

# Alcohol Health Needs Assessment: Executive Summary

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## 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).<sup>1</sup>

### 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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*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.*

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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