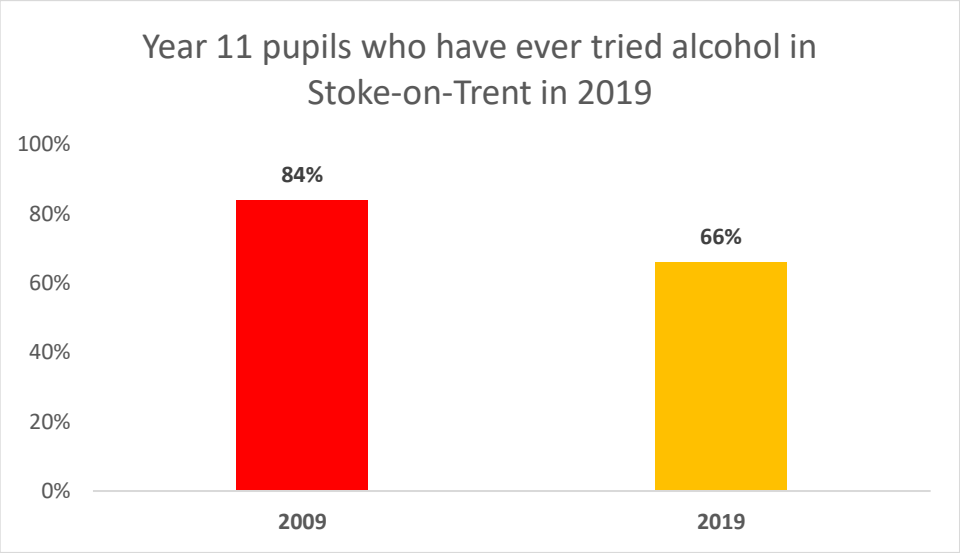

FIGURE 41: ALCOHOL CONSUMPTION IN YEAR 11 PUPILS IN STOKE-ON-TRENT (Stoke-on-Trent City Council, 2020)

- The *Young People and Risk: Understanding Attitudes, Perceptions and Behaviours* report by *Staffordshire County Council* found a similar decline in young people (age 11-to-17) who had ever tried alcohol.
- 73% of young people in Staffordshire had tried alcohol in 2013 compared to 57% of young people in 2015 (fig. 42). (Staffordshire County Council, 2016)
- It is difficult to draw any conclusions when comparing this 2015 figure for Staffordshire with the 2019 figure for Stoke-on-Trent due to the expected decline in alcohol consumption amongst young people over time and possible differences in how 'young people' and 'pupils' are defined.

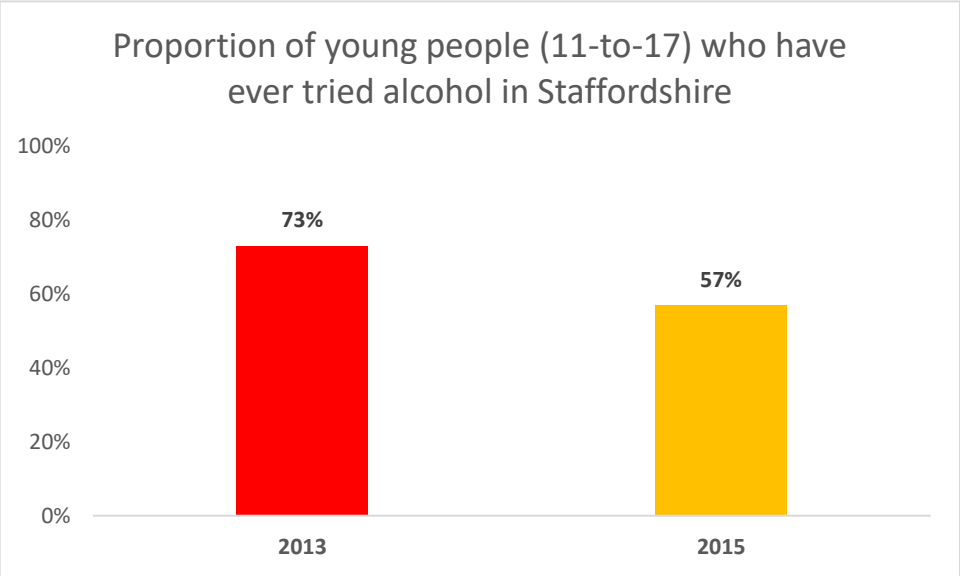

FIGURE 42: ALCOHOL CONSUMPTION IN YOUNG PEOPLE IN STAFFORDSHIRE

(Staffordshire County Council, 2016)

- The average ever alcohol consumption for young people across 2015-2017 in Staffordshire was 62%.
- The figure for Cannock chase is higher than the Staffordshire average at 69%, where the figure for East Staffordshire is lower at 56% (fig. 43). (Staffordshire County Council, 2016)

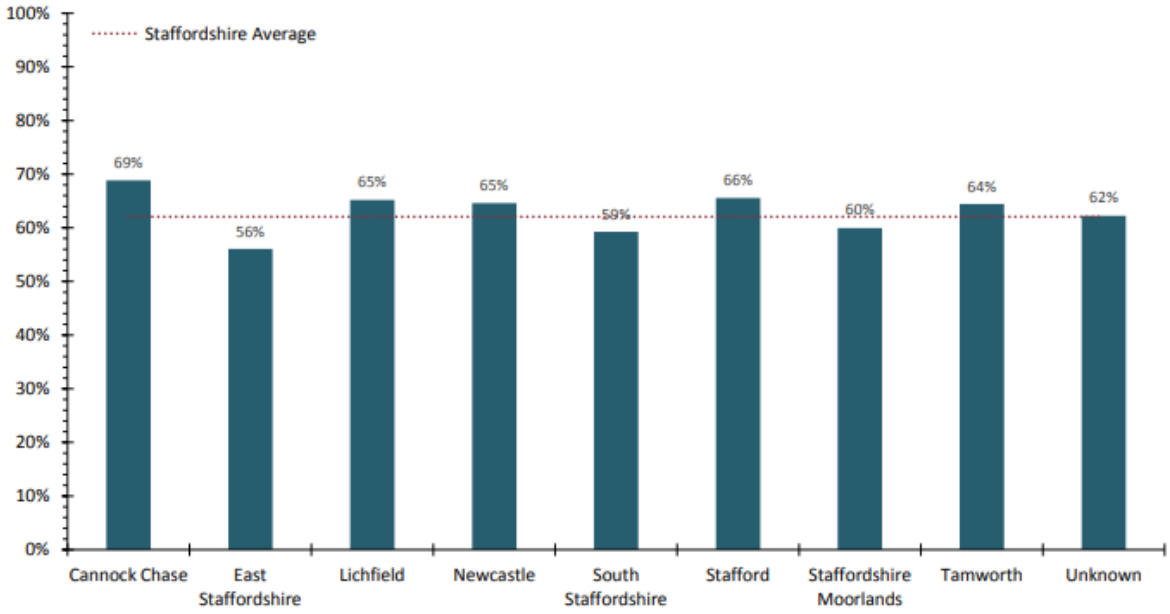

FIGURE 43: ALCOHOL CONSUMPTION IN YOUNG PEOPLE IN STAFFORDSHIRE (2015-17)

Reproduced directly from: (Staffordshire County Council, 2016)

2.1.3.4 Consumption patterns of those in alcohol treatment

- The volume of alcohol consumption in the last 28 days is largely similar for those in treatment for alcohol dependence in Staffordshire as it is in Stoke-on-Trent.
- There are proportionately more individuals in treatment Staffordshire consuming more than 1000 units in the last 28 days (14%) than in Stoke-on-Trent (11%).
- Similarly, there are proportionately more individuals in treatment in Stoke-on-Trent consuming between 600 – 799 units in the past 28 days (17%) than in Staffordshire (10%) (fig. 44). (OHID, 2024)

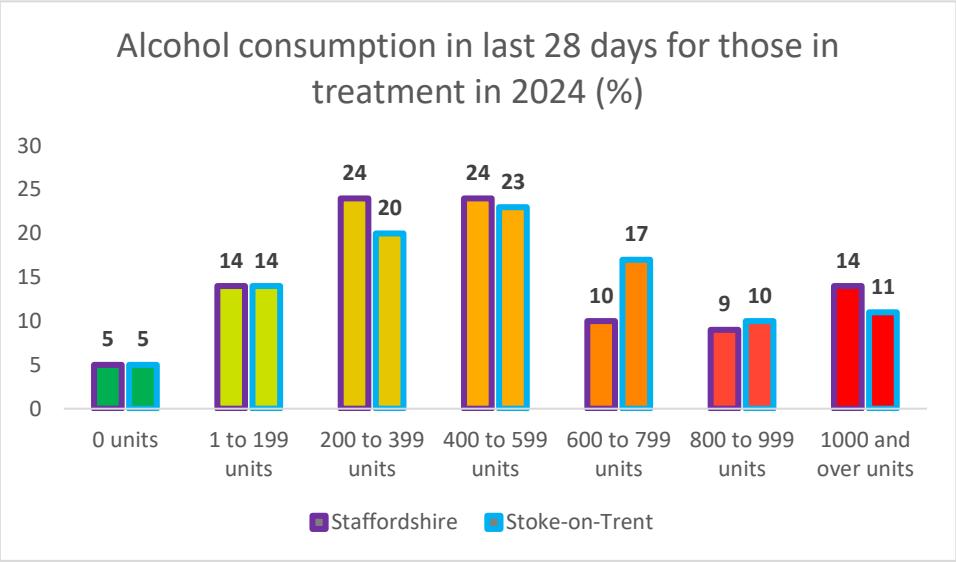

FIGURE 44: ALCOHOL CONSUMPTION IN LAST 28 DAYS FOR THOSE IN TREATMENT IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, 2024)

2.1.3.5 Community perceptions on alcohol consumption

- The 2019 *Adult Health and Lifestyle Survey* found that 20% of residents felt that alcohol was one of the biggest issues locally. (Stoke-on-Trent City Council, 2020)
- The Integrated Care Partnership (ICP) published their *strategy engagement survey* in 2023 with 36 respondents from the region.
- Three (8.3% of) respondents noted that alcohol was preventing people in their area from living healthier lives.
- They were concerned that:

"[there are] lots of alcohol options"

"[there is] too much alcohol consumption"

"[there is a] Historic culture centred around social drinking" (ICP, 2023)

2.1.4 Alcohol in the Home

- National data suggests that the site of alcohol consumption is shifting from on-license venues towards consumption in the household, contributed to by the national COVID-19 lockdowns. (Hardie, Stevely, Sasso, Meier, & Holmes, 2022)
- National data also suggests that the proportion of older drinkers is increasing. (Alcohol Change UK, n.d.)

- In 2021, the average age was:
  - 48 in South Staffordshire, (ONS, 2023)
  - 49 in Staffordshire Moorlands, (ONS, 2023)
  - 40 in West Midlands,
  - 40 in England.
- These data would suggest there is likely to be a significant burden of alcohol consumption in the home of Staffordshire's older residents.
- **It has not been possible to measure this burden from readily available data.**
- **A bespoke study conducting in-depth interviews with Staffordshire's older residents regarding drinking behaviours and effects in the household may address this paucity of evidence.**

2.1.5 Alcohol, Education and the Workplace

2.1.5.1 The general population

- National data suggests that alcohol can have adverse effects on education, increasing the risk of young people playing truant.
- Alcohol can also affect workplaces, being associated with absenteeism and presenteeism.
- **No readily available data relating to the effects of alcohol on the education or employment of the general population within the Staffordshire & Stoke-on-Trent ICB were located**.
- **This data can be challenging to capture accurately however one strategy may involving self-reported anonymised surveys on the effects of alcohol on educational and employment experiences, delivered by the regional district and unitary authorities.**

2.1.5.2 Adults in treatment for alcohol dependence

- The proportion of individuals in treatment for alcohol dependence in Staffordshire that are *employed, unemployed* or experiencing *long-term sickness/disabled* is in line with the pattern for West Midlands and England (fig. 45) (OHID, 2024)

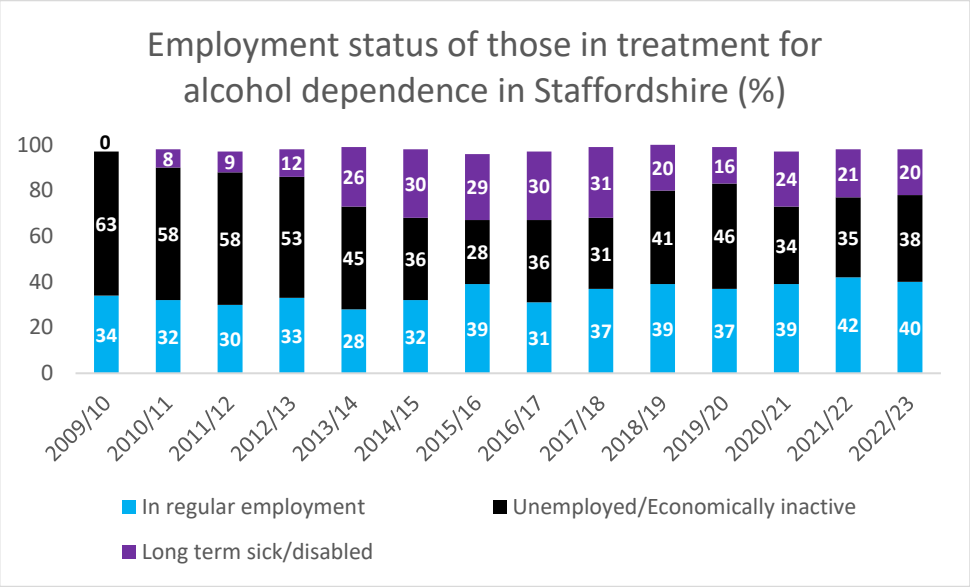

FIGURE 45: EMPLOYMENT STATUS IN THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STOKE-ON-TRENT (OHID, 2024)

- In Stoke-on-Trent, only the *unemployment* statistics follow the English trend, with proportionately fewer people employed in treatment in Stoke-on-Trent, and proportionately more people experiencing long-term sickness/disability (fig. 46). (OHID, 2024)

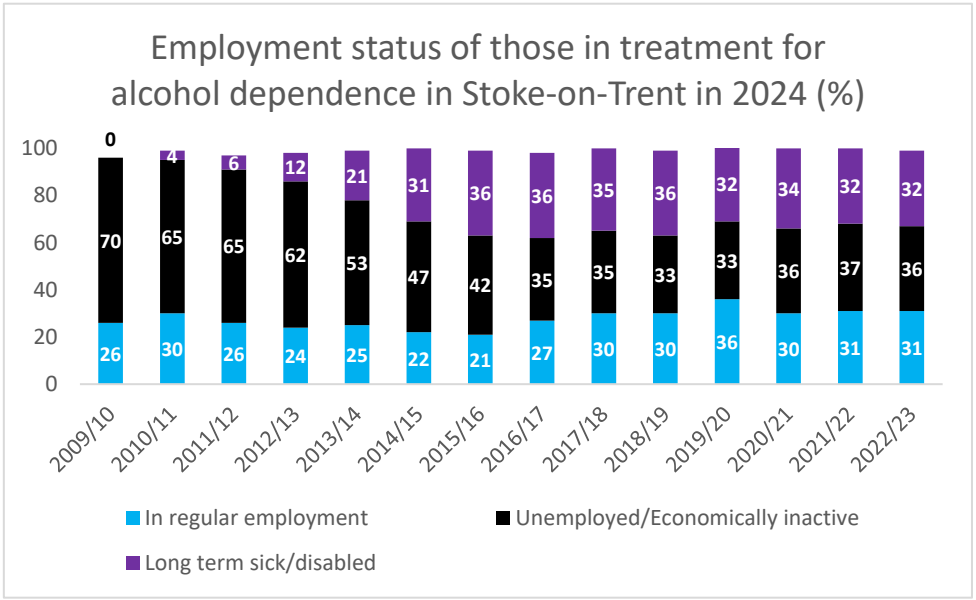

FIGURE 46: EMPLOYMENT STATUS IN THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE (OHID, 2024)

- **These trends are concerning as they are suggestive of an increasing level of sickness amongst the populations in treatment for alcohol dependence in both Staffordshire & Stoke-on-Trent.**
- **This increase in sickness/disability in the Stoke-on-Trent population appears to have sustained at a higher level than in Staffordshire.**
- There are other factors that may explain these trends however such as changes in definition of employment status or changes in accessibility to disabled status.

2.1.6 Alcohol and civil society

- Data from civil society organisations providing drug & alcohol services are reported directly to the *National Drug Treatment Monitoring System (NDTMS),* covered in *section 4.1.7.3.*
- The Stoke-on-Trent Community Drug & Alcohol Service (CDAS) and the Staffordshire Treatment and Recovery Service (STARS) are delivered in partnership with local charities.
- From 1st April 2024, CDAS has been commissioned by Stoke-on-Trent Council and led jointly by *We Are With You* and *BAC O'Connor.* (NSCH, 2024)
- STARS was led by *HumanKind* until the end of the financial year 2023, after which it has been led by *Inclusion.* (HumanKind, 2024)
- Data from STARS on *Fibroscanning* was provided and in covered in *section 4.1.3.2. Hepatology*
- **No data was identified from civil society organisations that are not directly involved in the delivered of treatment services such as:**

  - ***Drinkline,***

  - ***Adfam***

  - ***Al-Anon,***

  - ***Alcoholics Anonymous,***

  - ***Mind***

  - ***National Association for Children of Alcoholics (Nacoa)***

  - ***Rehab4Addiction (Stoke-on-Trent)***

3.1 Alcohol and the social care system

3.1.1 Children living with adults with alcohol dependence

- The proportion of male alcohol dependent adults living with children is roughly twice that of female alcohol dependent adults in both Staffordshire (x 1.95) (fig. 47) and Stoke-on-Trent (x 2.15) (fig. 48).
- This is comparable to England as a whole (x 2.00). (PHE, 2020) (PHE, 2020)

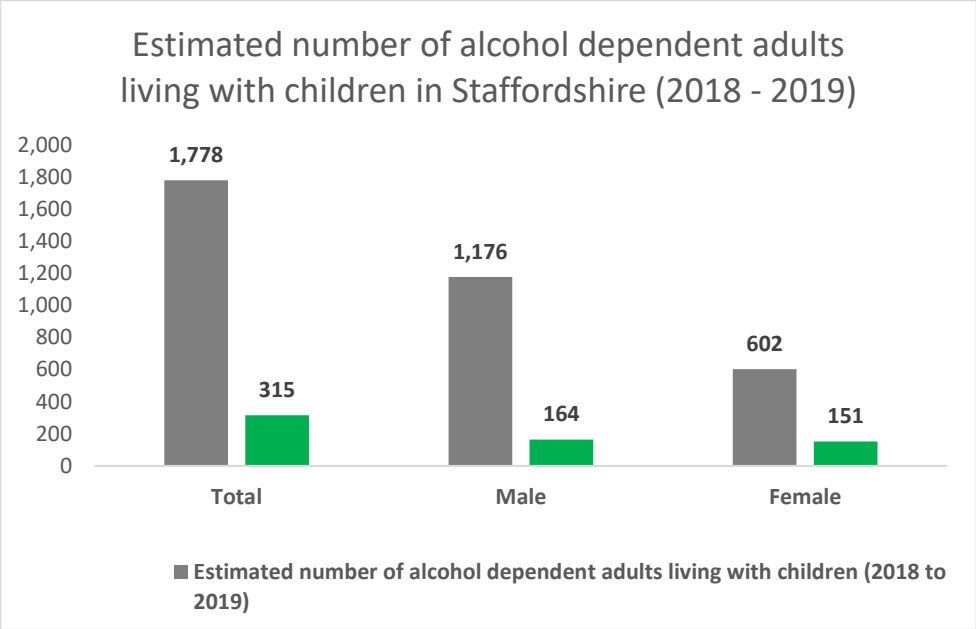

FIGURE 47: ADULTS WITH ALCOHOL DEPENDENCE LIVING WITH CHILDREN IN STAFFORDSHIRE (OHID, 2024)

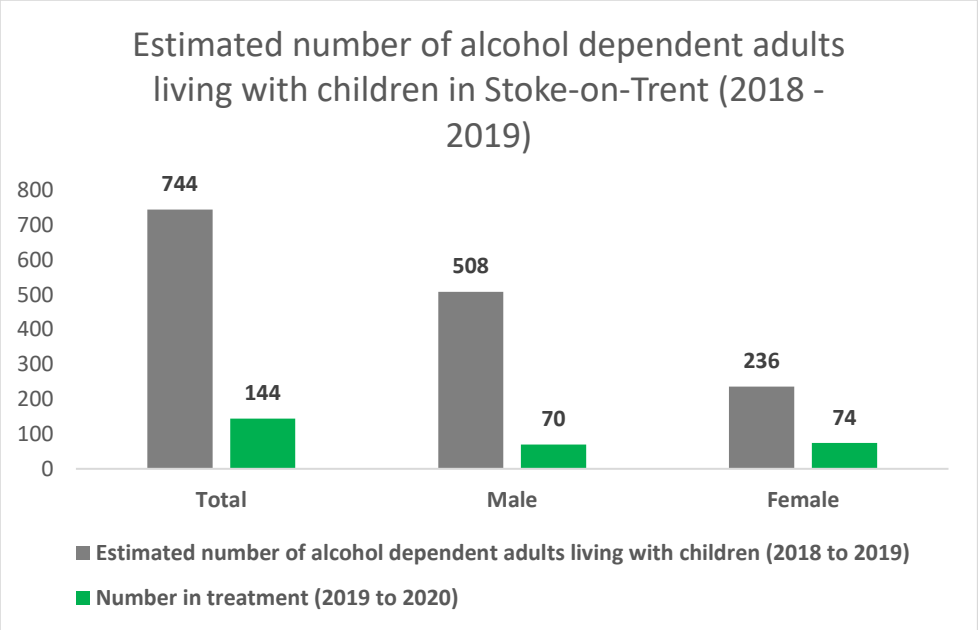

FIGURE 48: ADULTS WITH ALCOHOL DEPENDENCE LIVING WITH CHILDREN IN STOKE-ON-TRENT (OHID, 2024)

- The unmet need for treatment in alcohol dependent adults is comparable to local benchmarks for both men and women in Staffordshire (fig. 49) and Stoke-on-Trent (fig. 50). (PHE, 2020) (PHE, 2020)

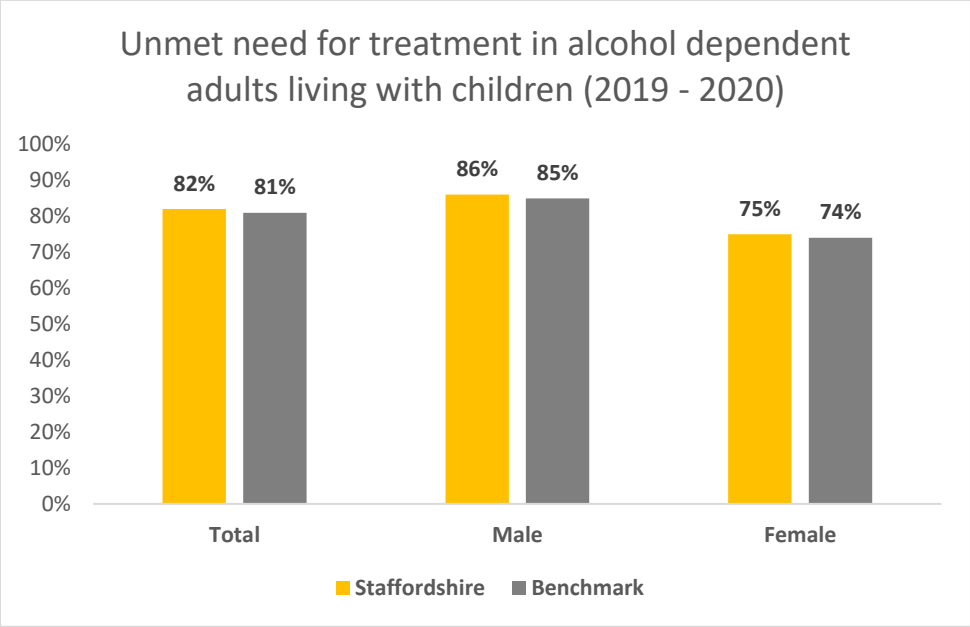

FIGURE 49: UNMET NEED FOR TREATMENT IN ALCOHOL DEPENDENT ADULTS LIVING WITH CHILDREN IN STAFFORDSHIRE (OHID, 2024)

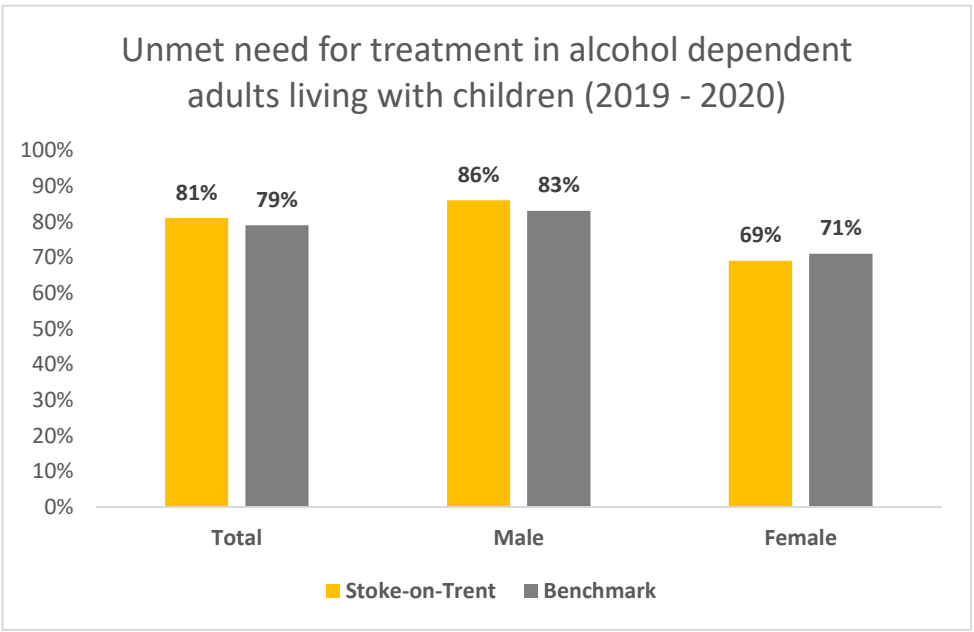

FIGURE 50: UNMET NEED FOR TREATMENT IN ALCOHOL DEPENDENT ADULTS LIVING WITH CHILDREN IN STOKE-ON-TRENT (OHID, 2024)

- **There is a substantial unmet need for treatment amongst alcohol dependent adults living with children in both Staffordshire & Stoke-on-Trent.**
- **Whilst these unmet needs are similar to their respective benchmarks, it is important to try to address these to maximise wellbeing for these adults and the children they live with.**

3.1.2 Safeguarding reviews involving alcohol

- Alcohol is often associated with safeguarding referrals.

- From 2020 to early 2024, there were 31 serious cases identified for safeguarding related case reviews within the Staffordshire and Stoke-on-Trent ICB region, involving 41 affected individuals (fig. 51).
- **Importantly, alcohol-related safeguarding referrals appear to be becoming more common.** (ICB, 2024)

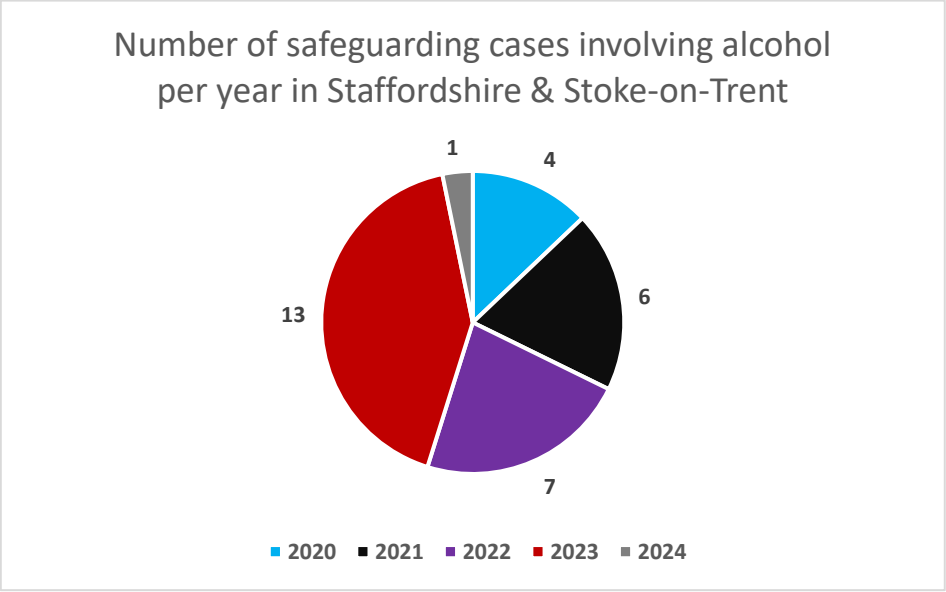

FIGURE 51: NUMBER OF SAFEGUARDING REVIEWS INVOLVING ALCOHOL PER YEAR IN STAFFORDSHIRE & STOKE-ON-TRENT (ICB, 2024)

- Six types of safeguarding reviews were associated with alcohol:

Rapid Review	Statutory child review process when a child has died or been significantly harmed - completed in 15 days from incident.
CSPR	Child Safeguarding Practice Review (statutory six month full review process following Rapid Review).
CDOP	Child Death Overview Process (statutory child death review process to identify modifiable factors).
DHR	Domestic Homicide Review (Death over 16 years old). Statutory process led by the Home Office.
SAR	Safeguarding Adult Review

LeDeR	Statutory process Learning from lives and deaths-People with a learning disability and autistic people

- Safeguarding cases within Staffordshire & Stoke-on-Trent are disproportionately accounted by child death over processes (CDOPs) and domestic homicide reviews (DHRs) (fig. 52). (ICB, 2024)

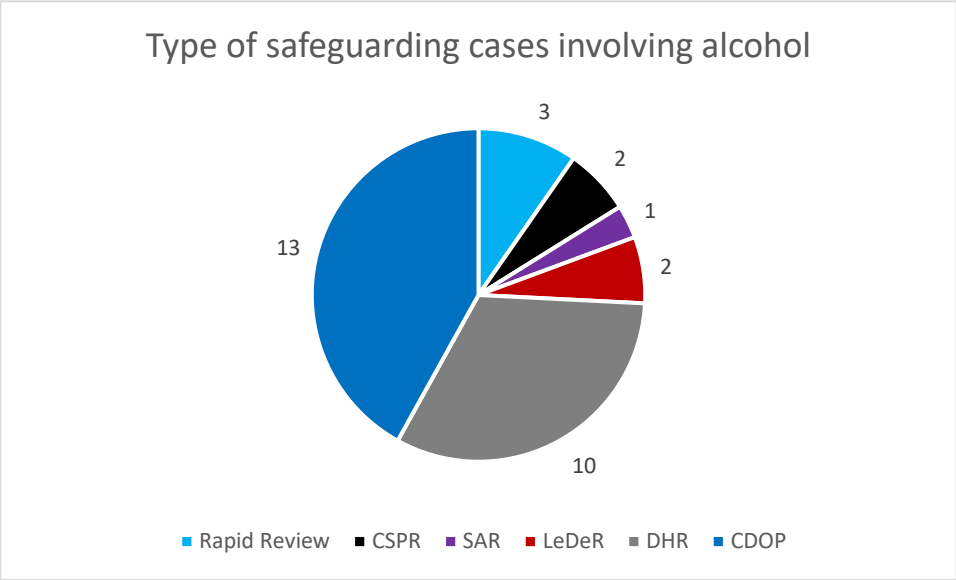

FIGURE 52: TYPES OF SAFEGUARDING REVIEWS INVOLVING ALCOHOL PER YEAR IN STAFFORDSHIRE & STOKE-ON-TRENT (ICB, 2024)

- These cases were associated with eight localities within the county (fig. 53).

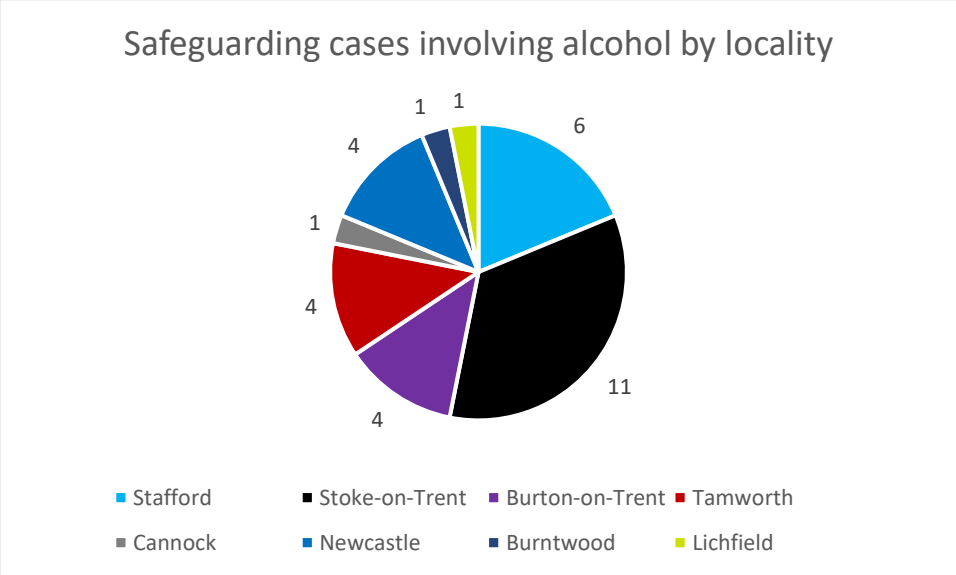

FIGURE 53: LOCATION ASSOCIATED WITH SAFEGUARDING REVIEWS INVOLVING ALCOHOL PER YEAR IN STAFFORDSHIRE & STOKE-ON-TRENT (ICB, 2024)

- Across these alcohol-related safeguarding cases there were six common factors identified (fig. 54).

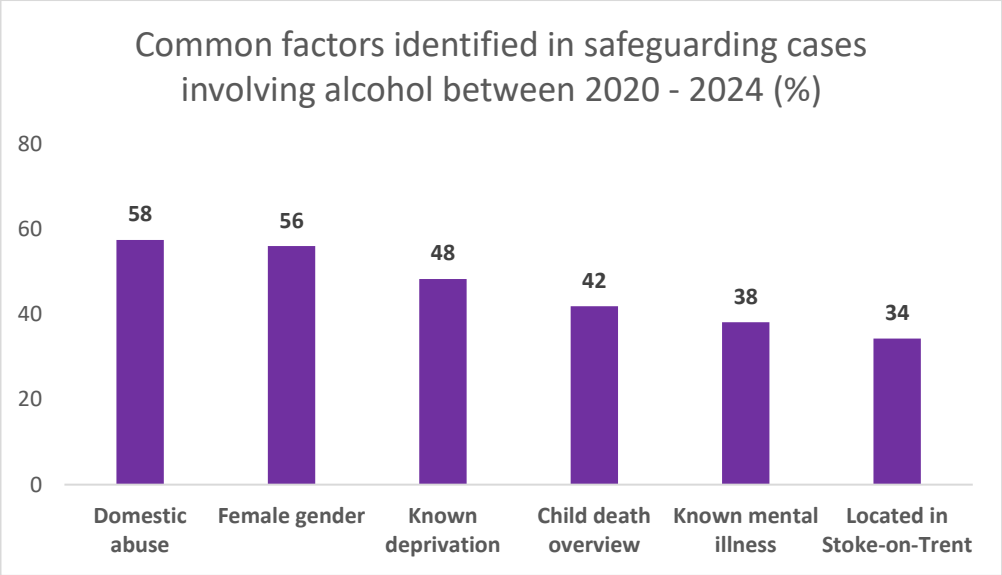

FIGURE 54: COMMON FACTORS IN ALCOHOL-RELATED SAFEGUARDING CASES IN STAFFORDSHIRE & STOKE-ON-TRENT (ICB, 2024)

- The *Staffordshire Safeguarding Children Board* has observed an increased in sudden infant death syndrome (SIDS) within Staffordshire & Stoke-on-Trent as a result of parents co-sleeping with babies after drinking alcohol or consuming drugs.
- This risk is particularly heightened when sleeping on sofas or armchairs.
- Between 2020 – 2023, there were 7 SIDS cases within the ICS, where alcohol consumption was one of the risk factors present. (ICB, 2024)
- Every year, over 300 babies die from SIDS nationally, with a 2019 study finding that 9% of parents reported bed-sharing with their baby after drinking alcohol, increasing the risk of sudden infant death syndrome (SIDS). (The Lullaby Trust, 2019)
- **There have been numerous safeguarding cases involving alcohol within Staffordshire & Stoke-on-Trent, several associated with domestic abuse and child deaths.**
- **There is a need to address the rise in SIDS cases associated with alcohol, possibly through co-produced educational programmes for (expectant) parents.**

3.1.3 Alcohol consumption in sheltered accommodation

- Sheltered housing affords older people (over the age of 55 years old) a place to live independently.
- Research in Newcastle-upon-Tyne has identified a prevalence of alcohol consumption in sheltered accommodation for older people.

- Factors driving this alcohol consumption were noted to be:
    - a lack of social contact,
    - mental health issues,
    - domestic violence issues,
    - familial issues,
    - and unemployment. (Payne, 2018)
- As alluded to in section *2.1.4 Alcohol in the Home,* in 2021 the average age was:
    - 48 in South Staffordshire, (ONS, 2023)
    - 49 in Staffordshire Moorlands, (ONS, 2023)
    - 40 in West Midlands,
    - 40 in England.
- It may be inferred from these figures that Staffordshire would have a greater need for sheltered accommodation than the English average.
- In 2020 – 2021, roughly 439,000 older households lived in sheltered accommodation in the UK, representing 6% of households were the owner or renter was aged 65 or over. (DLUHC, 2021)
- In 2019, there were 164 sheltered accommodation schemes in Staffordshire. (Staffordshire County Council, 2024)
- Stoke-on-Trent have three sheltered housing schemes with a four due to open in summer 2024. (Stoke-on-Trent City Council, 2024)
- **Based on this data it is likely that there is a significant population living in sheltered accommodation in Staffordshire with a hidden burden of alcohol.**
- **These individuals are at heightened risk of harm from alcohol due to the cumulative harm from alcohol throughout one's lifetime and the greater susceptibility to the effects of alcohol in older age.**
- **It would therefore be beneficial to investigate this burden in sheltered accommodation, care homes and nursing homes, in order to address it effectively.**

3.1.4 Alcohol, housing and homelessness

3.1.4.1 Housing and alcohol treatment

- Over the course of the decade, 2012/13 to 2021/22:
    - 93% of individuals in treatment for alcohol in Staffordshire,
    - and 87% of individuals in Stoke-on-Trent did not experience housing issues. (OHID, 2024)

- **However, the difference in unmet need for housing has been widening over this decade between these two areas (fig. 55).**

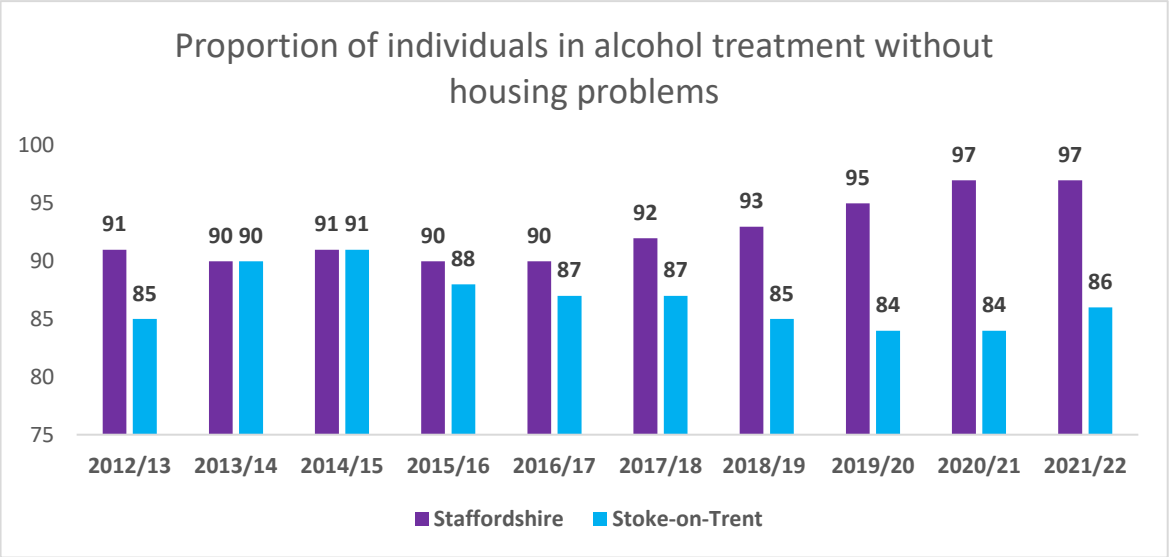

FIGURE 55: PROPORTION OF ADULTS IN TREATMENT FOR ALCOHOL DEPENDENCE EXPERIENCING HOUSING ISSUES IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, 2024)

- This has resulted in the situation where Staffordshire is routinely performing better than the regional (West Midlands) and English average,
- Whilst Stoke-on-Trent is routinely performing worse than these comparators (fig. 56). (OHID, 2024)

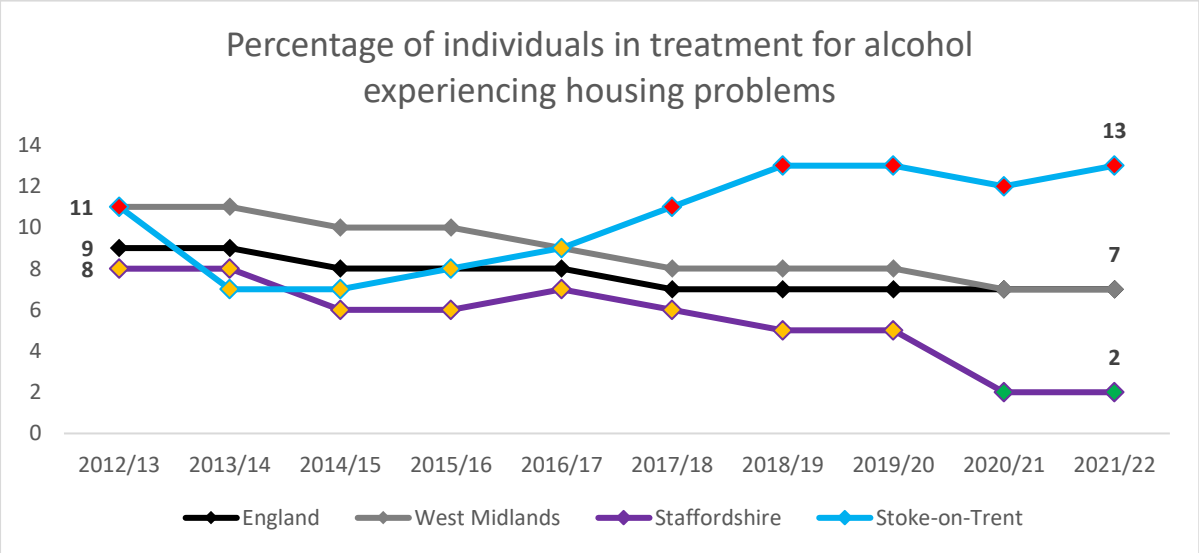

FIGURE 56: PROPORTION OF ADULTS IN TREATMENT FOR ALCOHOL DEPENDENCE EXPERIENCING HOUSING ISSUES IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, 2024)

- **There is a need to address the growing housing issues experienced by adults in treatment for alcohol dependence in Stoke-on-Trent.**

3.1.4.2 Alcohol and homelessness

- The *Homeless Health Service* is a joint initiative between Brighter Futures, Stoke-on-Trent City Council and North Staffordshire GP Federation.
- The service provides specialist nurses to work with Stoke-on-Trent's and Newcastle-Under-Lyme's communities experiencing homelessness. (NSGPFED, n.d.)
- These teams have anecdotally observed a *reduced* burden of alcohol-related needs amongst this community (which has historically used alcohol as a coping mechanism).
- It is felt that the drug-related needs of these communities have shifted from opiate and alcohol-dependency towards new psychoactive substances (such as synthetic cannabinoids, depressants, and stimulants).
- This notwithstanding there is believed to be a need amongst the certain migrant communities experiencing homeless, such as Polish individuals. (HomelessHealthService, 2024)
- **There is a need to survey these communities to formally identify the presence of any ethnic inequity.**
- Alcohol may also increase the risk of homelessness.
- The *Understanding Domestic Abuse in Staffordshire and Stoke-on-Trent Strategic Refresh Report (2021)* noted that:

> *"There are some within the SA [Safe Accommodation] cohort who face additional challenges when it comes to moving from refuge into more permanent accommodation: Families with previous housing challenges around rent arrears and evictions can face barriers when trying to secure properties let through housing associations and social landlords. This often particularly affects those who are overcoming alcohol and substance misuse."* (SSOT ICB, 2021)

- Similarly, parents from the *Staffordshire Foetal Alcohol Spectrum Disorder (FASD) support group* have noted that children with FASD are sometimes:
  1) placed in supported living,
  2) evicted from supported living due to difficulties adhering to accommodation rules,
  3) made homeless. (FASD-Support-Group, 2024)
- **The burden of homelessness amongst individuals experiencing domestic abuse and those living with FASD within the region is unknown and there is a need to gather this data.**
- If an individual is threatened with homelessness, their local authority has a duty to help prevent them becoming homeless – this is known as a *prevention duty.*

- Likewise, if an individual is already homeless, the local authority has a duty to assist them with securing accommodation for at least six months – this is known as a *relief duty.* (Shelter, 2022)
- The number of support needs per annum in households owed a prevention or relief duty by local authority and with alcohol dependency ranged from three in South Staffordshire to 43 in Stoke-on-Trent (fig. 57). (LG Inform, 2023)
- (Data for Staffordshire County and East Staffordshire district was suppressed).
- These numbers are not adjusted for population size which limits inferences.

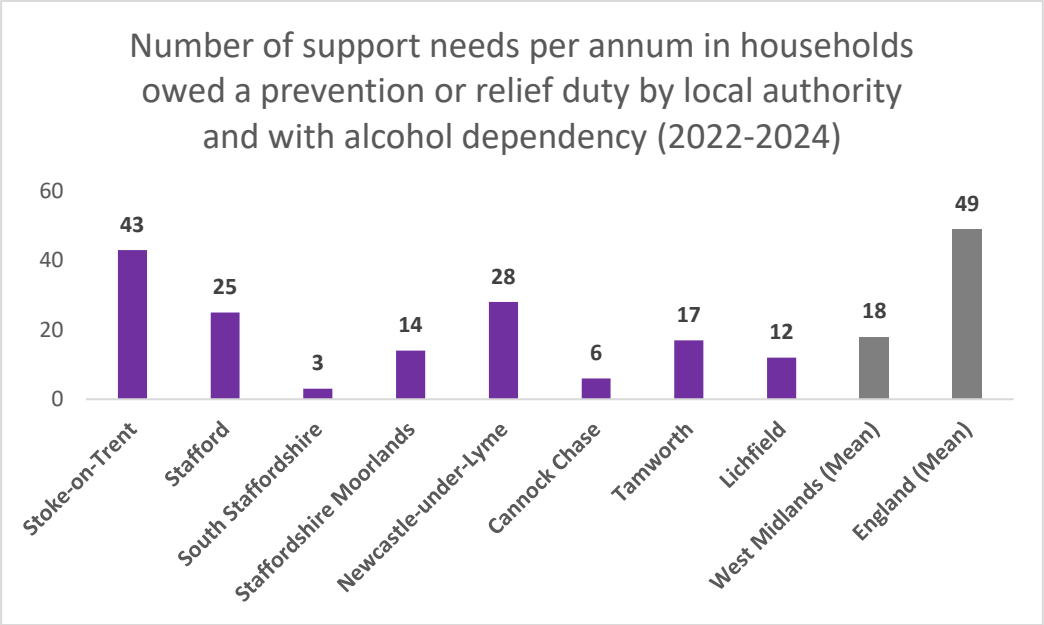

FIGURE 57: NUMBER OF SUPPORT NEEDS PER ANNUM IN HOUSEHOLDS WITH ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (LG Inform, 2023)

3.1.4.3 Alcohol and safe accommodation

- Across the Staffordshire & Stoke-on-Trent area there are three providers of Safe Accommodation with seven properties.
- Five of these properties are refugee accommodation premises and two are move-on accommodation (a steppingstone between support housing and independent accommodation).
- Over the two-year period between 2019-20 to 2020-21, there were roughly 2,000 direct referrals for refuge space, with 15-20% acceptance rate.
- 12% had to be declined due to the complexity of their needs (drugs, alcohol, acute mental health).
- Approximately 5% accepted have alcohol related needs. (SSOT ICP, 2021)
- It has been previously noted that those situated in safe accommodation who have had previous housing challenges around rent arrears and evictions, often associated with alcohol problems,

struggle to secure properties let through housing association and social landlords – impinging on their return to permanent accommodation. (SSOT ICB, 2021)

- **It will be useful to measure the yearly trend of individuals seeking refuge or safe accommodation rejected for complex alcohol challenges to identify any hidden burden.**
- **It may be instructive to undertake qualitative interviews with those experiencing alcohol problems who are struggling to transition back to permanent accommodation from safe accommodation, to identify barriers and solutions.**

3.1.4.4 Other accommodations

- **It has not been possible to measure the burden of alcohol in asylum processing centres.**
- **It has not been possible to measure the burden of alcohol in foster homes.**
- **It has not been possible to measure the burden of alcohol in care homes.**
- **It has not been possible to measure the burden of alcohol in nursing homes.**

3.1.5 Alcohol and domestic abuse

- Alcohol plays a role in interpersonal violence and domestic abuse.
- 58% of the safeguarding cases involving alcohol in Staffordshire & Stoke-on-Trent from 2020 to 2024 were flagged for domestic abuse. (ICB, 2024)
- Similarly, 7% of sexual abuse cases in Staffordshire & Stoke-on-Trent from 2020 to 2021 involved alcohol. (SSOT ICP, 2022)
- Eight domestic abuse survivors were also included in the *Understanding Domestic Abuse in Staffordshire & Stoke-on-Trent Refresh Report (2021)* who identified their partner's use of alcohol and/or drugs as playing a key role in their abusive behaviour.
- In two of these cases, women described the specific effect of alcohol used in conjunction with cocaine in exacerbating violence.
- In several cases, the co-existence of mental health and substance misuse issues amongst perpetrators was evident.
- Some cases noted that the women involved who had suffered sexual or domestic abuse over many years resorted to substance misuse as a coping mechanism.
- Notably, no individuals interviewed had any involvement with substance misuse services. (SSOT ICB, 2021)
- In 2019 – 2020, there were estimated to be at least 5,200 victims receiving direct support from commissioned and non-commissioned specialist domestic abuse services.

- This is estimated to represent 11% of all potential victims (including hidden) in Staffordshire & Stoke-on-Trent (fig. 58). (SSOT ICB, 2021)

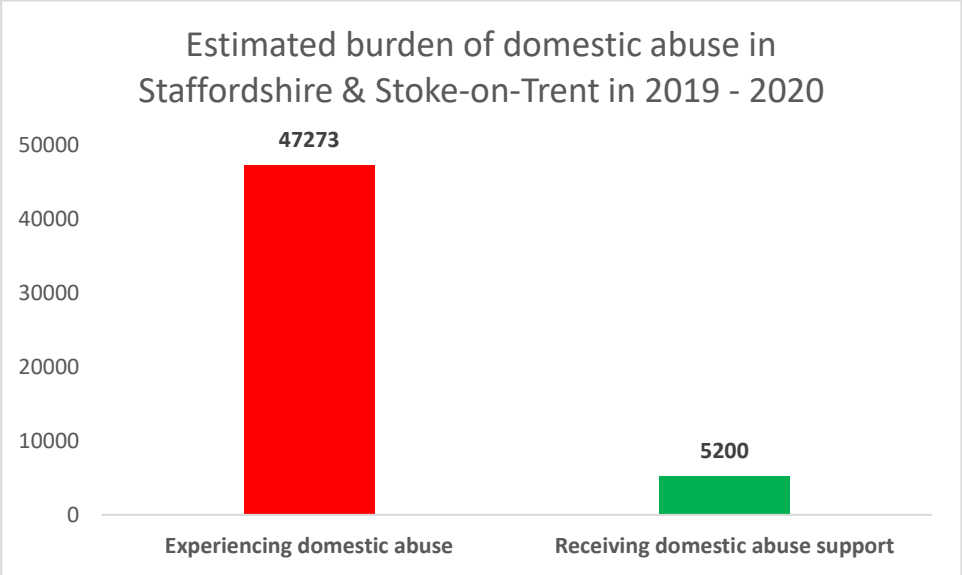

FIGURE 58: ESTIMATED BURDEN OF DOMESTIC ABUSE IN STAFFORDSHIRE & STOKE-ON-TRENT (SSOT ICB, 2021)

- It is believed that 3 - 4% of those receiving domestic abuse support have needs relating to alcohol and substance misuse - 150 to 160 victims.
- Approximately half of these are believed to have simultaneous needs relating to both alcohol and drug/substance misuse (fig. 59). (SSOT ICB, 2021)

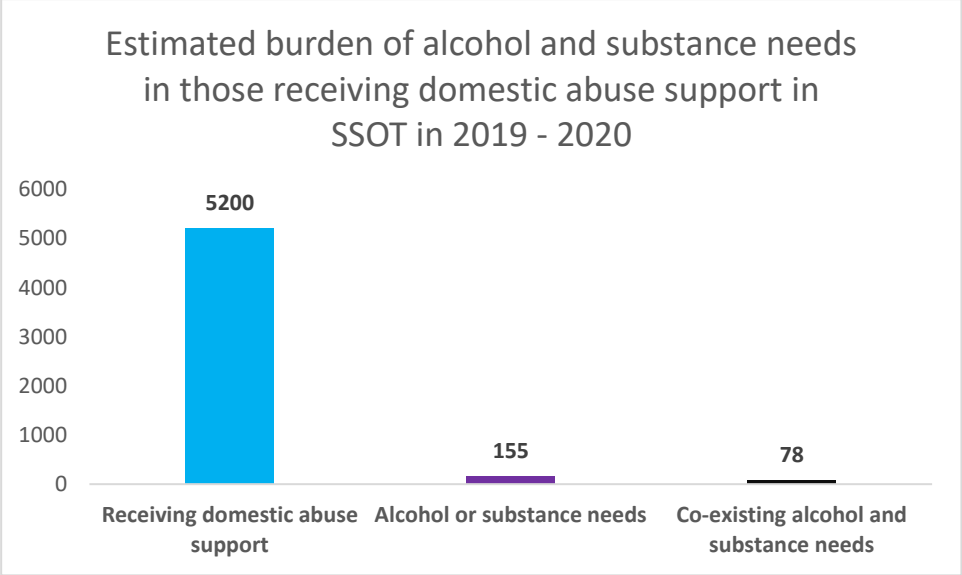

FIGURE 59: ESTIMATED BURDEN OF ALCOHOL NEEDS IN THOSE RECEIVING DOMESTIC ABUSE SUPPORT IN STAFFORDSHIRE & STOKE-ON-TRENT (SSOT ICB, 2021)

- If these percentages are applied to the estimated total population experiencing domestic abuse in Staffordshire and Stoke-on-Trent, then:
  - Between 1418 – 1890 could be expected to have an alcohol or substance need,
  - Between 473 – 945 could be expected to have co-existing alcohol and substance needs.
- **Whilst the number of cases of domestic abuse within Staffordshire & Stoke-on-Trent flagged for alcohol is a small proportion of the total cases, it is concerning that none of these victims or perpetrators flagged in the *Refresh* report have had any involvement with substance misuse services, and this forms a significant unmet need.**

4.1 Alcohol and the healthcare system

4.1.1 Pre-admission

- A key source of pre-admission data is the ambulance service.
- This information is useful as it provides insights into:
  - The *burden* of alcohol-related needs on the ambulance service;
  - The *impact* of alcohol-related needs on the wellbeing of ambulance workforce;
  - Any delays in *seeking* healthcare for acute alcohol-related needs;
  - Any delays in *reaching* definitive healthcare for acute alcohol-related needs.
- **Unfortunately, this data is not easily coded nor readily available for the ambulance service.**
- For example, the coded primary reason for calling the ambulance service may differ to the clinical need identified on arrival, at which point the involvement of alcohol is noted.
- Nationally, there is work across all four nations are exploring the role of the ambulance service in reducing health inequalities, with alcohol likely to be a factor investigated in this.

4.1.2 General admissions

- Hospital admission data can be defined as *narrow* or *broad.*
- Narrow admissions are those where the *main reason* for hospital admission was *attributable to alcohol.*
- Broad admissions are those where the *primary* reason for hospital admission or a *secondary* diagnosis was linked to alcohol.

- Narrow measures provide better approximations of the alcohol-*related* admissions in a healthcare system, whilst broad measures provide a better understanding of the *wider burden* of alcohol on a healthcare system. (NHS, 2022)
- *OHID* investigated the extent to which narrow and broad hospital admissions attributable to alcohol were determined by deprivation.
- Staffordshire & Stoke-on-Trent (SSOT) Integrated Care System (ICS) performed similarly to England on average for narrow admissions.
- However, broad alcohol admissions within SSOT ICS are predicted by deprivation to a substantially greater level than the English average (fig 60). (OHID, 2023)

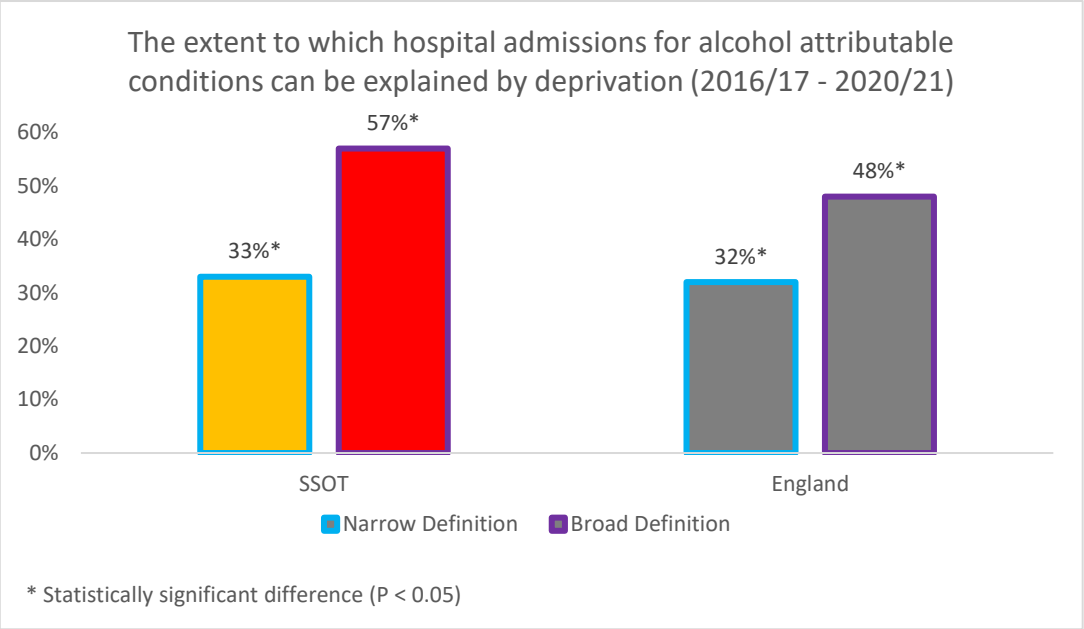

FIGURE 60: ALCOHOL ATTRIBUTABLE ADMISSIONS EXPLAINABLE BY DEPRIVATION IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, 2023)

- A similar picture is evident with alcohol-*specific* admissions.
- There is a moderate positive correlation between income deprivation by LSOA (Lower Super Output Area) and those LSOAs which have a higher admission rate for alcohol-*specific* conditions (fig. 61).
- Linear regression analysis shows that for every percentage increase of increase deprivation is associated with a 4.6 increased in the admission rate.

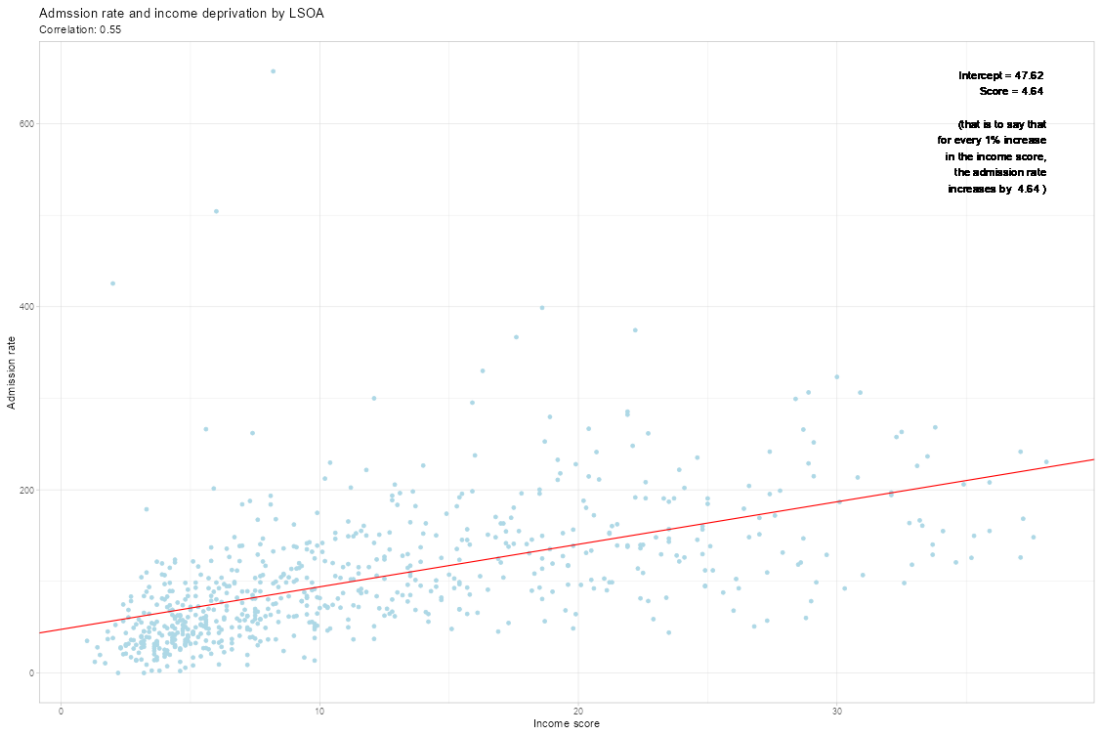

FIGURE 61: DEPRIVATION BY ALCOHOL-SPECIFIC ADMISSION RATE IN STAFFORDSHIRE AND STOKE-ON-TRENT

- Alcohol-*specific* hospital admissions across SSOT ICS have consistently been higher in men than women and show no obvious trend over time (fig. 62). (ONS, 2023)

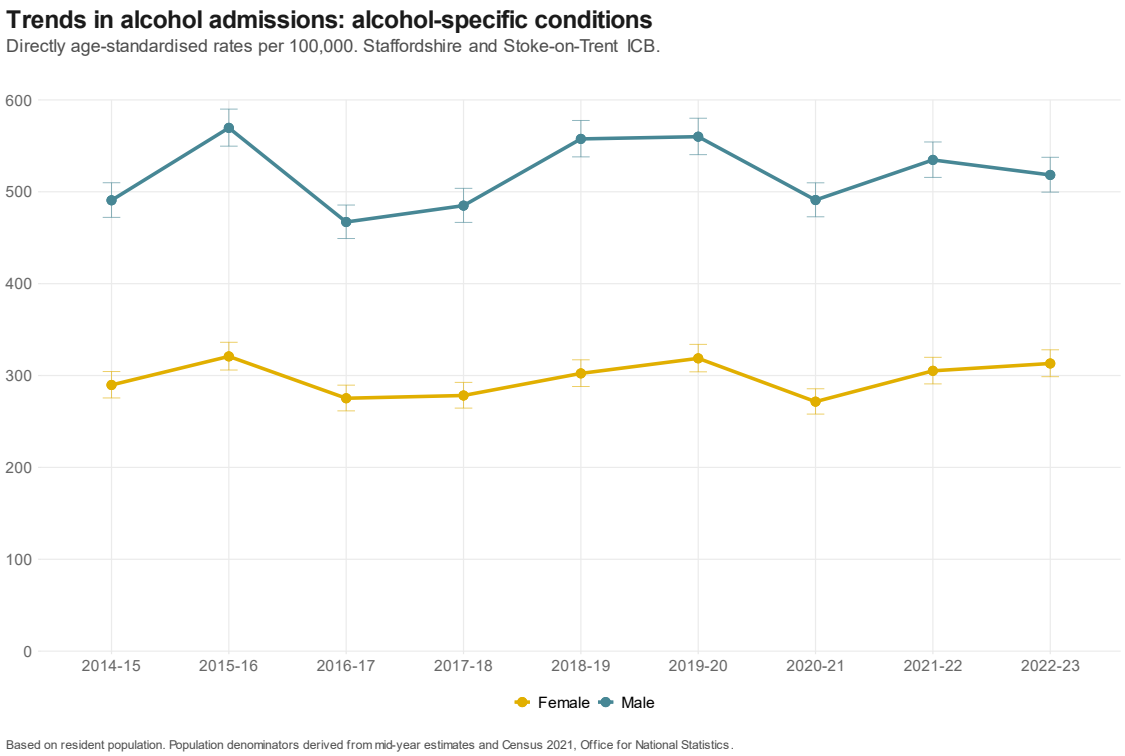

FIGURE 62: ALCOHOL-SPECIFIC ADMISSIONS IN STAFFORDSHIRE & STOKE-ON-TRENT (ONS, 2023)

- Indeed, Trends in alcohol-specific admissions within SSOT ICS by age, deprivation, gender, and ethnicity tend to mirror those seen at a national level.
    - Age: Alcohol-specific admissions are most common in the 50- to 74-year-old age group (fig. 63a),
    - Deprivation: Alcohol-specific admissions are significantly higher in persons from the most deprived groups, and significantly lower from those in the least deprivation groups (fig. 63b),
    - Gender: Alcohol-specific admissions are significantly higher in men compared to the overall rate, significantly lower for women (fig. 63c),
    - Ethnicity: Alcohol-specific admissions are significantly higher in those of White ethnicity, compared to the overall rate, and significantly lower for patients of Asian or of Black ethnicity (fig. 63d).

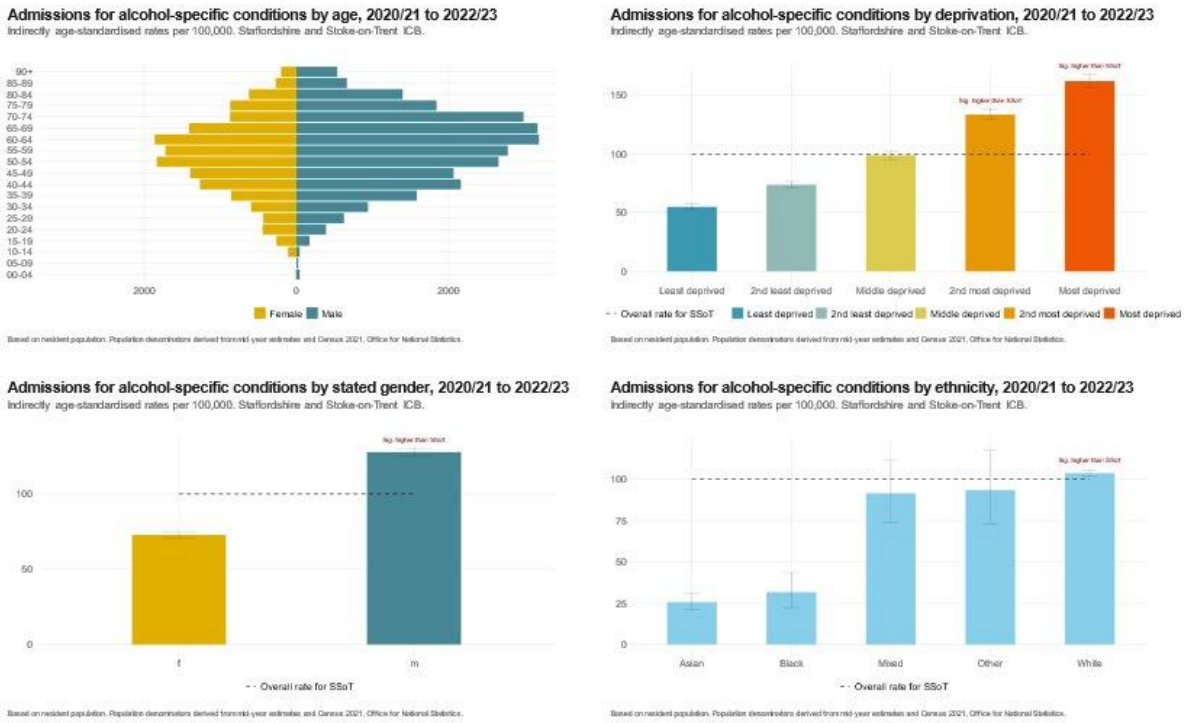

FIGURE 63: ALCOHOL-SPECIFIC ADMISSIONS IN STAFFORDSHIRE & STOKE-ON-TRENT BY AGE (A), DEPRIVATION (B), GENDER (C) AND ETHNICITY (D)

- The relationship between deprivation and *alcohol-specific* admissions in Stoke-on-Trent can be mapped spatially, with wards with greater deprivation correlating with those with greater rates of alcohol-specific admissions (fig. 64). (Ordinance Survey, 2024)
- When licensed venues are overlayed on this map, there appears to be a clustered of licensed venues in areas of both greater deprivation and higher rates of alcohol-specific admissions (fig. 65). (Ordinance Survey, 2024)

- When on-licensed venues (red) and off-licensed venues (turquoise) are mapped against rates of alcohol-specific admissions across SSOT, there appears to be clustering of both venue types in areas with higher rates of admissions (fig. 66). (Ordinance Survey, 2024)
- It is not possible from these spatial analyses to determine causation however it is possible that alcohol-specific admissions may be partially determined by licensing density and deprivation.

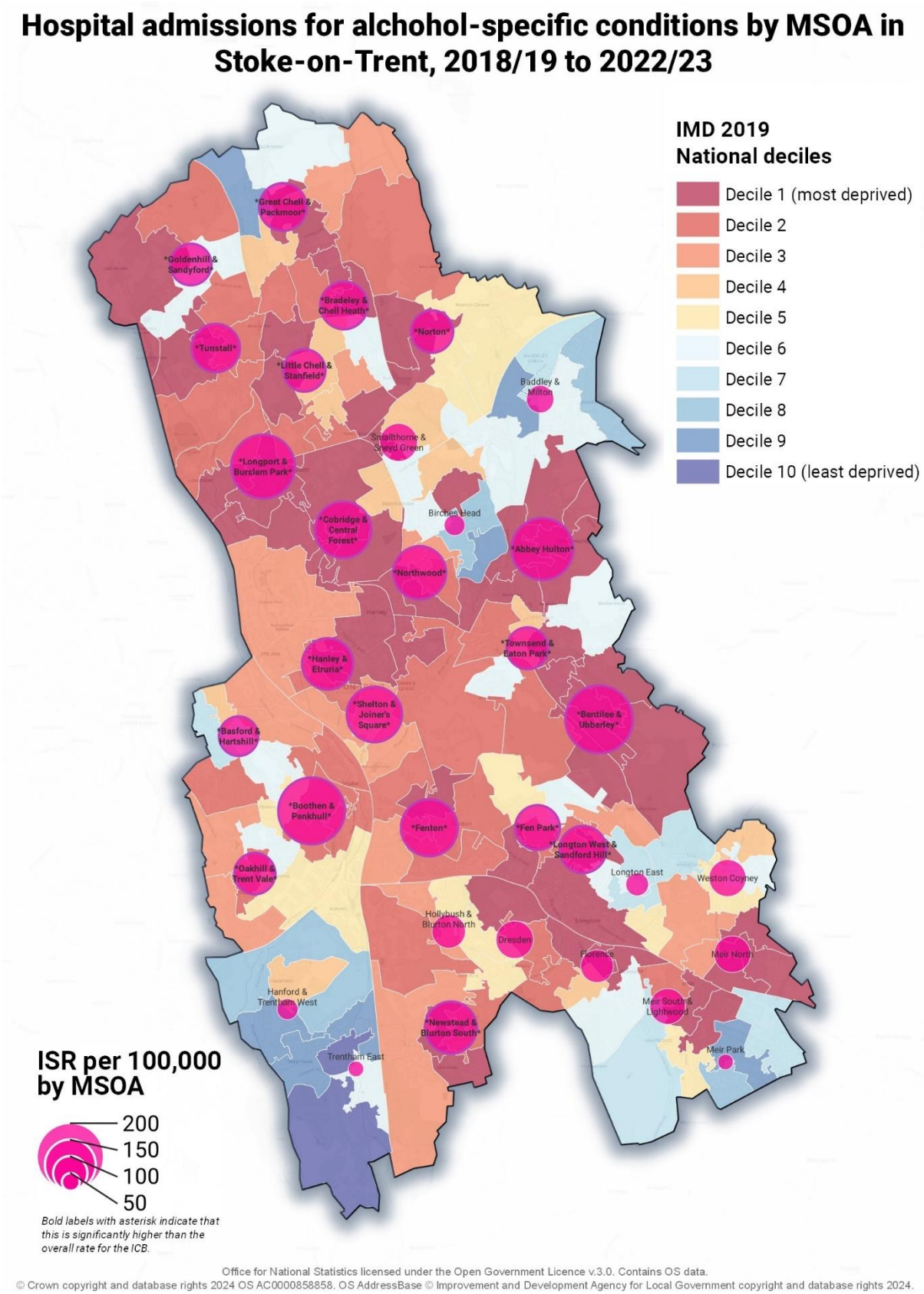

FIGURE 64: ALCOHOL-SPECIFIC ADMISSIONS BY DEPRIVATION IN STOKE-ON-TRENT (Ordinance Survey, 2024)

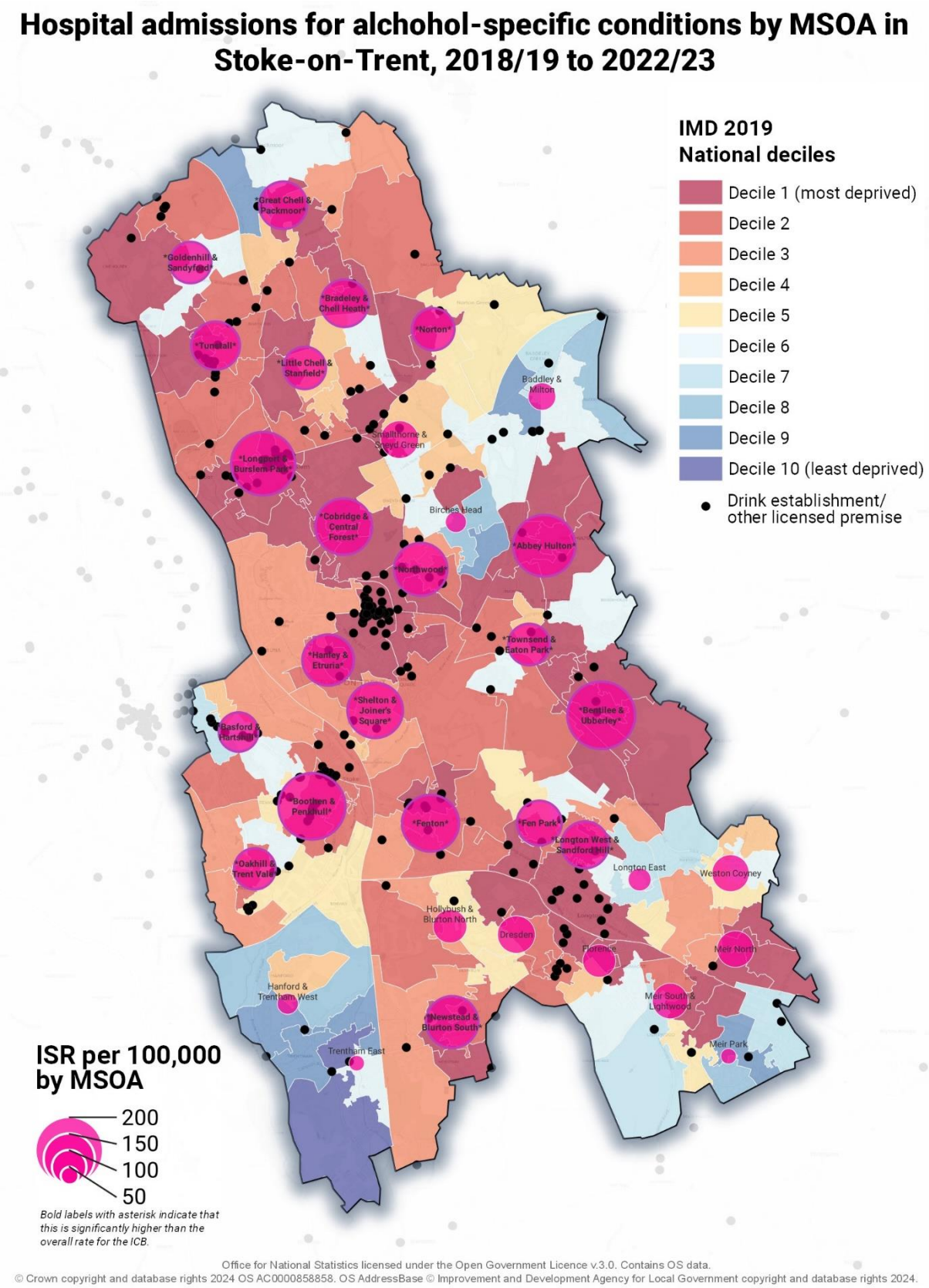

FIGURE 62: ALCOHOL-SPECIFIC ADMISSIONS BY DEPRIVATION AND LICENSED PREMISES IN STOKE-ON-TRENT (Ordinance Survey, 2024)

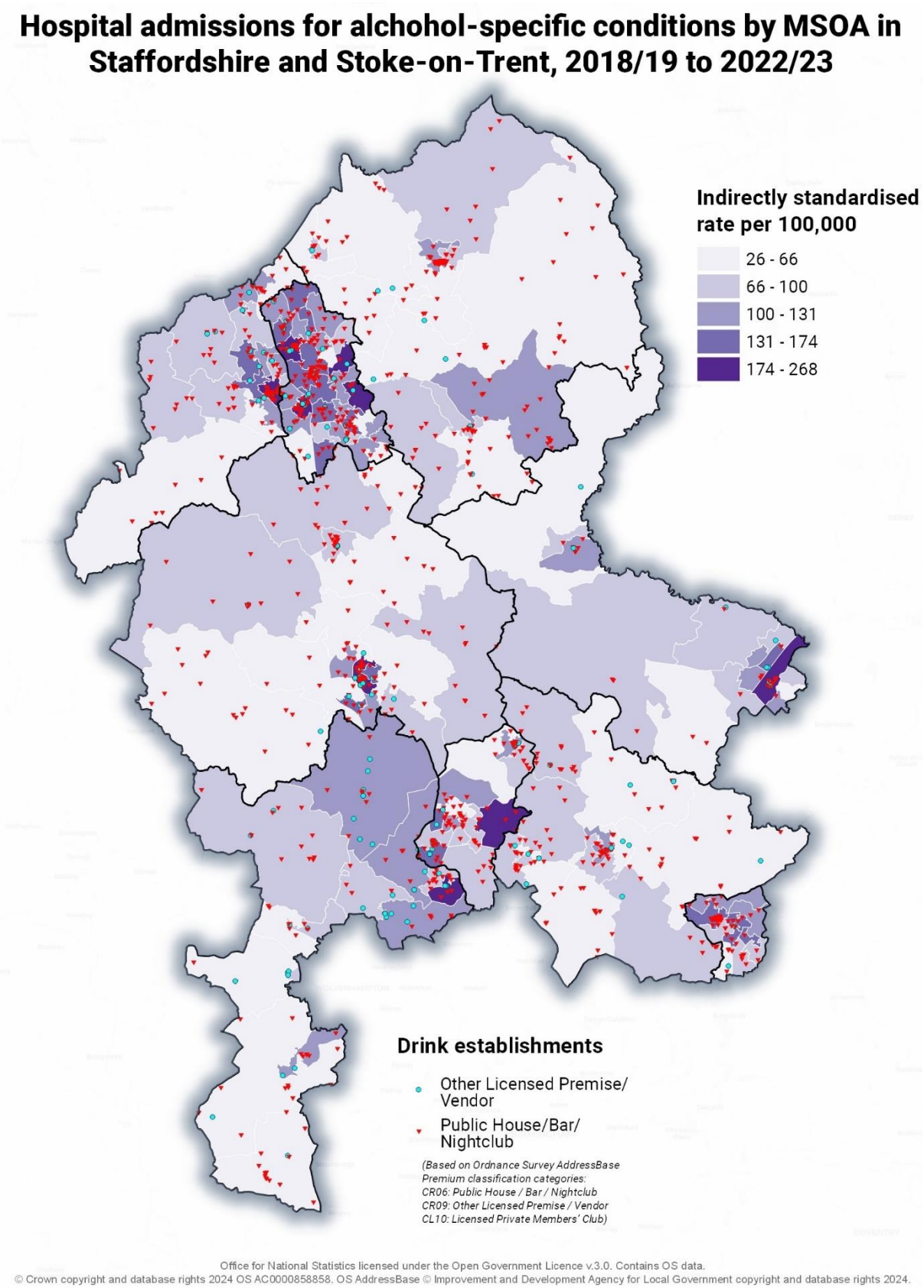

FIGURE 66: ALCOHOL-SPECIFIC ADMISSIONS BY ON LICENSE (TURQUOISE) AND OFF LICENSE (RED) PREMISES IN STAFFORDSHIRE & STOKE-ON-TRENT (Ordinance Survey, 2024)

- Income deprivation appears to be one of the strongest variables correlated to admission rate (fig. 67).

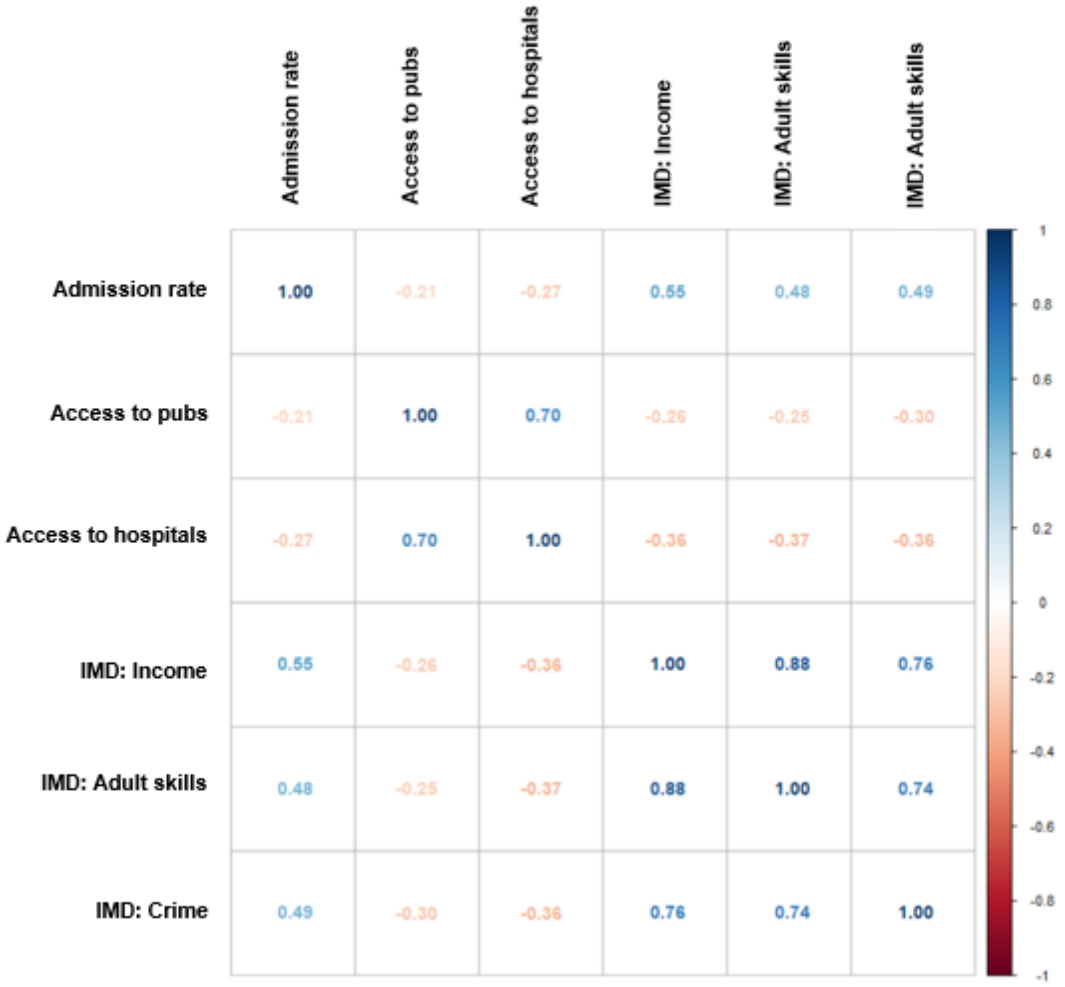

FIGURE 67: VARIABLES CORRELATED TO ALCOHOL-SPECIFIC ADMISSIONS IN STAFFORDSHIRE & STOKE-ON-TRENT

- Within region inequalities emerge when system-level admission data is segmented between *Stoke-on-Trent* and *Staffordshire.*
- Both Stoke-on-Trent and Staffordshire perform poorly compared to England on average for *narrow* (fig. 68) and *broad* (fig. 69) alcohol-related admissions.
- In both of these metrics, Stoke-on-Trent performs worse than Staffordshire.

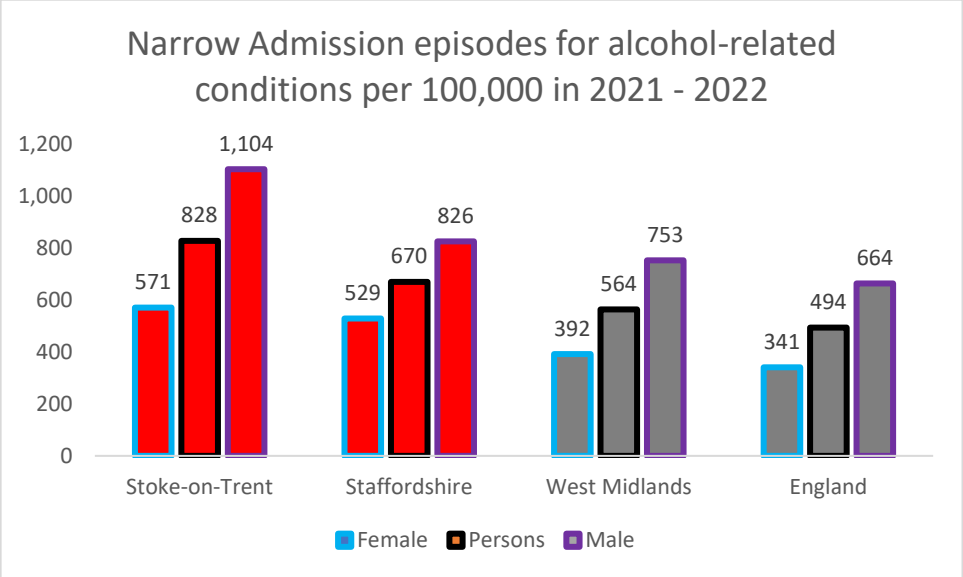

FIGURE 68: NARROW ALCOHOL-RELATED ADMISSIONS IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

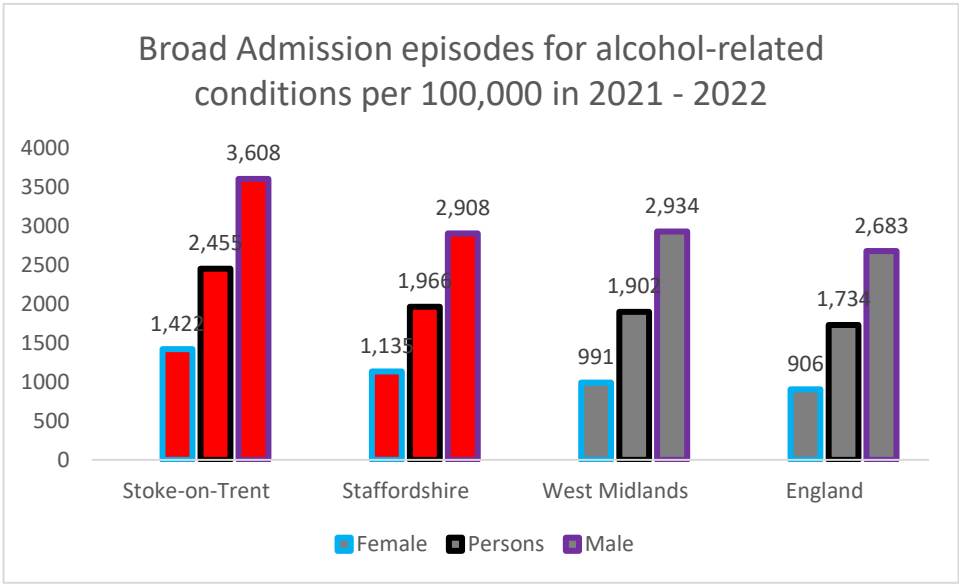

FIGURE 69: BROAD ALCOHOL-RELATED ADMISSIONS IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- Stoke-on-Trent appears to perform much worse than Staffordshire with regards to alcohol-*specific* admissions (fig. 70). (OHID, n.d.)
- **It should be noted however that proportionately fewer alcohol-specific admissions for Staffordshire does not necessarily mean the *need* for admission is lesser here, and this smaller admission statistic may be contributed to as yet unidentified access barriers to healthcare services.**

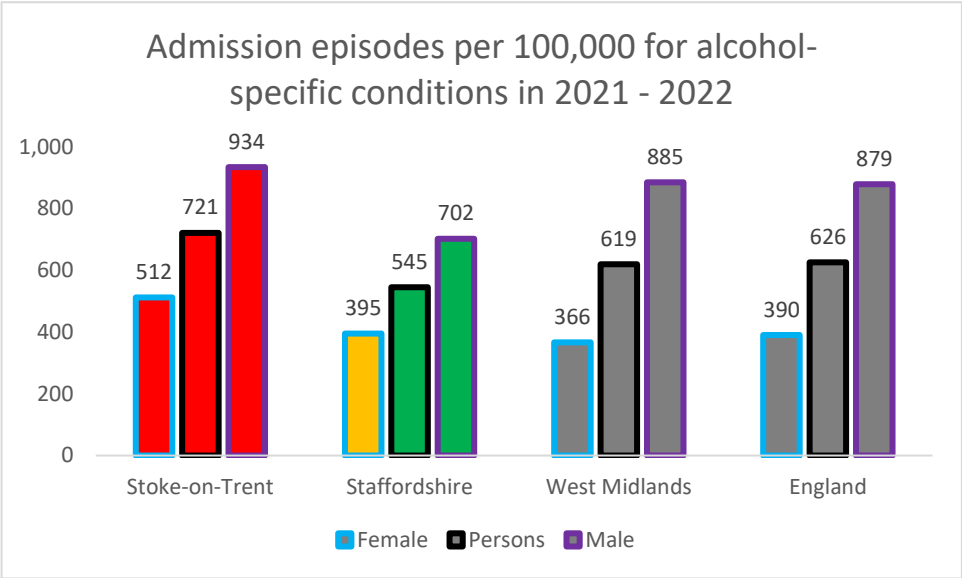

FIGURE 70: ALCOHOL-SPECIFIC ADMISSIONS IN STAFFORDSHIRE & STOKE-ON-TRENT

(OHID, n.d.)

- Certain trends emerged when narrow alcohol-related admissions are segmented by age.
- Staffordshire performs poorly with regards to admissions in women under 40, whilst Stoke-on-Trent performs on par with the English average (fig. 71). (OHID, n.d.)
- **This is one of the few areas where Staffordshire performs worse than Stoke-on-Trent in alcohol-related admissions.**
- **Staffordshire also performs poorly for narrow admissions for each adult age group for women (fig. 70 – 72).**
- **It may be associated with the recent decline in healthy life expectancy at birth in the Female population of Staffordshire and this merits further investigation.**
- For example, in 2014 – 2016, Staffordshire performed better than the English average for healthy life expectancy for females at birth (65.4 years vs 63.8 years).
- However, in 2018 – 2020 Staffordshire performed considerably worse than the English average for this metric (60.7 years vs 63.9 years) (OHID, n.d.)
- Stoke-on-Trent and Staffordshire both perform poorly in narrow alcohol-related admissions in 40 to 64-year-olds. (fig. 72). (OHID, n.d.)

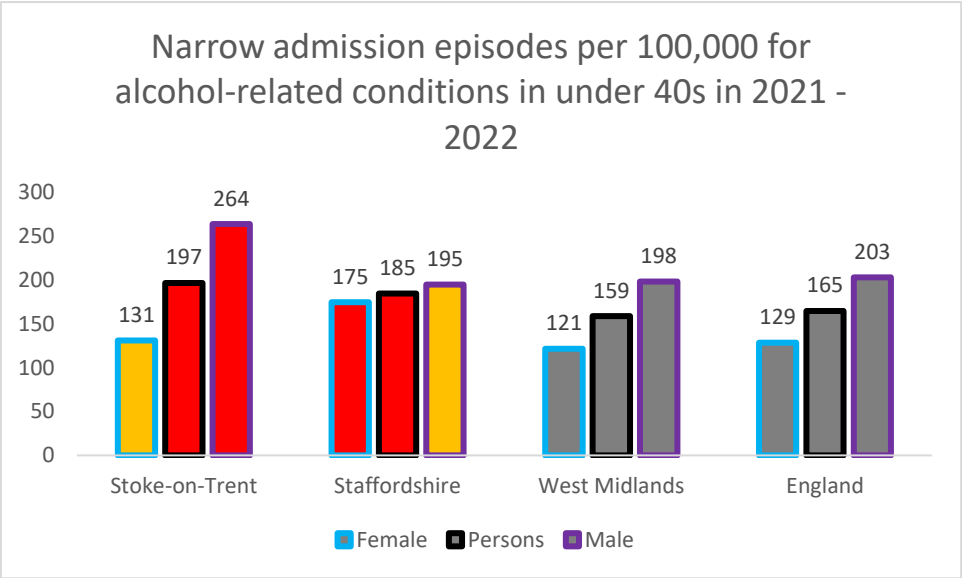

FIGURE 71: NARROW ALCOHOL-RELATED ADMISSIONS IN UNDER 40s IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

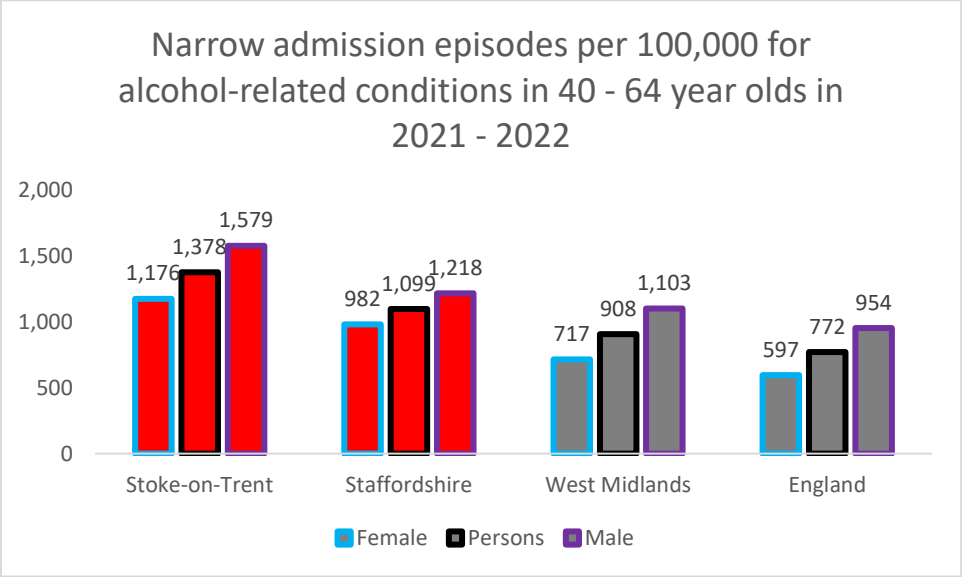

FIGURE 72: NARROW ALCOHOL-RELATED ADMISSIONS IN 40-64 YEAR OLDS IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- Stoke-on-Trent performs particularly poorly for narrow admissions in men ≥ 65 years old, whilst Staffordshire performs on par with the English benchmark (fig. 73). (OHID, n.d.)

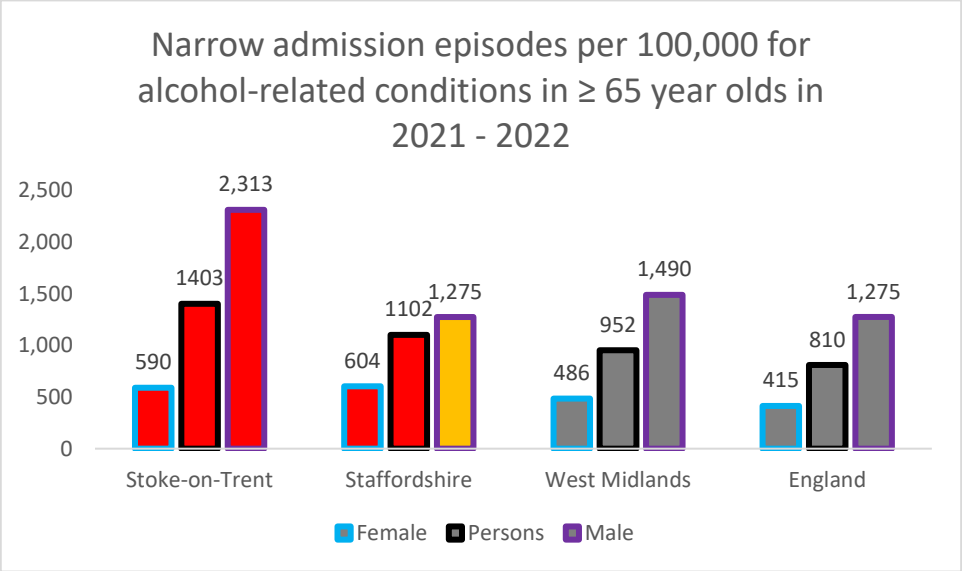

FIGURE 73: NARROW ALCOHOL-RELATED ADMISSIONS IN 40-64 YEAR OLDS IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- Alcohol-related admission data was not available for <18-year-olds however alcohol-*specific* admissions had been analysed between 2018/19 to 2020/21.
- **It is notable that in this metric Stoke-on-Trent also performs better than Staffordshire with regards to alcohol admissions in females (fig. 74).** (OHID, n.d.)

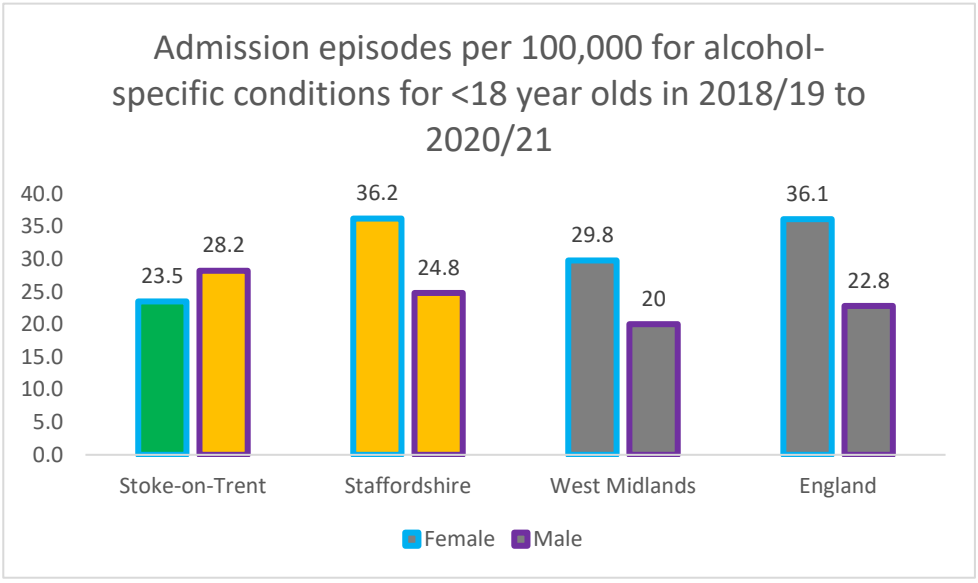

FIGURE 74: ALCOHOL-SPECIFIC ADMISSIONS IN <18 YEAR OLDS IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

4.1.3 Alcohol-related conditions by specialty

- Alcohol is a toxicant with the capacity to impair numerous organ systems.
- The *Global Burden of Disease* (GBD) visualiser models the burden of health conditions on populations based on the 2019 GBD data (as measured by *disability-adjusted life years, DALYs).*
- Between 1999 and 2019, the relative burden of cancer attributable to alcohol has risen in Staffordshire & Stoke-on-Trent - notably so for liver cancer (fig. 75-76).
- Over this twenty-year period, the proportion of alcohol-related injuries associated with self-harm and motor vehicle accidents has substantially declined, whilst those associated with falls has increased (fig. 75-76). (GBD, 2024)

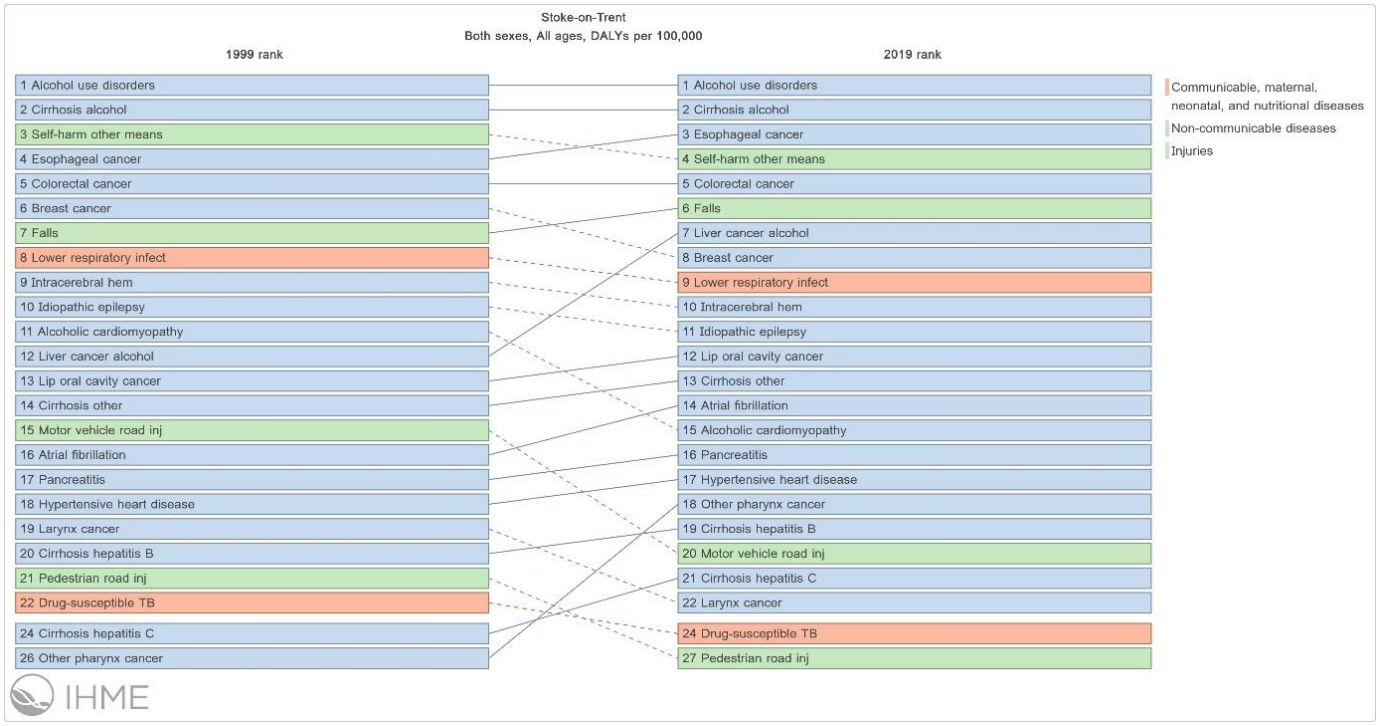

FIGURE 75: LARGEST CONTRIBUTORS TO DALYS ASSOCIATED WITH ALCOHOL USE IN STOKE-ON-TRENT (1999 VS 2019) (GBD, 2024)

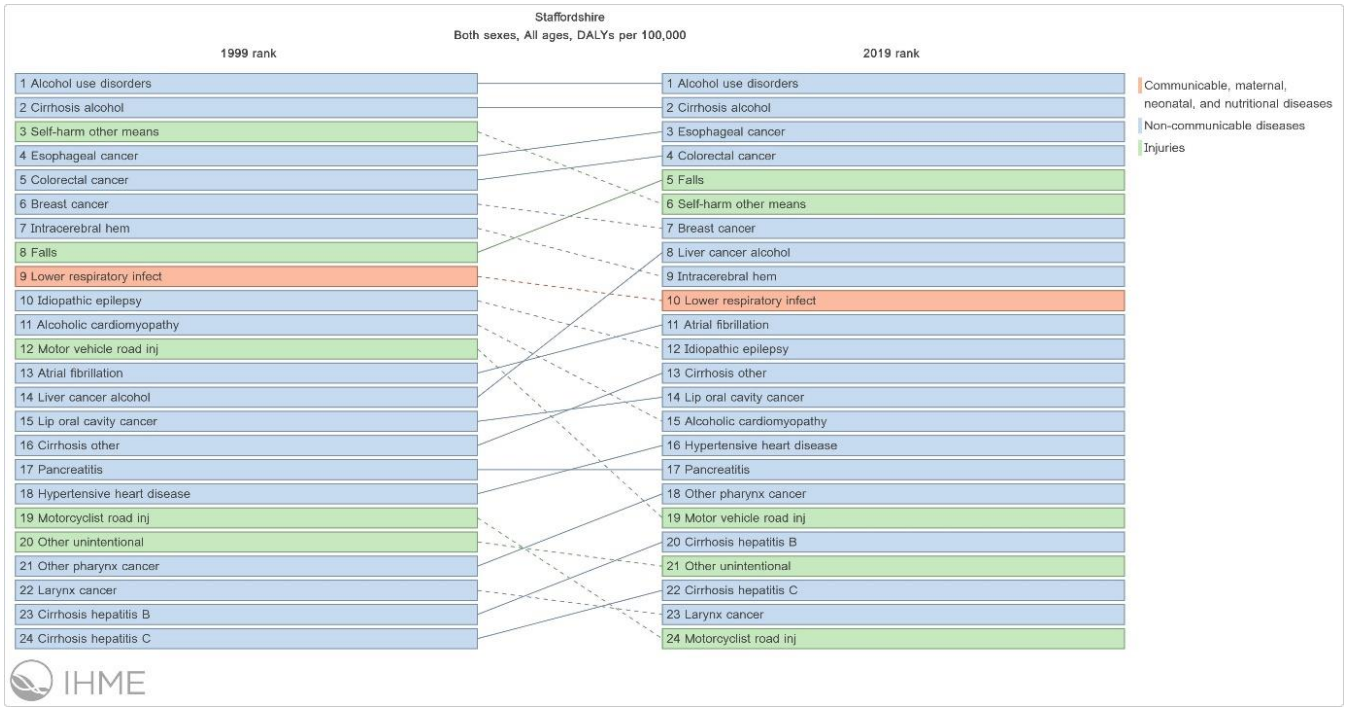

FIGURE 76: LARGEST CONTRIBUTORS TO DALYS ASSOCIATED WITH ALCOHOL USE IN STAFFORDSHIRE (1999 VS 2019) (GBD, 2024)

4.1.3.1 Acute & Emergency Medicine

- The burden of narrow (fig. 77) and broad (fig. 78) alcohol-related hospital attendances on the emergency departments of *University Hospitals of North Midlands NHS Trust (UHNM)* tend to be at their greatest between 15:00 – 22:00. (Midlands and Lancashire Commissioning Support Unit, 2024)

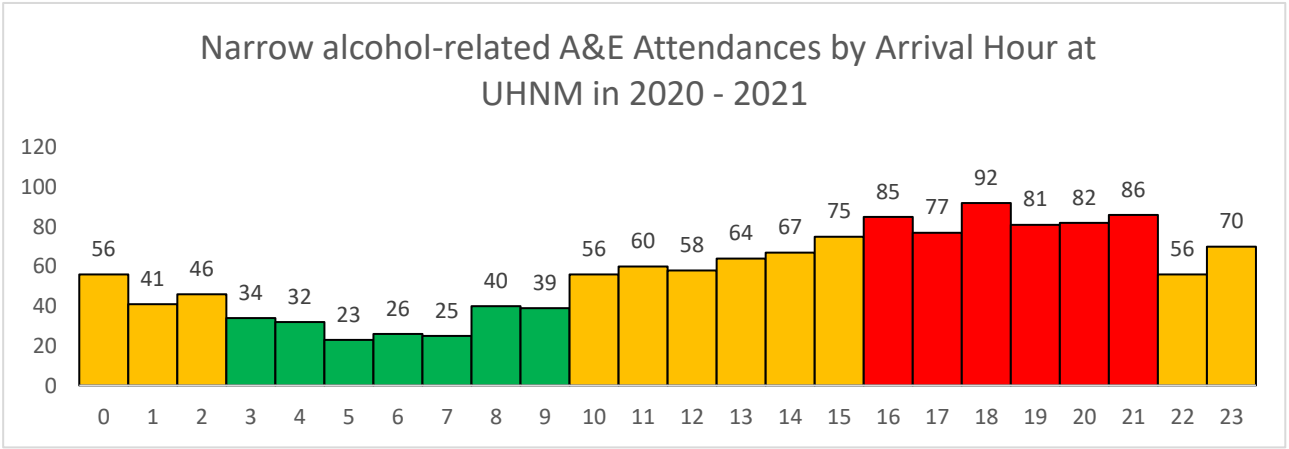

FIGURE 77: NARROW ALCOHOL-RELATED EMERGENCY DEPARTMENT ATTENDANCES AT UHNM (Midlands and Lancashire Commissioning Support Unit, 2024)

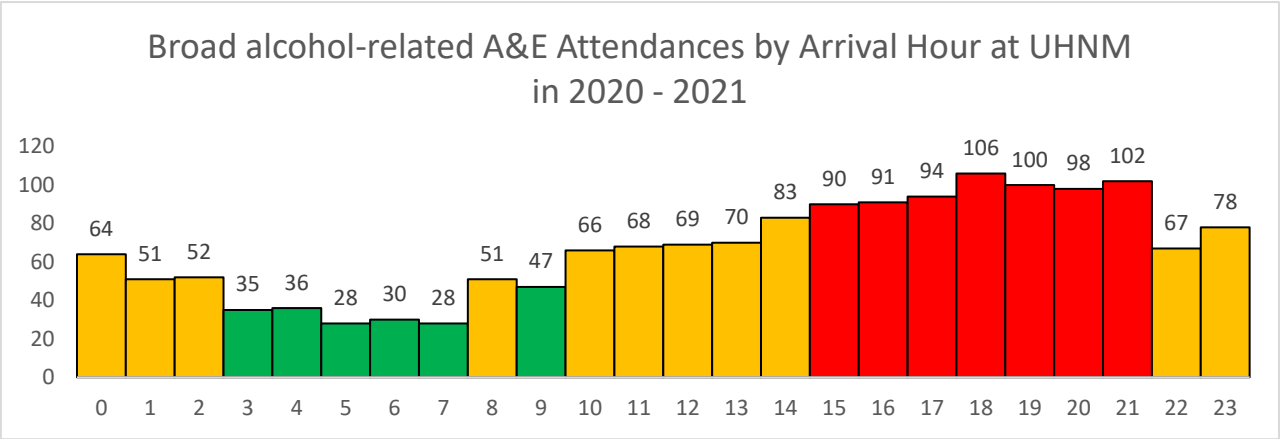

FIGURE 78: BROAD ALCOHOL-RELATED EMERGENCY DEPARTMENT ATTENDANCES AT UHNM (Midlands and Lancashire Commissioning Support Unit, 2024)

- The majority of alcohol-specific emergency department presentations that result in a hospital admission are accounted by chronic alcohol conditions.
- Acute alcohol-specific and mental/behaviour alcohol-specific conditions account for far fewer admissions via the emergency department (fig. 79).

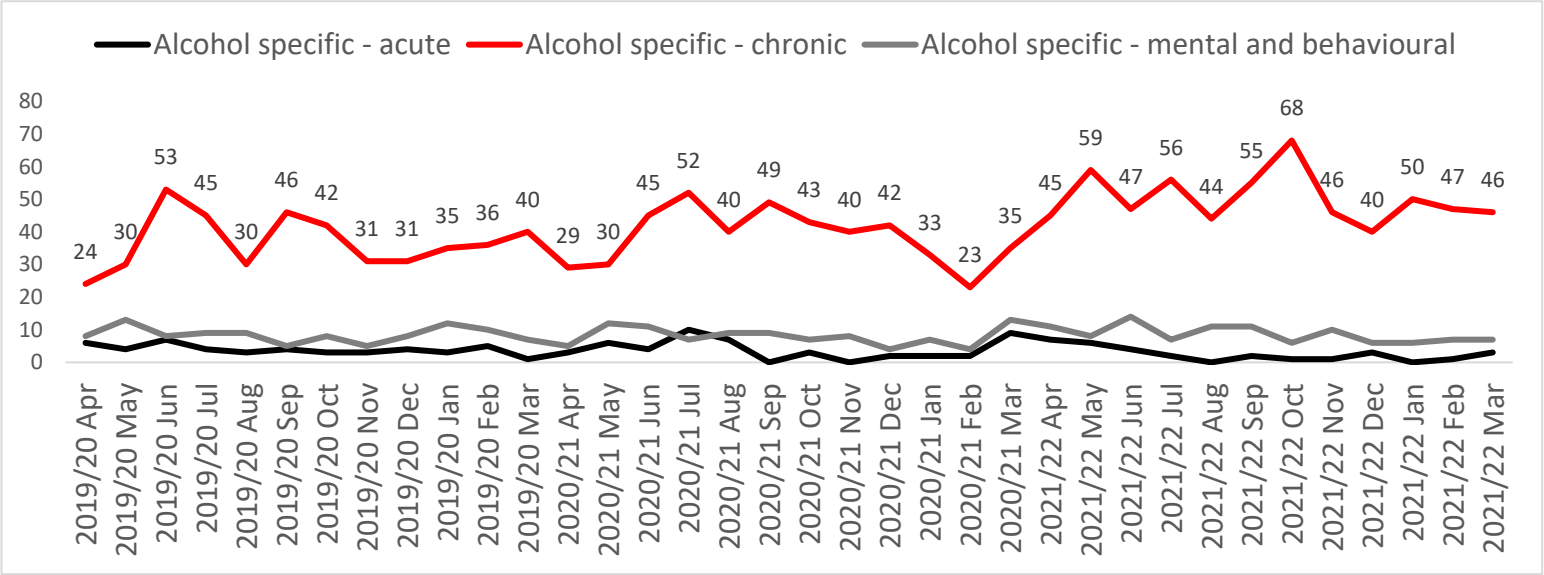

FIGURE 79: ALCOHOL-SPECIFIC ADMISSIONS IN THE EMERGENCY DEPARTMENT (Midlands and Lancashire Commissioning Support Unit, 2024)

- Emergency admissions for alcohol-related liver disease forms a significant component of these chronic alcohol-specific emergency admissions.

- Each year between 2017-18 and 2021-22, with the exception of 2018-19, Stoke-on-Trent CCG (Clinical Commissioning Group) performed worse than the English average regarding emergency admissions for alcohol-attributable liver disease.
- Moreover, whilst the performance of both Stoke-on-Trent CCG and England deteriorated over time, the rate at which Stoke-on-Trent's performance declined was far greater than England as a whole.
- In 2021-22, England had on average 24% more relative emergency admissions for alcohol-related disease than in 2017-18 (fig. 80).
- Whilst in 2021-22, Stoke-on-Trent CCG has 61% more relative admissions than in 2017-18 (fig. 81).
- Due to the much smaller population size of Stoke-on-Trent CCG, the confidence intervals are broader and greater variations in mean performance between years is to be expected.
- However, the poorer performance in 2021-22 for Stoke-on-Trent CCG is significantly different to that of 2017-18, 2018-19 and 2019-20 (but not 2021-22).

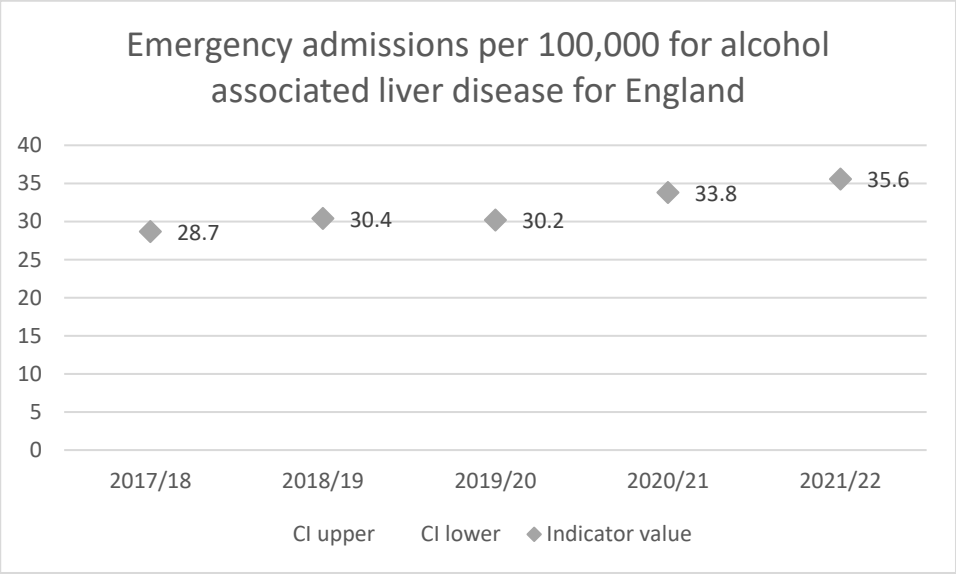

FIGURE 80: EMERGENCY ADMISSIONS FOR ALCOHOL ASSOCIATED LIVER DISEASE IN ENGLAND

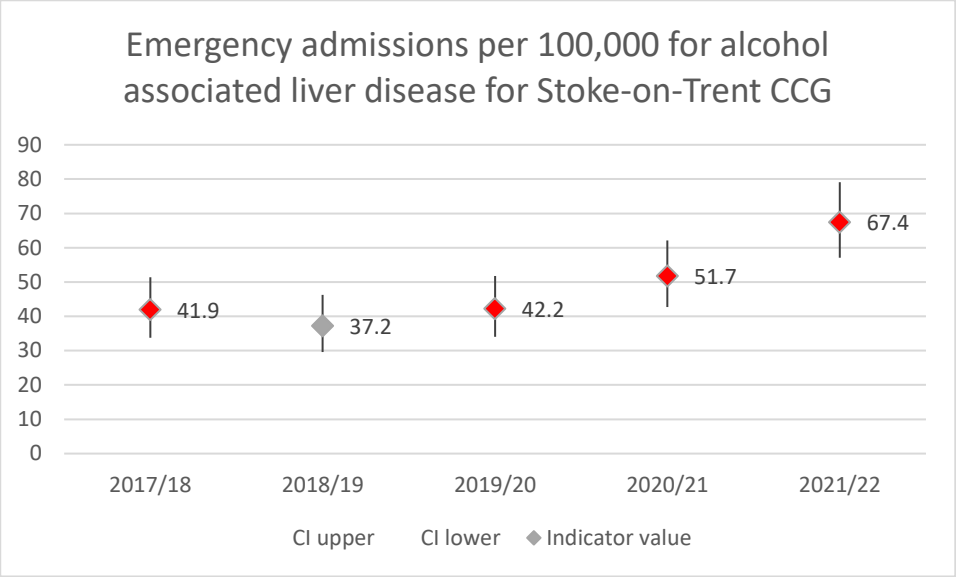

FIGURE 81: EMERGENCY ADMISSIONS FOR ALCOHOL ASSOCIATED LIVER DISEASE FOR STOKE-ON-TRENT CCG

- Unintentional injuries and self-poisoning form a significant part of acute alcohol-related presentations to the emergency department.
- Both Stoke-on-Trent and Staffordshire perform on par with the English average for unintentional injuries (fig. 82) and self-poisoning (fig. 83) alcohol-related admissions. (OHID, n.d.)

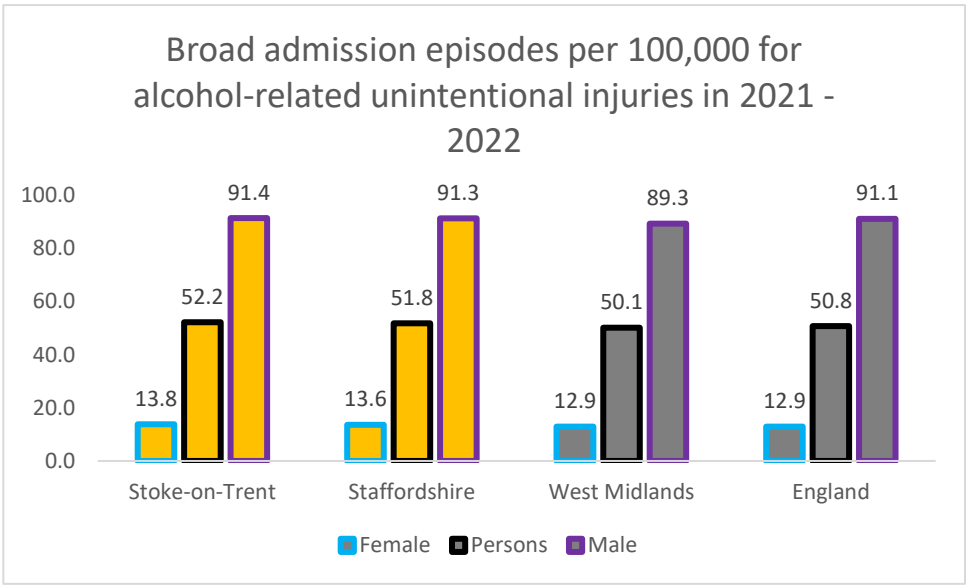

FIGURE 82: NARROW EMERGENCY ADMISSIONS FOR ALCOHOL-RELATED UNINTENTIONAL INJURIES IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

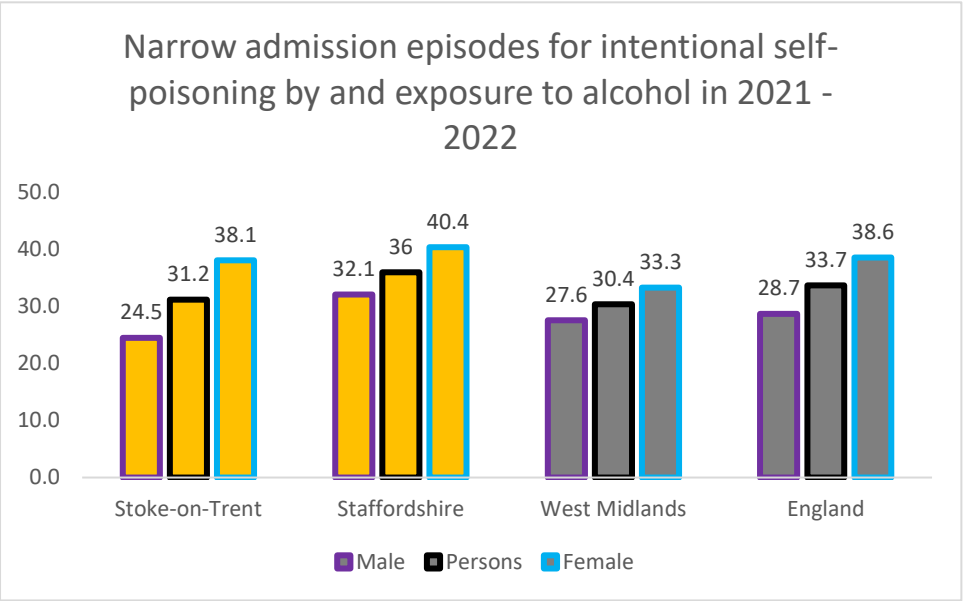

FIGURE 83: BROAD EMERGENCY ADMISSIONS FOR ALCOHOL-RELATED SELF POISONING IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- Emergency *readmissions* form an tradditional alcohol-related burden on emergency departments.
- Between 2019 to 2022, there was **no statistically significant** difference between the 30 day emergency alcohol-specific readmission rate by CCG in Staffordshire & Stoke-on-Trent (fig. 84).

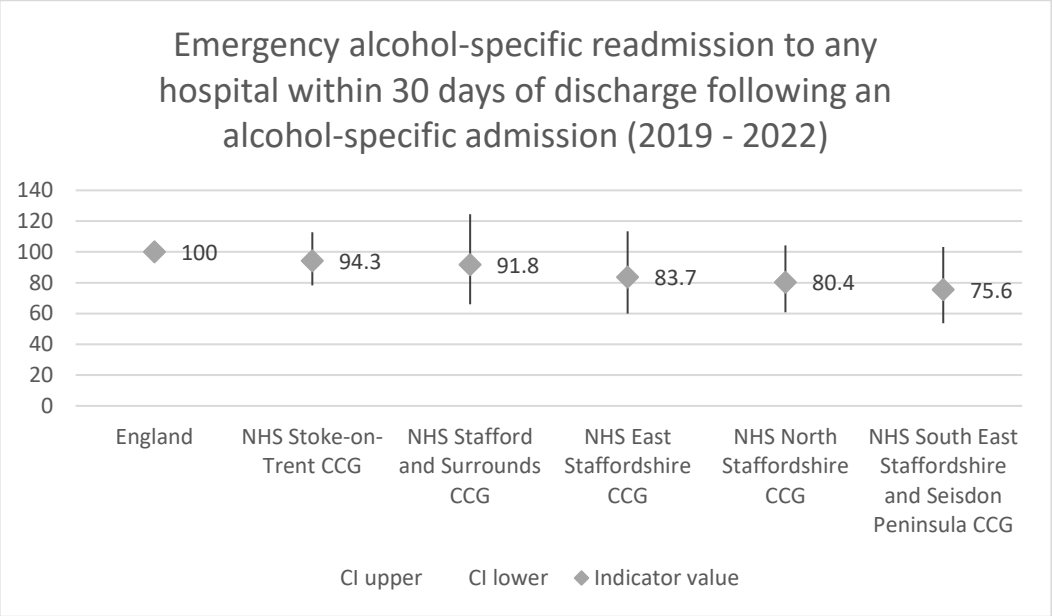

FIGURE 84: EMERGENCY READMISSIONS FOR ALCOHOL-SPECIFIC CONDITIONS BY CCG

- It is unclear whether this is due to the absence of a true difference or whether this is a result of the large confidence intervals, arising from the relatively small number of alcohol specific admissions within this timeframe (table 3).

Table 3: Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission (2019 - 2022)

CCG	Admissions	Readmissions
NHS Stafford and Surrounds CCG	345	40
NHS East Staffordshire CCG	365	40
NHS South East Staffordshire and Seisdon Peninsula CCG	400	40
NHS North Staffordshire CCG	535	55
NHS Stoke-on-Trent CCG	955	120
England	134,780	17,734

4.1.3.2 Hepatology

- It has been established that the emergency admission rate for alcohol-related liver disease in Stoke-on-Trent has been increasing.
- Both Stoke-on-Trent and Staffordshire perform poorly with regards to broad alcohol-related admissions for alcohol-related liver disease in 2021-2022 (fig. 85). (OHID, n.d.)
- **Notably, this is another area where men in Staffordshire perform on par with their national comparators, where females perform worse than their national comparators.**

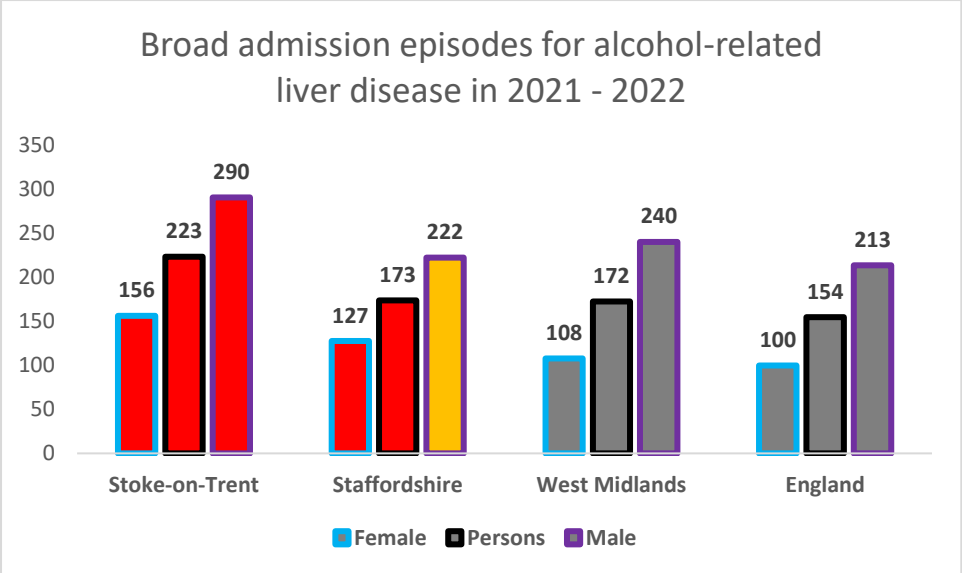

FIGURE 85: BROAD ALCOHOL-RELATED ADMISSIONS FOR ALCOHOLIC LIVER DISEASE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- Across SSOT ICS, there are more admissions amongst men than women for both acute alcohol-induced pancreatitis and alcoholic liver disease (fig. 86).
- There has been an increasing trend in admissions for alcoholic liver disease in both men and women.

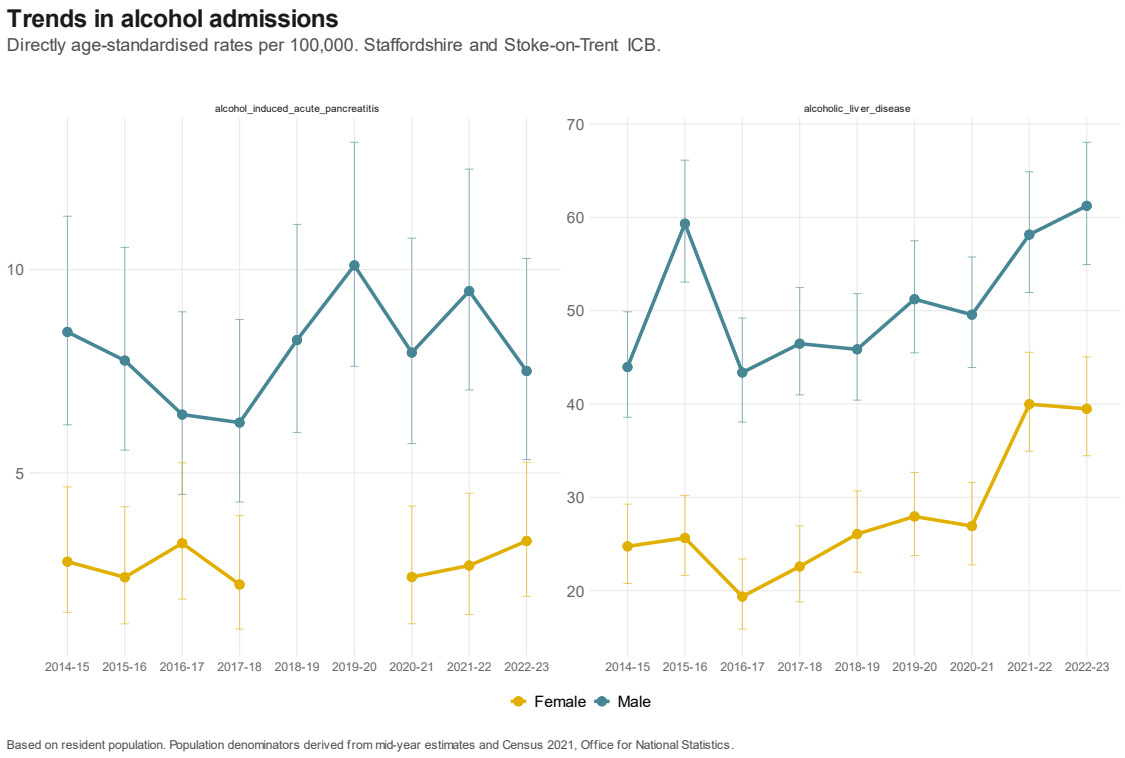

FIGURE 86: ALCOHOL RELATED PANCREATITIS AND LIVER DISEASE IN STAFFORDSHIRE & STOKE-ON-TRENT

- Reviewing the modelled data from *Global Burden of Disease* Compare, there appears to be no statistical difference between Staffordshire (fig. 87) and Stoke-on-Trent (fig. 88) for *Disability-Adjusted Life Years* (DALYs) from cirrhosis and other chronic liver diseases, attributable to alcohol, from 2016 to 2019. (GBD, 2024)
- However, Stoke-on-Trent performs significantly worse than Staffordshire in 2016.

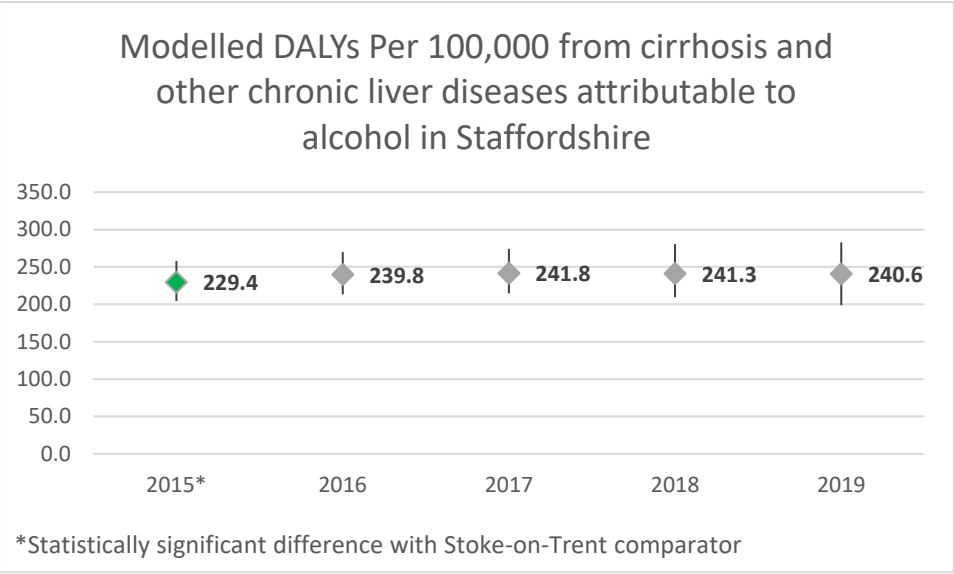

FIGURE 87: MODELLED DALYs FROM LIVER CIRRHOSIS AND CHRONIC LIVER DISEASE ATTRIBUTABLE TO ALCOHOL IN STAFFORDSHIRE (GBD, 2024)

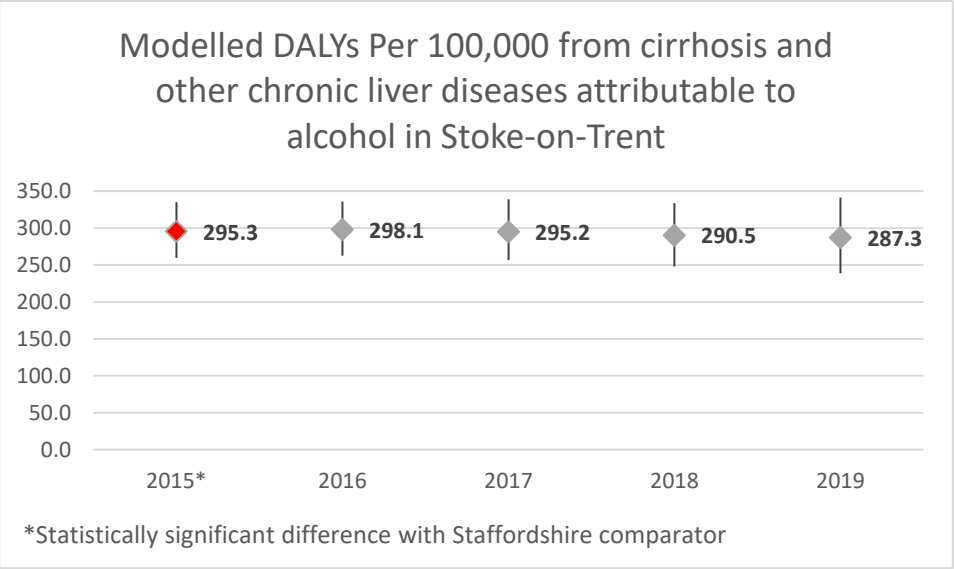

FIGURE 88: MODELLED DALYs FROM LIVER CIRRHOSIS AND CHRONIC LIVER DISEASE ATTRIBUTABLE TO ALCOHOL IN STOKE-ON-TRENT (GBD, 2024)

- *Fibroscan* has been made available for those in formal treatment for alcohol dependence in North and West Staffordshire through the *Staffordshire Treatment and Recovery Service (STARS)*. (HumanKind, 2024)
- This is an ultrasound investigation to measure the level of liver inflammation and fibrosis, which may be a result of heavy alcohol consumption.

- The *Community Drug & Alcohol Service (CDAS)* in Stoke-on-Trent have recently purchased a Fibroscan machine to offer to those in treatment for alcohol dependence in Stoke-on-Trent.
- STARS currently only perform Fibroscan in North and West Staffordshire (fig. 89) but are exploring the feasibility of expanding their Fibroscan service to East Staffordshire.

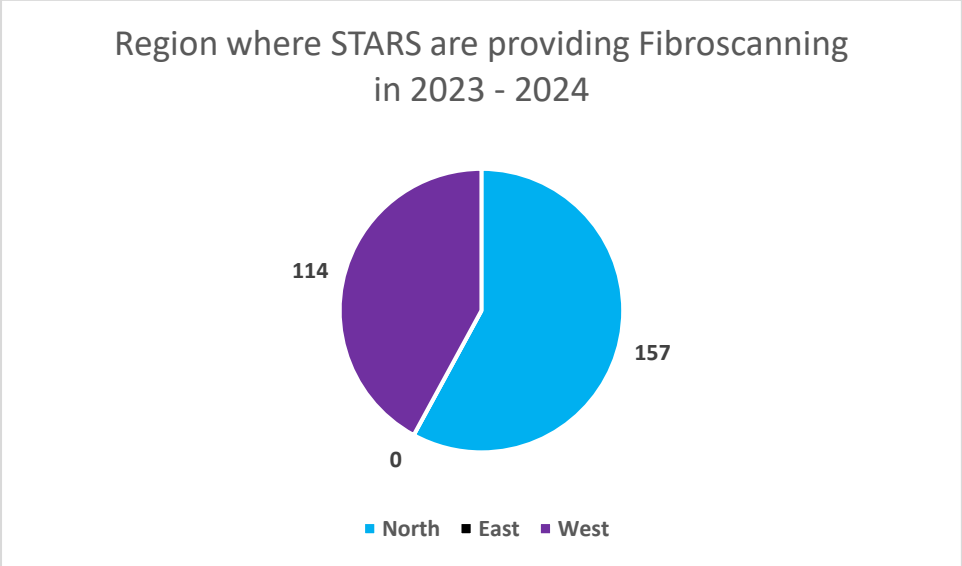

FIGURE 89: FIBROSCANS PERFORMED BY AREA OF STAFFORDSHIRE (HumanKind, 2024)

- 63% of Fibroscans performed by STARS have been with male service users and 37% have been with female service users (fig. 90). (HumanKind, 2024)

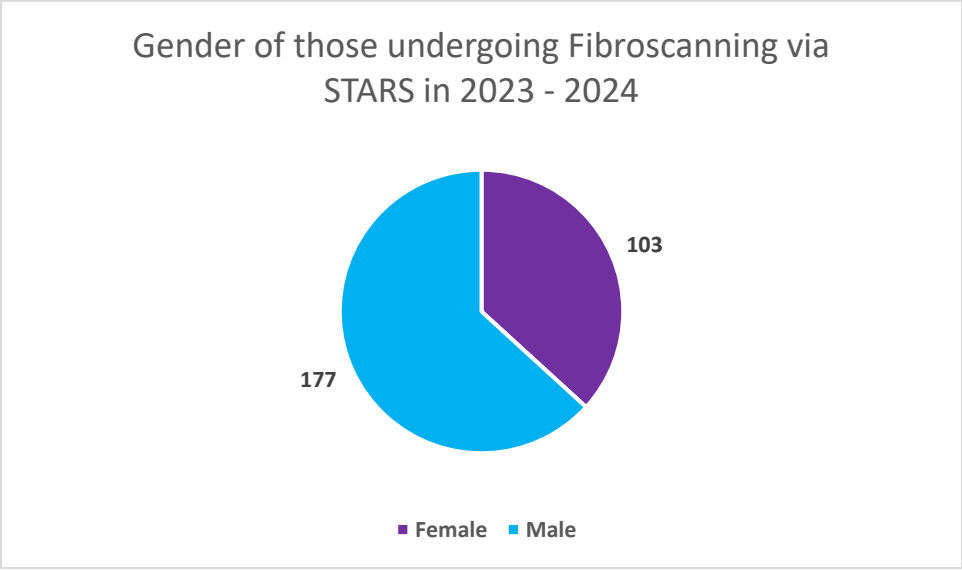

FIGURE 90: GENDER DISTRIBUTION OF THOSE UNDERGOING FIBROSCANNING (HumanKind, 2024)

- A Fibroscan scores have been classified as >12 kPa, 12 – 19 kPa or ≥ 20 kPa.
- A Fibroscan score of:
    - 12 – 19 kPa is indicative of *severe scarring*
    - ≥ 20 kPa is indicative of liver cirrhosis.
    - < 7 kPa is normal.
- **The limitation with the way STARS has recorded this information is that a Fibroscan score between 7 – 12 kPa may be indicative of a degree of liver inflammation but classified alongside those with normal livers.**
- It should be noted that interpreting this Fibroscan data assumes the elevated score is attributable solely to alcohol consumption.
- Other causes of liver inflammation and fibrosis have different Fibroscan score cut offs.
- Other causes of inflammation detectable by Fibroscan include:
    - Cholestatic disease,
    - Hepatitis B infection,
    - Hepatitis C infection,
    - Non-alcoholic Fatty Liver Disease (NAFLD). (MSKCC, 2023)
- Anecdotally, the burden of Hepatitis B and C amongst those under STARS for alcohol treatment is thought to be low **however it would be beneficial to formally measure this burden.** (HumanKind, 2024)
- Between April 2023 to February 2024:
    - STARS performed 280 Fibroscans on individuals under their care,
    - with 88% scoring < 12 kPa,
    - 5% scoring between 12 – 19,
    - and 8% scoring ≥ 20 kPa (fig. 91). (HumanKind, 2024)
    -

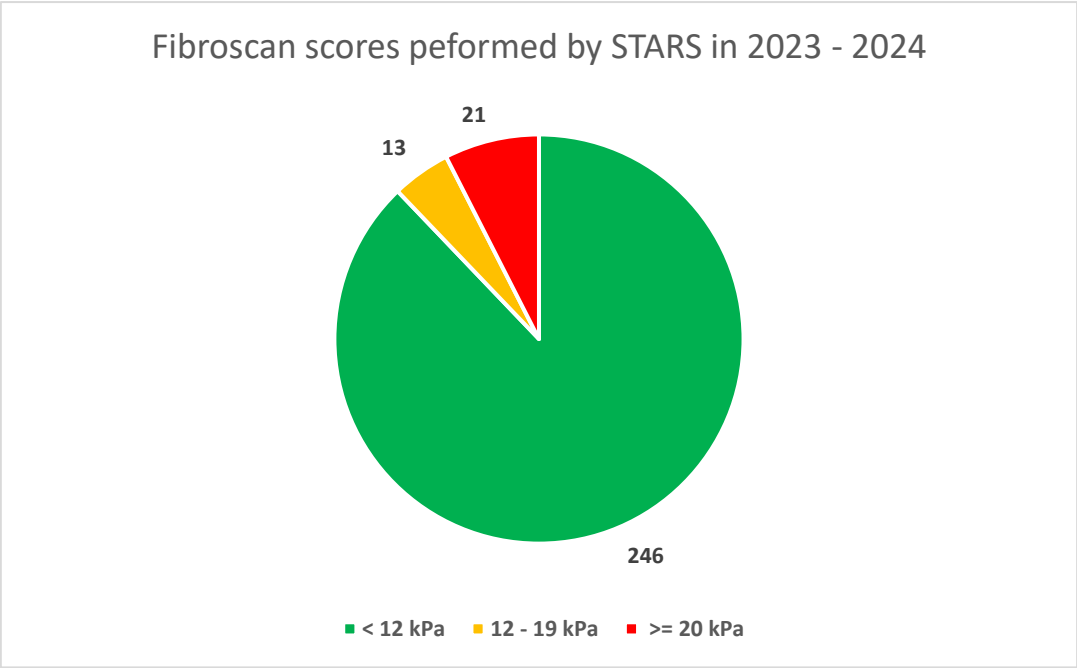

FIGURE 91: FIBROSCAN SCORES PERFORMED BY STAFFORDSHIRE TREATMENT AND RECOVERY SERVICE (HumanKind, 2024)

- Across the year the proportion of scans with a score ≥ 20 kPa varied from 0% to 18%,
- With an average test positivity rate of 7.5% for a cirrhotic liver score (fig. 92).
- The service has a 99.6% uptake rate (measure of *acceptability).*
- This was reportedly attributable to:
    - the investigation's quick, non-invasive nature with instant results,
    - its finding being potentially modifiable following alcohol consumption behaviour change.
- Anecdotally, those undergoing repeat Fibroscans evidenced notable reductions in their Fibroscan scores **although there is currently no quantitative data to corroborate this.**
- **It would be beneficial to measure this in the future to inform decisions about intervention effectiveness.**

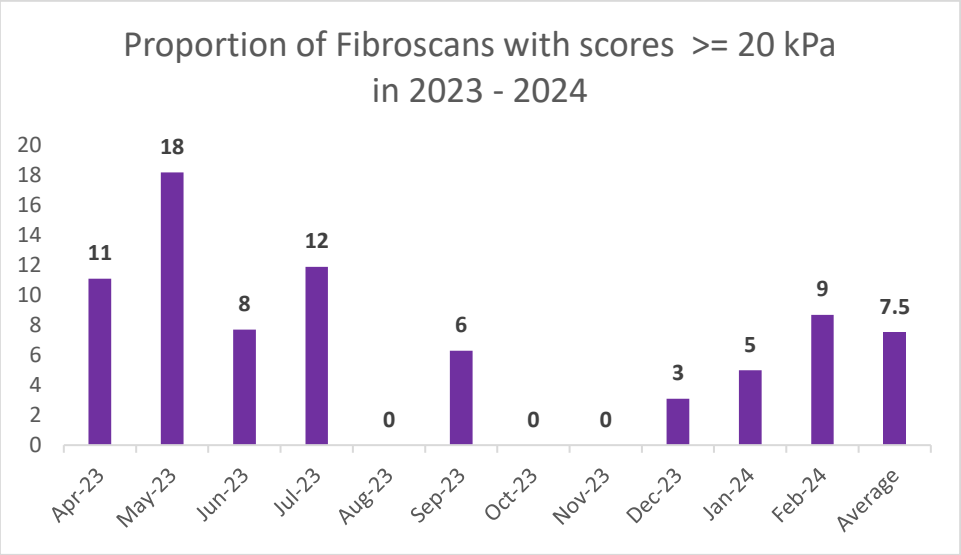

FIGURE 92: PROPORTION OF FIBROSCAN SCORES PERFORMED THAT EVIDENCE LIVER CIRRHOSIS (HumanKind, 2024)

- All those screened with a Fibroscan score ≥ 20 kPa are eligible for a referral to hepatology.
- In 2013-14, 81% of those eligible received a referral (fig. 93).
- Anecdotally, referral uptake rates may be affected by:
    - clients declining referral,
    - clients being lost to follow-up,
    - or client death. (HumanKind, 2024)
- **There is a need for STARS to do a case-by-case review to identify why 19% of those eligible were not referred to hepatology.** (HumanKind, 2024)
- **There is a need for the system to consider the merits of Fibroscan roll-out in Stoke-on-Trent and East Staffordshire to:**
    - **address geographic health inequities,**
    - **reduce the burden of alcohol-related conditions on the healthcare system,**
    - **reduce the financial cost of alcohol-related complications on the ICS.**

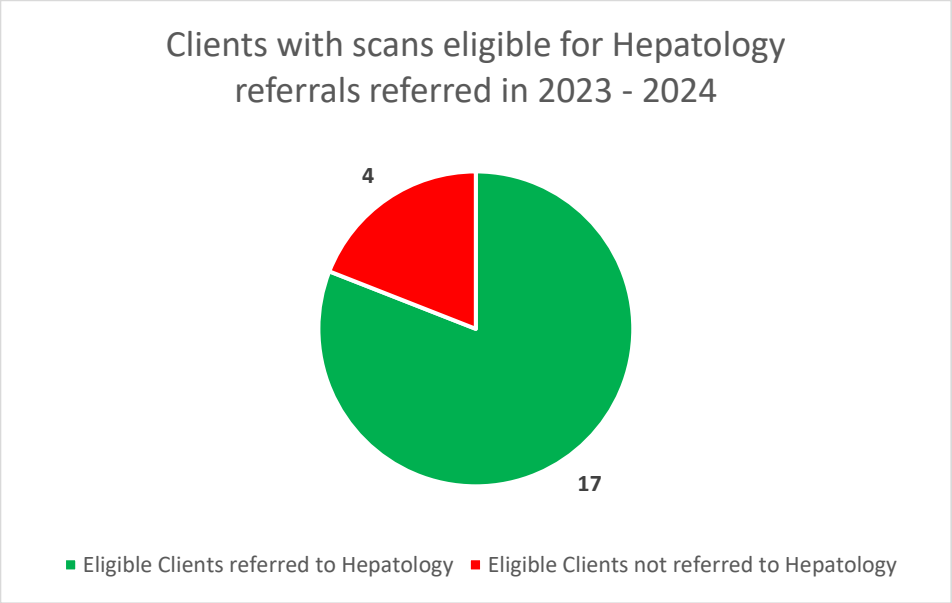

FIGURE 93: PROPORTION ELIGIBLE FOR HEPATOLOGY REFERRAL WHO WERE REFERRED TO THE CLINIC (HumanKind, 2024)

4.1.3.3 Psychiatry

- Stoke-on-Trent and Staffordshire both perform poorly with regards to narrow alcohol-related admissions for mental and behavioural disorders due to the use of alcohol (fig. 94). (OHID, n.d.)
- **Again, Staffordshire performs on par with England for this metric for males but not for females, highlight another gender inequity.**

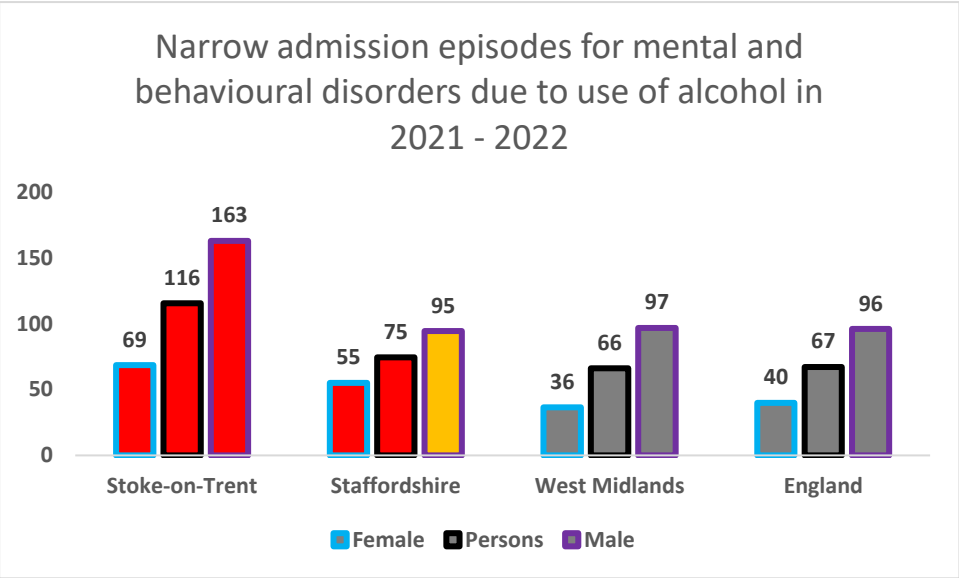

FIGURE 94: NARROW ADMISSIONS FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO ALCOHOL IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **Staffordshire performs much better than Stoke-on-Trent with regards to broad admission episodes for mental and behavioural disorders due to the use of alcohol (fig. 95).** (OHID, n.d.)

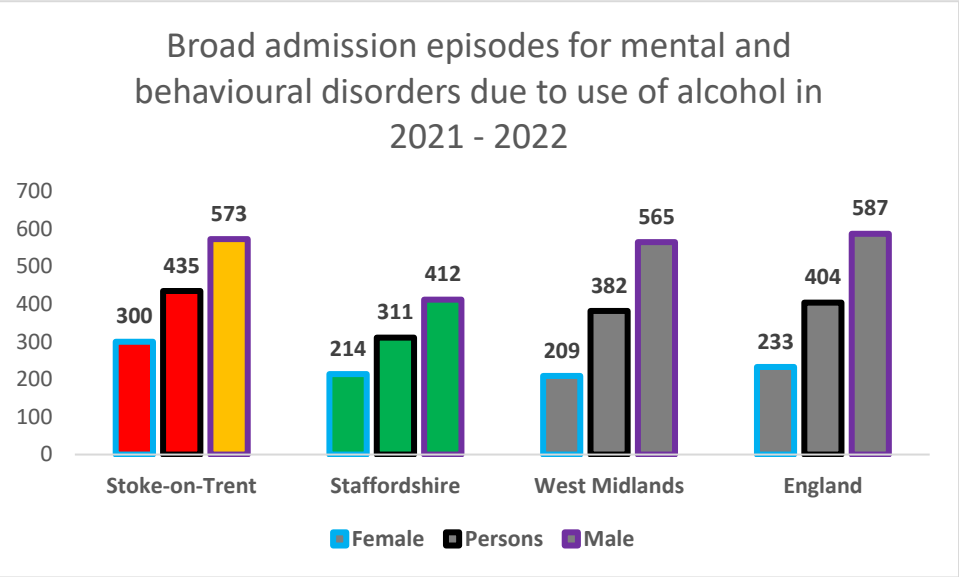

FIGURE 95: NARROW ADMISSIONS FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO ALCOHOL IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- 77.8% of patients with schizophrenia, bipolar affective disorder, and other psychosis in the Staffordshire & Stoke-on-Trent integrated care system (ICS) had a history of alcohol consumption in the previous 12 months.

- This places the ICB in the third quartile, with the mean across all systems being 76.5% (fig. 96). (NHS, 2024)

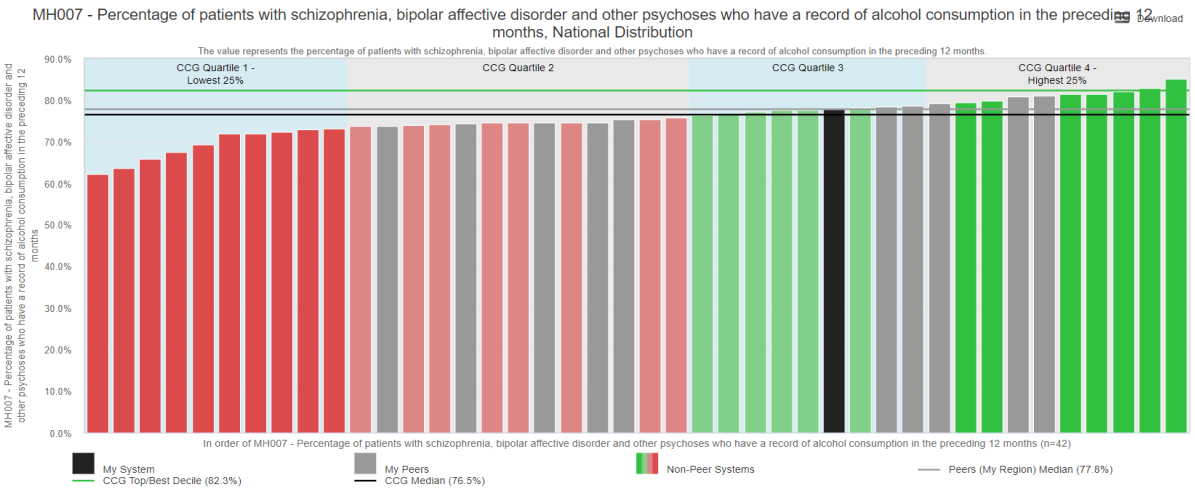

FIGURE 96: PERCENTAGE OF PATIENTS WITH SCHIZOPHRENIA, BPAD AND OTHER PSYCHOSIS WHO CONSUMED ALCOHOL IN LAST 12 MONTHS, BY ICS (NHS, 2024)

- As noted in the *Mortality* section, an IAPT (improving access to psychological therapies) referral is associated with a 2x odds of alcohol-specific mortality in SSOT, alluding to a significant health inequity amongst those with mental illness.

4.1.3.4 Maternity

AWAITING CRITICAL DATA FROM MATERNITY TEAM

- The International Classification of Diseases 10 (ICD-10) coding can be used to estimate the burden of disease.
- The UK-version of ICD-10 has one code pertaining to alcohol use in pregnancy:
  - ***O35.4 Maternal care for (suspected) damage to the foetus from alcohol***
- (The US version of ICD-10 also has an additional code not present in the UK system:
  - ***O99.31 Alcohol use complicating pregnancy, childbirth, and the puerperium***)
- Over the 10-year period from 2014/15 to 2022/23 there were:
  - seven admissions in Staffordshire & Stoke-on-Trent where the primary or secondary diagnosis code was *O35.4.*
- Using ICD-10 to estimate burden of alcohol use in pregnancy is limited as it is predicated on the accurate coding of admission data.

- Moreover, it is reliant on the mother presenting to the healthcare system with concerns regarding alcohol consumption in pregnancy.
- A further limitation is that the ICB can only search *admission* data for ICD-10 codes and not primary care records, which may further mask the true burden.
- One national study estimated that 41% of pregnant people consumed alcohol during pregnancy in the UK, (Yu, et al., 2022)
- Whilst another UK study screening for Foetal Alcohol Spectrum Disorder (FASD), estimated that up to 79% of women drank during pregnancy. (McQuire, Mukherjee, Hurt, & al., 2019)
- **Considering this data and the higher-than-average prevalence of alcohol consumption within Stoke-on-Trent, it can be surmise that many pregnant people within the ICS have likely consumed alcohol during their pregnancy.**
- **This hidden burden of alcohol consumption in pregnancy is associated with significant health implications for developing embryos and foetuses including:**
    - **Spontaneous abortion,**
    - **Premature birth,**
    - **FASD**
- **It is important that this hidden burden is effectively measured during antenatal appointments and addressed effectively to promote *complete abstinence* from alcohol during pregnancy.**

4.1.3.5 Paediatrics

- One area of concern is the potentially high prevalence of Foetal Alcohol Spectrum Disorder (FASD) within the system.
- There are two UK ICD-10 codes which may have use in estimating the burden of FASD:
    - ***P04.3 Newborn affected by maternal use of alcohol***
    - ***Q86.0 Foetal alcohol syndrome (dysmorphic)***
- Over the 10-year period from 2014/15 to 2022/23 in Staffordshire & Stoke-on-Trent there were:
    - 68 admissions where *Q86.0* was the primary or secondary diagnosis code,
    - One admission where *P04.3* was the primary or secondary diagnosis code.
- This data is limited by the accuracy of diagnostic coding in hospitals.
- Importantly, *Q86.0* explicitly specifies *dysmorphic* features which are not present in all FASD cases and therefore likely to contribute to under-coding. (del Campo & Jones, 2017)
- Moreover, *Q86.0* only pertains to foetal alcohol *syndrome,* and does not cover other conditions under the FASD umbrella such as:
    - *partial foetal alcohol syndrome (pFAS),*

  - *Alcohol-related neurodevelopmental disorder (ARND),*
  - *Alcohol-related birth defects (ARBD)* (DHSC, 2021)
- As this search pertains to admissions, it will also not identify individuals who have not been admitted to hospital but have either code in their primary care record.
- British prevalence studies have tried to estimate the FASD prevalence in the UK, with a suggested prevalence of:
  - 1.8% (Gomez, Goodwin, Chisholm, & Rose, 2022)
  - 3.2% (Schölin, Aiton, & al., 2021)
  - 3.4% (Burleigh, L, Verity, Winstone, & White, 2023)
  - 3.6% (McCarthy, et al., 2021)
  - 6%. (McQuire, Mukherjee, Hurt, & al., 2019)
- *Drymester* has opted for the 3.6% prevalence as determined in a recent study in Greater Manchester. (McCarthy, et al., 2021)
- This would equate to 405 children born every year in Staffordshire & Stoke-on-Trent with FASD (fig. 97).

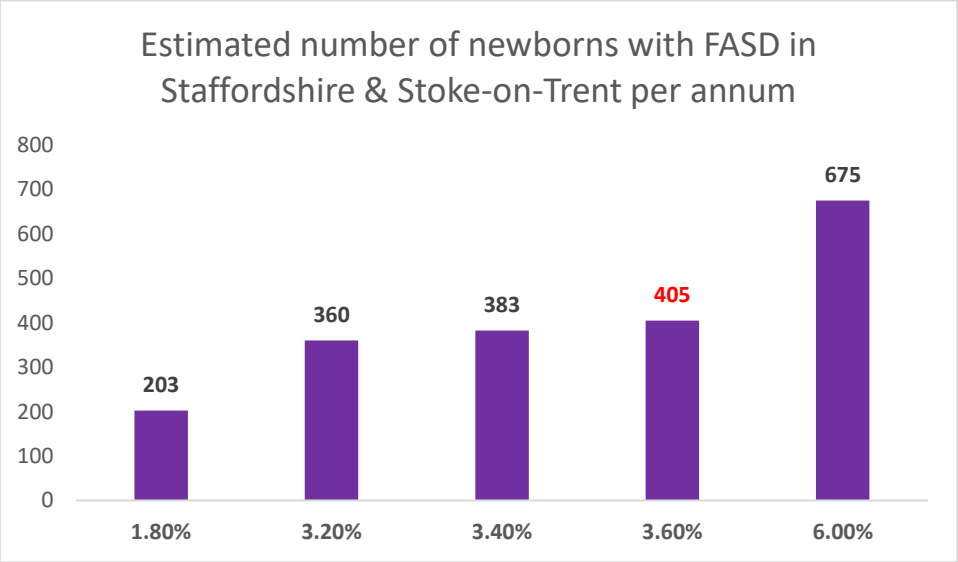

FIGURE 97: ESTIMATED YEARLY INCIDENCE OF NEWBORNS WITH FASD IN STAFFORDSHIRE & STOKE-ON-TRENT BASED ON PREVALENCE ESTIMATES

- It should be noted that this prevalence figure is predicted on alcohol consumption patterns in pregnant women in Staffordshire & Stoke-on-Trent mirroring those in Greater Manchester.
- **It is therefore crucial to:**
  1) **Estimate the burden of alcohol consumption in pregnant women within the system**
  2) **Estimate the incidence of newborns with FASD based on these consumption figures**
  3) **Review all primary care records with SSOT ICS for *Q86.0* and *P04.3* codes**

4) Estimate the prevalence of FASD within the system

- Staffordshire has a *FASD parents and carers support group.*
- Two members of the group participated in a stakeholder interview to provide insights into their needs and their family members living with FASD's needs.
- Others had expressed an interest in taking part but were unable due to childcare requirements.

1) Lack of support for pregnant people:
   - **It was noted that many women think it is okay to consume small amounts of alcohol during pregnancy** *("Stout which some still believe to be good in pregnancy").*
   - **Some women and even midwives were felt to hold beliefs that alcohol does not pass through the placenta.**
   - It was noted that it is difficult to have an alcohol-free pregnancy if you did not know you were pregnant or had an unplanned pregnancy, and that some young/teenage mothers may be in denial about being pregnant and need support to abstain from alcohol during this period. [Indeed, a meta-analysis has found that women with unplanned pregnancies are 44% more likely to consume alcohol than those with planned pregnancies] (Yu, et al., 2022)
2) Barriers to FASD diagnosis:
   - Group members often found that clinician's knowledge around FASD is often dated and that they are more familiar with the older, narrower term of *Foetal Alcohol Syndrome,* rather than FASD. This erected a barrier to diagnosis as undue emphasis was placed on sentinel features.
   - Another barrier experienced was geneticists not making an FASD diagnosis also due to the absence of sentinel facial features [an out-of-date diagnostic criterion].
   - It was noted that there is only *one national NHS assessment clinic* in the UK (Surrey) for FASD diagnoses, and parents & carers sometimes struggle to obtain funding to go out of region for assessment (particularly due to the absence of sentinel facial feature). This process took one individual from Stoke-on-Trent seven years to get a diagnosis.
   - It was also highlighted that if diagnosis is made on the basis of sentinel facial features being present, access to other diagnostic tests is often not available. These other components of the multidisciplinary FASD assessment including psychiatric, cognitive, and speech & language assessment, which parents & carers find valuable in understanding how best to care for their relative with FASD.
   - Parents who adopt can struggle to obtain a diagnosis of FASD as **there is nothing documented in the children's notes mentioning birth parent's alcohol consumption** [evidence of prenatal alcohol exposure is a necessary diagnosis criterion].

3) Lack of understanding of FASD:
   - Urgent CAMHS (child and adolescent mental health service) referrals can be rejected as FASD is thought to be a health problem.
   - It was also stated that CAMHS lacked understanding and support offerings for children with FASD.
   - **A lot of issues for care experienced children are often attributed to attachment disorders and trauma, leading to a lot of money and time being invested into talking therapies *Dyadic Developmental Psychotherapy* (DDP) or Cognitive Behavioural Therapy (CBT), which does not always work with children with FASD due to poor working memory and receptive language.**
4) Lack of system support for people with FASD:
   - Schools are felt not to be supportive of children throughout the diagnostic process and some parents & carers feel like they are seen to be lying about the diagnosis due to the child masking the difficulties they may be experiencing in the school environment.
   - There are a lot of appointments that need to be attended and paperwork that needs to be completed (e.g. Personal Independence Payment (PIP) forms, Disability Living Allowance forms, EHCP applications, Adoption Support Fund requests). Some parents & carers are forced into early retirement or part-time work so they can complete this and provide care, as their children often requires more supervision than normally expected for their age. This has had financial repercussions on a lot of group members.
   - **All support and knowledge for parents and carers was believed to come from peers (such as the support group) and not the health and social care system.**
   - Respite care for parents of children with FASD is largely inaccessible FASD is not always accepted to be within the remit of the Learning Disabilities Team. One parent was told the child does not meet the criteria of the learning disabilities team due to their IWQ not being low enough (e.g. as IQ is not <70).
   - Despite best intentions of schools, a lot of children with FASD do not cope well in mainstream education and do better is special needs or alternative specialist education.
   - Sometimes parents cannot cope, and the child has to go into the social care system. **Young adults with FASD sometimes end up in supported living, they may later be evicted from supported living for not being able to keep to the rules, and then end up coach-surfing or homeless.**
5) Financial barriers to good care:

- **It was noted that a private clinic has opened in Stoke-on-Trent has recently employed a psychologist who has had training on FASD at the Surrey clinic.** One parent attended this clinic via the Adoption Support Fund and found that their child is, *"really opening to them".* It was noted that there is no comparable service via the NHS.

6) Stigma
   - FASD is still stigmatised with one partner noted that a paediatrician asked them if they really wanted the FASD label attached to their child.
   - One mother was reportedly shocked when it was suggested their child may have FASD as they considered this as just for *"alcoholics".*

7) Parent & carer health and wellbeing:
   - It was commented upon that parents & carers may develop secondary health conditions associated with the impact and stress of caring for children with FASD.
   - Some parents have experienced physical violence from their children.
   - **Some elderly kinship carers are required to provide care for their** grandchildren (who have significant behavioural and developmental needs) **whilst struggling with their own health conditions**. This is exacerbated by the inaccessibility of respite care.

8) Criminal justice needs:
   - It was noted that children with FASD are more likely to come into contact with the police [**International studies study those with FASD are 19x more likely to encounter the criminal justice system**]. (Gilbert, Allely, Mukherjee, & Cook, 2022)
   - **There is perceived to be a significant vulnerability and susceptibility of those with FASD in police interrogation due to a lack of understanding of FASD amongst the police service.**
   - One example of this shared was the erroneous belief that arrest would deter children with FASD who are involved in violence from reoffending.
   - It was noted that this deterrence model is predicated on an understanding of cause and effect that those with FASD may not be able to comprehend. [In line with these qualitative reflections there is quantitative evidence that those with FASD have a greater tendency for *'recidivism'* (reoffending)]. (Gilbert, Allely, Mukherjee, & Cook, 2022)
   - It was also noted that children with FASD are often prone to *confabulation* which may cause further criminal justice issues.

9) Future expectations:
   - There are raised expectations amongst parents and carers of those with FASD due to the release of the FASD NICE Quality Standard in March 2022.

- Parents and carers are hopeful that their children will now begin to get the support that they have previously lacked and may not be aware that it will take time for these standards to be implemented in practice.

4.1.3.6 Oncology

- Alcohol is a *Group one carcinogen* that causes various cancers, including oesophageal, breast, bowel, and liver cancer.
- Stoke-on-Trent performs poorly with regards to the alcohol-related cancer incidence in men, whereas Staffordshire performs on par with national benchmark (fig. 98).
- Both areas perform on par with England for alcohol-related cancer incidence in women. (OHID, n.d.)

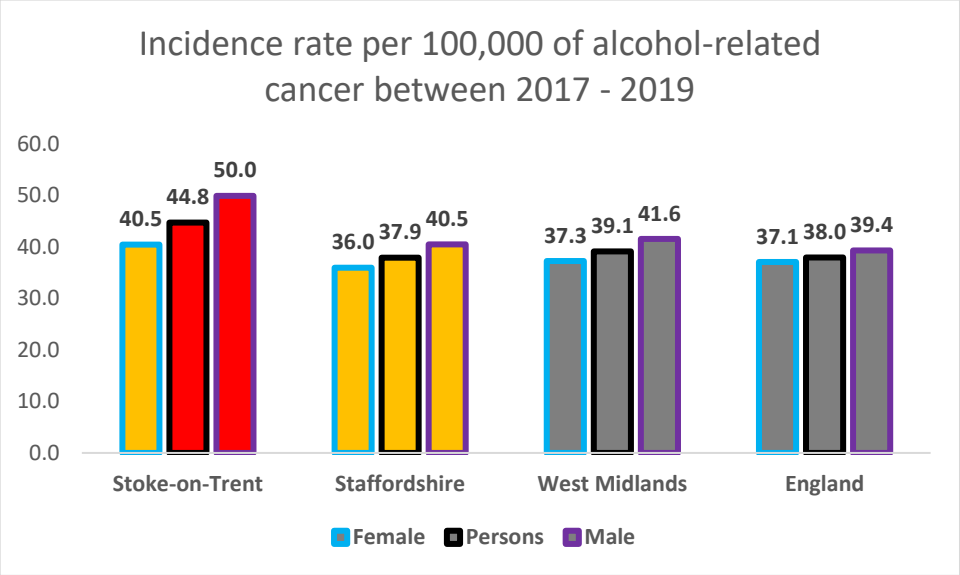

FIGURE 98: ALCOHOL-RELATED CANCER INCIDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- There is no statistically significant difference in the modelled DALYs resulting from cancers attributable to alcohol use in Staffordshire (fig. 99) and Stoke-on-Trent (fig. 100).
- Oesophageal, colorectal, liver and breast cancers appear to be the cancer attributable to alcohol use that result in the most DALYs in both Staffordshire and Stoke-on-Trent.
- However, it is difficult to interpret this information due to:
  - the wide overlapping confidence intervals for oesophageal, colorectal and breast cancer,

- the segmentation of oropharyngeal cancers into four distinct categories – lip/oral, other pharynx, larynx and nasopharynx.

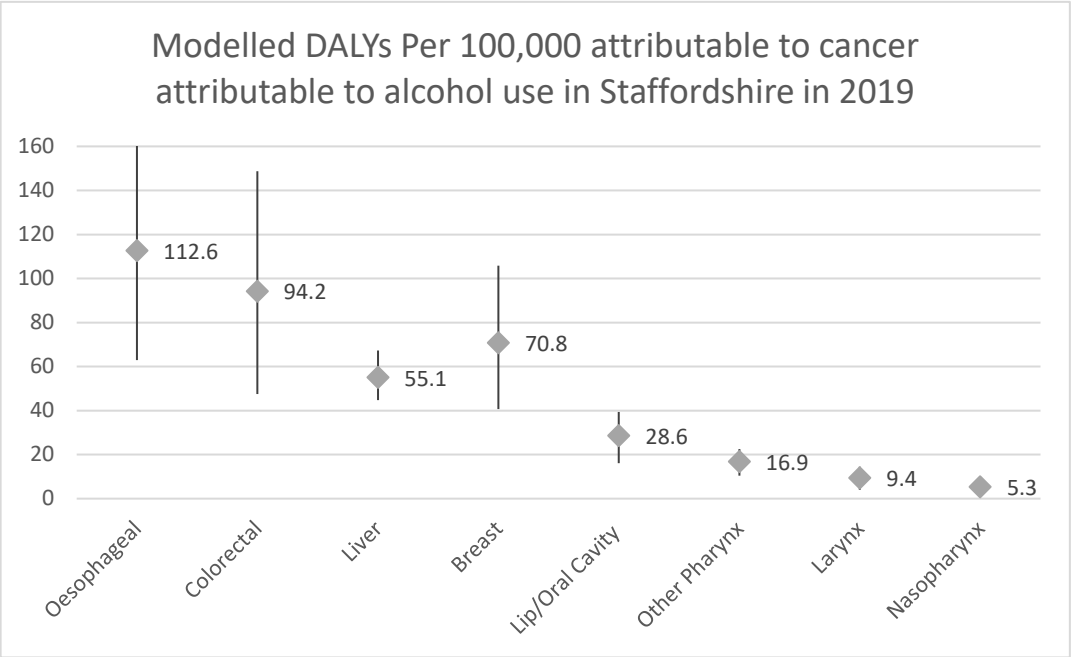

FIGURE 99: DALYs ASSOCIATED WITH ALCOHOL-ATTRIBUTABLE CANCERS IN STAFFORDSHIRE (GBD, 2024)

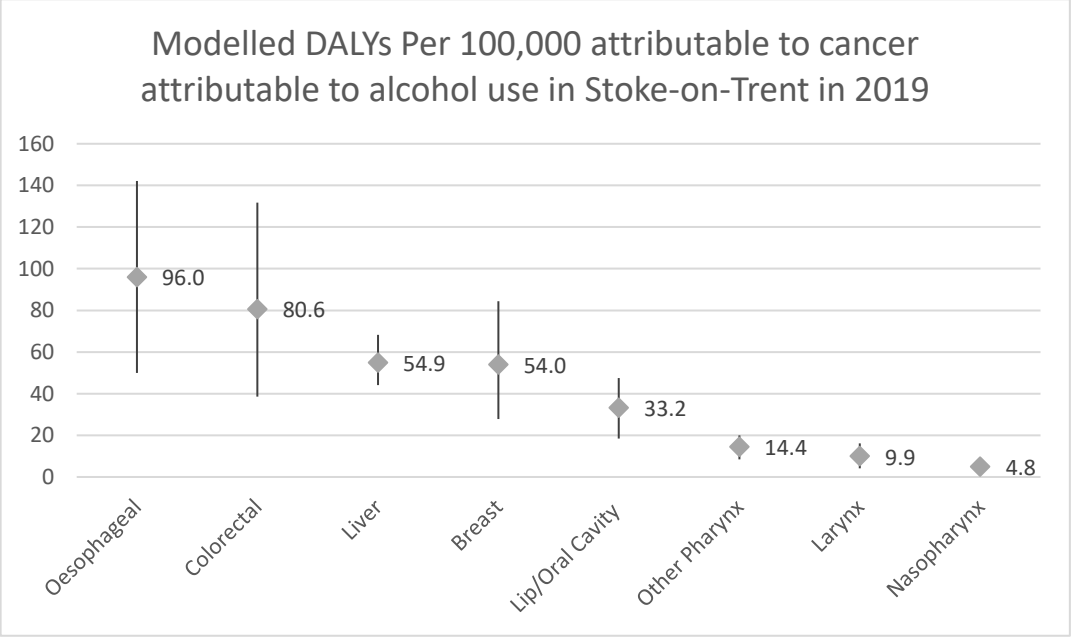

FIGURE 100: DALYs ASSOCIATED WITH ALCOHOL-ATTRIBUTABLE CANCERS IN STOKE-ON-TRENT (GBD, 2024)

- The burden of these alcohol-attributable cancers can also be measured in terms of *Years of Healthy life lost due to disability (YLDs).*
- Unlike DALYs, this measure only looks at disability and does not consider *years of life lost due to premature mortality (YLLs)*.
- There are no significant differences between Staffordshire (fig. 101) and Stoke-on-Trent (fig. 102).
- Breast cancer and Colorectal cancer appear to account for the most YLDs in both areas.
- However, large confidence intervals make it hard to make definitive conclusions.

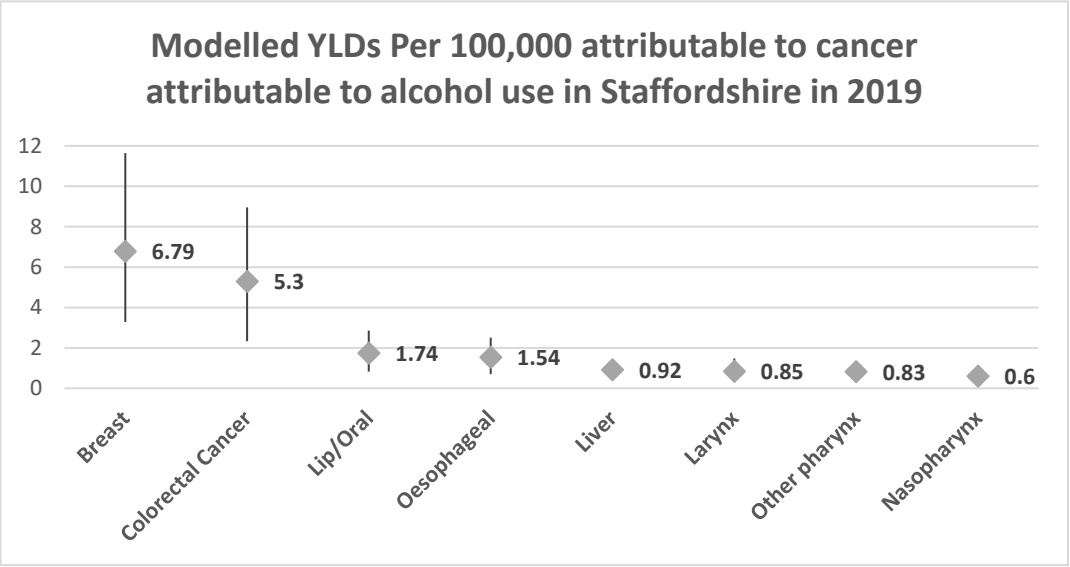

FIGURE 101: YLDs ASSOCIATED WITH ALCOHOL-ATTRIBUTABLE CANCERS IN STAFFORDSHIRE (GBD, 2024)

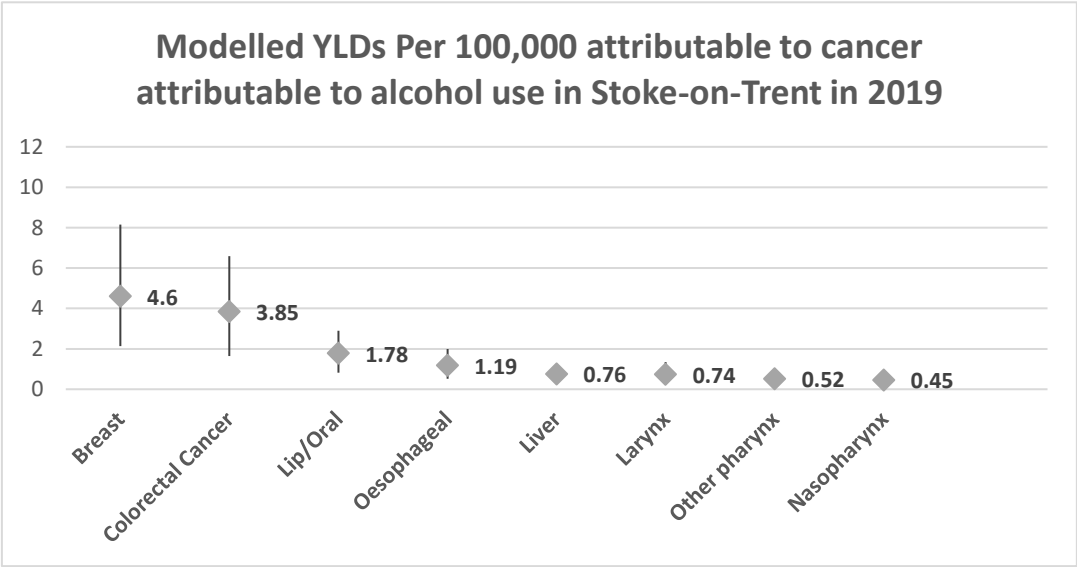

FIGURE 102: YLDs ASSOCIATED WITH ALCOHOL-ATTRIBUTABLE CANCERS IN STOKE-ON-TRENT (GBD, 2024)

- **It is notable that liver cancer attributable to alcohol appears to contribute substantially to years of life lost due to premature mortality, but not years of healthy life lost due to disability.**
- **This is likely due to hepatocellular carcinoma's poor Five-year survival rate, resulting in a short symptomatic period.**
- When these cancers are viewed by modelled deaths, they demonstrate similar patterns to DALYs in Staffordshire (fig. 103) and Stoke-on-Trent (fig. 104). (GBD, 2024)

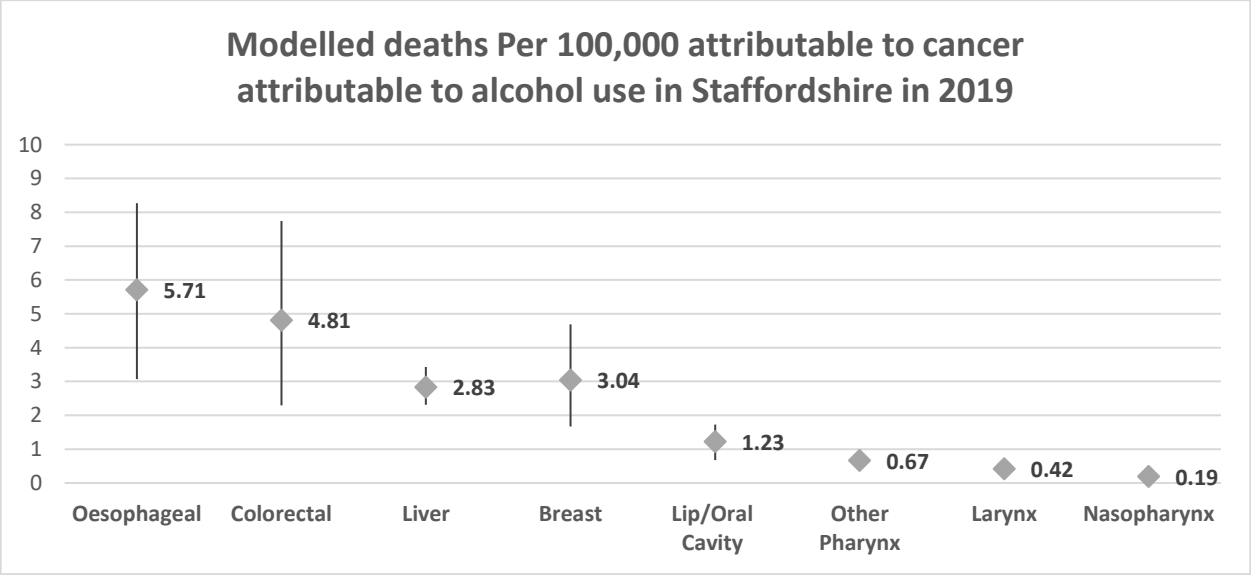

FIGURE 103: MODELLED DEATHS ASSOCIATED WITH ALCOHOL-ATTRIBUTABLE CANCERS IN STAFFORDSHIRE (GBD, 2024)

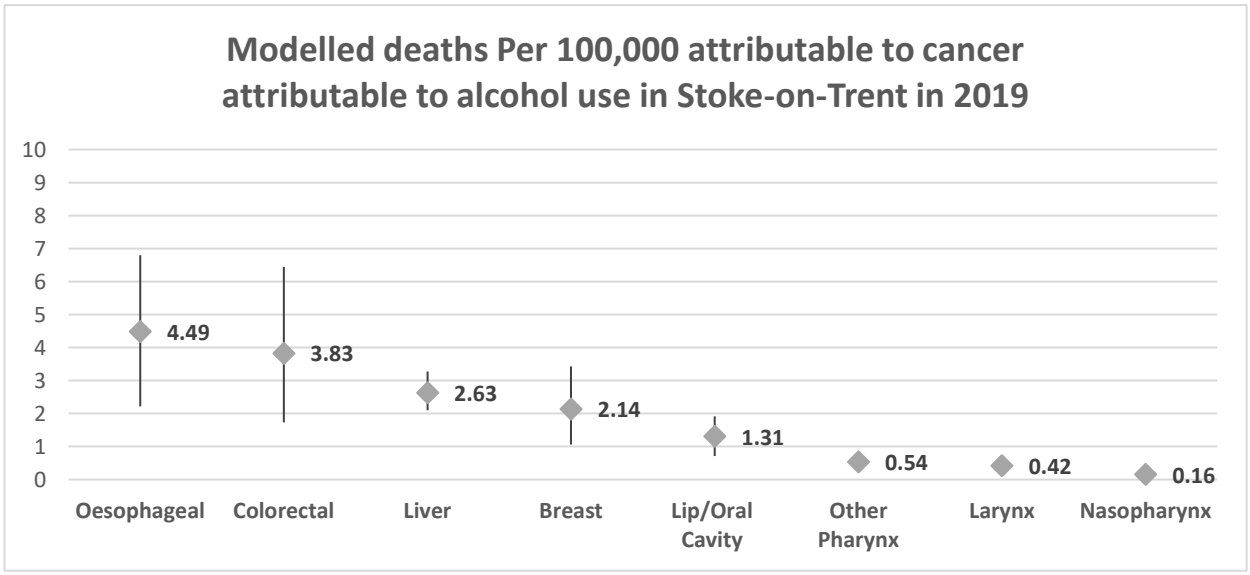

FIGURE 104: MODELLED DEATHS ASSOCIATED WITH ALCOHOL-ATTRIBUTABLE CANCERS IN STOKE-ON-TRENT (GBD, 2024)

4.1.3.7 Cardiovascular

- Alcohol consumption contributes to a range of cardiovascular diseases such as hypertension, myocardial infarction, and stroke.
- Both Stoke-on-Trent and Staffordshire perform poorly with regards to broad alcohol-related admissions for cardiovascular disease (fig. 105). (OHID, n.d.)

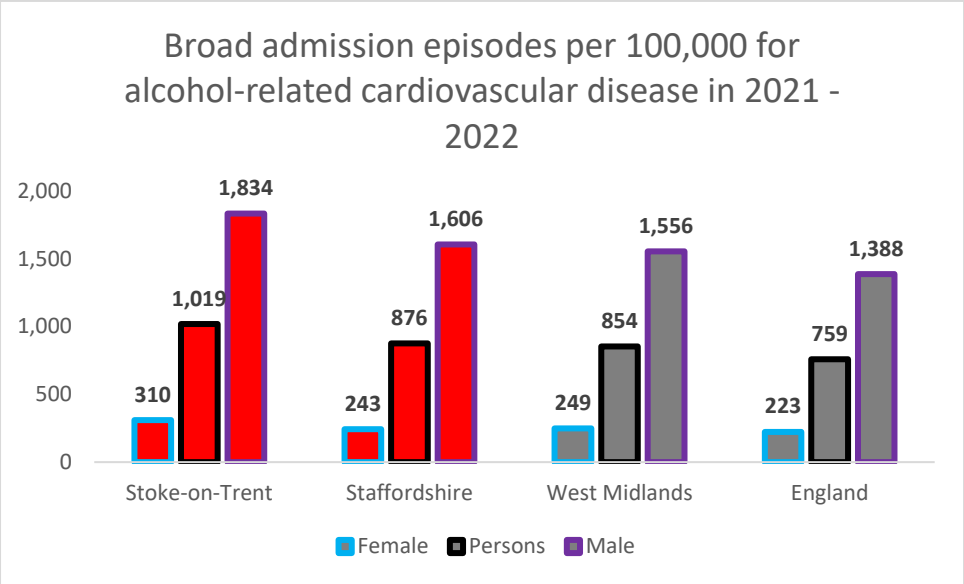

FIGURE 105: BROAD ALCOHOL-RELATED ADMISSIONS FOR CARDIOVASCULAR DISEASE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **No data was located for specific cardiovascular conditions associated with alcohol consumption.**
- *GBD Compare* have modelled the DALYs from various cardiovascular conditions attributable to alcohol consumption in Staffordshire (fig. 106) and Stoke-on-Trent (fig. 107). (GBD, 2024)
- Each condition has very large confidence intervals and there are no statistically significant differences between conditions or location.

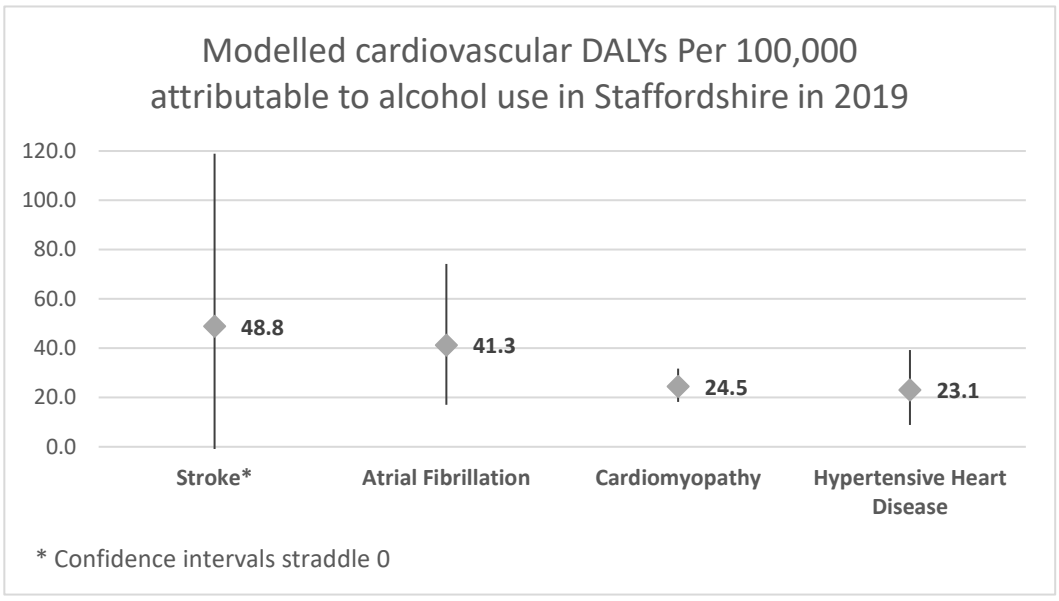

FIGURE 106: MODELLED DALYs FROM CARDIOVASCULAR DISEASE RELATED TO ALCOHOL IN STAFFORDSHIRE (GBD, 2024)

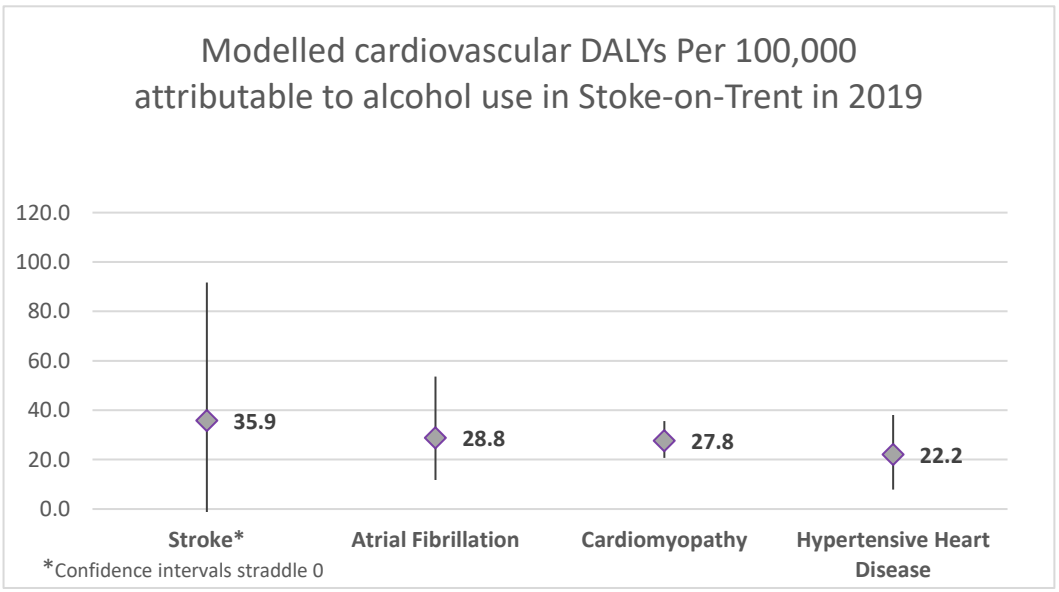

FIGURE 107: MODELLED DALYs FROM CARDIOVASCULAR DISEASE RELATED TO ALCOHOL IN STOKE-ON-TRENT (GBD, 2024)

4.1.3.8 Primary care

- **It was not possible to access primary care records at:**
  - **an individual patient level,**
  - **general practice level,**
  - **primary care network (PCN) level,**
  - **or integrated care system (ICS) level.**

- **It would be beneficial to audit the prevalence of certain conditions (by ICD-10 code) in primary care records within the ICS region, such as:**
  - F10.0 Mental and behavioural disorders due to the use of alcohol: acute intoxication
  - F10.1 Mental and behavioural disorders due to the use of alcohol: harmful use
  - F10.2 Mental and behavioural disorders due to the use of alcohol: dependence syndrome
  - F10.3 Mental and behavioural disorders due to the use of alcohol: withdrawal syndrome
  - F10.4 Mental and behavioural disorders due to the use of alcohol: withdrawal syndrome: withdrawal state with delirium
  - F10.5 Mental and behavioural disorders due to the use of alcohol: psychotic disorder
  - F10.6 Mental and behavioural disorders due to the use of alcohol: Amnesic syndrome
  - F10.7 Mental and behavioural disorders due to the use of alcohol: Residual and late-onset psychotic disorder
  - F10.8 Mental and behavioural disorders due to the use of alcohol: Other mental and behavioural disorders
  - F10.9 Mental and behavioural disorders due to the use of alcohol: Unspecified mental and behavioural disorders
  - K29.2 Alcoholic gastritis
  - K70.1 Alcoholic hepatitis
  - K70.3 Alcoholic cirrhosis of the liver
  - G62.1 Alcoholic polyneuropathy
  - G72.1 Alcoholic myopathy

4.1.4 Pharmacy

- Over the financial year 2020/21 there were:
  - 2,225 prescriptions for alcohol dependence within the Staffordshire & Stoke-on-Trent ICS (fig 108-109),
  - 2,092 (94% of) prescriptions were issued for Acamprosate Calcium,
  - 131 (5.9% of) prescriptions were issued for Disulfiram,
  - and 2 (0.1% of) prescriptions were issued for Nalmefene. (NHS, 2022)
- It should be noted that Naltrexone is also prescribed for alcohol dependence however this medication is not included here as it may also be prescribed for drug dependence, and prescription records are not filterable by diagnosis.
- Therefore, these prescription data will underestimate the number of alcohol prescriptions within the system.

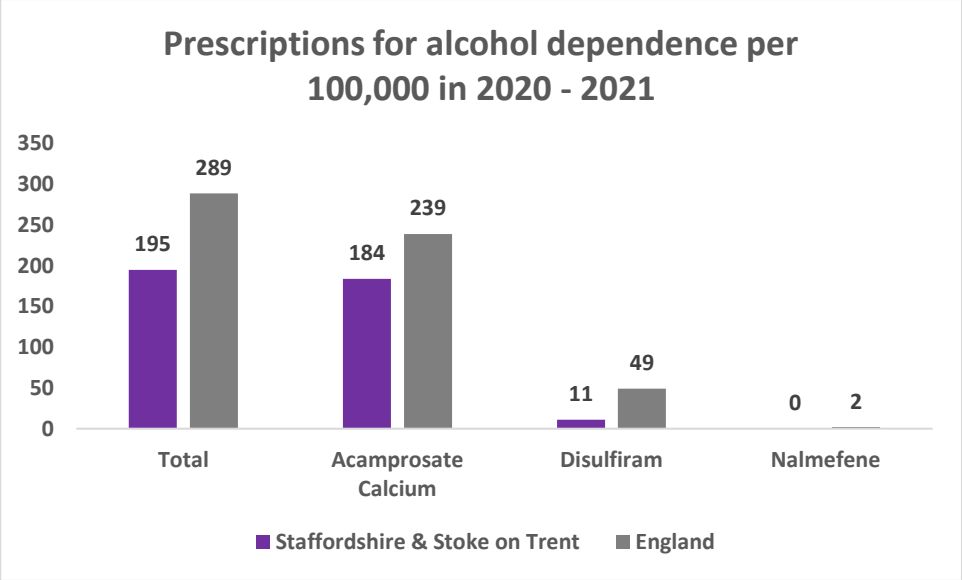

FIGURE 108: PRESCRIPTIONS FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (NHS, 2022)

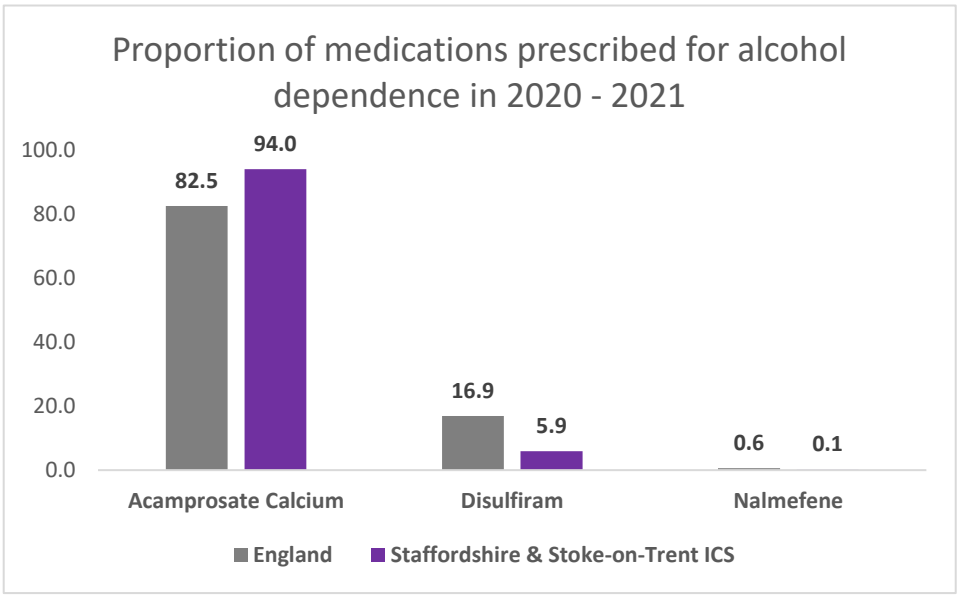

FIGURE 109: DISTRIBUTION OF PRESCRIPTIONS ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (NHS, 2022)

- **Stoke-on-Trent patients are currently not eligible for Acamprosate (the most prescribed medication within the system for alcohol dependence) for financial reasons.**
- **This may increase their likelihood of relapse and creates a health inequity for this population e.g. when receiving treatment through the UHNM Alcohol Care Team who only prescribe Acamprosate for alcohol dependence** (UHNM-Alcohol-Care-Team, 2024)
- (Disulfiram necessitates close monitoring, particularly in polysubstance use). (Stokes & Abdijadid, 2022)

- There has been a notable decline in acamprosate calcium prescribed across the ICS over time.
- In March 2019, Staffordshire & Stoke-on-Trent ICB issued the 7th most prescriptions for Acamprosate calcium across all 42 ICBs with 330 prescriptions.
- By January 2024, this had fallen to the 38th ICB by number of Acamprosate calcium prescriptions with 51 issued (fig. 110). (OpenPrescribing, 2024)
- It is unlikely that this decline is prescriptions is a result of declining alcohol dependence due to the worsening alcohol-related health outcomes across the system during this period.
- **This evidence adds strength to the hypothesis that there is an unmet need for pharmacological management of alcohol depending with the system.**

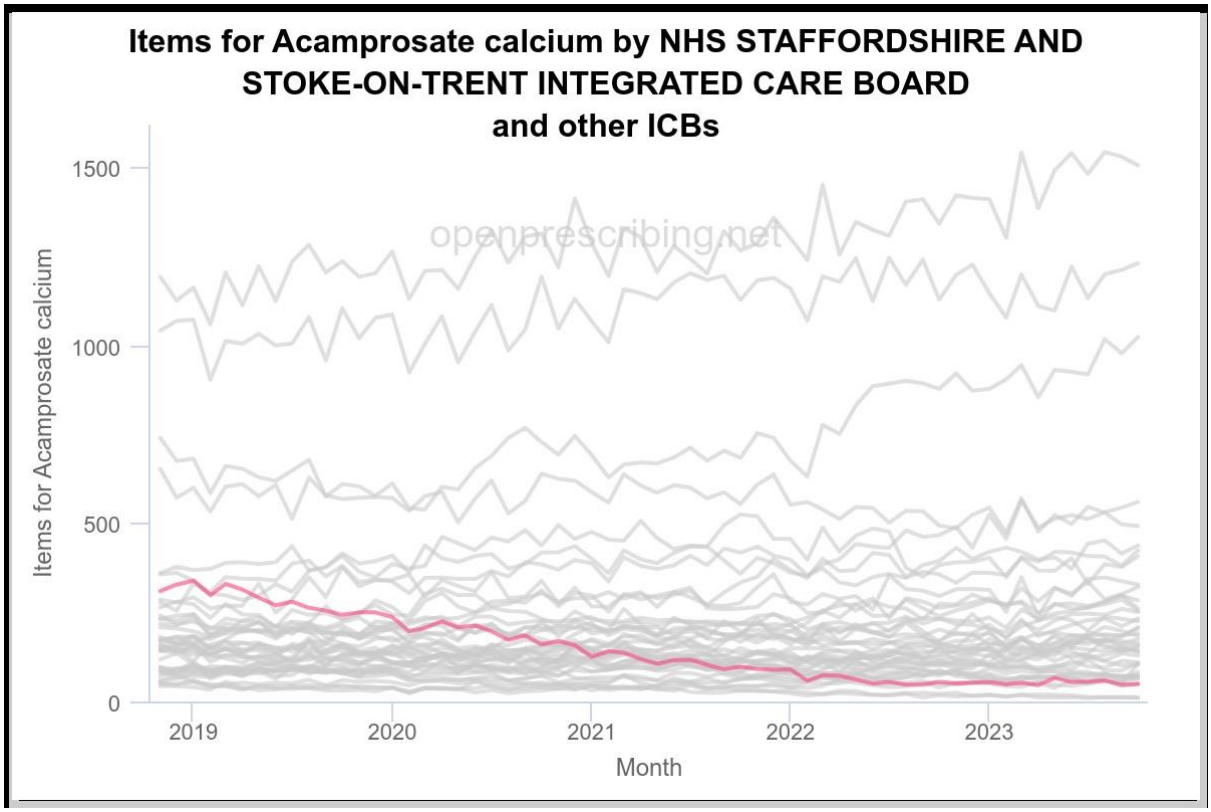

FIGURE 110: TREND IN ACAMPROSATE CALCIUM PRESCRIBING IN STAFFORDSHIRE & STOKE-ON-TRENT (OpenPrescribing, 2024)

- When prescribing data is segmented by sub-ICB unit, it becomes apparent that this ICB-level decline in Acamprosate calcium prescribing is largely accounted for by:
  - *Stoke-on-Trent*,
  - following by *North Staffordshire*. (OpenPrescribing, 2024)
- The number of prescriptions of Acamprosate calcium for:
  - *East Staffordshire*,
  - *South East Staffordshire & Seisdon Peninsula,*

  - and *Stafford & Surrounds* remains relatively constant throughout this period. (OpenPrescribing, 2024)
- Between February 2023 to January 2024 there were:
  - 102 prescription items for *Pabrinex* in SSOT ICB documented on *OpenPrescribing*. (OpenPrescribing, 2024)
- Pabrinex is a parenteral solution of Vitamin B with ascorbic acid used in in-patient alcohol withdrawal as prophylaxis of *Wernicke's encephalopathy* – a serious neurological complication associated with alcohol-induced thiamine (B1) deficiency.
- It is not possible to compare SSOT's Pabrinex prescribing data with other ICBs due to limited data entry for the other systems on *OpenPrescribing.*
- **Concerningly, there is expected to be a national Pabrinex stockout from:**
  - **August 2024 to September 2025 for IV Pabrinex,**
  - **December 2024 from which date, IM Pabrinex is being discontinued.** (Community Pharmacy England, 2024)
- (Oral thiamine tablets will still be available but it is not indicated for prophylaxis of Wernicke's encephalopathy)
- **This has the potential to increase the risk of alcohol-related complications such as:**
  - **Wernicke's encephalopathy**
  - **Korsakaoff syndrome**
- **This in turn may add pressures to the health and social care systems.**

4.1.5 Mortality

- Alcohol-*specific* mortality for men in higher than for women with SSOT ICS, in line with the national picture (fig. 111).
- Both genders saw a significant increase in alcohol-specific mortality during 2020-2021, particularly so for men.
- There appears to be a decline in alcohol-specific mortality from 2022 for both genders, however these declines are within the confidence intervals of 2021.
- There is no clear future trend in alcohol-specific mortality from this data.

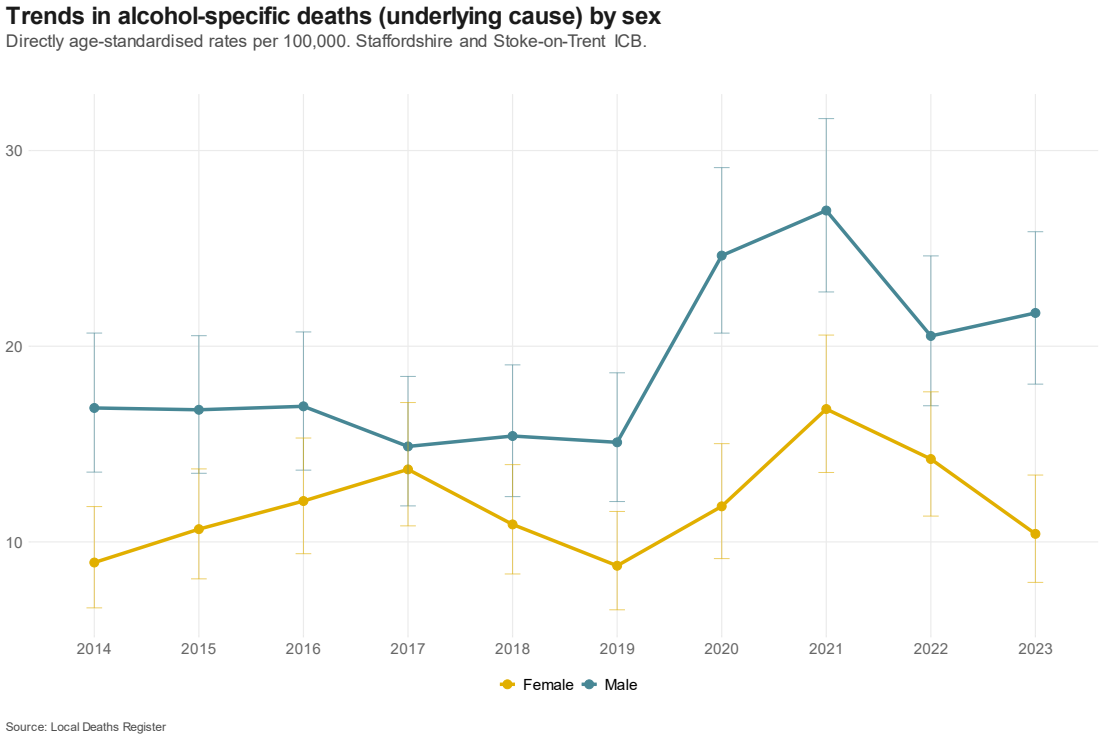

FIGURE 111: TREND IN ALCOHOL-SPECIFIC MORTALITY IN MEN AND WOMEN ACROSS STAFFORDSHIRE & STOKE-ON-TRENT

- There are clear demographic patterns in the alcohol-specific mortality within SSOT ICS:
  - Age: most deaths occur in the 50-to-69-year-old group (fig. 111a),
  - Deprivation: alcohol-specific deaths are significantly higher in more deprived groups (fig. 111b),
  - Gender: alcohol-specific deaths are significantly higher in men than women (fig. 111c),
  - Ethnicity: There is many more deaths than expected in the *'other'* ethnic group, however this may be due to errors in linking data from SUSS or poor coding and is of limited interpretative value (fig. 111d).

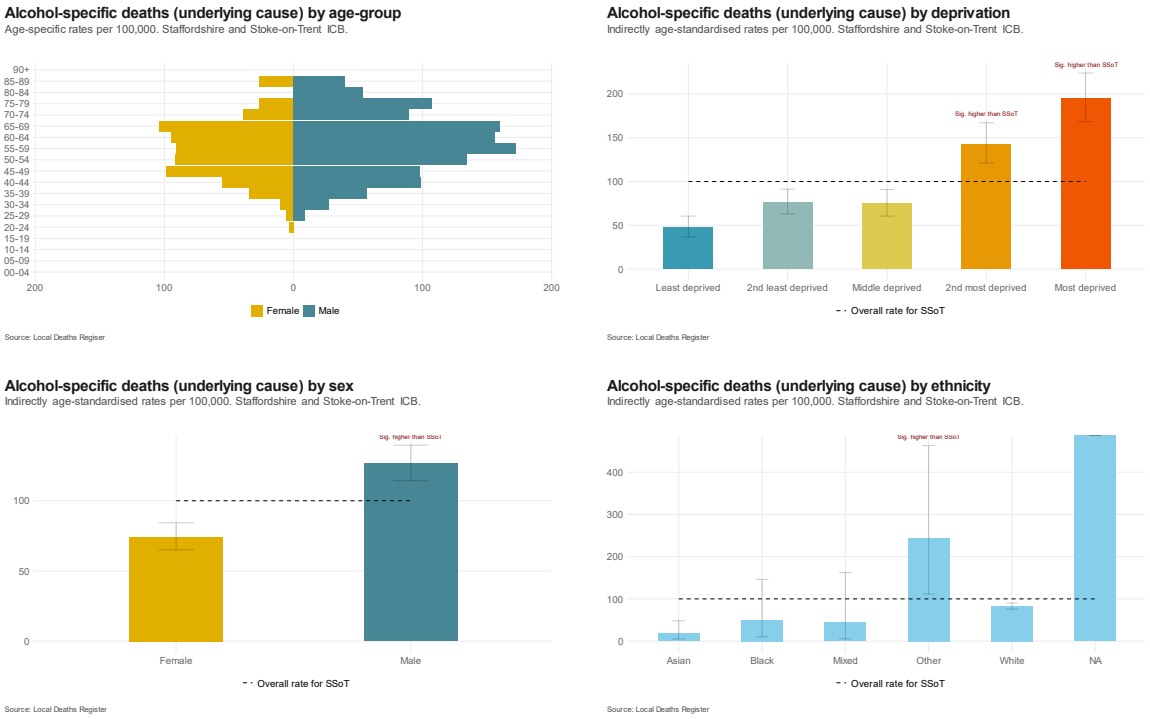

FIGURE 111: ALCOHOL-SPECIFIC MORTALITY AND (A) AGE, (B) DEPRIVATION, (C) GENDER AND (D) ETHNICITY IN STAFFORDSHIRE & STOKE-ON-TRENT

- Mortality data consisting of 75,000 records was analysed for deaths of all causes.
- Logistic regression analysis was carried out with binary outcome of alcoholic-specific death (based on underlying cause) to identify potential risk factors associated with a death due to alcohol as opposed to a death of any other cause (fig. 112)
- The analysis found that the biggest risk factor for alcohol-specific mortality was:
  - A previous IAPT (Improving Access to Psychological Therapies) referral - associated with a two-fold increase in alcohol specific deaths.
- Other risk factors include:
  - Men compared to women,
  - Those living in rural areas compared to urban areas,
  - Those who had previously had a mental health services referral,
  - the 30-to-44 age group (with the 44-64 age group as the reference group),
- Aged under 30 and aged 65+ had a much lower likelihood of alcohol specific deaths compared to the 45-64 reference group.

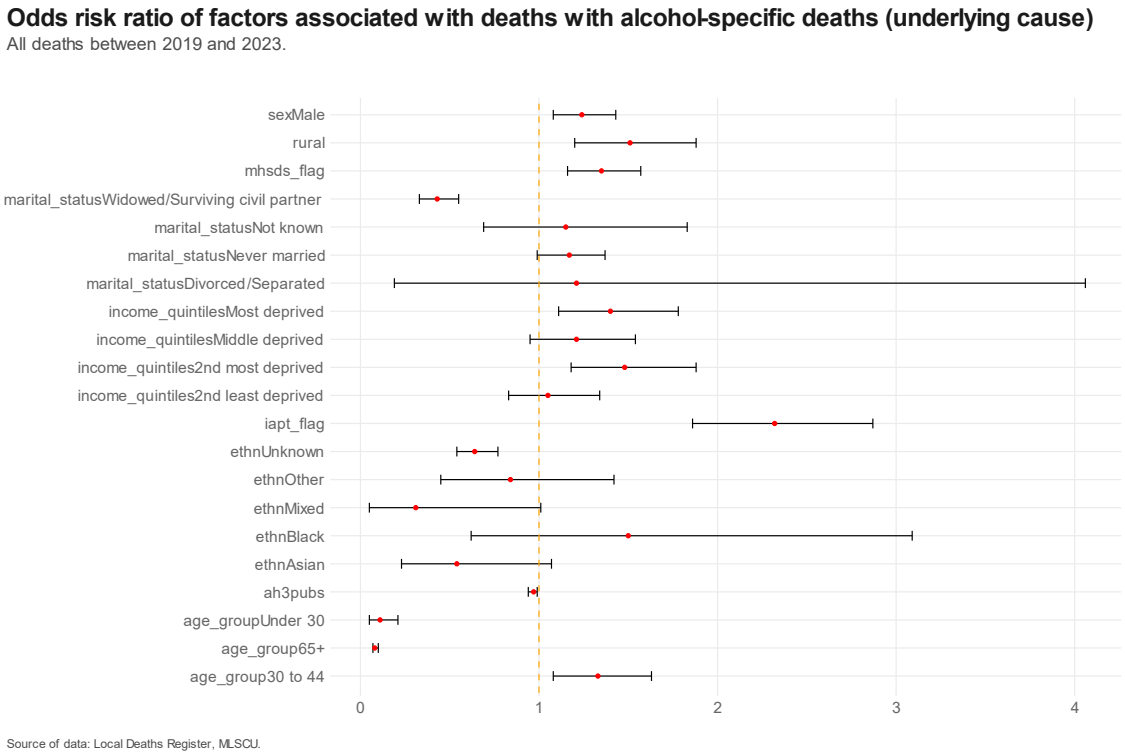

FIGURE 112: RISK FACTORS FOR ALCOHOL-SPECIFIC MORTALITY IN STAFFORDSHIRE & STOKE-ON-TRENT

- When alcohol-specific mortality is segmented into Staffordshire and Stoke-on-Trent it is apparent that Stoke-on-Trent performs worse than Staffordshire in this indicator (fig. 113).
- It also appears that alcohol-specific mortality in worsening in Stoke-on-Trent overtime, with no post-pandemic reduction (2022-23) in alcohol-specific mortality evidence at system level.

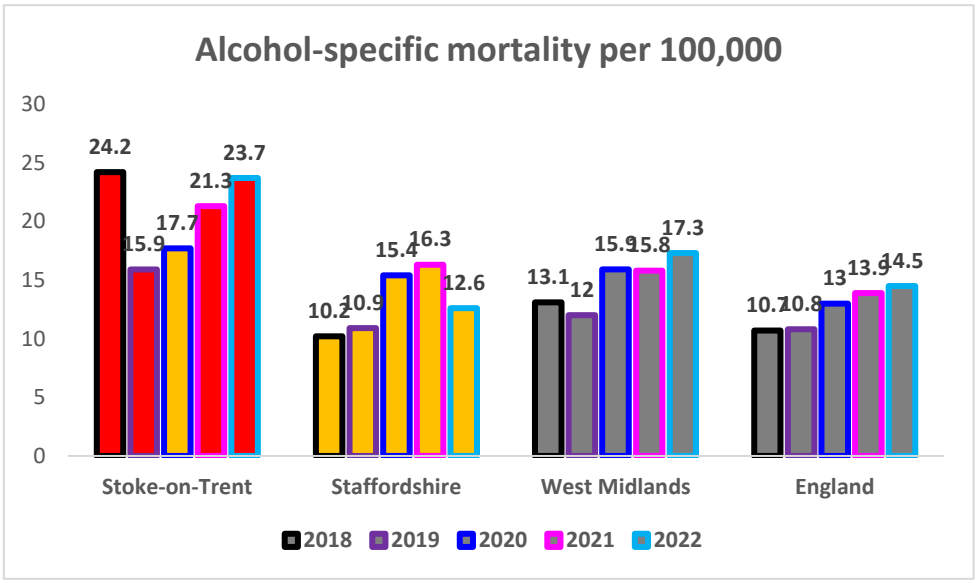

FIGURE 113: TREND IN ALCOHOL-SPECIFIC MORTALITY IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- For alcohol-*related* mortality, Stoke-on-Trent performs worse than England on average, whilst Staffordshire performs on par for women and better than average for men (fig. 114).
- **This is another indicator where outcomes are relatively worse for women than men in Staffordshire.**

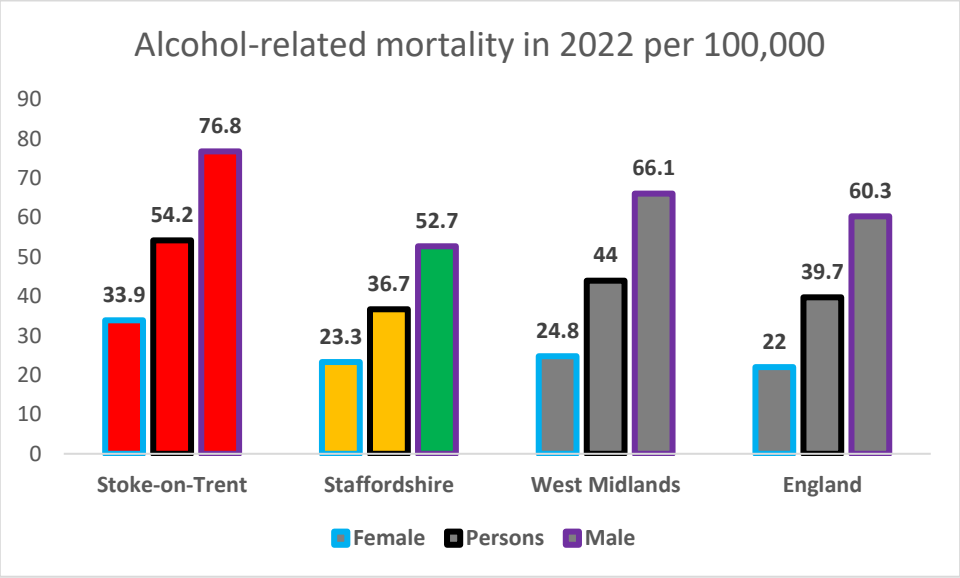

FIGURE 114: ALCOHOL-RELATED MORTALITY IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- This alcohol-related mortality can also be presented in terms of *potential years of life lost (PYLL)* where it demonstrates a similar picture (fig. 115).

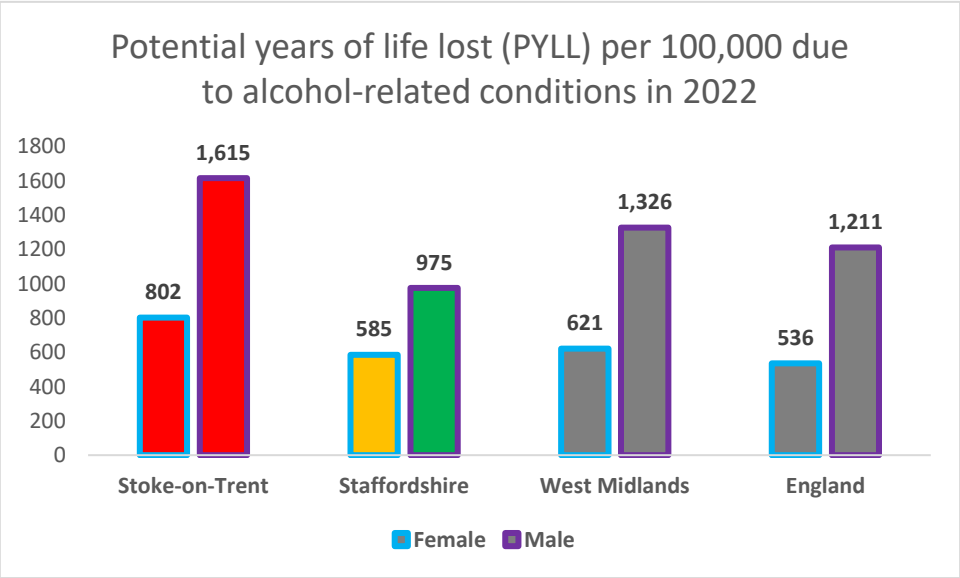

FIGURE 115: POTENTIAL YEARS OF LIFE LOST TO ALCOHOL STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- A substantial proportion of alcohol-related mortality is accounted for alcoholic liver disease.
- Stoke-on-Trent performs worse than England, and Staffordshire performs on par with England in terms of under-75 mortality from alcoholic liver disease (fig. 116).
- A similar picture is demonstrated with all-age mortality from chronic liver disease, which is substantially contributed to by alcohol-related liver disease (fig. 117).

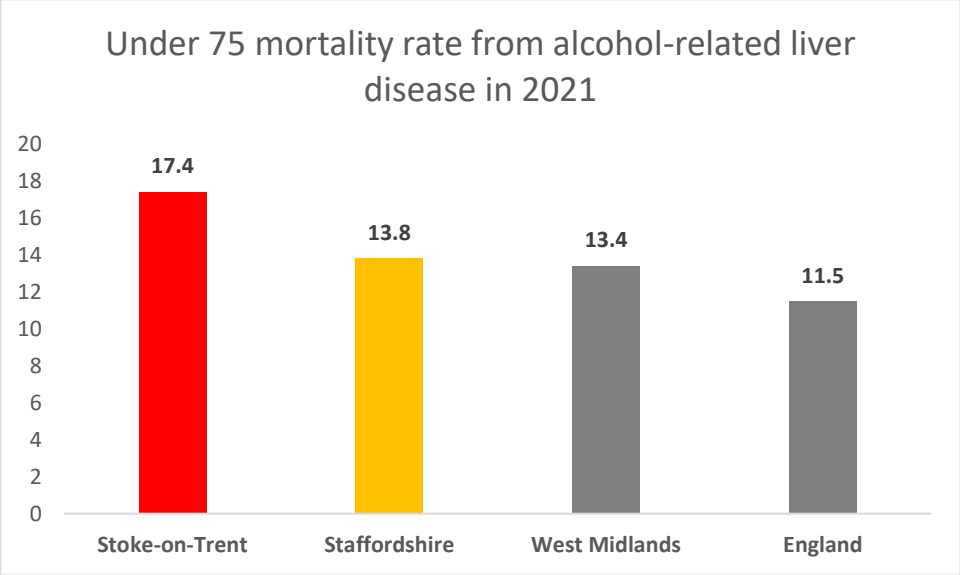

FIGURE 116: UNDER-75 MORTALITY FROM ALCOHOLIC LIVER DISEASE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

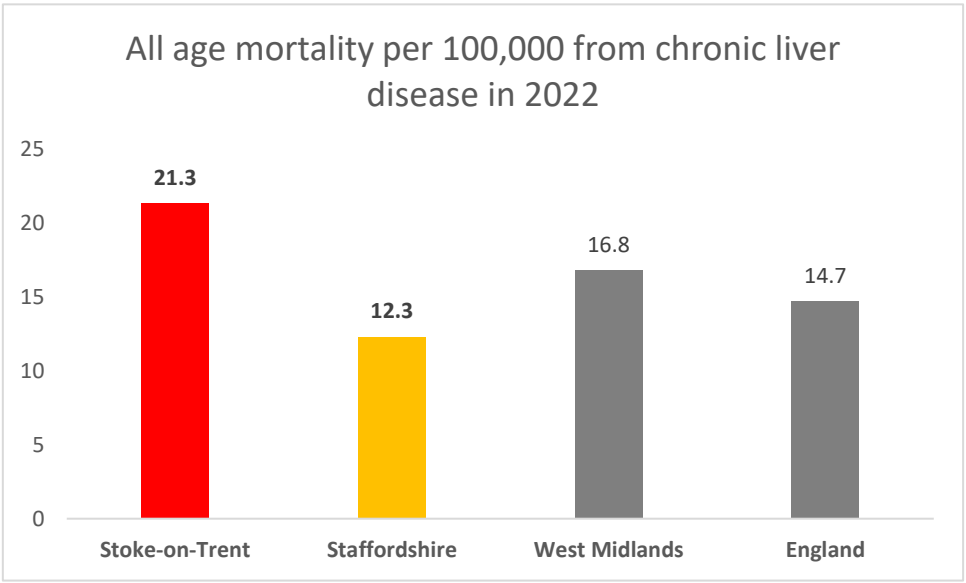

FIGURE 117: ALL-AGE MORTALITY FROM CHRONIC LIVER DISEASE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- With regards to deaths in alcohol dependence treatment services, Stoke-on-Trent appears to be performing on par with England as a whole, whilst Staffordshire performs worse (fig. 118).
- **This is one of the areas where Staffordshire performs substantially worse than England and Stoke-on-Trent and appears to be performing worse over time.**
- It is important to note that there are large confidence intervals for this data (attributable to the small number of deaths in treatment) meaning there are no statistically significant differences between years (or between Stoke-on-Trent and England in 2017/18 – 2019/20).

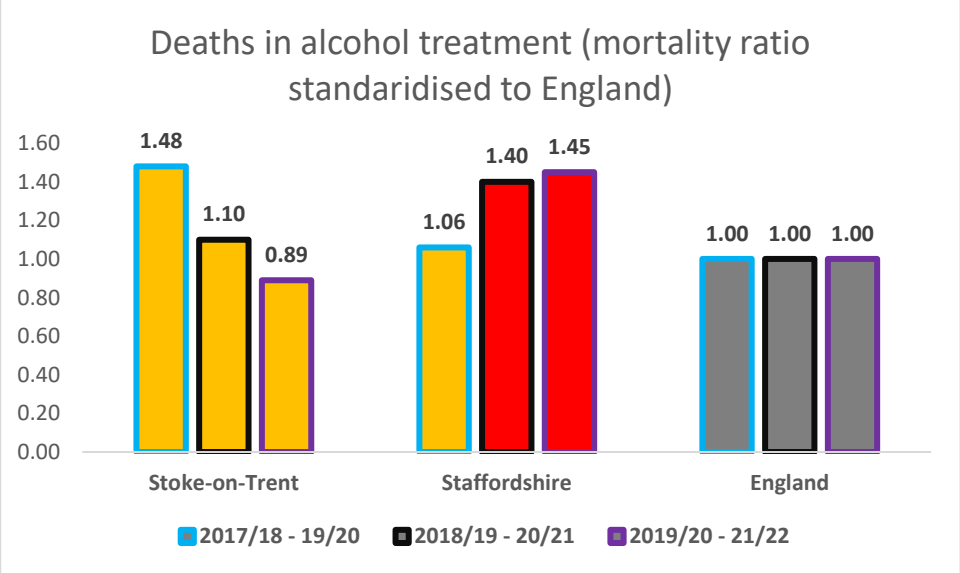

FIGURE 118: DEATHS IN ALCOHOL TREATMENT IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- Looking at these trends over time using the *National Drug Treatment Monitoring System (NDTMS)* data, there appears to have been an improvement in deaths in alcohol treatment in 2023 in Staffordshire and a deterioration in Stoke-on-Trent (fig. 119). (OHID, 2024)

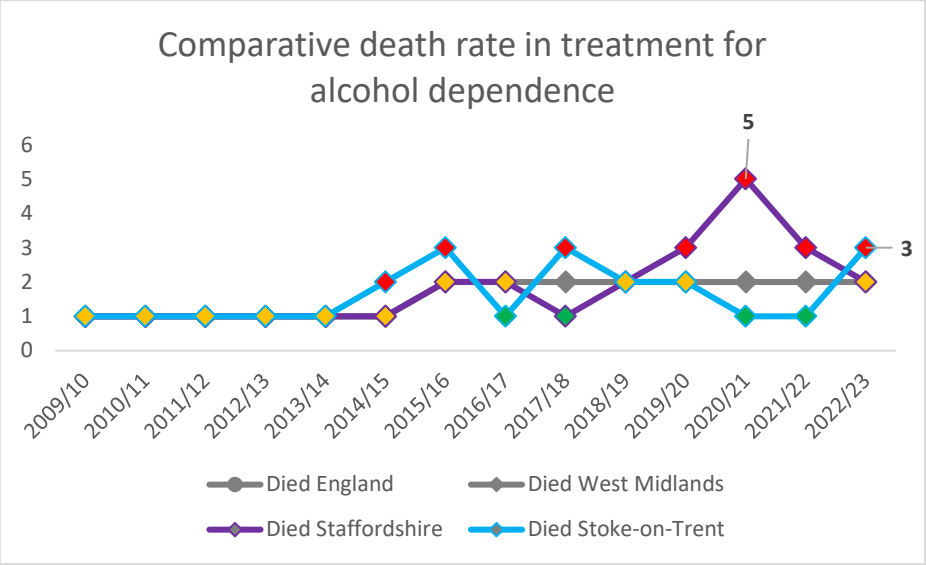

FIGURE 119: TRENDS IN DEATHS IN ALCOHOL TREATMENT IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **Within the ICS, there are particular concerns around alcohol-related amongst females in:**
  - Cannock Chase
  - Newcastle-under-Lyme
  - Stoke-on-Trent (SSOT ICS, 2023)
- The *Staffordshire Drug & Alcohol Related Deaths Group* concluded on the need to:
  1) Improving general (physical) health amongst those in alcohol treatment due to their substantial co-morbidities,
  2) Improving targeting of older service users as those with alcohol dependence are aging,
  3) Improving mental health treatment through the new ICON service
  4) Address disproportionate number of women dying which may be associated with women presenting later and sicker to alcohol treatment services. This may be due to:
  - Childcare responsibilities,
  - General access issues,
  - Domestic violence,
  - Coercive control within relationships concerns around social services. (DADR, 2023)
- There were deaths flagged for alcohol associated with safeguarding cases as previously noted including:
  - Seven sudden infant death syndrome (SIDS) cases,
  - 13 child death overview processes,
  - 10 domestic homicide reviews (DHR)
  - Two learning disability death reviews (LeDeR). (ICB, 2024)

4.1.7 Treatment

4.1.7.1 Edward Myers Unit

- The *Edward Myers Unit* in Stoke-on-Trent is a 14-bed unit delivering medical management and monitoring of patients requiring alcohol and/or opiate detoxification, and has aspirations to increase its bed capacity.
- EMU accepts referrals from acrosss the UK (SLAs and private).
- It has been rated as Outstanding by the Care Quality Commission (CQC) and received very positive feedback from service users such as:

  "EMU has helped me so much, it's put me back on track".
- Between April and December 2023 the unit had:
  - 246 admissions
  - 2347 occupied bed days
  - Average length of stay of 10 days
  - Cumulative occupancy of 85.3%
  - 21 people on its waiting list at the end of this period (Edwards Myers Unit, 2024)
- It is evident that there is a demand (and need) for the service which is not currently being met by its 14-bed unit, adding weight to its aspiration for increased bed capacity.
- The EMU provides an opportunity to reduce pressure on emergency & acute medical teams, supporting the wider healthcare system, whilst providing those experiencing acute overdose with a high quality care experience.
- **The feasibility of expanding the unit merits further examination by the ICS.**
- Whilst the unit addresses the acute alcohol burden on emergency admissions, it is important to note that the burden is disproprotionately related to chronic alcohol consumption, as evidenced by data in the *General admissions* and *Acute & Emergency Medicine* sections of this health needs assessment.

4.1.7.2 Alcohol Care Team

- The *Alcohol Care Team (ACT)* at UHNM also provides specialist expertise and interventions for alcohol dependent patients and those presenting with acute intoxication or other alcohol-related complication, attending A&E, or admitted as inpatients across most departments of the Royal Stoke University Hospital. (SOT City Council, 2023)

- Between 2020 to 2022 there was a 12% increase in the number of patients seen by the ACT and a 62% increase in the amount of admissions prevention through the ACT (fig 120-122).
- There was also an 85% relative increase of patients seen that were known to community services (fig 120-122). (Alcohol Care Team, 2024)

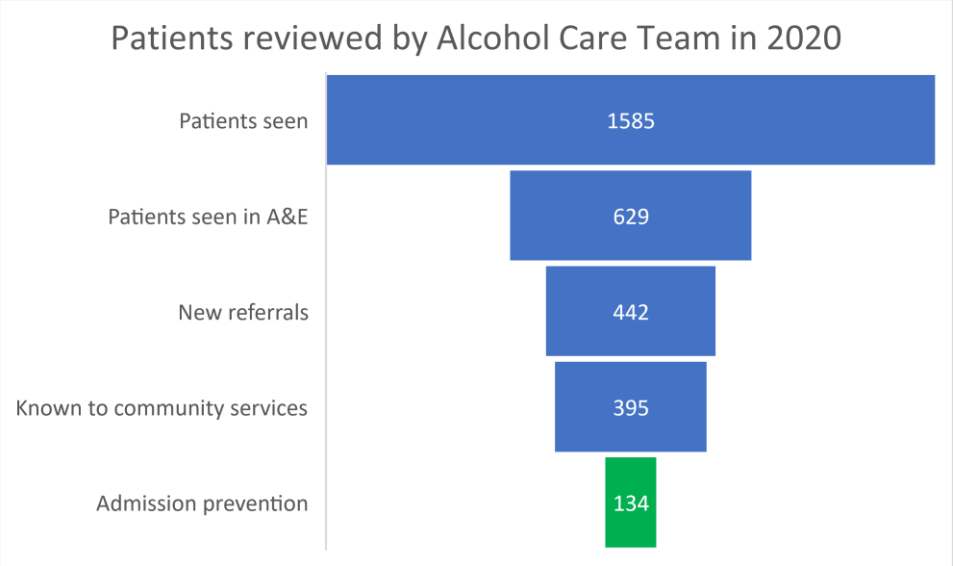

FIGURE 120: PATIENTS REVIEWED BY THE ALCOHOL CARE TEAM AT UHNM IN 2020
(Alcohol Care Team, 2024)

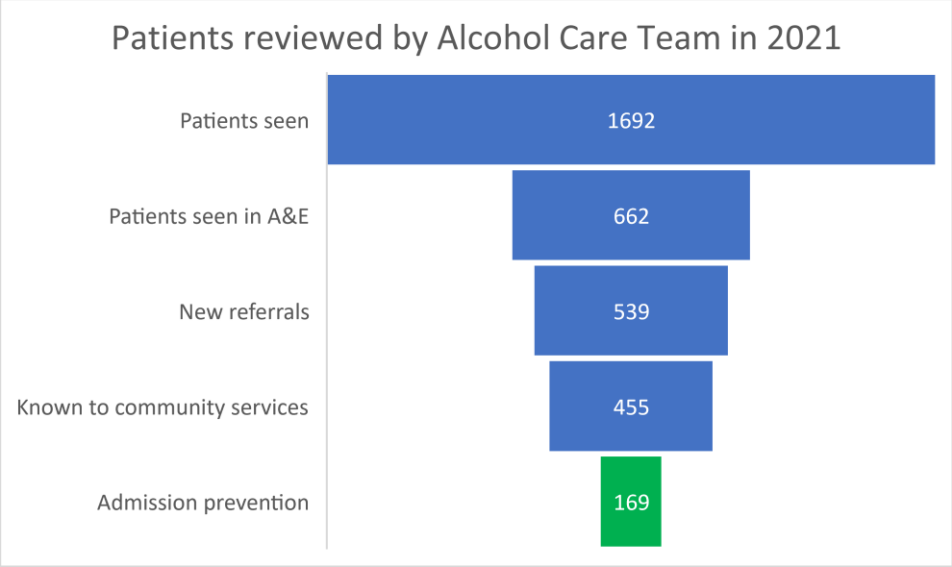

FIGURE 121: PATIENTS REVIEWED BY THE ALCOHOL CARE TEAM AT UHNM IN 2021
(Alcohol Care Team, 2024)

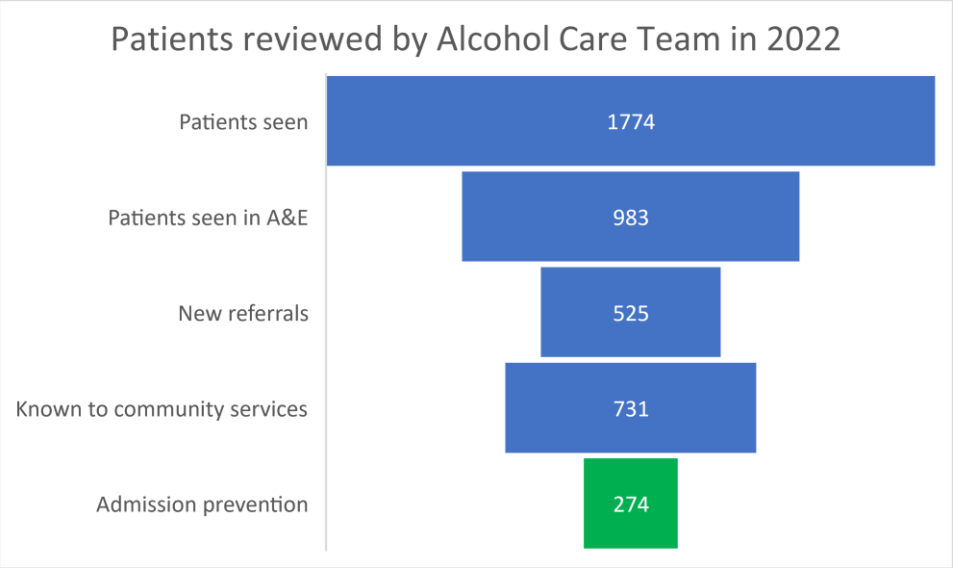

FIGURE 122: PATIENTS REVIEWED BY THE ALCOHOL CARE TEAM AT UHNM IN 202
(Alcohol Care Team, 2024)

- A stakeholder interview was conducted with the senior nurse in the Alcohol Care Team.
- The follow unmet needs were identified:
  1) **Alcohol screening is done poorly** in the emergency department, in-patient wards. A lot of in-patients receive a '0' AUDIT (alcohol screening score), suggesting these scores are not being completed accurately.
  2) **Ward nurses do not feel comfortable conducting brief interventions for alcohol**. The ACT are exploring the feasibility of introducing yearly refreshers on brief interventions for the nursing workforce.
  3) **No acamprosate for Stoke-on-Trent patients due to financial constraints is causing a health inequity.**
  4) **Alcohol interventions appear to be lacking in primary care.** It may be more efficient to screen for alcohol consumption in primary care and have a GP alcohol lead championing alcohol prevention. **It is unclear whether this activity is not happening presently or whether there is a communication barrier between these primary care leads and the ACT.**
  - **This needs addressing to maximise effective use of ICS resources and prevent the development of alcohol-related complications.** (Alcohol-Care-Team, 2023)

4.1.7.3 Specialist Alcohol Misuse Services

- There are 565 adults in treatment for alcohol dependence only in Stoke-on-Trent and approximately double that across the whole of Staffordshire (fig. 123)
- This does not include those adults who are in treatment for alcohol and opiate co-dependency.

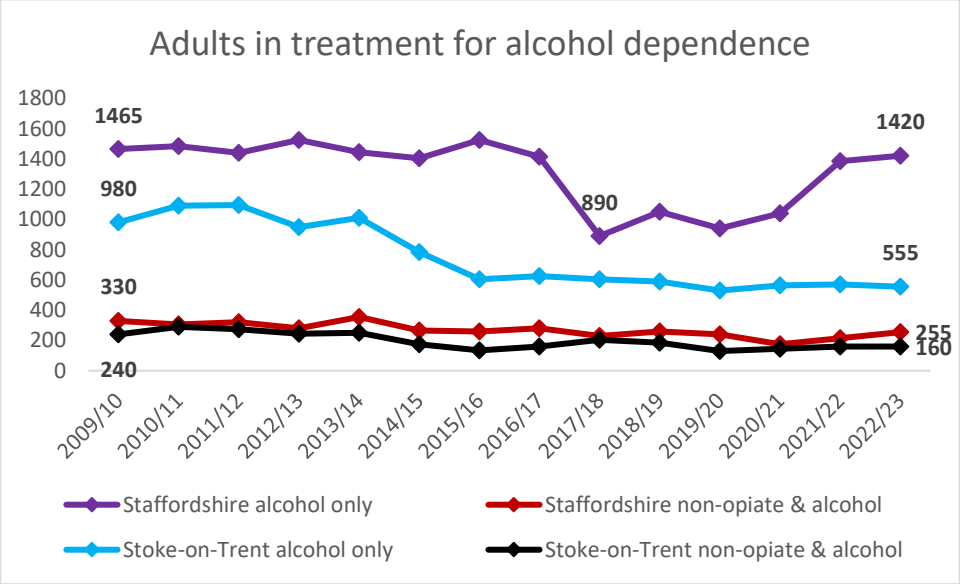

FIGURE 123: ADULTS IN TREATMENT FOR ALCOHOL DEPENDENCE AND ALCOHOL/OPIATE CO-DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- There are 25 young people (<18) in Stoke-on-Trent and 120 young people across Staffordshire in treatment for alcohol dependence only (OHID, n.d.)

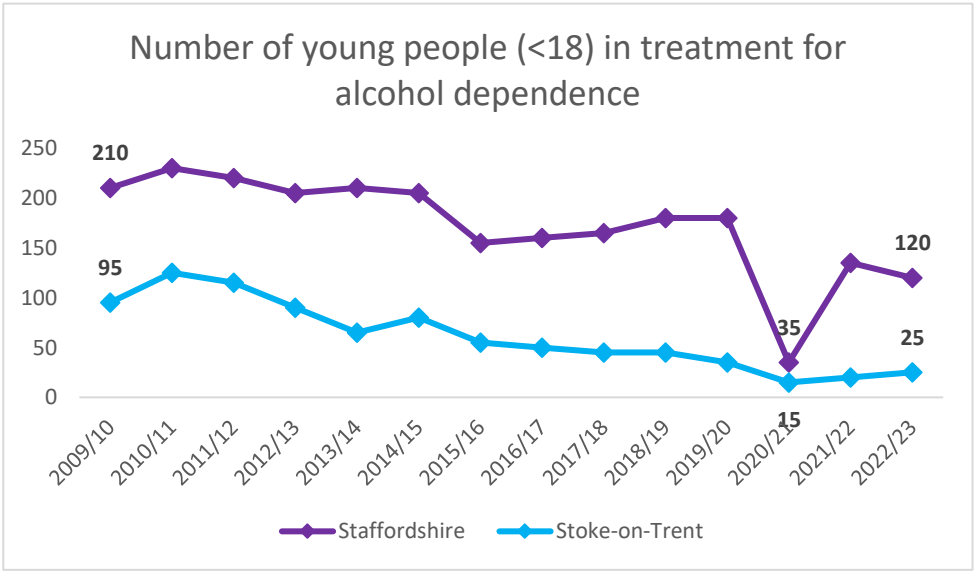

FIGURE 124: ADULTS IN TREATMENT FOR ALCOHOL DEPENDENCE AND ALCOHOL/OPIATE CO-DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **The estimated proportion of adults with alcohol dependence who are not in treatment appears to be increasing, particularly so in Stoke-on-Trent (fig. 125-126).**
- **This is an worsening unmet need that requires addressing.**

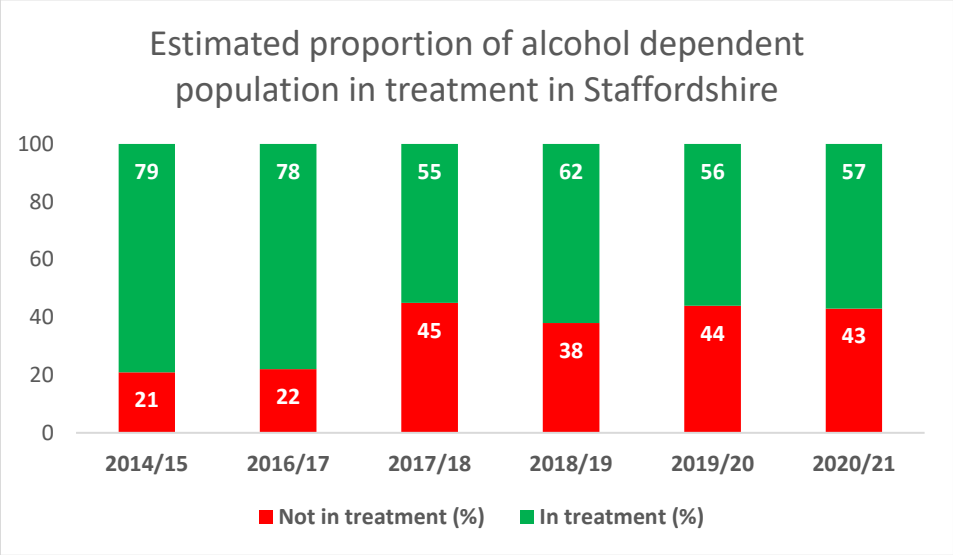

FIGURE 125: ESTIMATED PROPORTION OF ADULTS WITH ALCOHOL DEPENDENCE IN TREATMENT IN STAFFORDSHIRE (OHID, n.d.)

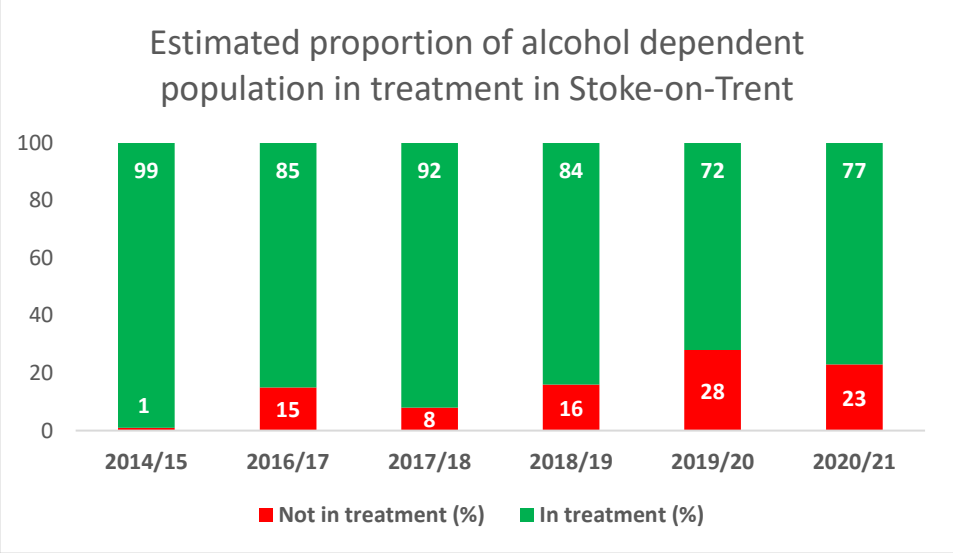

FIGURE 126: ESTIMATED PROPORTION OF ADULTS WITH ALCOHOL DEPENDENCE IN TREATMENT IN STOKE-ON-TRENT (OHID, n.d.)

- The increasing proportion of adults with alcohol dependence in Stoke-on-Trent who are not in treatment may be partially attributable to the growing waiting lists from treatment in Stoke-on-Trent.

- Since 2018/19, Stoke-on-Trent has performed relatively poorly with regards to adults waiting more than three weeks for alcohol treatment (fig. 127). (OHID, n.d.)

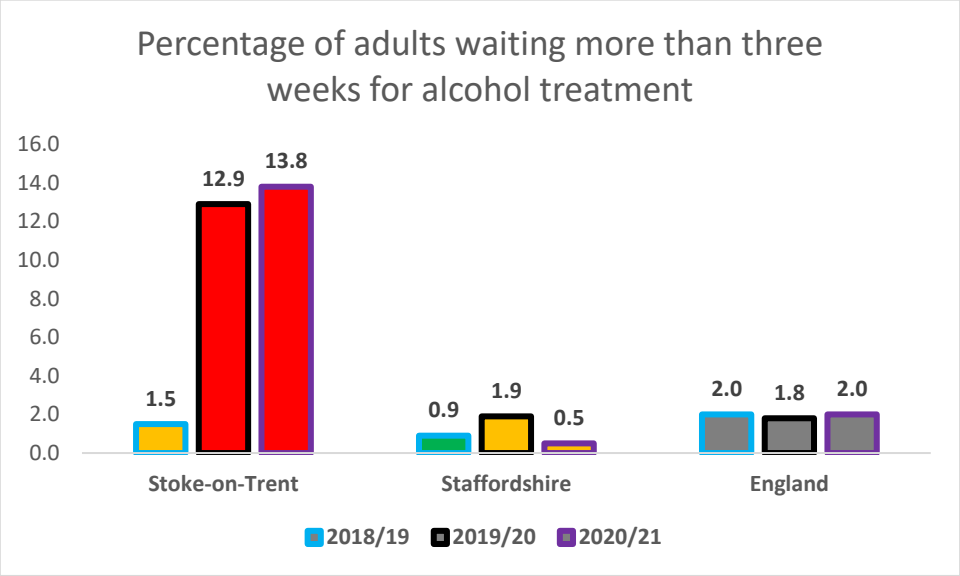

FIGURE 127: PROPORTION OF ADULTS WAITING MORE THAN THREE WEEKS FOR ALCOHOL TREATMENT IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- With regards to young people (<18), the proportion in treatment services for alcohol dependence compared to other drugs have been declined over time (fig. 128).
- This may be related to the declining prevalence of underage alcohol consumption demonstrated in the *2.1.3.3 Consumption Patterns in Young People* section of this Health Needs Assessment.

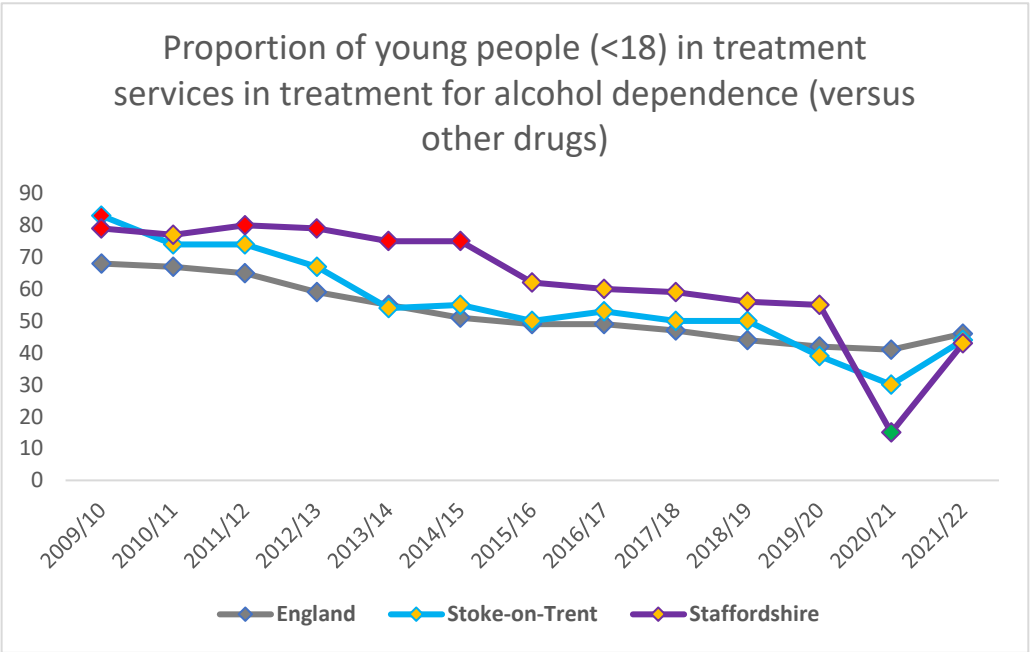

FIGURE 128: PROPORTION OF YOUNG PEOPLE IN TREATENT FOR ALCOHOL COMPARED TO OTHER DRUGS IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- In both Staffordshire (fig. 129) and Stoke-on-Trent (fig. 130), the majority of individuals in treatment for alcohol-dependence are male.
- The proportion of women in treatment in Stoke-on-Trent has however increased over time.

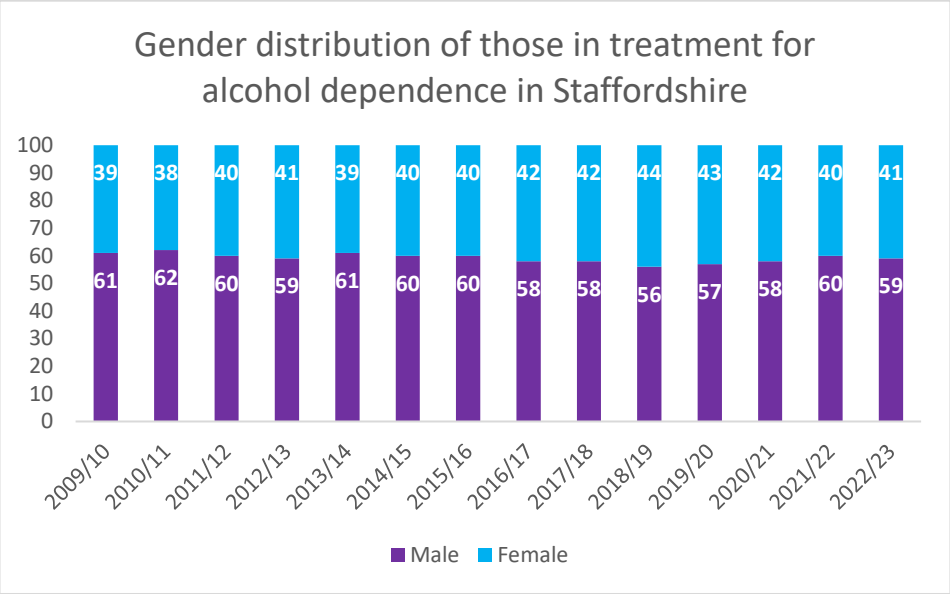

FIGURE 129: GENDER DISTRIBUTION OF THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE (OHID, n.d.)

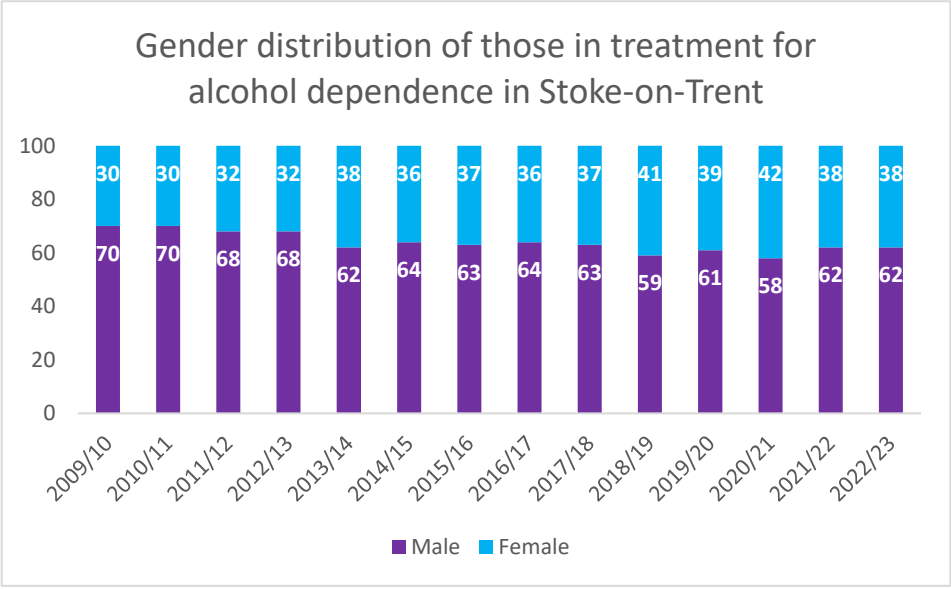

FIGURE 130: GENDER DISTRIBUTION OF THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STOKE-ON-TRENT (OHID, n.d.)

- In both Staffordshire (fig. 131) and Stoke-on-Trent (fig. 132) the population in treatment for alcohol dependence in aging, particularly so in Stoke-on-Trent.

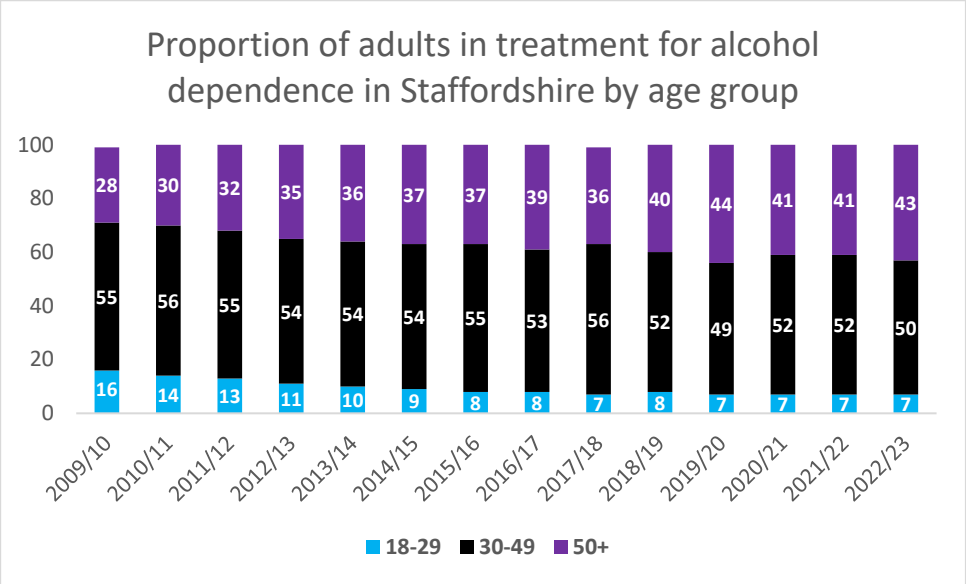

FIGURE 131: AGE DISTRIBUTION OF THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE (OHID, n.d.)

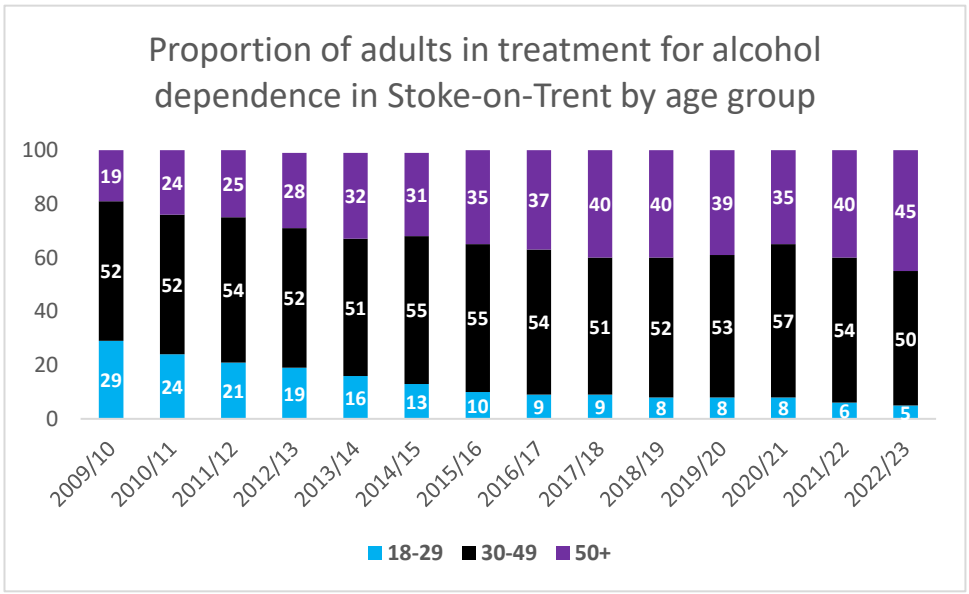

FIGURE 132: AGE DISTRIBUTION OF THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STOKE-ON-TRENT (OHID, n.d.)

- Those in treatment for alcohol dependence between 2009/10 to 202/23 were predominately *'White'* ethnicity:
  - 98.4% on average in Staffordshire,
  - 97.4% on average in Stoke-on-Trent (OHID, n.d.)

- The proportion of those classified as *'White'* in treatment has remained stable over the years.
- The proportion of *'Asian/Asian British'* individuals in Staffordshire and Stoke-on-Trent have remained around 1%.
- Stoke-on-Trent is an ethnically diverse place with 9.9% of residents in the 2021 Census identifying as *'Asian, Asian British or Asian Welsh'.* (ONS, 2023)
- Stoke-on-Trent, the West Midlands and England as a whole have been becoming more ethnically diverse over time.
- **This increased ethnic diversity in England and particularly West Midlands may by an explanatory factor in the increasing relative proportion of Asian/Asian British individuals in treatment for alcohol dependence.**
- **The relatively stable proportion of Asian/Asian British individuals in treatment for alcohol dependence in Stoke-on-Trent (fig. 133) may be the product of an access barrier and this merits further investment.**
- It may also be partially explained by the high abstinence rate in Stoke-on-Trent (24.7% in 2015 – 2018), which may disproportionately be drawn from this community. (OHID, n.d.)

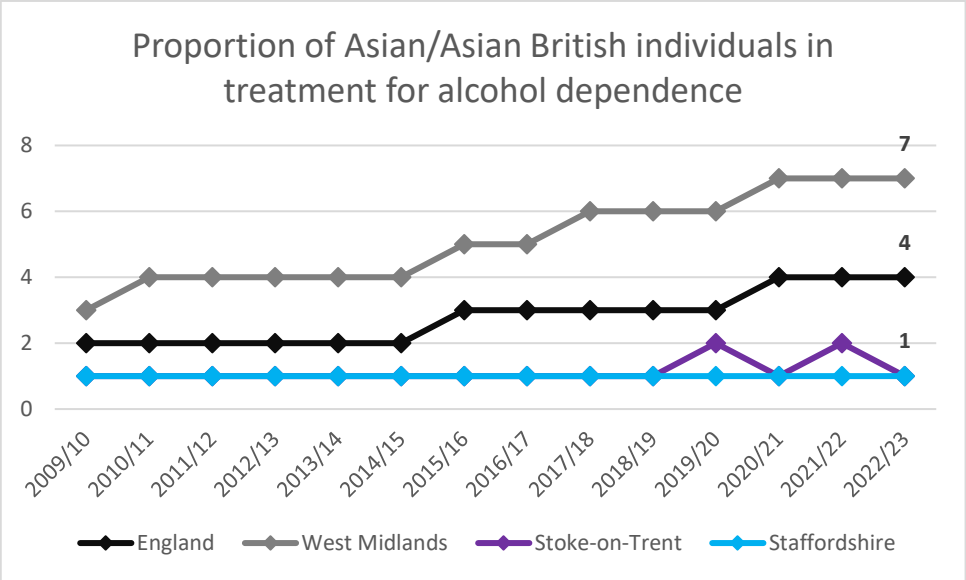

FIGURE 133: ETHNICITY DISTRIBUTION OF THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **Disability is becoming increasingly prevalent amongst those in treatment for alcohol dependence in Stoke-on-Trent, whilst increasing more slowly in Staffordshire, West Midlands, or England (fig. 134).**

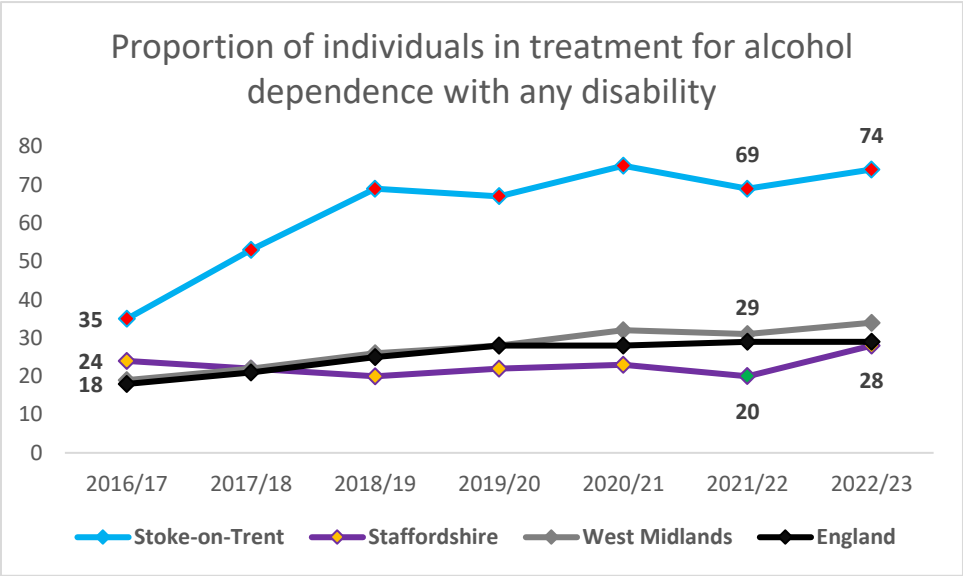

FIGURE 134: PREVALENCE OF DISABILITY AMONGST THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- The burden of *'progressive conditions and poor physical health'* and *'behavioural and emotional'* disabilities amongst those treated for alcohol appears to be increasing in Stoke-on-Trent (fig 135).
- In Staffordshire, there is an overrepresentation of motor and gross motor disability and an underrepresentation of behavioural and emotional disabilities. (OHID, n.d.)

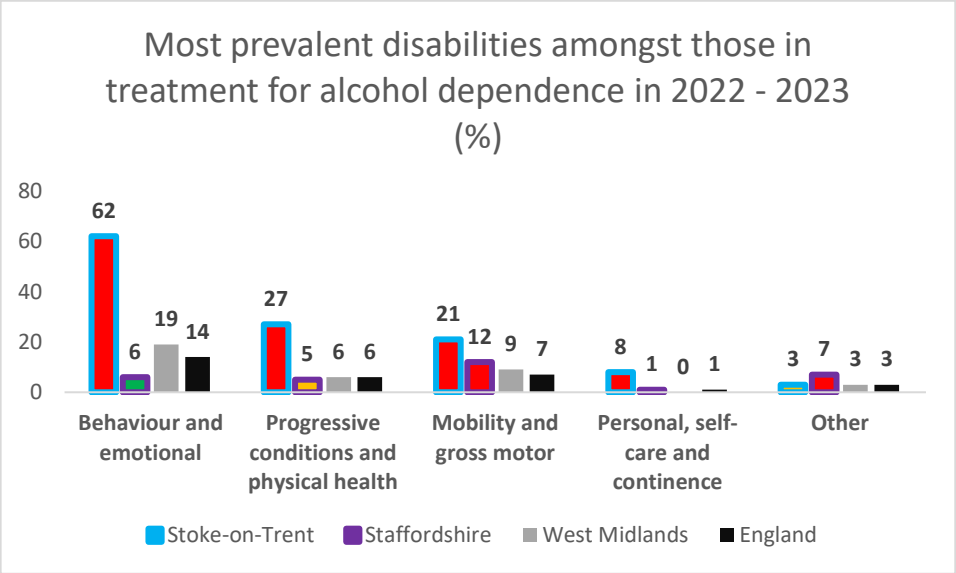

FIGURE 135: DISTRIBUTION OF DISABILITIES AMONGST THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **The burden of smoking amongst those in treatment for alcohol dependence is worse in Staffordshire and Stoke-on-Trent than England on average (fig. 136).** (OHID, n.d.)
- **This is a health inequity that needs addressing.**

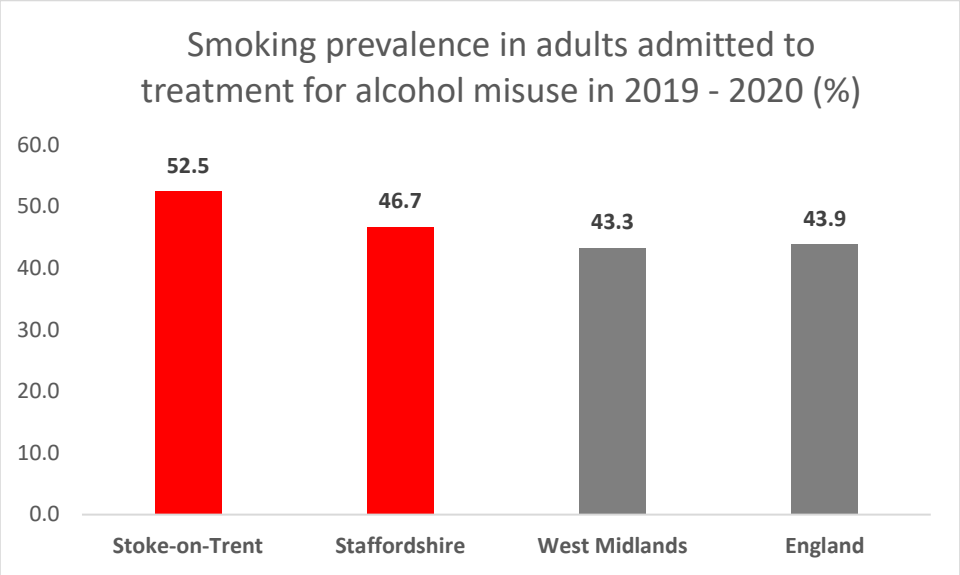

FIGURE 136: SMOKING PREVALENCE AMONGST THOSE IN TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- There has been a substantial decline in the proportion of individuals referred into alcohol dependence treatment services by:
  - the criminal justice system in both Stoke-on-Trent and Staffordshire,
  - Health & care in Staffordshire,
  - Substance misuse in Stoke-on-Trent.

- There has been a substantial increase in the proportion of individuals referred into alcohol dependence treatment:
  - Self, family, and friend referrals both Stoke-on-Trent and Staffordshire,
  - Health & care referrals in Stoke-on-Trent,
  - Substance misuse referrals in Staffordshire (fig. 137). (OHID, n.d.)

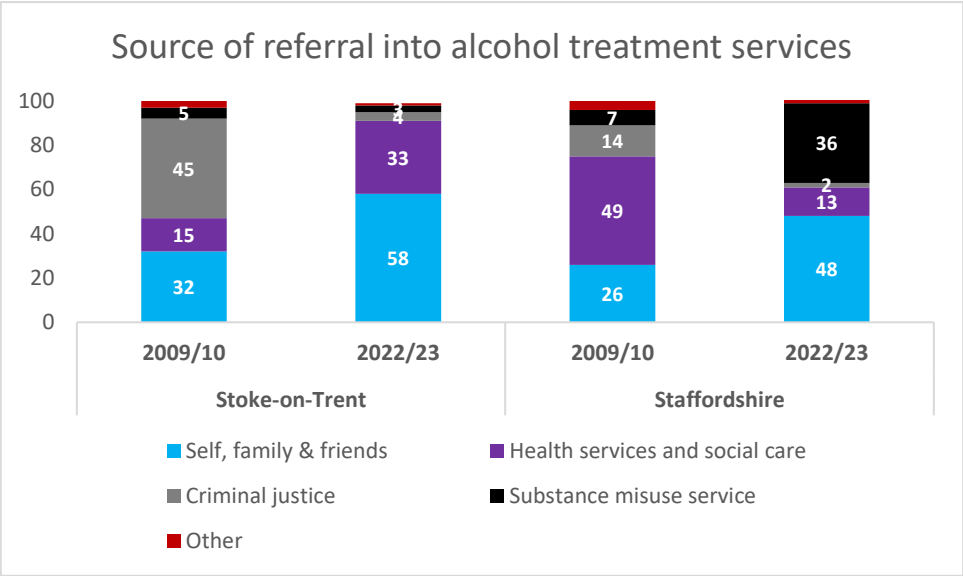

FIGURE 137: SOURCE OF REFERRAL INTO TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **There appears to be a relative under-referral from the criminal justice system into treatment in Staffordshire compared to the West Midlands and England as a whole.**
- **It may be worth reviewing pathways to determine if there is unmet need here (fig. 138)**

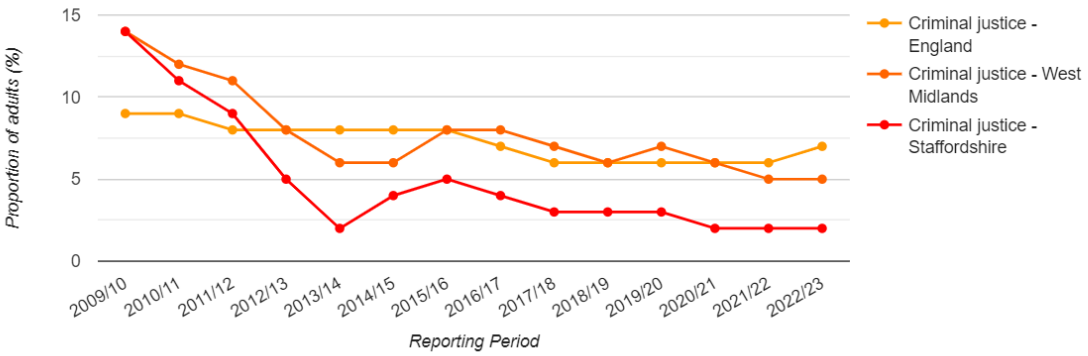

FIGURE 138: REFERRALS FROM CRIMINAL JUSTICE SYSTEM TO ALCOHOL TREATMENT IN STAFFORDSHIRE (OHID, n.d.)

- Treatment for alcohol dependence may involve pharmacological interventions and/or psychological interventions.
- Within community treatment, Staffordshire and Stoke-on-Trent have comparable access to psychological interventions as England on average (fig. 139)

- **Within the in-patient setting Stoke-on-Trent performs better than England and Staffordshire with regards to access to psychological interventions (fig. 140)**
- Staffordshire performs better with regards to access to pharmacological interventions in the community in than Stoke-on-Trent (fig. 139), however Stoke-on-Trent performs better with regards to in-patient access (fig. 140). (This data is not nationally benchmarked).

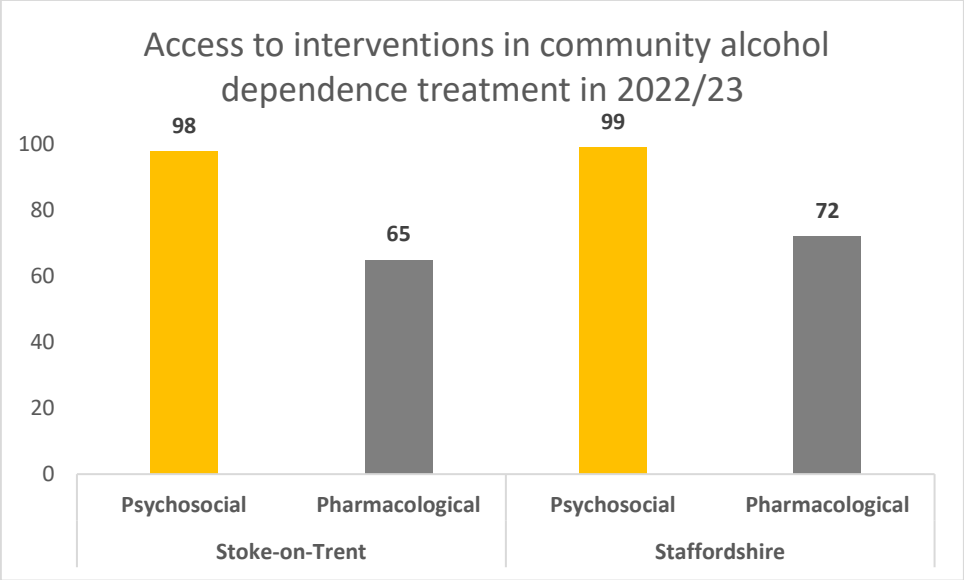

FIGURE 139: ACCESS TO INTERVENTIONS FOR ALCOHOL DEPENDENCE IN THE COMMUNITY IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

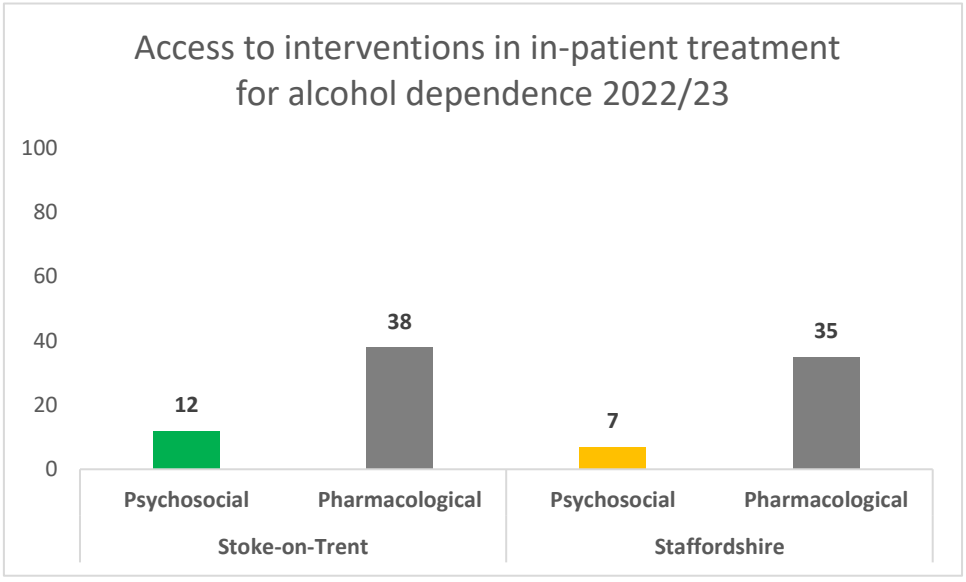

FIGURE 140: ACCESS TO INTERVENTIONS FOR ALCOHOL DEPENDENCE IN HOSPITAL IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **Both Staffordshire and Stoke-on-Trent perform better than England and West Midlands on average with regards to successful completion of alcohol treatment (fig 141).**

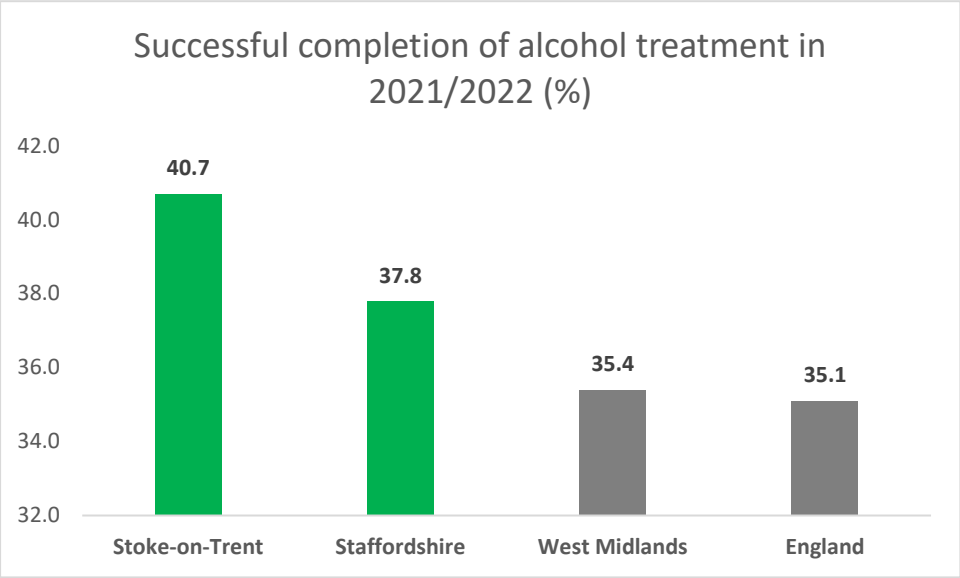

FIGURE 141: ACCESS TO INTERVENTIONS FOR ALCOHOL DEPENDENCE IN HOSPITAL IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- **Staffordshire performs particularly well with regards to treatment drop-out rates (fig. 142)** (OHID, 2024)

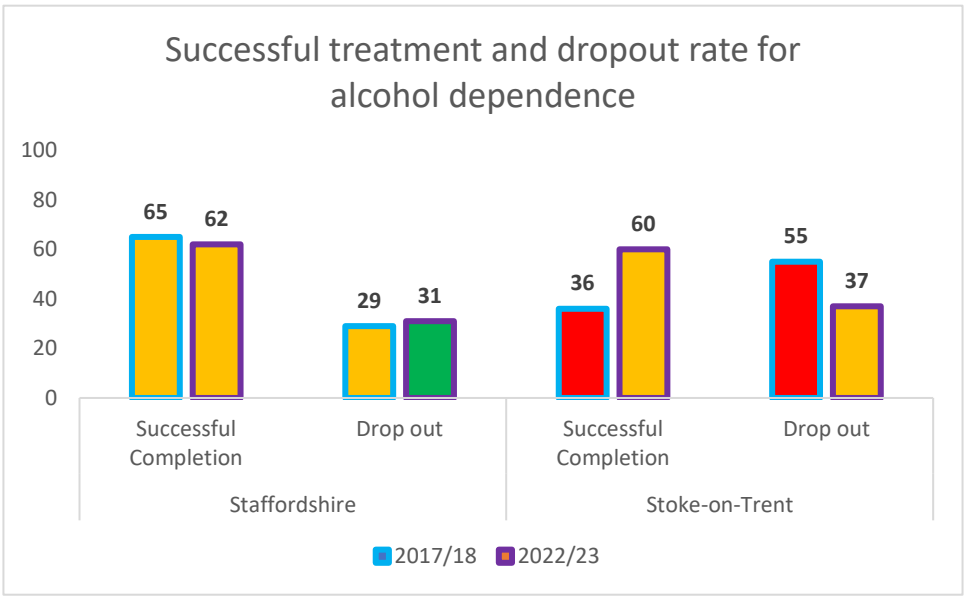

FIGURE 142: SUCCESSFUL COMPLETION VS TREATMENT DROP-OUT RATE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, 2024)

- Historically, Stoke-on-Trent had poor successful treatment rates, but these have improved recently (fig. 143).

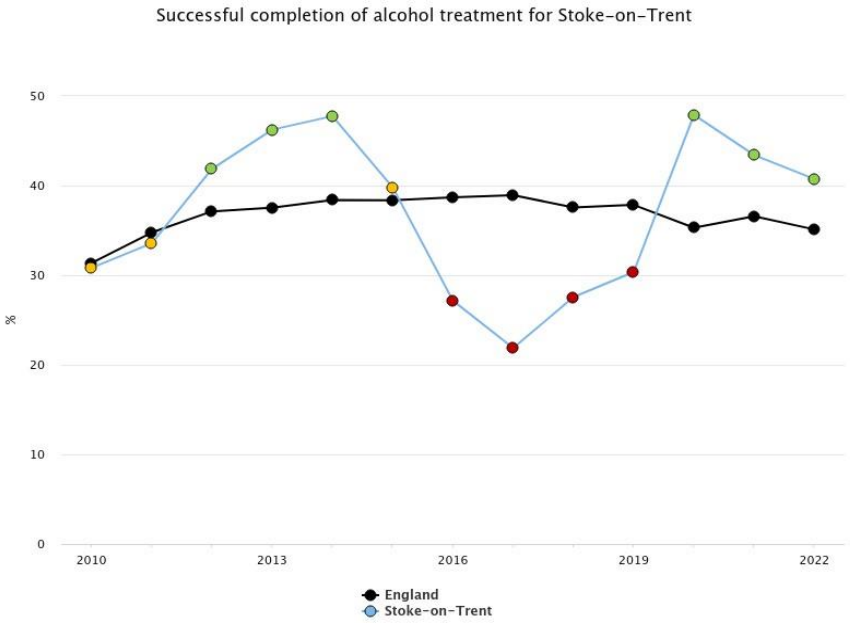

FIGURE 143: SUCCESSFUL COMPLETION OVER TIME IN STOKE-ON-TRENT (OHID, 2024)

- Historically, Staffordshire has performed poorly with regards to those completing treatment for alcohol dependence under one year, however the area now performs on par with England (fig. 144).
- Stoke-on-Trent has performed particularly well in this area with almost all patients completing alcohol treatment in under one year in 2022 – 2023. (OHID, 2024)

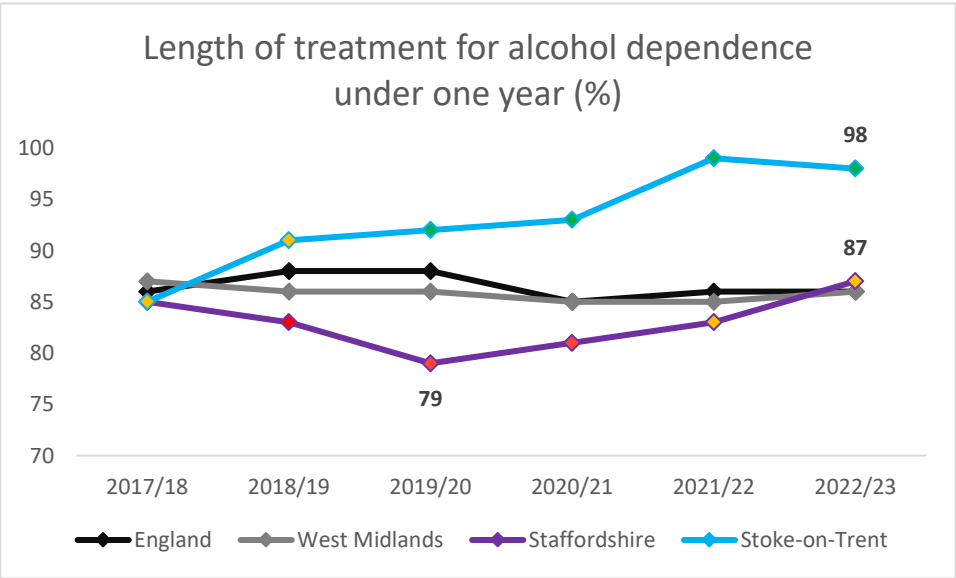

FIGURE 144: PROPORTION IN TREATMENT UNDER ONE YEAR FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, 2024)

- Over time the six-month treatment outcomes in Stoke-on-Trent (fig. 145) appear to be improving with regards to the proportion of individuals still abstinent whereas the performance of Staffordshire has stagnated (fig. 146).

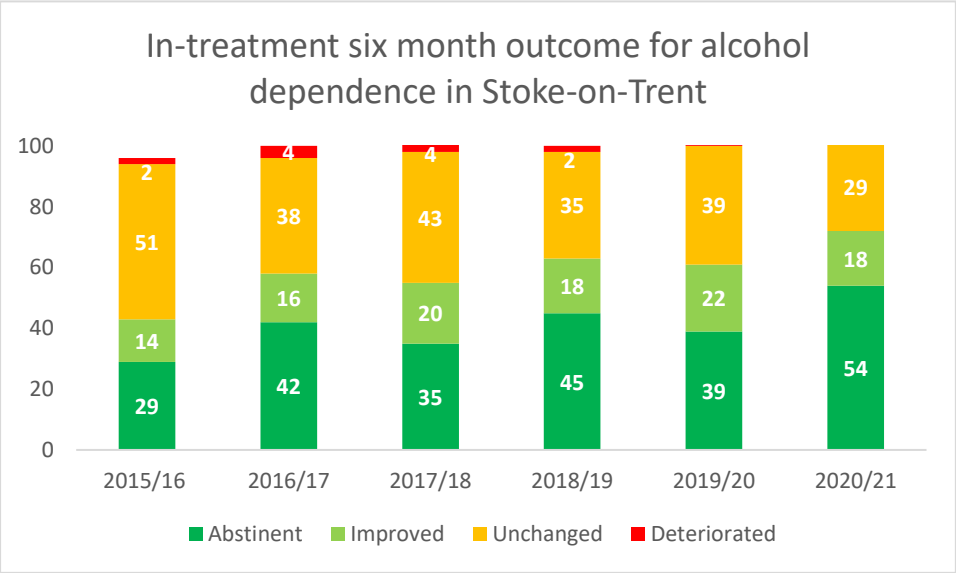

FIGURE 145: SIX-MONTH TREATMENT OUTCOMES FOR ALCOHOL DEPENDENCE IN STOKE-ON-TRENT (OHID, 2024)

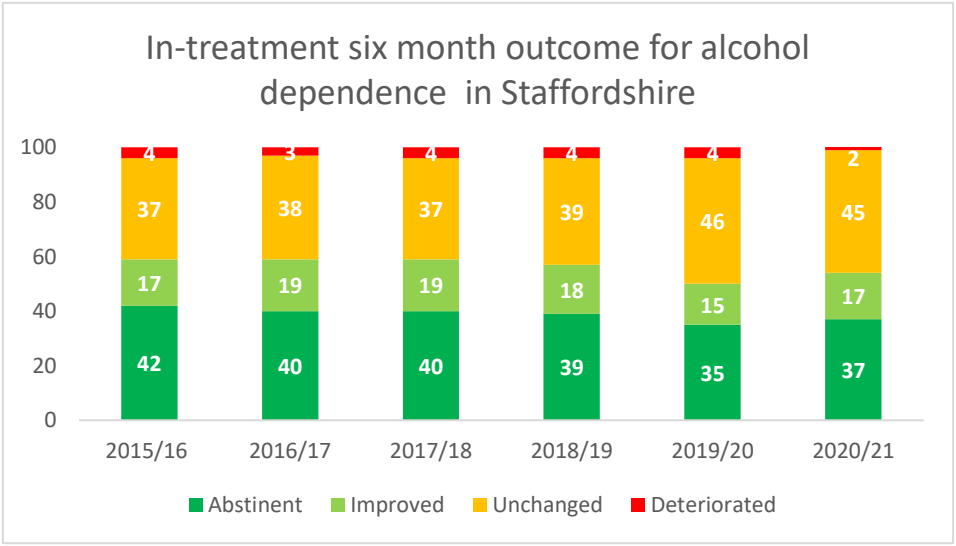

FIGURE 146: SIX-MONTH TREATMENT OUTCOMES FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE (OHID, 2024)

- **Concerningly, as noted in the *Mortality* section, the proportion of those dying in treatment for alcohol dependence is increasing in Staffordshire (fig. 147).** (OHID, 2024)

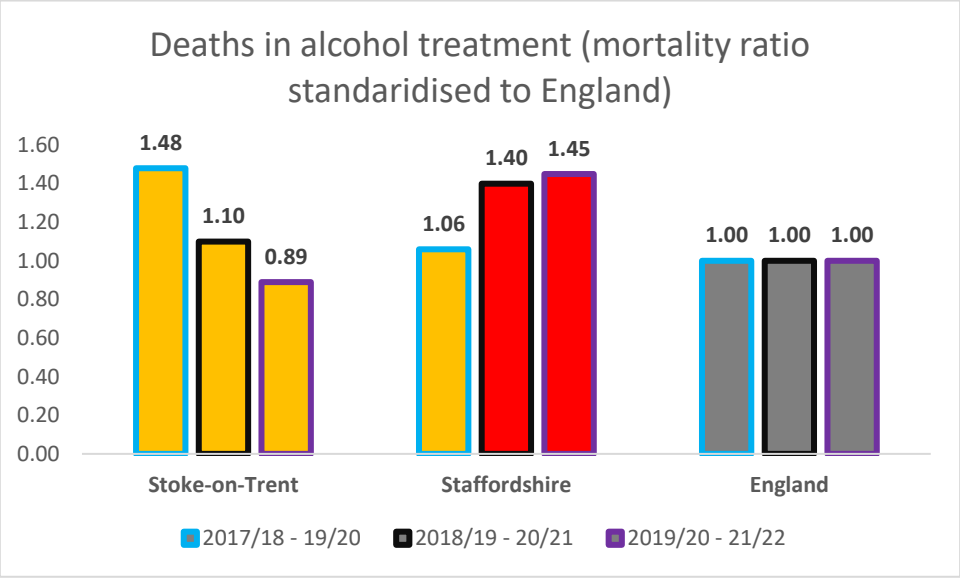

FIGURE 147: MORTALITY RATIO IN TREATMENT FOR ALCOHOL DEPENDENCE IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, 2024)

4.1.8 Recovery

- Stoke-on-Trent City Council commissioned a piece of work, carried out by Expert Citizens, to evaluate areas of the Community Drug and Alcohol Services (CDAS) that had received additional investment in the two years prior:
  - Satellite locations,
  - Residential rehabilitation and In-patient Detox,
  - Stoke-on-Trent Recovery Service,
  - New Recovery Workers,
  - Needle Exchange Provision,
  - CDAS Rough Sleeper Team,
  - Criminal Justice Pathways,
  - IPS Team and Employability.

Case study 1 Beverly

Beverly went to residential rehabilitation following a referral from her support worker at CDAS. Beverly had a good relationship with her worker and had been engaging in her recovery process:

"I was speaking to my worker every day. If he said he'd ring me, then he would."

She had worked hard to stop using heroin following a period of homelessness, but her drinking alcohol had become a problem for her, and she was struggling to stop.

"My whole world had changed, I was sat there, no phone, cut off from the world. I was drinking. I wanted to try and reduce it 10% every few days but it wasn't working."

Her worker thought she would be a good candidate for rehab and due to the recent investment in residential rehabilitation, the referral went through quickly.

"But I was engaging that well with my worker, my worker could tell I wanted a new way of life, said I showed commitment he said he could get me in rehab. Within 3 weeks I was in rehab in burton. I did a 12-week programme. I felt like I was given a golden ticket."

"It was the hardest thing but the best thing I've ever done. I learnt about addiction and all these realisations about the awareness of addiction, the disease of addiction and that I was an addict probably from the age of 12. I didn't even know. I didn't know there was help out there. I didn't know about CDAS. It was through another user that I found CDAS. I wasn't aware of it."

Beverly works part-time and volunteers. She continues to attend groups with CDAS and other organisations to support her on-going recovery and abstinence.

5.1 Alcohol and the criminal justice system

5.1.1 Alcohol, self-harm and interpersonal violence

- Modelled data from the *Global Burden of Disease 2019* data suggests that *disability-adjusted life years* pertaining to self-harm and interpersonal violence attributable to alcohol are overwhelmingly accounted for by *self-harm (by other means):*
  - 86.5 DALYs (29.8 – 152.7) in Stoke-on-Trent (fig. 148),
  - and 76.1 DALYs (27.9 – 126.7) in Staffordshire (fig. 149).
- There is no statistically significant difference between these results. (GBD, 2024)
- Other forms of self-harm and interpersonal violence associated with alcohol consumption are modelled to have a much lower health burden on Staffordshire & Stoke-on-Trent.

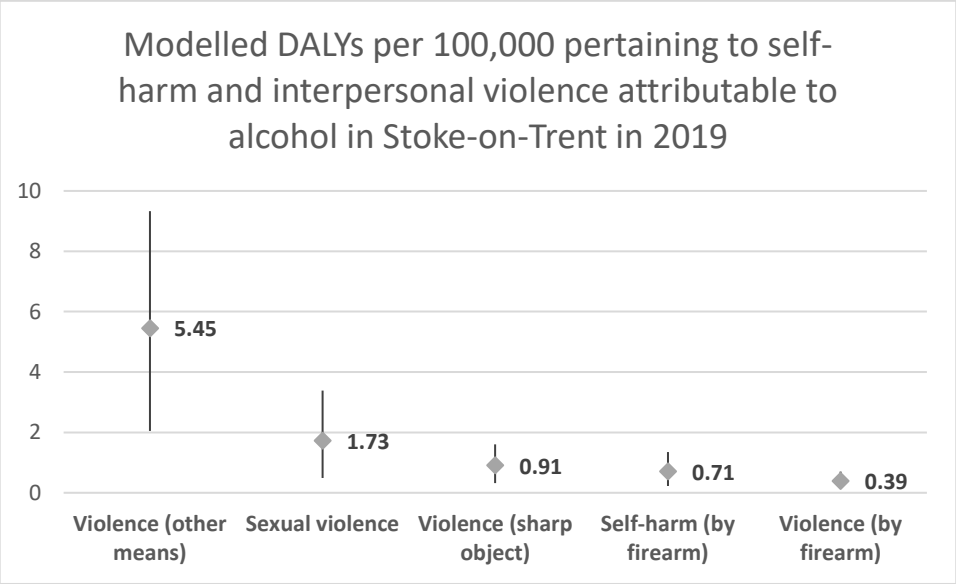

FIGURE 148: DALYs ATTRIBUTABLE TO SELF-HARM AND INTERPERSONAL VIOLENCE ASSOCIATED WITH ALCOHOL USE IN STOKE-ON-TRENT (GBD, 2024)

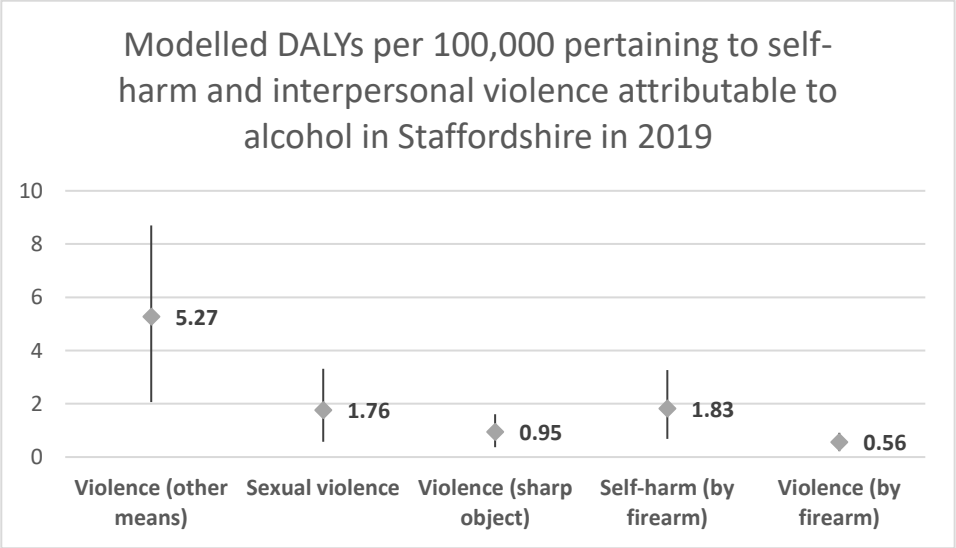

FIGURE 149: DALYs ATTRIBUTABLE TO SELF-HARM AND INTERPERSONAL VIOLENCE ASSOCIATED WITH ALCOHOL USE IN STAFFORDSHIRE (GBD, 2024)

- Over the twenty years between 1999 and 2019, the relative injury burden as a result of poisonings has fallen in both Stoke-on-Trent and Staffordshire.
- The relative injury burden due to fire & heat and road injuries has fallen in Stoke-on-Trent and Staffordshire respectively (table 4) (fig. 150).

- Meanwhile the relative injury burden due to interpersonal violence and self-harm has increased in Stoke-on-Trent and Staffordshire respectively. (GBD, 2024)

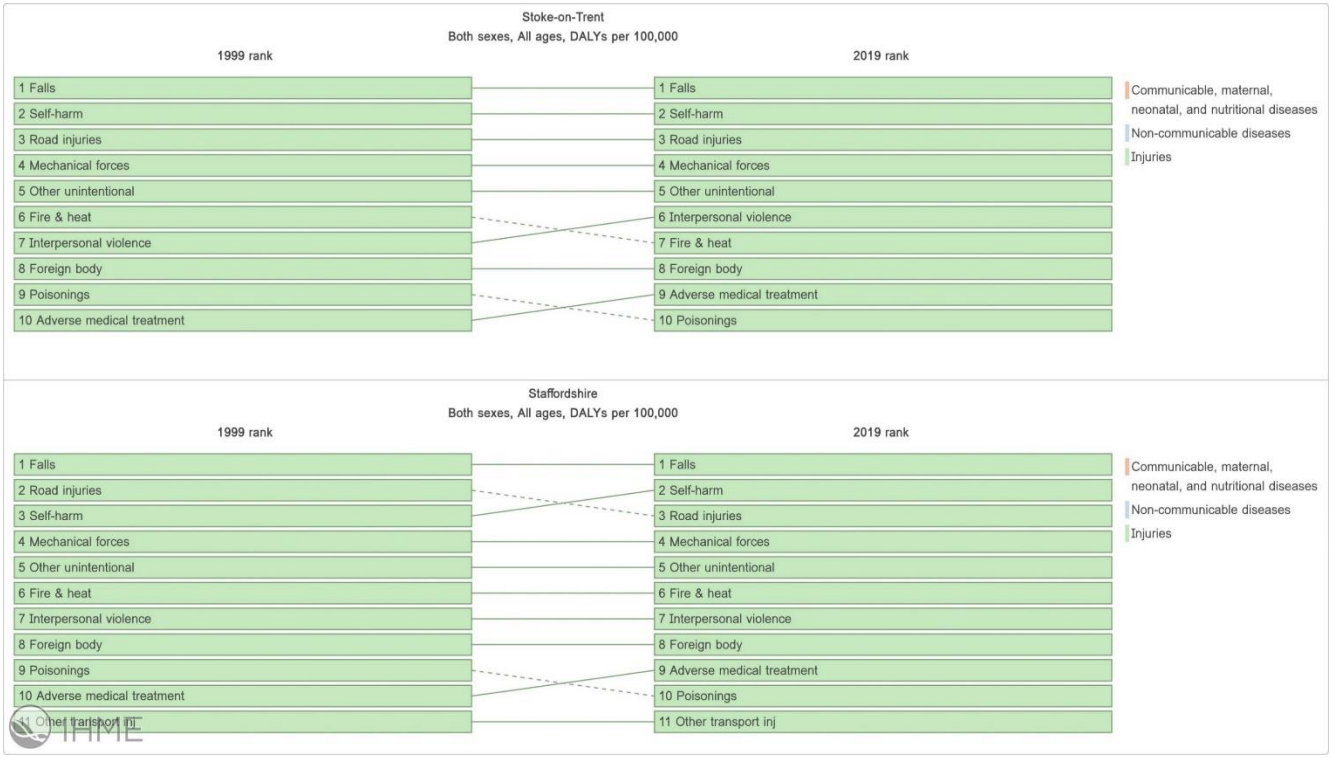

FIGURE 150: MOST PREVALENT INJURIES BY DALYs ASSOCIATED WITH ALCOHOL USED IN STAFFORDSHIRE & STOKE-ON-TRENT (GBD, 2024)

Table 4: Modelled injury burden (DALYs) by injury type attributable to alcohol and segmented by age in 2019						
	Age	1	2	3	4	5
Stoke-On-Trent	5 - 14	Road injuries	Other transport injuries	NA	NA	NA
	15 - 49	Self-harm	Falls	Road injuries	Interpersonal violence	Other unintentional
	50 - 69	Falls	Self-harm	Road injuries	Other unintentional	Interpersonal violence
	70+	Falls	Self-harm	Road injuries	Other unintentional	Fire & heat
Staffordshire	5 - 14	Road injuries	Other transport injuries	NA	NA	NA
	15 - 49	Self-harm	Road injuries	Falls	Interpersonal violence	Other unintentional
	50 - 69	Falls	self-harm	other unintentional	Road injuries	Interpersonal violence
	70+	Falls	self-harm	other unintentional	Road injuries	Fire & heat

5.1.2 Alcohol and the Police service

- In 2021 - 2022, there were 5,590 incidents involving alcohol in Staffordshire & Stoke-on-Trent, or 4.9 per 1,000 of the population (fig. 151). (SSOT ICS, 2023)

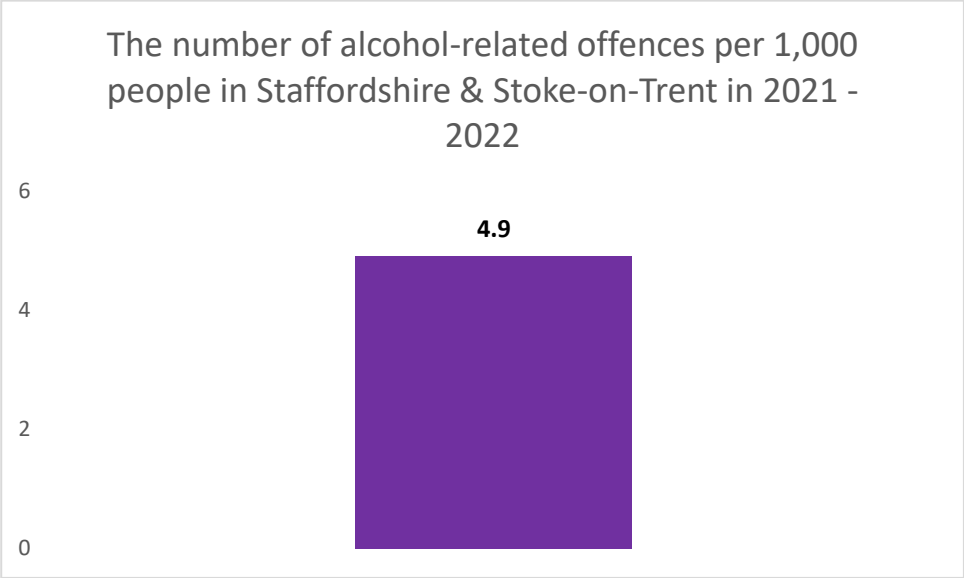

FIGURE 151: THE NUMBER OF ALCOHOL-RELATED OFFENCES IN STAFFORDSHIRE & STOKE-ON-TRENT (SSOT ICS, 2023)

- In 2020 – 2021, Alcohol was flagged in 7% of all crime across Staffordshire & Stoke-on-Trent (fig. 152).

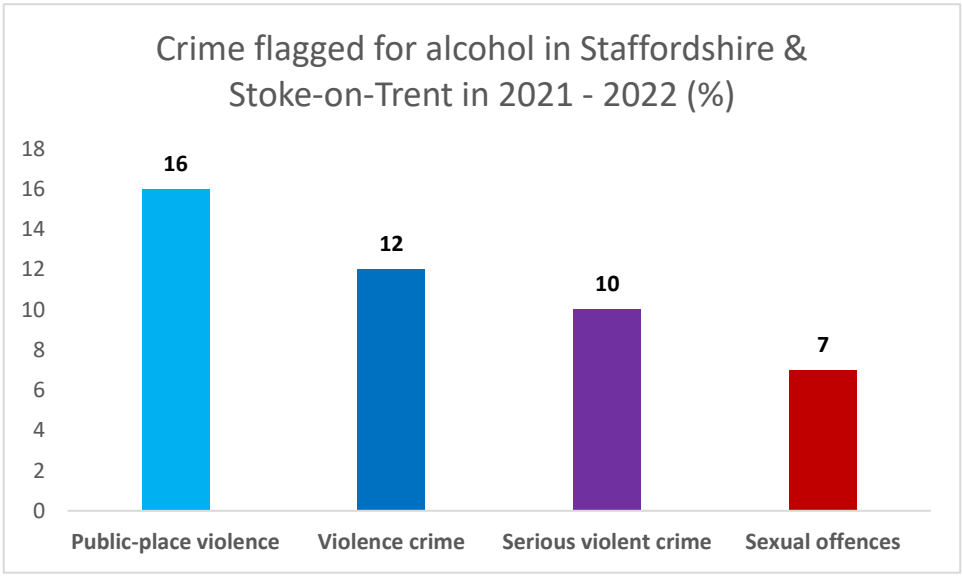

FIGURE 152: MAIN CRIMES FLAGGED FOR ALCOHOL IN STAFFORDSHIRE & STOKE-ON-TRENT (SSOT ICS, 2023)

- From the data available it appears that alcohol plays a proportionately smaller role in violent criminal activity in Staffordshire & Stoke-on-Trent than it does on average across England & Wales (fig. 153).

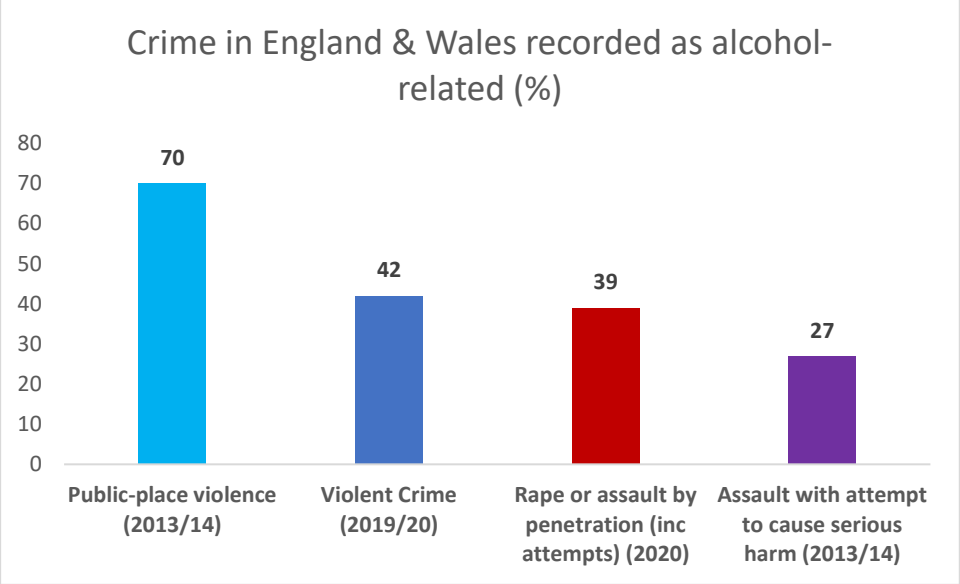

FIGURE 153: CRIMES WITH REPORTED ALCOHOL INVOLVEMENT IN ENGLAND & WALES (ONS, 2015) (IAS, 2023) (ONS, 2021)

- The limitations in comparing this data should be noted, such as:
  - the different years of data collection (with violent crime and alcohol consumption in certain demographics declining over time),
  - nuanced differences in the way certain crimes are defined (e.g. serious violent crime vs assault with attempt to cause serious harm),
  - and differences in the way data is capture and recorded (e.g. cases 'flagged' for alcohol may miss many cases where alcohol was present but not explicitly documented and/or not easily searchable on auditing).
- A more thorough breakdown of crimes flagged for alcohol in Staffordshire & Stoke-on-Trent 2021 – 2022 is reproduced below (fig. 154):

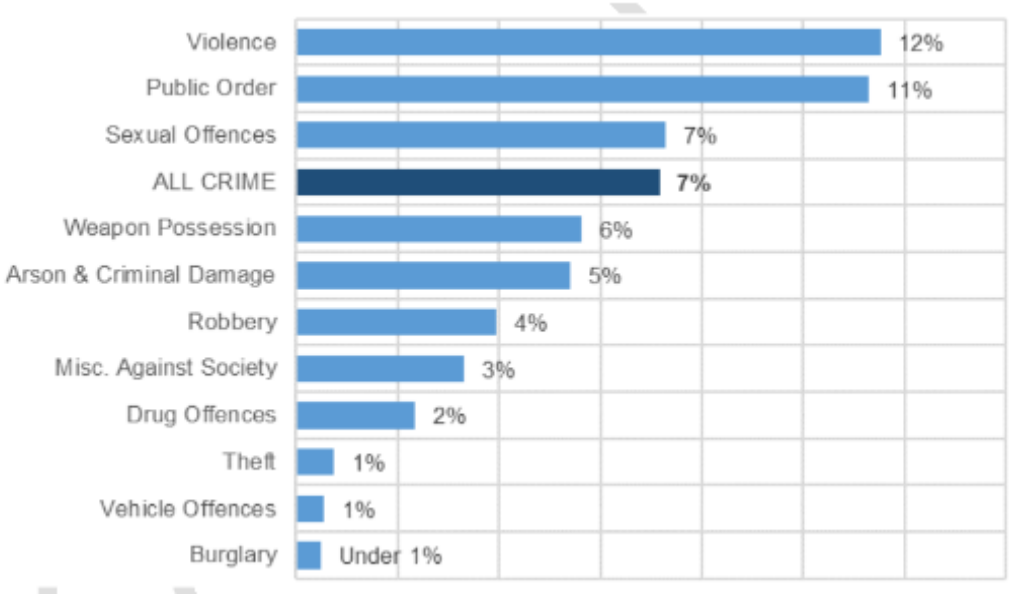

FIGURE 154: ALL CRIMES FLAGGED FOR ALCOHOL IN STAFFORDSHIRE & STOKE-ON-TRENT

- **Importantly, there appears to be no estimate of the number of sexual offences or (attempted) rapes associated with alcohol.**
- **It would be useful to carry out work to identify this.**
- **Nor has it been possible to determine the prevalence of alcohol in specific crimes highlighted below:**
- **What proportion of crimes are alcohol associated including:**
    - Interpersonal/Domestic violence,
    - Sexual violence,
    - Homicide,
    - Theft and financial crime,
    - Robbery and burglary,
    - Anti-social behaviour,
    - Criminal damage,
    - Arson,
    - Hate crime,
    - Self-harm, attempted or successful suicide that required police involvement.
- **How many incidents of alcohol specific crimes are noted per year:**
    - Street drinking,
    - Drink-driving,
    - Incidents of 'spiking' drinks,
    - Public drunkenness / drunk and **disorderly** ,

- Sale of alcohol to a drunk person on relevant premises,
- Sale of alcohol to person under 18.

- **Given the disproportionate risk of those with FASD coming into contact with the criminal justice system it would be worthwhile for the Police, Fire and Crime Commissioner's team to explore the prevalence of this in SSOT and how well their needs are being met.**
- The proportion of those who are in contact with local criminal justice teams with alcohol dependence who are already in formal alcohol treatment is high (fig. 155).

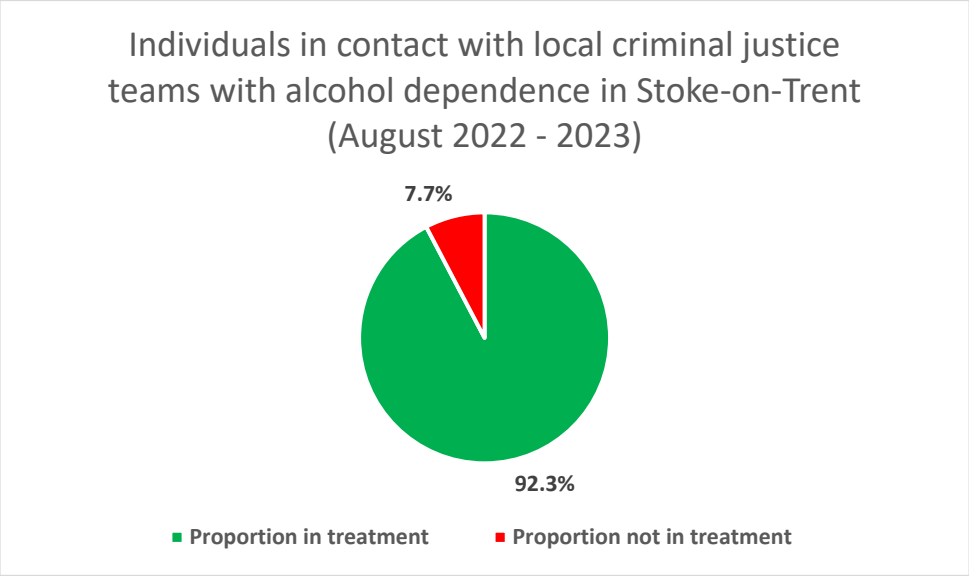

FIGURE 156: THOSE IN CONTACT WITH LOCAL CRIMINAL JUSTICE TEAMS WITH ALCOHOL DEPENDENCE THAT ARE IN TREATMENT IN STAFFORDSHIRE & STOKE-ON-TRENT

- **Staffordshire has notably had a relatively high proportion of casualties in road traffic accidents with failed breath tests for alcohol compared to West Midlands and England on average (fig. 157).**
- **Historically, Stoke-on-Trent performed poorly on this metric but now performs better than England on average.** (OHID, n.d.)

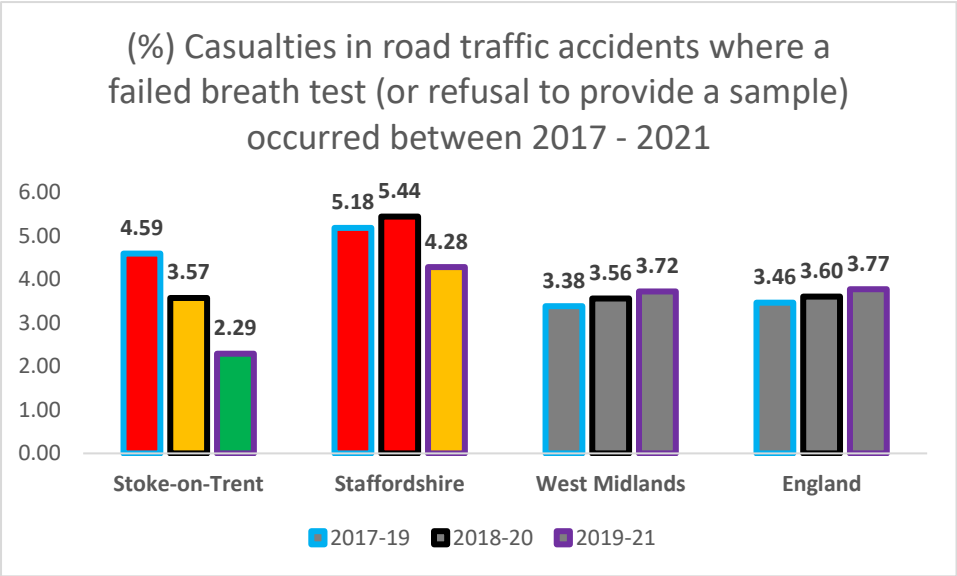

FIGURE 157: PROPORTION OF CASUALITIES IN ROAD TRAFFIC ACCIDENTS INVOLVING A FAILED BREATH TEST (OHID, n.d.)

5.1.3 Alcohol and the Fire service

- Being under the influence of alcohol remains a factor that disproportionally leads to casualties in dwelling fires, it is vital that those delivering support to individuals around alcohol also assess their residences for fire-related risks.
- As noted in section *5.1.2 Alcohol and the Police service*:
  - 5% of arson & criminal damage cases in Staffordshire & Stoke-on-Trent in 2021 – 2022 were flagged for alcohol.
- **It was not possible to identify any further data regarding alcohol and the fire service.**

5.1.4 Alcohol and Prison & Probation Services

- There were referrals from young offending teams for alcohol education and cannabis & alcohol education in 2022/23 but not in 2023/24 to date (fig. 158).
- These small number of referrals add weight to the evidence that alcohol is less of a problem amongst young people in Staffordshire & Stoke-on-Trent.
- *Alcohol Treatment Requirements* (ATRs) were introduced in the *Criminal Justice Act (2003)* as a community order or a suspended sentence order with CSTRs (community sentence treatment requirements).
- To be eligible for ATRs, a court must determine that the offender:
  - Is dependent on alcohol,

- Requires treatment for their alcohol dependence and its is likely to be effective,
- Can access and attend alcohol treatment,
- Is willing to comply with the requirement. (Ministry of Justice, 2023)

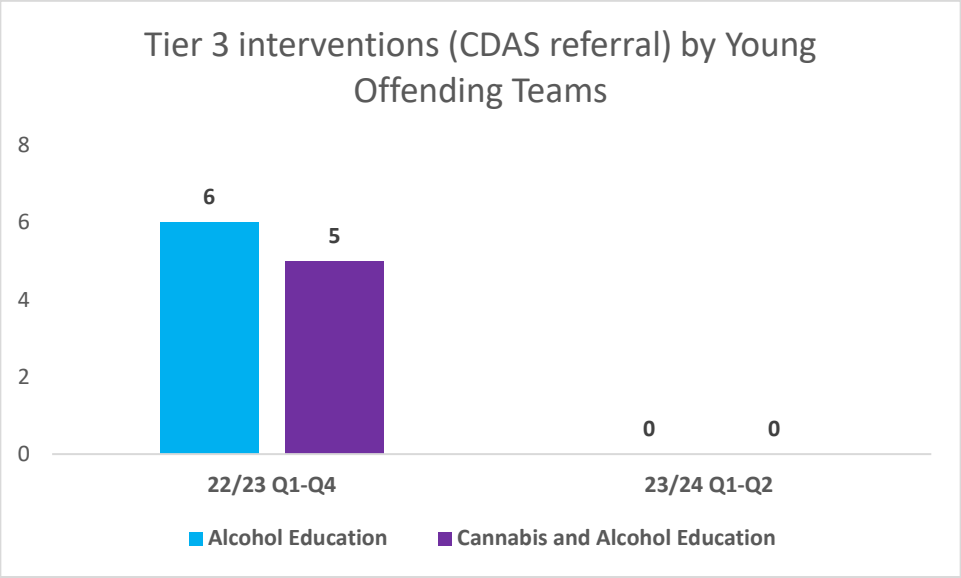

FIGURE 158: NUMBER OF CDAS REFERRALS BY YOUNG OFFENDING TEAMS

- As of January 2024, there were:
  - 107 active ATRs in SSOT,
  - 41 (38.3%) in Staffordshire,
  - 66 (61.6%) in Stoke-on-Trent (fig. 159). (West Midlands Probation Services, 2024)

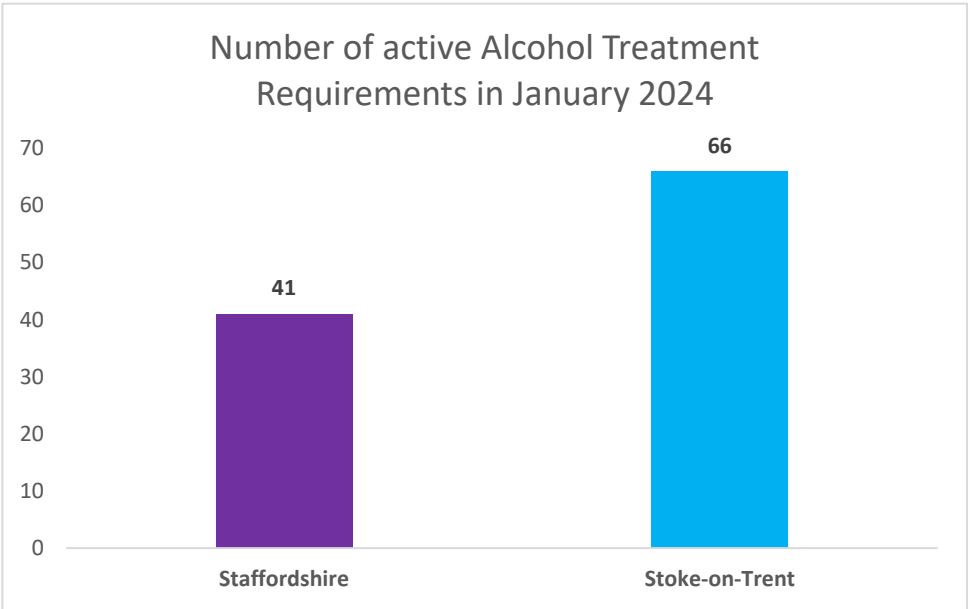

FIGURE 159: NUMBER OF ACTIVE ALCOHOL TREATMENT REQUIREMENTS IN STAFFORDSHIRE & STOKE-ON-TRENT* (West Midlands Probation Services, 2024)

** the data is unvalidated and, due to the potential application of different validation rules, may not tally with official statistics'*

- Prison and probation services use a tool called the *Offender Assessment System (OASys).*
- This tool allows staff to complete a risk and needs assessment for these offenders. (Prison Reform Trust, n.d.)
- There are over 3200 lives cases with an OASys assessment in SSOT with:
  - 58.8% of these cases being in Stoke-on-Trent,
  - And 41.2% of these cases being in Staffordshire.
- Across SSOT, 51.1% of live cases with an OASys assessment had alcohol needs in April 2024.
- This has been used to benchmark the performance (via RAG ratings) of Local Authorities within SSOT in fig. 160.

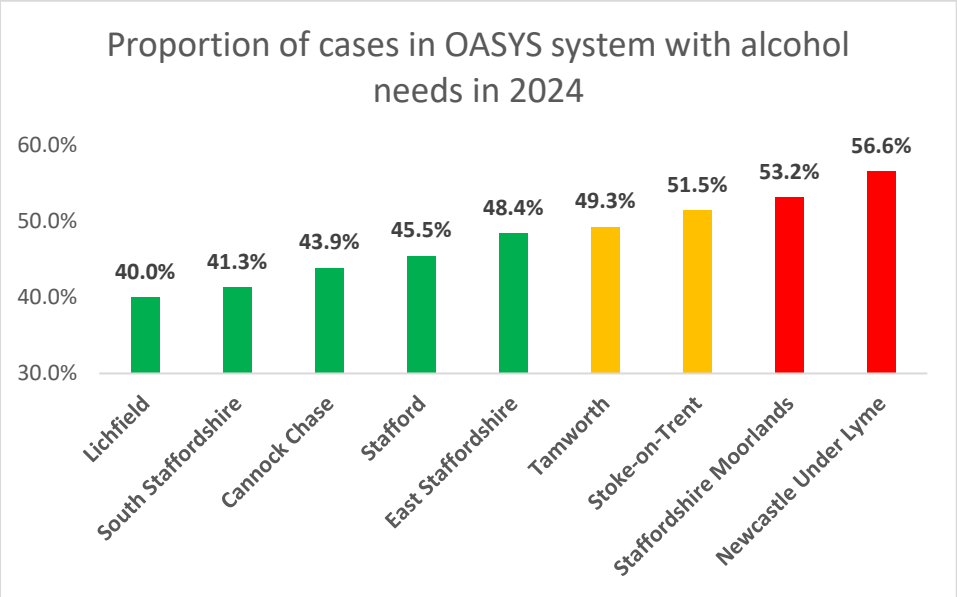

FIGURE 160: PROPORTION OF LIVE CASES WITH OASYS ASSESSMENT AND ALCOHOL NEEDS IN STAFFORDSHIRE & STOKE-ON-TRENT* (West Midlands Probation Services, 2024)

** the data is unvalidated and, due to the potential application of different validation rules, may not tally with official statistics'*

- National data from 2017 suggests that 17% of cases in the community and 20% in custody had alcohol needs, however after discussion with stakeholders from the West Midlands Probation Services this figures likely had cases filtered by alcohol being a 'serious problem' whereas our ICS data also included cases where alcohol was 'some problem', and therefore this data is not benchmarkable. (Ministry of Justice, 2018)

6.1 Alcohol and the Economy

- The ICB region spent between April 2021 to March 2022:
  - £606,801 on primary alcohol-related attendances (fig. 161),
  - and £677,599 on primary and secondary alcohol-related attendances to accident & emergency (A&E) departments (fig. 162). (Midlands and Lancashire Commissioning Support Unit, 2024)
- The burden of these attendances varied between clinical commissioning group (CCG).
- **N.B. these figures are not adjusted for population size of CCG or any demographic variable, necessitating caution when interpreting data.**

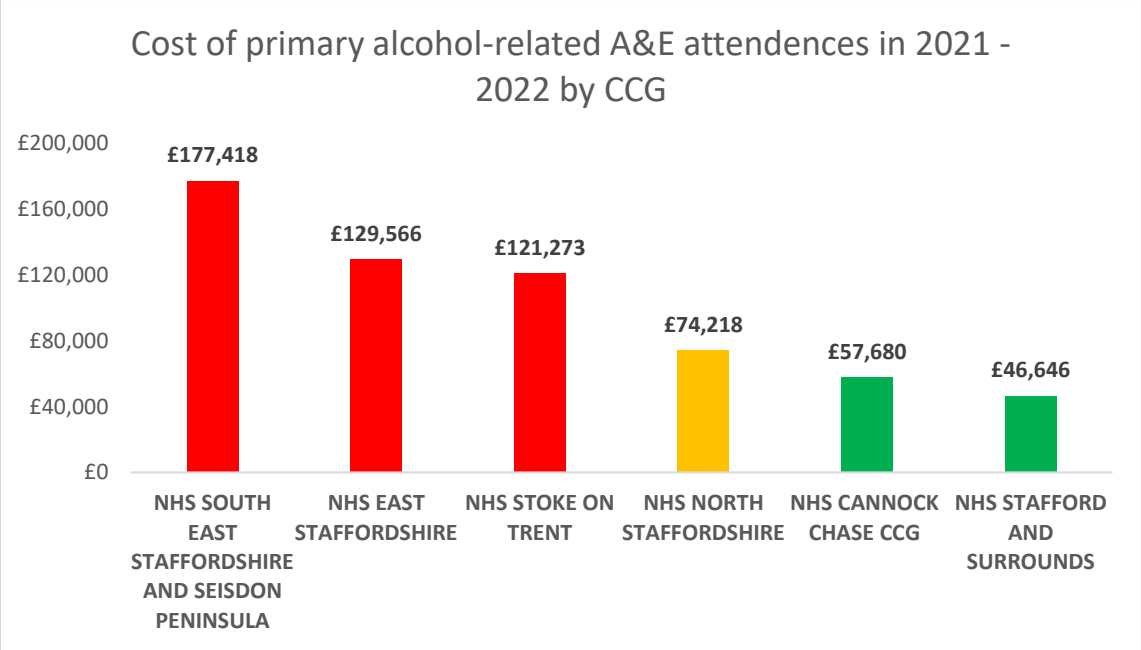

FIGURE 161: COSTS OF PRIMARY ALCOHOL-RELATED A&E ATTENDANCES BY CCG IN STAFFORDSHIRE & STOKE-ON-TRENT (Midlands and Lancashire Commissioning Support Unit, 2024)

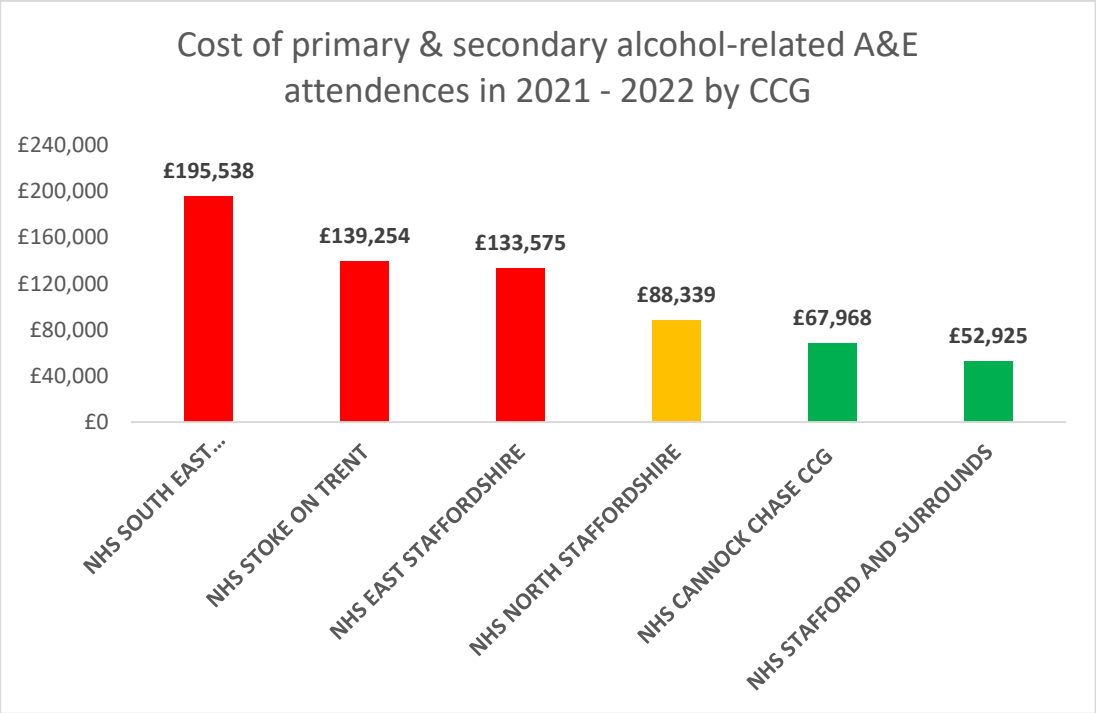

FIGURE 162: COSTS OF PRIMARY & SECONDARY ALCOHOL-RELATED A&E ATTENDANCES BY CCG IN STAFFORDSHIRE & STOKE-ON-TRENT (Midlands and Lancashire Commissioning Support Unit, 2024)

- In 2020 – 2021:
  - Stoke-on-Trent spent approximately 27% per capita on broad alcohol-related admissions per capita than England as a whole.
  - Staffordshire spent approximately 9% more per capita on broad alcohol-related admissions per capita than England as a whole (fig 163). (OHID, n.d.)

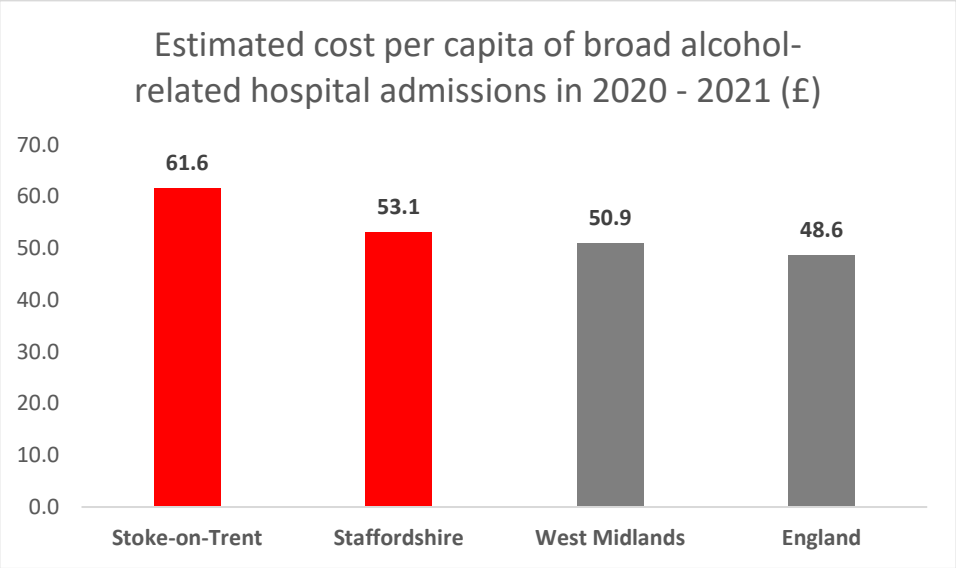

FIGURE 163: ESTIMATED COST PER CAPITA OF BROAD ALCOHOL-RELATED ADMISSIONS IN STAFFORDSHIRE & STOKE-ON-TRENT (OHID, n.d.)

- Between November 2022 to October 2023:
  - 636 prescriptions were issued for acamprosate calcium
  - At a cost of £10,562 for the ICS.
  - Data for Disulfiram and Nalmefene is not availability for this period. (NHS, 2022)
- The average cost per item in England in 2020 - 2021 was:
  - £23 for Acamprosate Calcium,
  - £52 for Disulfiram
  - and £64 for Nalmefene. (NHS, 2021)
- Based on these figures, in 2020 – 2021 Staffordshire & Stoke-on-Trent ICB spent:
  - £48,116 on Acamprosate calcium (2,092 prescription items),
  - £6,812 on Disulfiram (131 prescription items),
  - and £104 on Nalmefene (2 prescription items.
- Cumulatively, the ICB spent £55,032 on pharmacological management of alcohol dependence in 2020 – 2021 (fig. 164).
- Additionally, according to *OpenPrescribing,* there were:
  - 102 prescriptions of Pabrinex within the ICB from February 2023 to January 2024
  - At a cost of £1,386. (OpenPrescribing, 2024)

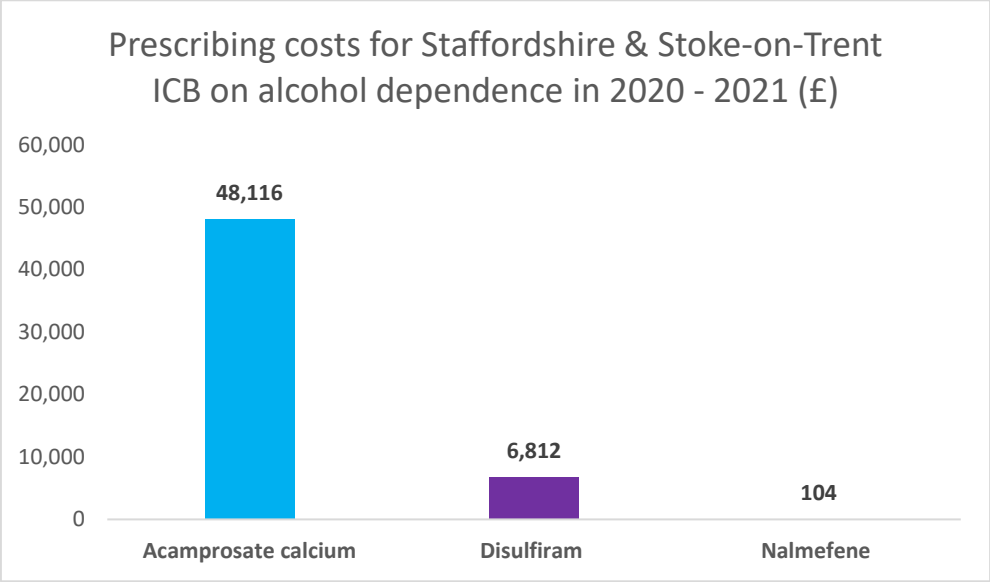

FIGURE 164: PRESCRIBING COSTS FOR ALCOHOL TREATMENT IN STAFFORDSHIRE & STOKE-ON-TRENT

- The Alcohol Care Team at UHNM averted:
  - 241 admissions were adverted in 2023
  - 274 admissions were adverted in 2022
- This equated to a cost saving of:
  - £1,280.32 per episode of care based on a bed stay averted of 5.03 (2023) and 5.25 (2022).
- According to *LG Inform* data, expenditure on treatment of alcohol misuse in Staffordshire exceeds that in Stoke-on-Trent for adults (fig. 165),

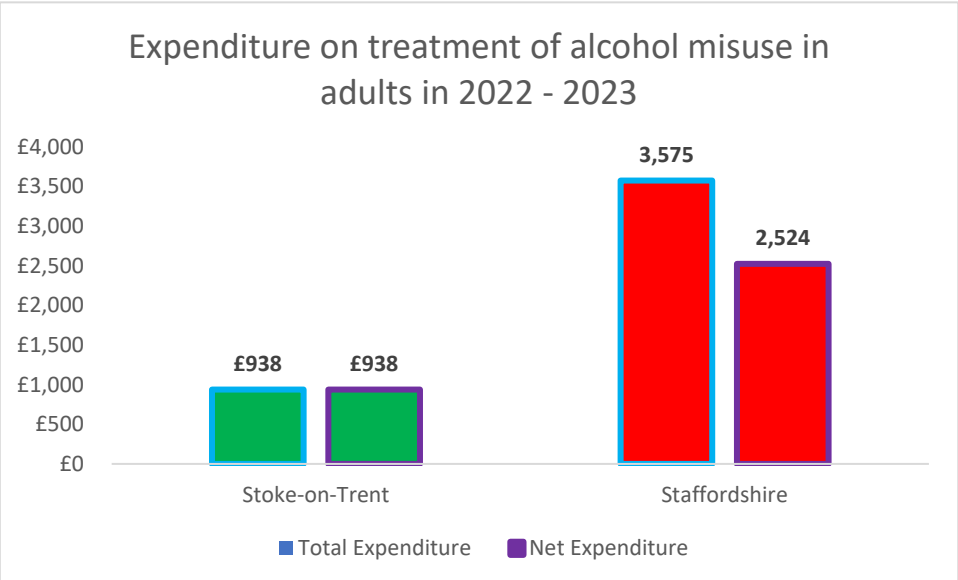

FIGURE 165: EXPENDITURE ON TREATMENT OF ALCOHOL MISUSE IN ADULTS IN STAFFORDSHIRE AND STOKE-ON-TRENT (LG Inform, 2023)

- Whereas expenditure in preventing and reducing harm from alcohol misuse in Stoke-on-Trent exceeds that in Staffordshire (fig. 166).

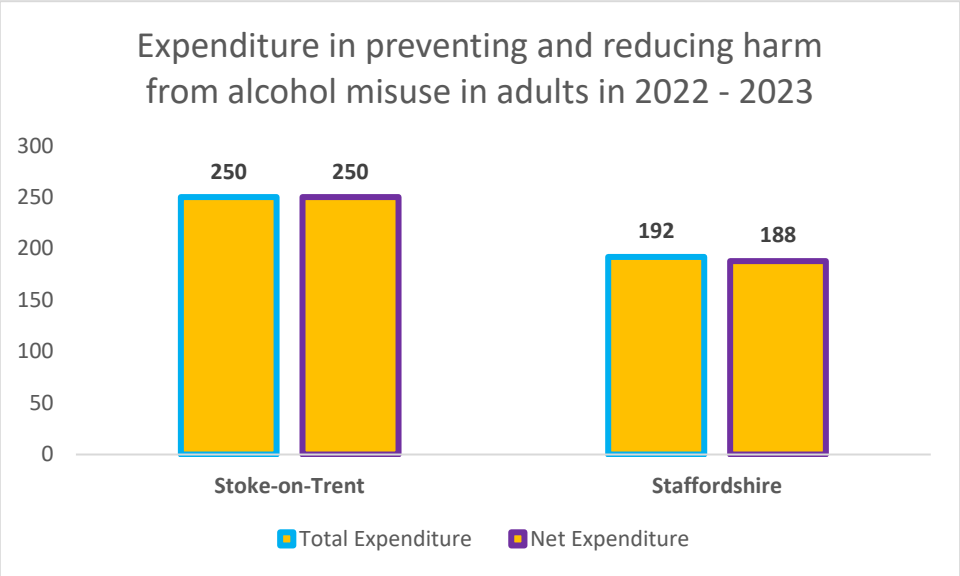

FIGURE 166: EXPENDITURE ON TREATMENT OF ALCOHOL MISUSE IN ADULTS IN STAFFORDSHIRE AND STOKE-ON-TRENT (LG Inform, 2023)

- For children, Staffordshire spends twice as much on specialist drug and alcohol misuse service than Stoke-on-Trent. (fig. 167).

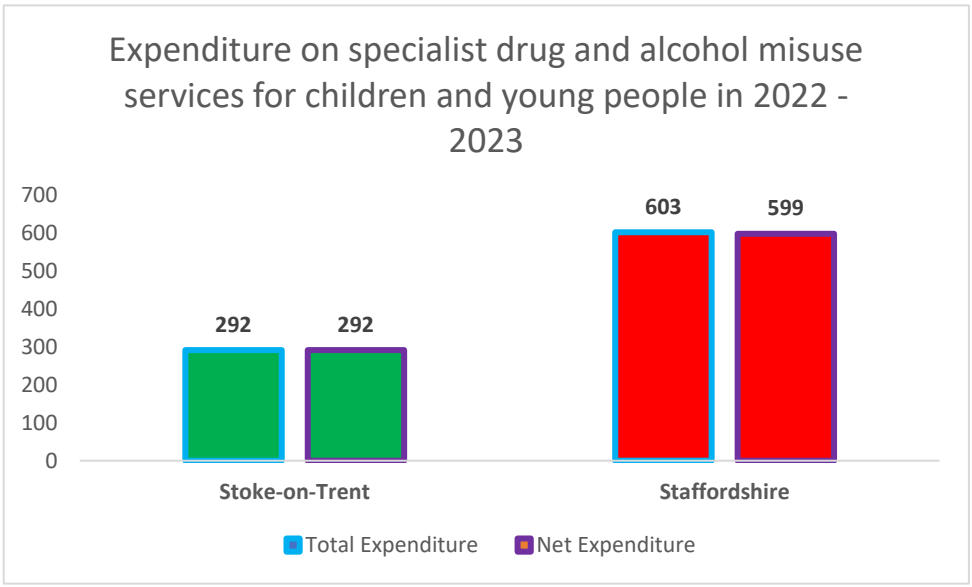

FIGURE 167: EXPENDITURE ON SPECIALIST DRUG & ALCOHOL SERVICES IN CHILDREN & YOUNG PEOPLE IN STAFFORDSHIRE AND STOKE-ON-TRENT (LG Inform, 2023)

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