



SOMERSET ALCOHOL NEEDS ASSESSMENT 2021

Authors:

Tim Phillips, Information Analyst

Amanda Payne, Service Manager - Drugs and Alcohol

Carl Morrison, Health Promotion Manager – Substance Use

Allan Holly, Information Analyst

Contents

Executive Summary	2
Introduction	3
Drinking Behaviour	4
Adult Consumption.....	4
Employment	7
Alcohol Harm.....	8
Prevalence	8
Adult Hospital admissions.....	9
Young People Hospital Admissions	13
Conditions related to Alcohol	13
Children who live with adults that drink	14
Drinking and pregnancy.....	15
Alcohol Mortality.....	15
Inequalities	17
Deprivation	18
Veterans	21
Housing problems.....	22
Mental Health	23
Wider Impacts of Alcohol.....	23
Violence and Crime.....	23
Road Traffic Accidents	25
Commissioned Services	26
Access to Services	32
Impacts of Covid-19 on drinking behaviour	33
National Strategies around Alcohol Use	36
PHE Evidence Review 2016	36
Health as a Licencing Objective (HaLO)	37
Alcohol CLear.....	37
Recommendations.....	39
Appendix I – Glossary of Terms	41
References	44

Executive Summary

- Latest prevalence figures indicate there are 5,202 possible dependant drinkers in Somerset. SDAS was dealing with 20% of possible alcohol dependant users during this year. The average for services across England is 18% of possible alcohol dependant users
- Somerset has seen a significant increase in alcohol related hospital admissions in those aged under 40 over the last few years when compared to England.
- Young people's hospital admissions are significantly higher for alcohol related admissions when compared to England.
- 34% of all adult clients in structured treatment with Somerset Drug and Alcohol Service between 2015 – 2021 declared they had a problem with alcohol.
- 20% of alcohol using clients coming into structured treatment had some form of housing problem
- Impacts of covid-19 pandemic nationally points to the UK population reducing overall drinking during 2020 but those who were already drinking at higher levels were more likely to drink more and more likely to lead to negative health outcomes. Impacts on local services yet to be fully realised.

Introduction

According to the Health Survey for England (2019) there are over 10 million people in England drinking at levels that increase their risk of health harm and of these 595,000 adults potentially need specialist treatment for alcohol dependence. (PHE, Alcohol commissioning support: principles and indicators, 2018).

Alcohol is linked to more than 200 medical conditions, including circulatory and digestive diseases, liver disease and several cancers and mental health issues. Alcohol related harm disproportionately affects the poorest in society.

Alcohol doesn't just affect the user; it can cause harm to others too. It is associated with family and relationship problems and was a factor in 18% of assessments made for children in need by children's social care in England during 2016 to 2017. Alcohol has also been shown to be a significant contributory factor in offences of violence and disorder including domestic abuse.

The Global Drugs Survey for 2020 suggests the UK's drinking behaviour is far more dangerous than the use of any other drug. More than 5% of people under 25 in the UK who took part in the survey reported having sought hospital treatment after getting drunk, compared with a global average of 2%. People in Scotland and England said they had got drunk on average more than 33 times in the last year. This was the highest rate of all 25 countries studied; the global average was just over 20 times.

Drinking Behaviour

Adult Consumption

In Great Britain it is estimated that 29.2 (57%) million people aged 16 or over drank alcohol in 2017 in the week prior to being asked. Of these, 4.9 million (9.6%) people drank alcohol on five or more days in the week prior to being asked (ONS, 2017).

In 2016 the Chief Medical Officer published updated UK guidelines for alcohol consumption for men and women.

Figure 1. UK guidelines and classification of drinking by units of alcohol

	Men	Women
Lower Risk	Up to 14 units a week	Up to 14 units a week
Increasing Risk	15 – 50 units a week	15 – 35 units a week
High Risk	More than 50 units a week	More than 35 units a week
Binge	8 units or more a day	6 units or more a day

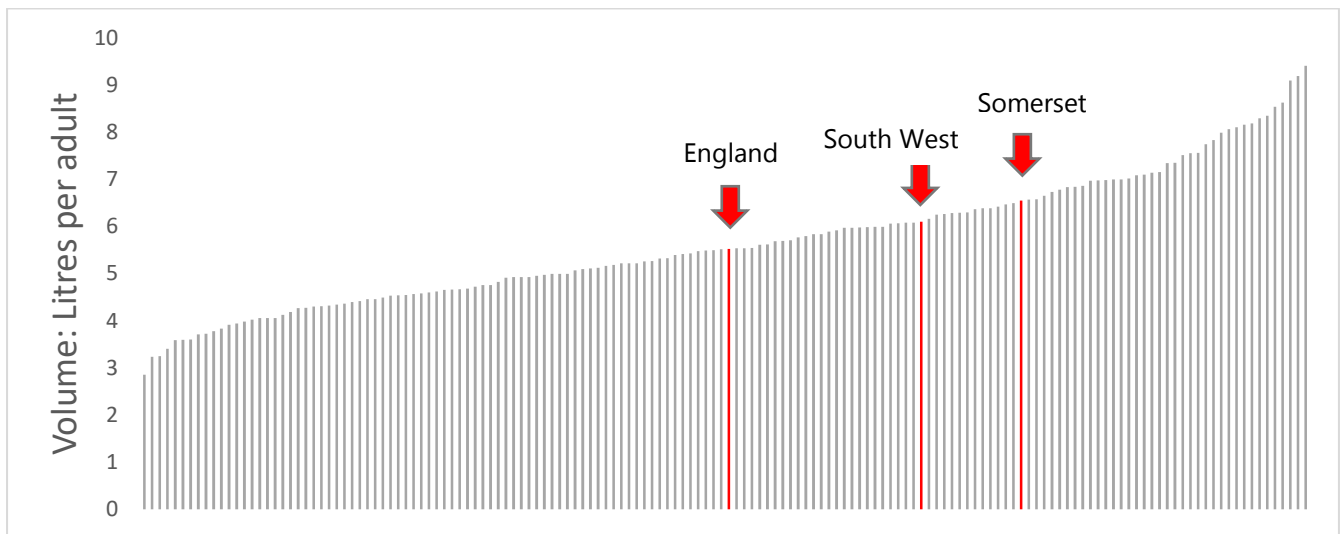
Drinking behaviour has experienced a notable change over the last decade with drinking at home becoming more prevalent. This may be driven by cheaper supermarket prices, the smoking ban, and a continued decline in the number of available pubs. In 2007, 47% of alcohol was sold through licensed premises i.e. pubs, bars, and restaurants. By 2017, this had reduced to 31% (DrinkAware, 2019).

Alcohol sales contribute significantly to the UK economy with the Institute of Alcohol Studies (IAS) estimating that the production and sale of alcohol was worth £46 billion to the UK economy in 2014 accounting for 2.5% of GDP and 3.7% of all consumer spending (IAS, 2020)

The Local Alcohol Profiles for England (LAPE) shows that in 2014 Somerset was in the highest 25th percentile for volume of alcohol sold through the off trade: all alcohol sales in the South West. This shows that the average adult in Somerset is drinking a higher volume of alcohol from alcohol purchased through the off trade e.g.

Supermarkets and Off-licenses, than the national average and the South West average. Off-trade sales may be considered more harmful due to the availability of cheap and high-strength alcohol. 32% of alcohol revenue in the off-trade is accounted for by harmful drinking, compared to 17% of revenue in the on-trade ([Bhattacharya et al, 2018](#)).

Figure 2. Volume of pure alcohol sold through the off-trade: all alcohol sales (2014) by Local Authority with national and regional averages added



In England there has been an increase in the number of adults who abstain from alcohol from 15.5% in 2011 – 2014 to 16.2% in 2015 – 2018. There has been a reduction in binge drinking on the heaviest day from 16.4% to 15.4% and the proportion drinking over 14 units of alcohol a week in England has reduced from 25.3% to 22.8% (LAPE).

A greater proportion of adults abstain from drinking in Somerset compared to the Southwest region, but the proportion is similar to the England average. A greater proportion of adults in Somerset drink less on their heaviest binge drinking day when compared to England but this is similar to the South West.

Fig 3. Percentage of adults who abstain from drinking alcohol compared to counties in the South West (2015 – 2018).

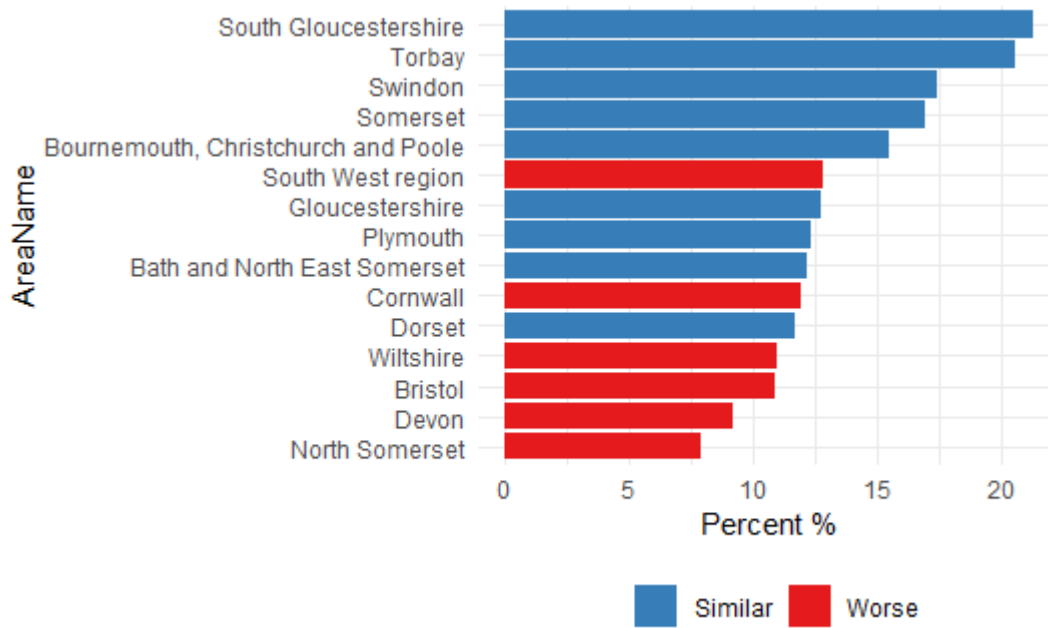
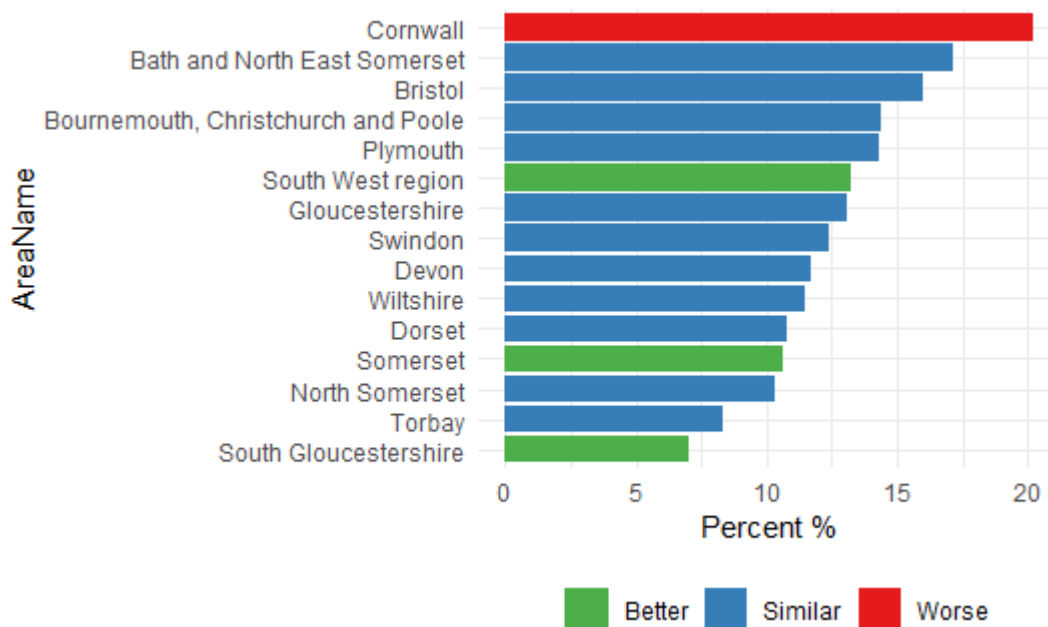


Fig 4.

Percentage of adult's binge drinking on heaviest drinking day compared to counties in the South West (2015 – 2018).



As part of the free NHS health checks offered to adults in England aged 40 – 47 without a pre-existing condition, clinicians ask patients to fill in the AUDIT screening

tool to assess alcohol consumption. The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviours, and alcohol-related problems.

Between April 2015 and September 2019, a total of 36,443 health checks were completed where an AUDIT score was captured. In Somerset 11% (n = 4008) of people who completed an NHS Health Check were drinking at a level classified as increasing risk or greater.

Fig 5. Proportion of health checks completed between April 2015 and September 2019 by AUDIT score grouping.

AUDIT risk	Number of health checks	Proportion of health checks
Lower Risk (0 – 7)	32,435	89.0%
Increasing Risk (8 – 15)	3,790	10.4%
Higher Risk (16 – 19)	137	0.4%
Possible Dependence (20+)	81	0.2%
Increasing Risk or Greater (8+)	4,008	11.0%

Employment

People working in managerial and professional occupation, in addition to the highest earners were most likely to say they drank alcohol in the past week (ONS, 2017).

Those with high socioeconomic status, are more likely to drink every day. Those with a low socioeconomic status may not drink every day but are more likely to suffer from alcohol-related health problems. This is known as the ‘alcohol harm paradox’ and is discussed further in the section on Inequalities (page 17).

A study looking to understand the relationship between occupation and alcohol use in those aged 40 – 69 found the largest ratios for heavy drinking observed in publicans and managers of licenced premises, industrial cleaning process

occupations and plasterers (Thompson & Pirmohamed, 2021). The study goes on to suggest that this evidence can be used in determining which jobs and broader employment sectors may benefit most from prevention programmes.

Alcohol Harm

Prevalence

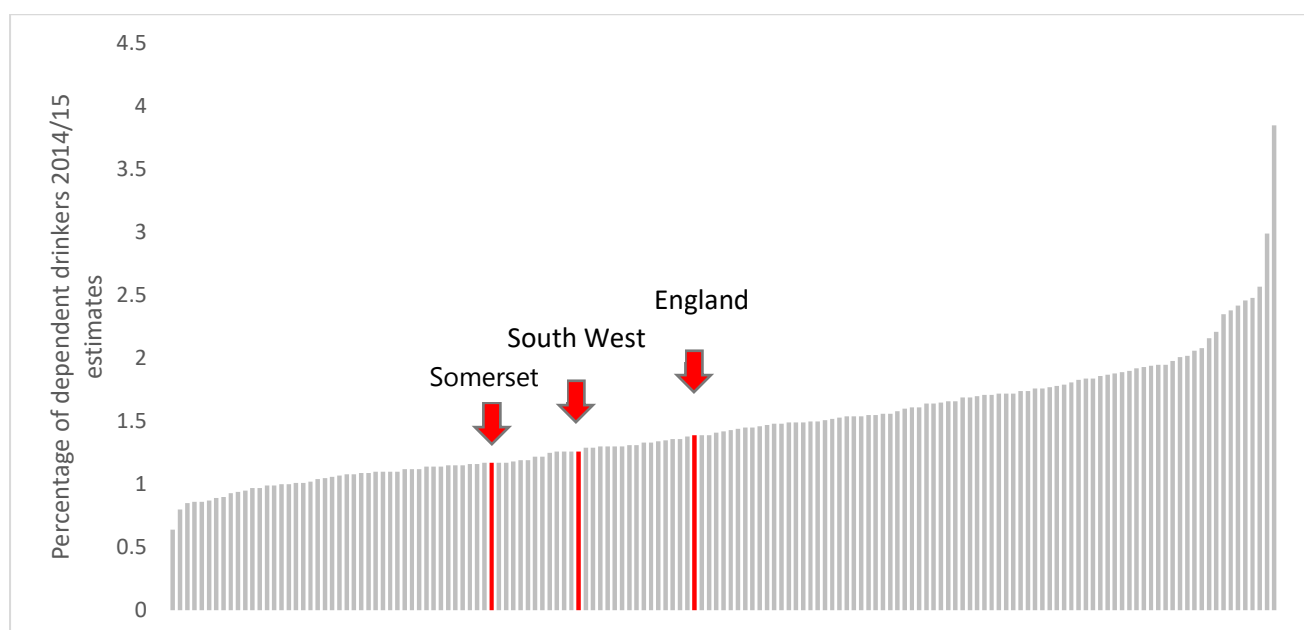
The latest prevalence figures available for alcohol dependant adults (18 years and over) are from 2018/19 and show that Somerset has an estimated 5,202 possible dependant drinkers which works out as a rate of 11.6 per 1,000 population. England has a rate of 13.7 per 1,000 population.

If we look at the numbers accessing treatment within Somerset in the same year (2018/19), Somerset Drugs and Alcohol Service (SDAS) had 1024 individuals in treatment with alcohol being one of their three substances recorded at assessment. This means that SDAS was dealing with an estimated 20% of possible alcohol dependant users during this year. One of the targets commissioners have set for SDAS is to see this proportion increase over the length of the current contract, however, it is noted that for treatment to be successful people need to be engaged with treatment and willing to change their behaviour, it might not be the right time for everyone.

In contrast in England there are an estimated 586,797 adults with alcohol dependency and in need of specialist treatment of which 104,880 were in treatment for alcohol, so treatment services were dealing with an estimated 18% of adults in need of specialist treatment (PHE, 2019 - 2020).

The latest estimates available on the PHE Fingertip's website provide data from 2014/15, the benefit of this data is that it is provided in proportion of population for each local authority in England. This gives us context of where Somerset is in relation to the Southwest and England.

Figure 6. Percentage of dependent drinkers (2014/15 estimates)



We can see from these estimates that the number of dependant drinkers is lower than both England and the South West region as a proportion of population.

Adult Hospital admissions

Hospital admissions for alcohol can be split into two groups: alcohol-related and alcohol-specific.

Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.

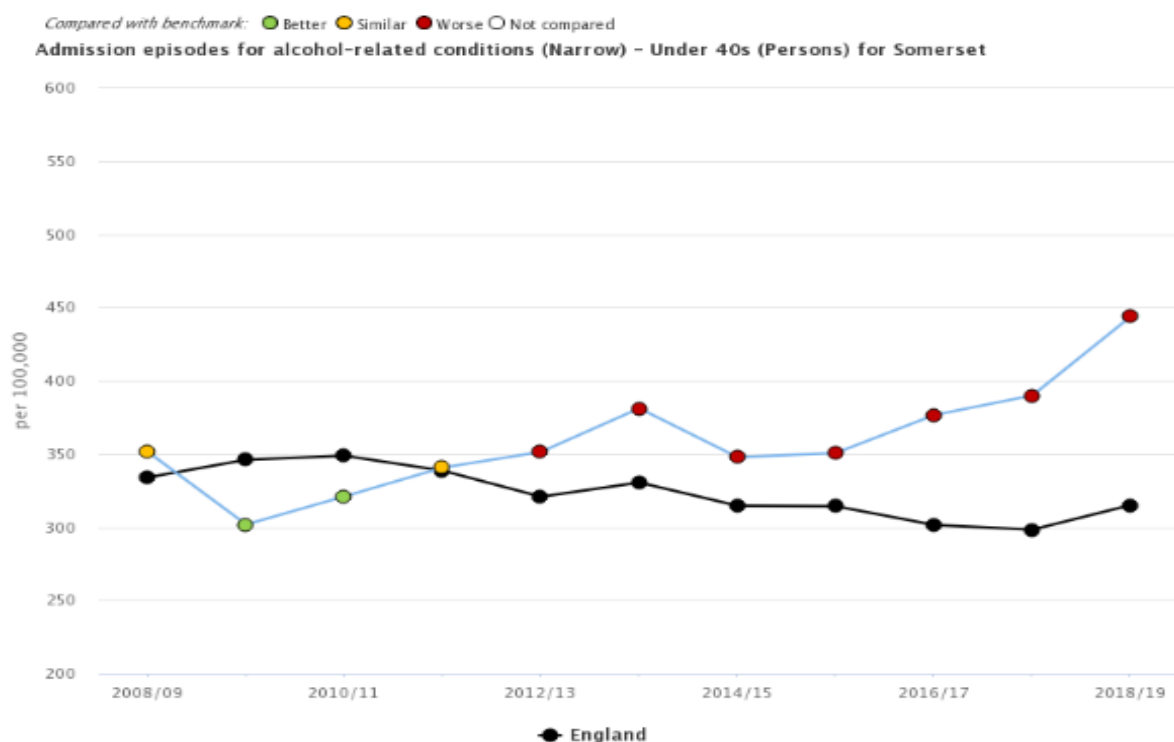
Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls. (PHE, <https://fingertips.phe.org.uk/>, 2017)

In the eleven-year period between 2008/09 and 2018/19 Somerset has broadly followed an increase in alcohol-related admissions per 100,000 people as seen nationally. While performing better than the national average, recent years have seen

the difference decrease with Somerset's rate of increase rising faster than the national rate.

Specifically, when we break this down by age, we see the under-40's age group substantially increasing when compared to the national rate. This is a pattern not identified in the 40 – 64 or over 64-year groups. **This suggests the increased rate of alcohol-related hospital admissions is being driven by those who are under 40.**

Figure 7. Admission episodes for alcohol-related conditions (Narrow) – Under 40s (Persons) for Somerset



Breaking down the under 40 age group by gender, sees both males and females performing worse than the national average. While females represent a smaller rate per 100,000 they have been performing worse than the national rate for a consistently longer period of time than males and diverged further from the national rate in that time. In 2018/19 the difference between the male local and national rates was 120 (32.6% increase over the national rate) whereas for females it was 138 (52.7% increase over the national rate).

Figure 8. Admission episodes for alcohol-related conditions (Narrow) – Under 40s (Female) for Somerset

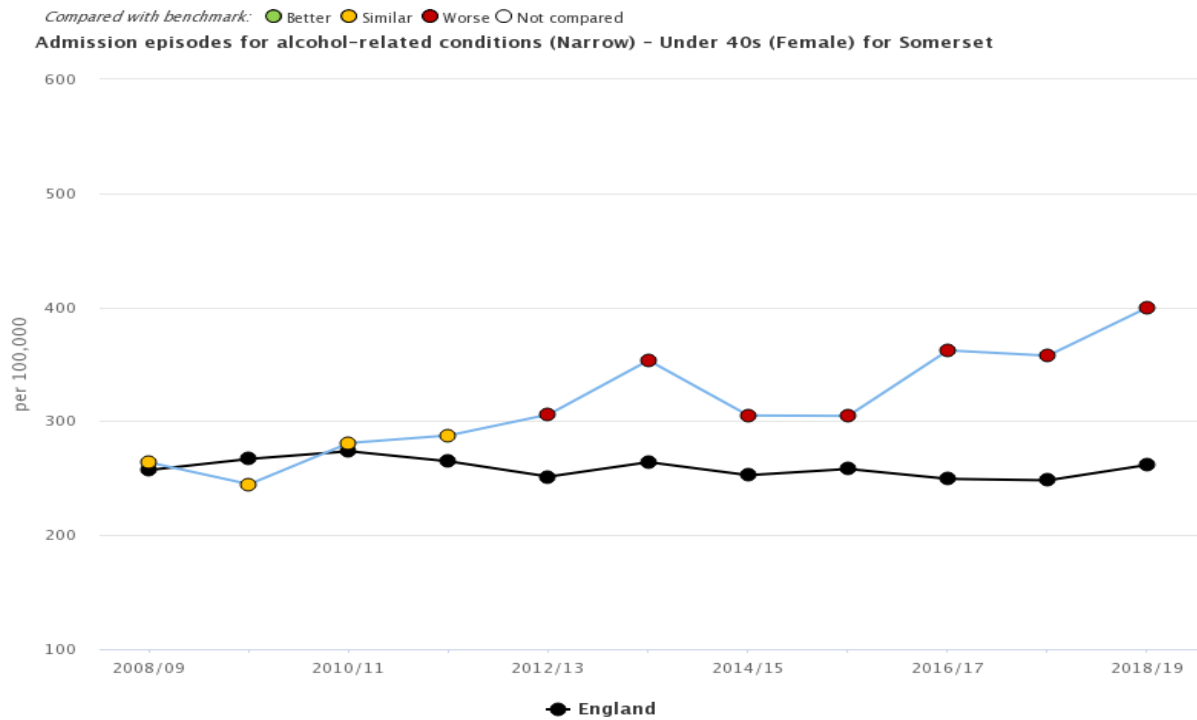
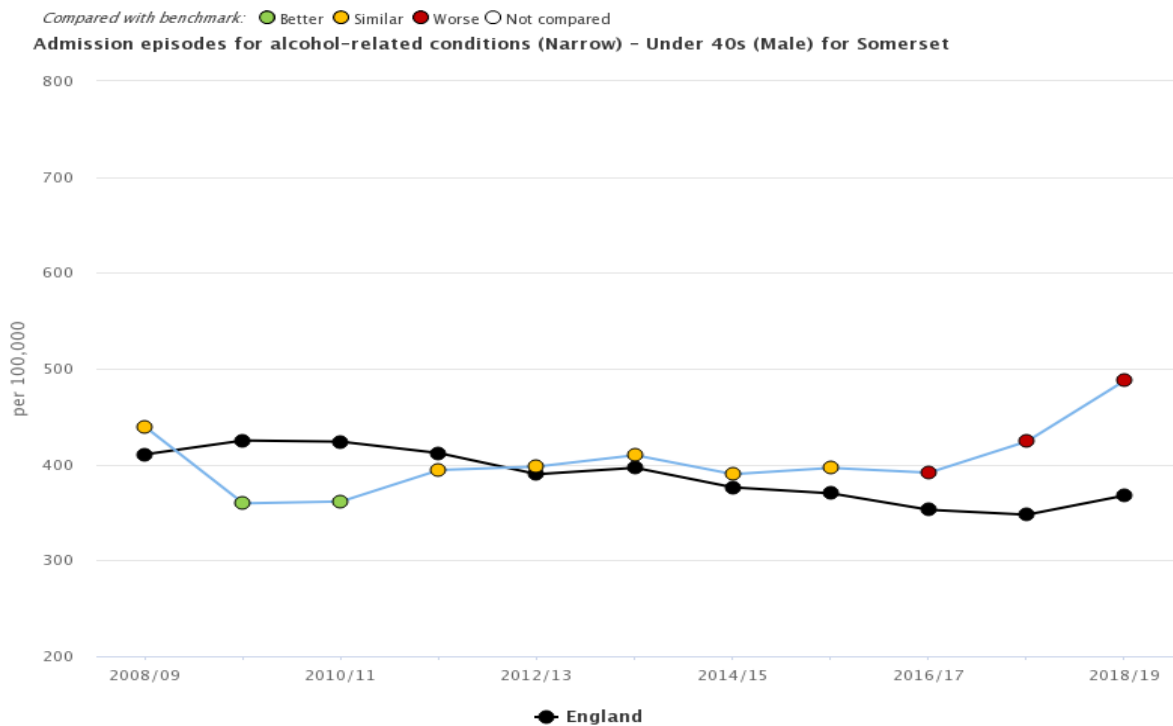


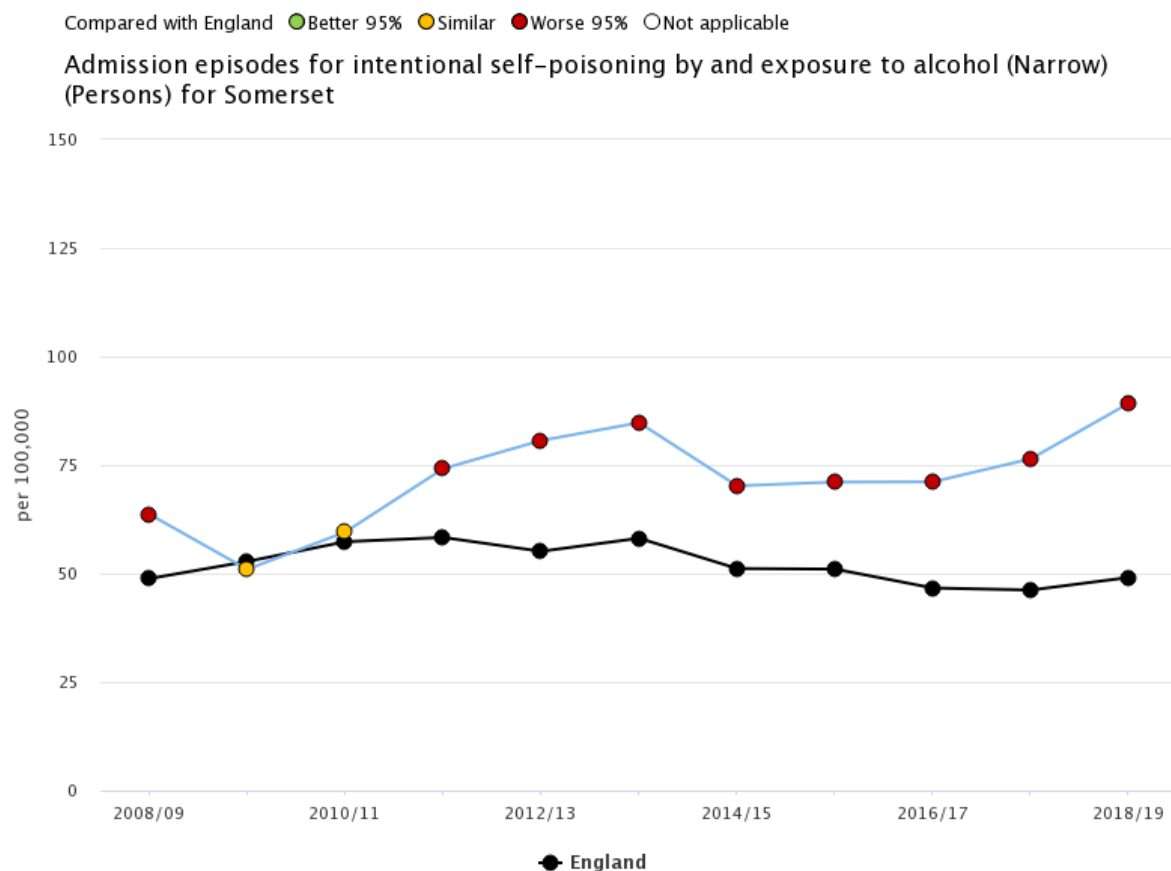
Figure 9. Admission episodes for alcohol-related conditions (Narrow) – Under 40s (Male) for Somerset



One possible contributing factor for this increase in admissions for alcohol-related conditions is the increase in self-harm hospital admissions. The 2018 Director of Public Health's annual report focused on self-harm and identified that '*emergency hospital admissions for self-harm has found the increase in admissions is particularly driven by rising rates for girls and young women aged between 10 and 24. Rates were found to particularly peak at around the age of 15.*'

Looking at hospital admissions where the secondary diagnoses is an alcohol-attributable intentional self-poisoning we see an increasing trend when compared to the national level giving further weight to the hypothesis that self-harm may be contributing to the increase in alcohol-related hospital admissions

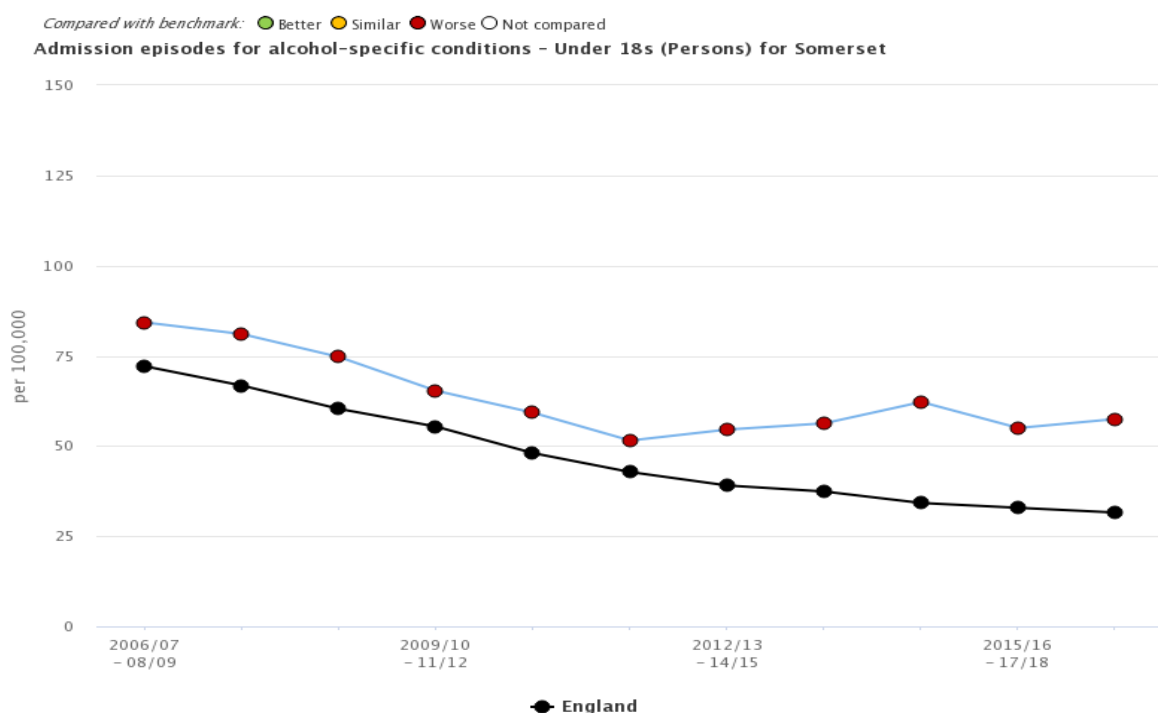
Figure 10. Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) – (Persons) for Somerset



Young People Hospital Admissions

Alcohol related figures are not given for those under 18, only alcohol specific. These show Somerset performing at a worse rate than national figures, and unlike the national rate which has steadily declined, the Somerset rate has remained largely stable since 2010. It could be that the increase in intentional self-poisonings in Somerset since 2010 is linked to this divergence from the national trend in admissions episodes for under-18s over the same period. However, as there is no age breakdown for intentional self-poisonings, this conclusion is based on the assumption that these self-poisonings are likely to be largely in the under-18 age group, and further analysis would be needed to better understand this.

Figure 11. Admission episodes for alcohol-specific conditions -Under 18s (Persons) for Somerset



Conditions related to Alcohol

Alcohol has been identified as a causal factor in more than 60 medical conditions including liver disease, cardiovascular disease, mental health problems and cancer.

The LAPE publishes several alcohol related conditions by local authority between 2004/06 – 2016/18. Somerset has lower rates of admission episodes for mental and behavioural disorders due to use of alcohol, lower rates of alcohol-related cardiovascular disease and lower rates for alcohol related liver disease than the England average. It has similar rates for the incidence of alcohol-related cancers as England.

Children who live with adults that drink

Multiple studies on parental alcohol misuse (PAM) show it has significant negative effects on children's physical and mental well-being. Such effects can be experienced over the short- and long-term and can continue throughout life. The effects of parental alcohol misuse depend on the level of parental drinking, whether both parents misuse alcohol, the child's age, and the presence of other factors such as domestic violence.

PAM is associated with impacts on children's mental and physical health. Reviews of studies identify increased risk of obesity, eating disorders, and attention deficit hyperactivity disorder, as well as of hospital admissions and injuries. A 2011 study found 61% of care applications in England involved misuse of alcohol and/or drugs. Between 2011- 2014, PAM was implicated in 37% of cases involving the death or serious injury of a child through neglect or abuse in England. Children involved in child protection cases involving PAM have poorer welfare outcomes than those in cases where alcohol is not a factor, and such cases place a considerable burden on social services.

Parents' alcohol use is linked to adolescent alcohol use, though some studies suggest peer alcohol use may be a more important influence. Many parents believe that introducing adolescents to alcohol is an important part of 'growing up' and may be beneficial. There is mixed evidence about the effects of parents providing adolescents with alcohol. Some studies suggest it reduces risky drinking, such as

bingeing, but other studies find it is associated with earlier initiation into alcohol use and heavier drinking by adolescents. Government guidelines recommend children do not drink at all under the age of 15, and thereafter only under parental supervision (POST, 2018).

Drinking and pregnancy

Determining the effects of drinking during pregnancy is difficult due to the influence of other factors such as diet. Government guidelines now recommend that the safest approach for pregnant, breastfeeding, or women who are planning a pregnancy, is not to drink alcohol at all.

Drinking alcohol in the first three months of pregnancy has been linked to increasing the risk of the baby having a low birth weight, premature birth, and miscarriage.

Drinking in pregnancy after the first three months has been linked to increasing the risk of the baby having learning disabilities and behavioural problems.

Alcohol can affect foetal development and can cause birth defects or complications during pregnancy. The term 'foetal alcohol spectrum disorder (FASD)' refers to a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy. Children affected by FASD often have learning difficulties; mood, attention, or behavioural problems, poor physical growth, health issues, problems at school, and involvement in crime.

Alcohol Mortality

In 2018, the most current data as of writing, there were 7,551 deaths related to alcohol specific causes registered in the U.K. While this was slightly lower than the 2017 rate it is still a significant increase on the 2015 rate and the second highest since the time series began in 2001.

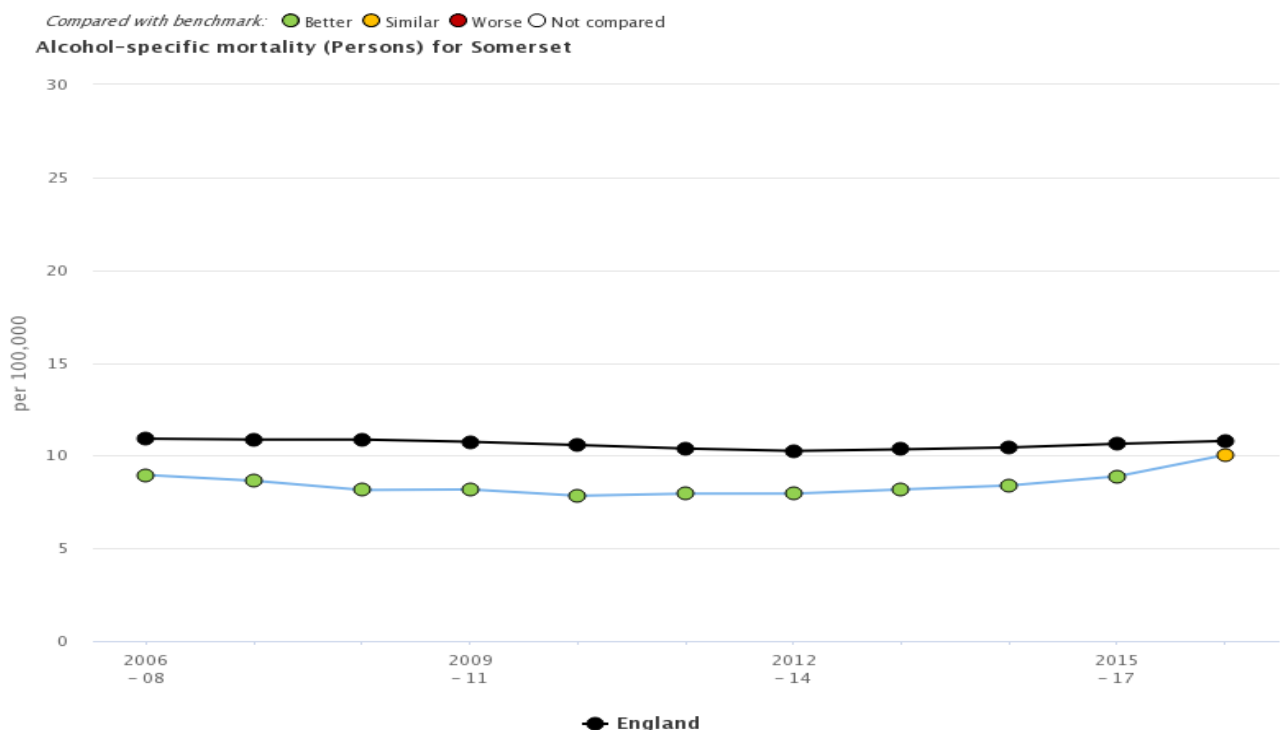
Males have double the rate of alcohol specific deaths as females which has been consistent since 2001. Death rates were highest in the 55 – 59 age group for males and the 60 – 64 age group for females. Since 2001 those dying of alcohol specific causes have seen statistically significant increases in those aged 55 – 74.

Alcohol specific deaths made up 1.2% of all causes of deaths registered in the UK in 2018, however they made up 9.6% of deaths for those aged 40 – 44.

Three quarters of all alcohol-specific deaths were from alcohol related liver disease with this figure making up 80% of those dying from alcohol specific causes in the 60 – 64 age group (ONS, Alcohol-specific deaths in the UK: registered in 2018, 2019)

In Somerset alcohol-specific mortality has been consistently better than the England rates until the most recent year where it was similar.

Figure 12. Alcohol-specific mortality (Persons) for Somerset

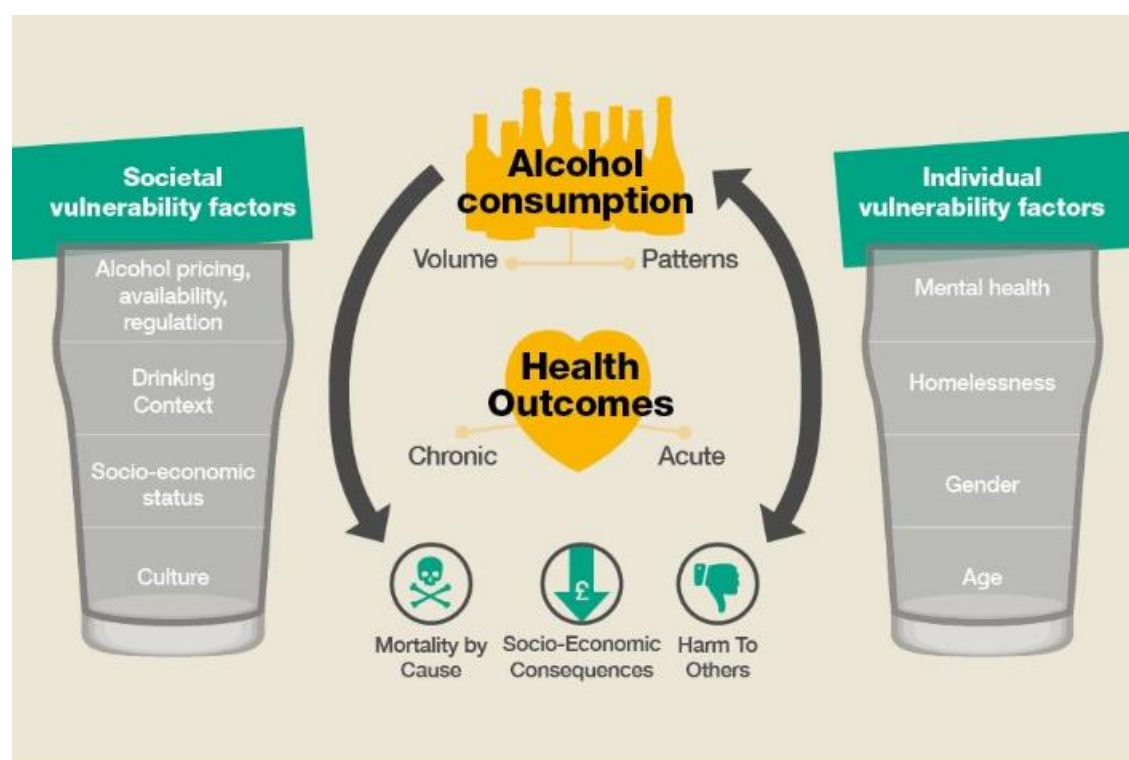


Inequalities

Alcohol does not have an equal impact across society, rather key population groups are disproportionately impacted by alcohol.

Although the volume of alcohol consumed is a clear indicator of potential harm to health, other factors affect the relationship.

Figure 13. Alcohol and its links to vulnerabilities and inequalities



PHE: LAPE Fingertips: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/supporting-information/Alcohol_inequalities2

The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income groups and those experiencing the highest levels of deprivation. This is known as the 'alcohol harm paradox'. On average, people on low incomes drink less than people on high incomes, but people living in deprived areas are many times more likely to attend hospital for an alcohol related condition, or to die of an alcohol related cause. There are many complex and interlinked factors which may be behind this apparent paradox. One factor is the interaction between alcohol and

other health related factors: higher rates of smoking and poor diets were found to significantly amplify the harmful impacts of drinking in poorer communities (Bellis, et al., 2016).

Patterns of consumption can also help to understand the alcohol harm paradox. The harm paradox is based on the average consumption levels across different income groups. Further analysis has suggested that consumption may be more evenly distributed within higher socioeconomic groups; although on average those in the lower socioeconomic status groups may consume less alcohol, this average represents a smaller number of individuals consuming at a high level, alongside higher numbers of non-drinkers. Similarly, research has shown that individuals working in manual or 'un-skilled' occupations – when compared to those in higher managerial occupations - are less likely to exceed recommended limits for both weekly and episodic drinking but are more likely to exceed more extreme thresholds. (Lewer et al, 2016)

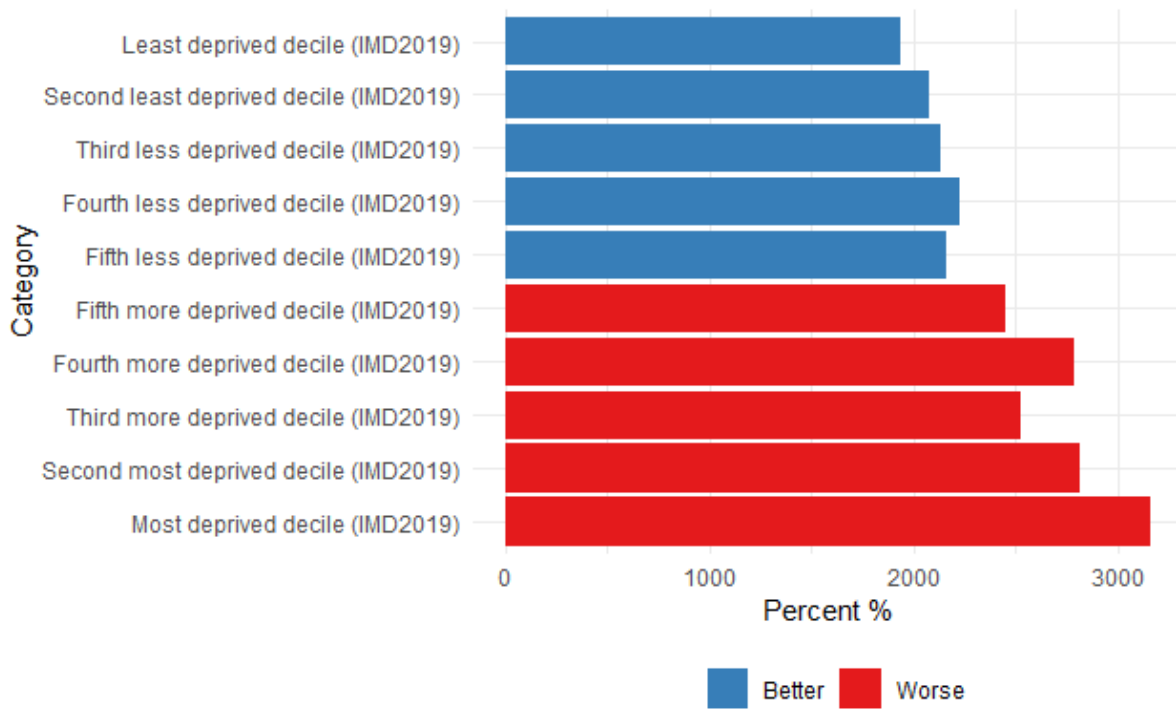
Deprivation

The index of multiple deprivation is a measure of relative deprivation at LSOA (Lower Super Output Area) level. Different domains of deprivation are scored, and an overall score is produced from these individual domains. The below scatter chart shows the correlation between relative deprivation and the number of clients engaged with Somerset's specialist treatment service Somerset Drug and Alcohol Service (SDAS) by LSOA.

IMD is the measure of overall deprivation, calculating from the weighted scores of the individual domains of deprivation. It gives an indication of overall levels of relative deprivation at LSOA level. A higher score indicates a higher level of deprivation.

In England there is a relationship between greater numbers of hospital admissions for alcohol-related conditions and the more deprived an LSOA.

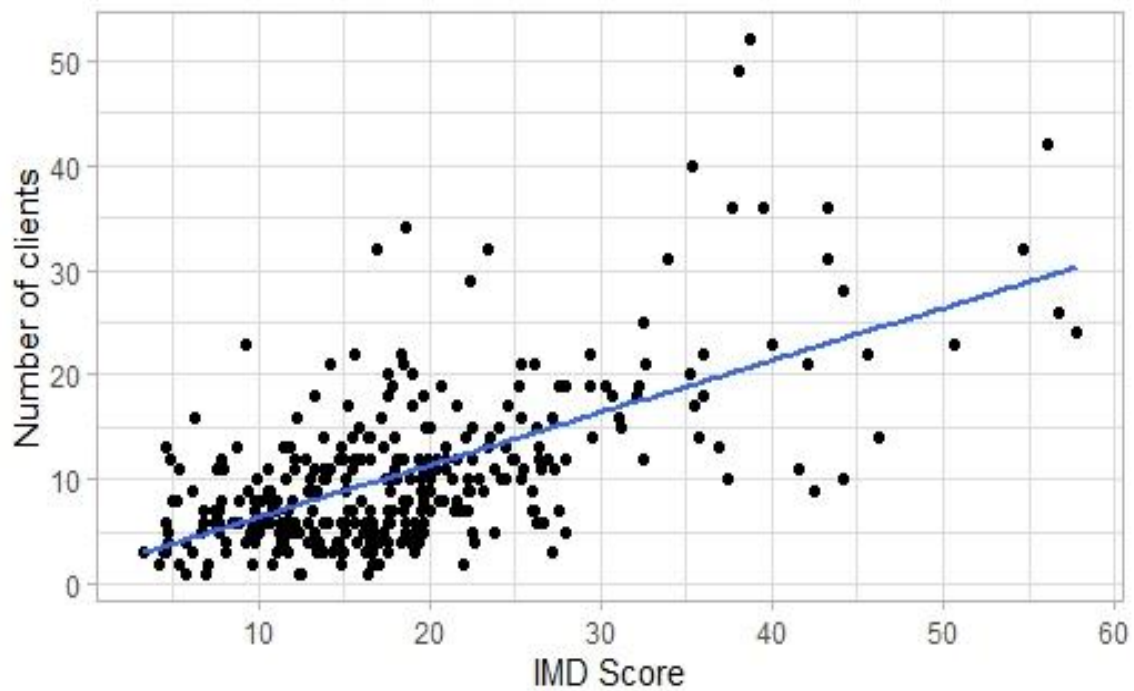
Figure 14. Admission episodes for alcohol-related conditions by deprivation deciles in England 2018/19



In Somerset we can look at treatment data to see how many clients are coming from an LSOA and compare that to the IMD score of that LSOA.

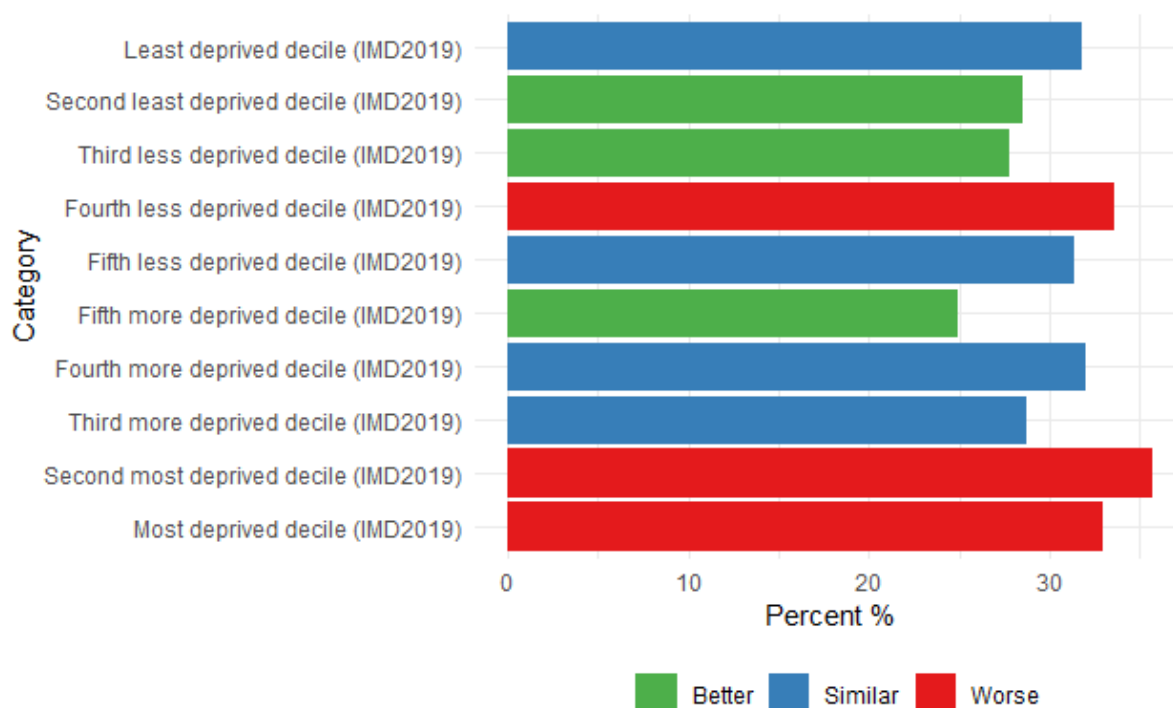
The trend line shows that as deprivation increases so does the number of alcohol using clients within a LSOA, possibly indicating that areas of higher deprivation have a higher demand for the service. However, we must be careful not to derive causation from this, further statistical analysis ($R^2 = 0.13$) indicates that IMD alone is a weak contributor to the number of adult alcohol clients within a LSOA and like national research suggests is probably linked to a wider range of issues impacting higher deprivation areas.

Figure 15. Indices of Multiple Deprivation (IMD) score by Lower Super Output Area (LSOA) by number of clients in structured treatment in Somerset



Deprivation also has an impact on young people’s drinking habits. PHE produced a rapid evidence synthesis of how young people are affected by alcohol, drugs and smoking, that included an examination of hospital admissions related to underage drinking. This evidence review found those UK regions with the highest levels of social deprivation had the highest under 18s admission rates due to alcohol-specific conditions (Mason, Pearce-Smith, & Beynon, 2018).

Figure 16. Admission episodes for alcohol-specific conditions – Under 18s (Persons) by deprivation deciles in England 2018/19



Local data isn't available, but the above chart demonstrates that nationally the more deprived areas are more likely to be worse (red) than the national average (black vertical line). Interestingly the least deprived decile is similar to (orange) but slightly higher than the national average. If Somerset was similar to the national average, then we would expect to see higher admissions from more deprived deciles and may provide an opportunity for targeted work. Further analysis would need to be undertaken to investigate this.

Veterans

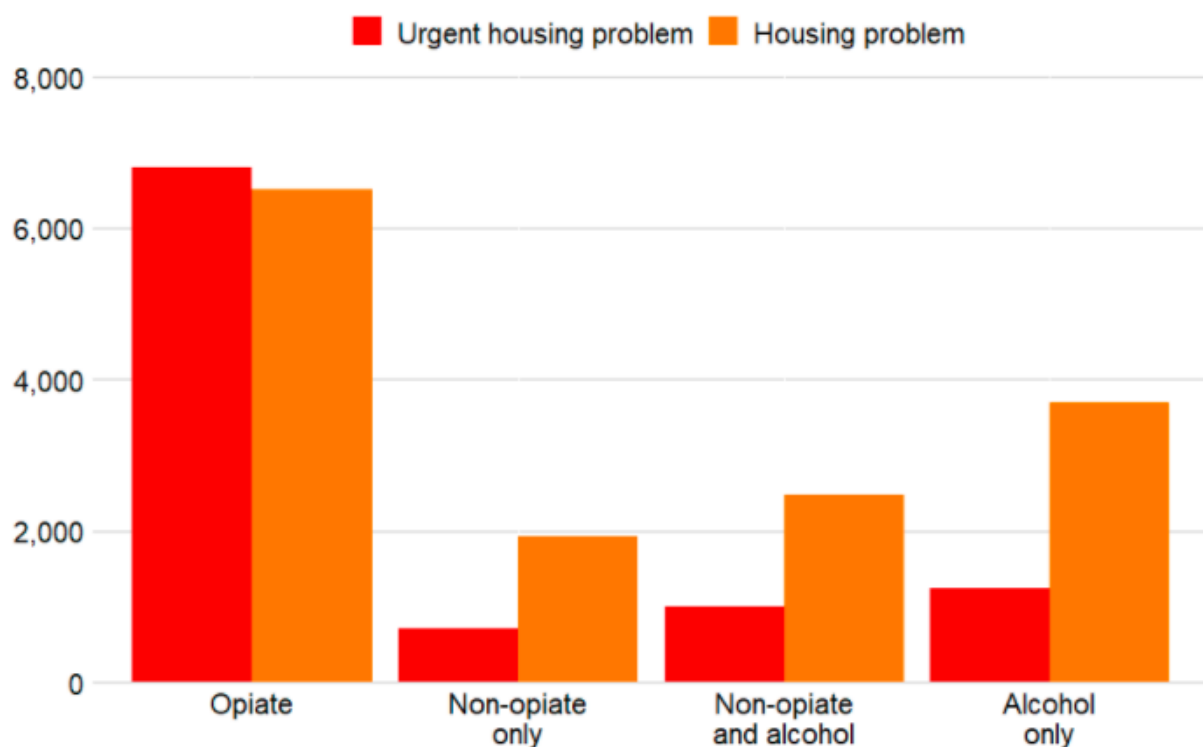
Somerset is home to approximately 46,000 veterans which is around 8% Somerset population (Defence, 2017). Those who have served in the military are much more likely to classify as having a drinking problem than the general population. One study suggests that 67% of men and 49% of women in the military drink at levels considered increasing risk compared to 38% of men and 16% of women in the general population (Fear, et al., 2007).

Housing problems

Alcohol has been linked as both a cause and an effect of housing problems and homelessness. Alcohol problems were ranked 4th in the top ten factors cited as contributing to homelessness in a study by the housing charity Shelter (2007). Drug & Alcohol related anti-social behaviour is probably the easiest way to be rejected/banned from social housing. Alcohol and/or drugs were cited as a problem in 23% of respondents.

In the most recent substance misuse treatment report by the National Drug Treatment Monitoring System (NDTMS) they reported that 3,696 alcohol only clients in England had a housing problem and 1,246 people had an urgent housing problem. The chart below demonstrated that while alcohol only clients have the second highest demand for housing it is relatively small when compared to the need for opiate clients.

Figure 17. Housing need for people starting treatment in England in 2019 to 2020 (NDTMS)



Mental Health

NDTMS reported over half of people (60%) starting treatment in England in the alcohol only category in 2019/20 said they had a mental health need. A quarter of these said they were not receiving any treatment to meet this need. Of those who were receiving treatment, over half (54%) received it in a primary care setting such as a GP surgery.

Wider Impacts of Alcohol

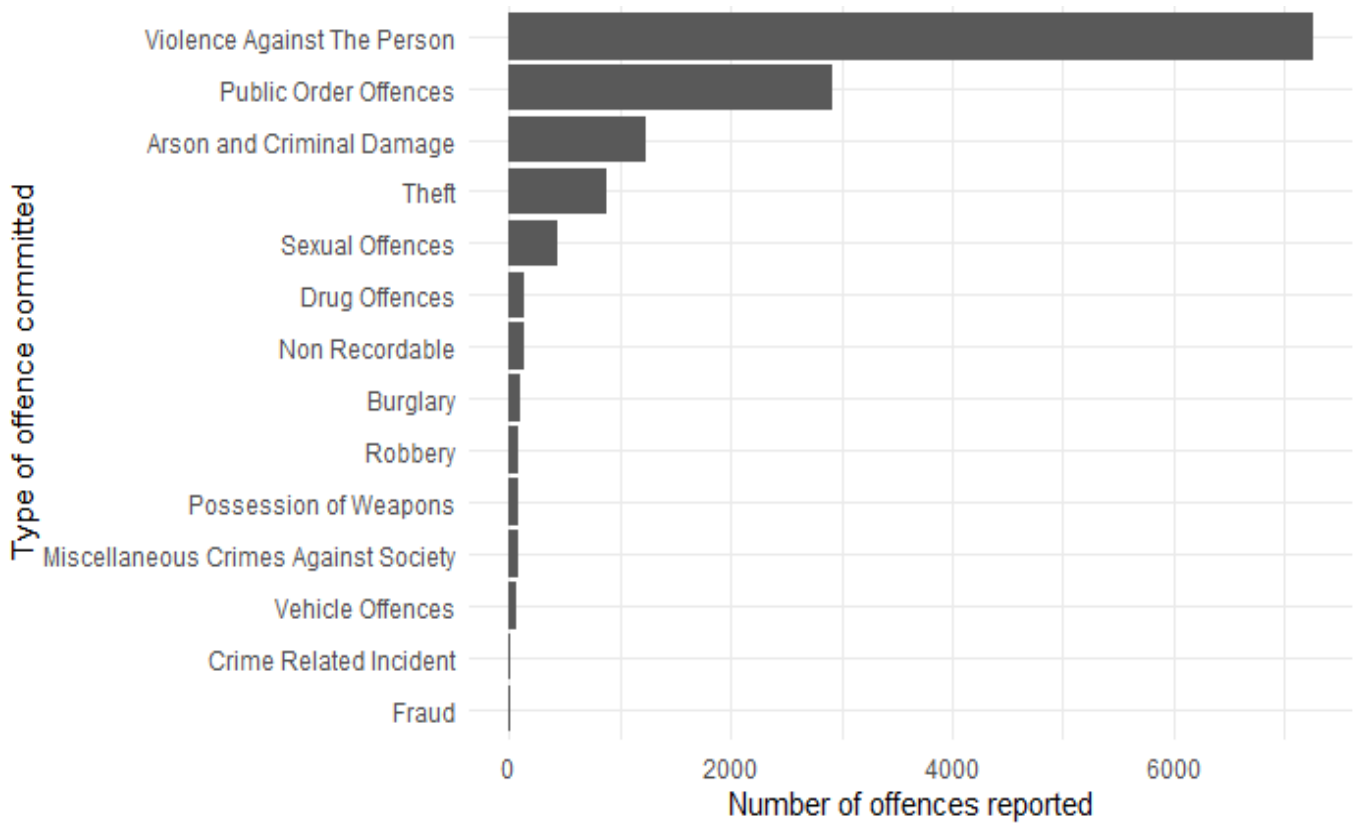
Violence and Crime

Nationally there is plenty of literature exploring links between alcohol and violence. A recent study demonstrated that generally lower socioeconomic groups experience higher prevalence rates of alcohol-related violence overall, and higher incidence and prevalence rates for alcohol-related domestic and acquaintance violence (Bryant & Lightowlers, 2021). The Focus on violent crime and sexual offences report by the ONS stated that 40% of victims believed that the perpetrator was under the influence of alcohol (ONS, Focus on violent crime and sexual offences, England and Wales: year ending Mar 2016, 2017).

In Somerset a recent needs assessment by the Violence Reduction Unit (VRU 2020 - 2021) noted that 'Research is needed to investigate the link between alcohol consumption and violence in the County, to understand if there are specific locations that are driving alcohol-related violence that could be targeted for preventative measures.'

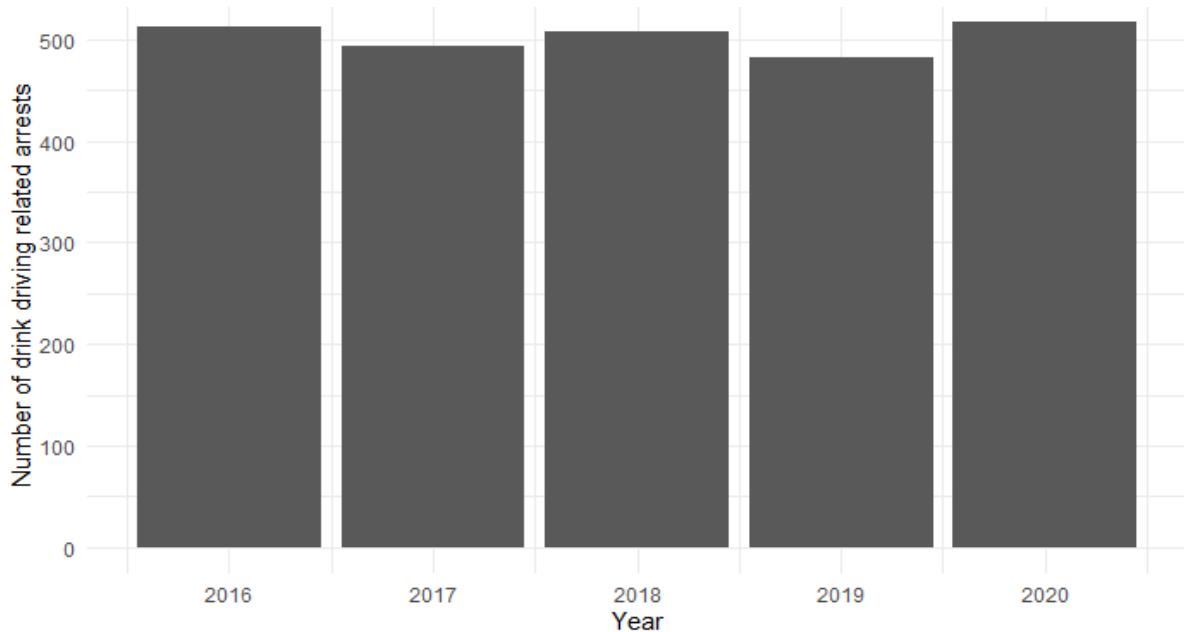
Available data from the police shows the number of crimes reported between 2015 and 2021 that involved alcohol. There were 12,114 offences reported in this time. We can see from the chart below that the most reported crime was 'Violence Against the Person'.

Figure 18. Number of offences reported involving alcohol between 2015 and 2021 in Somerset



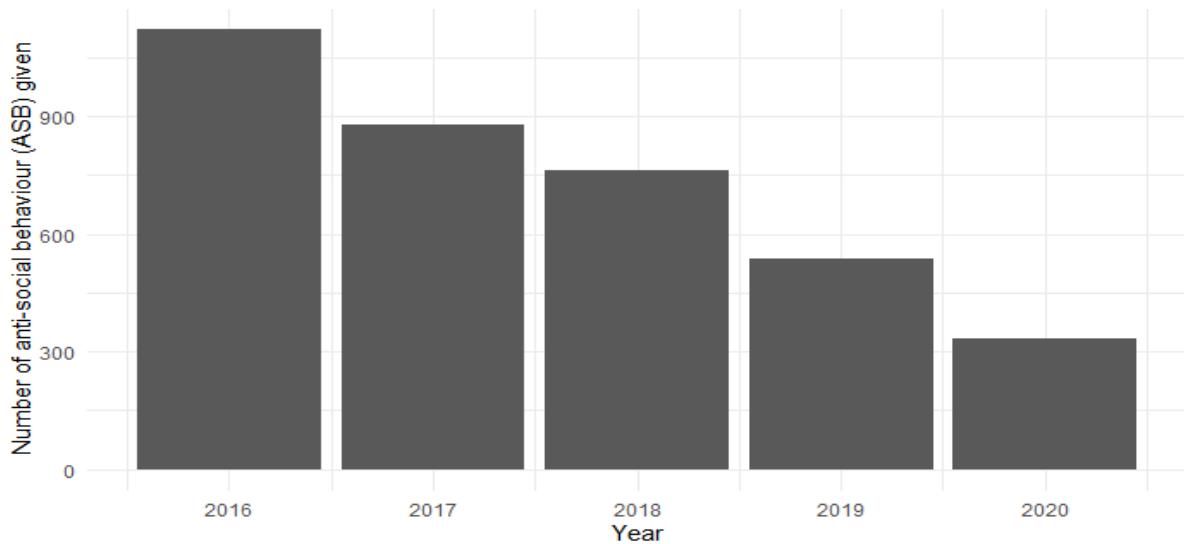
Police data also shows the number of drink driving arrests made. The below chart shows that these numbers have remained consistent over the last five full years of data.

Figure 19. Number of arrests made for drink driving between 2016 and 2020 in Somerset



Anti-social behaviour orders (ASB) given involving alcohol have decreased year on year for the last full five years of data.

Figure 20. Number of ASBs given involving alcohol between 2016 and 2020 in Somerset



Road Traffic Accidents

An alcohol related road traffic accident is an accident where at least one driver failed a breathalyser test. According to PHE data Somerset was similar to England and

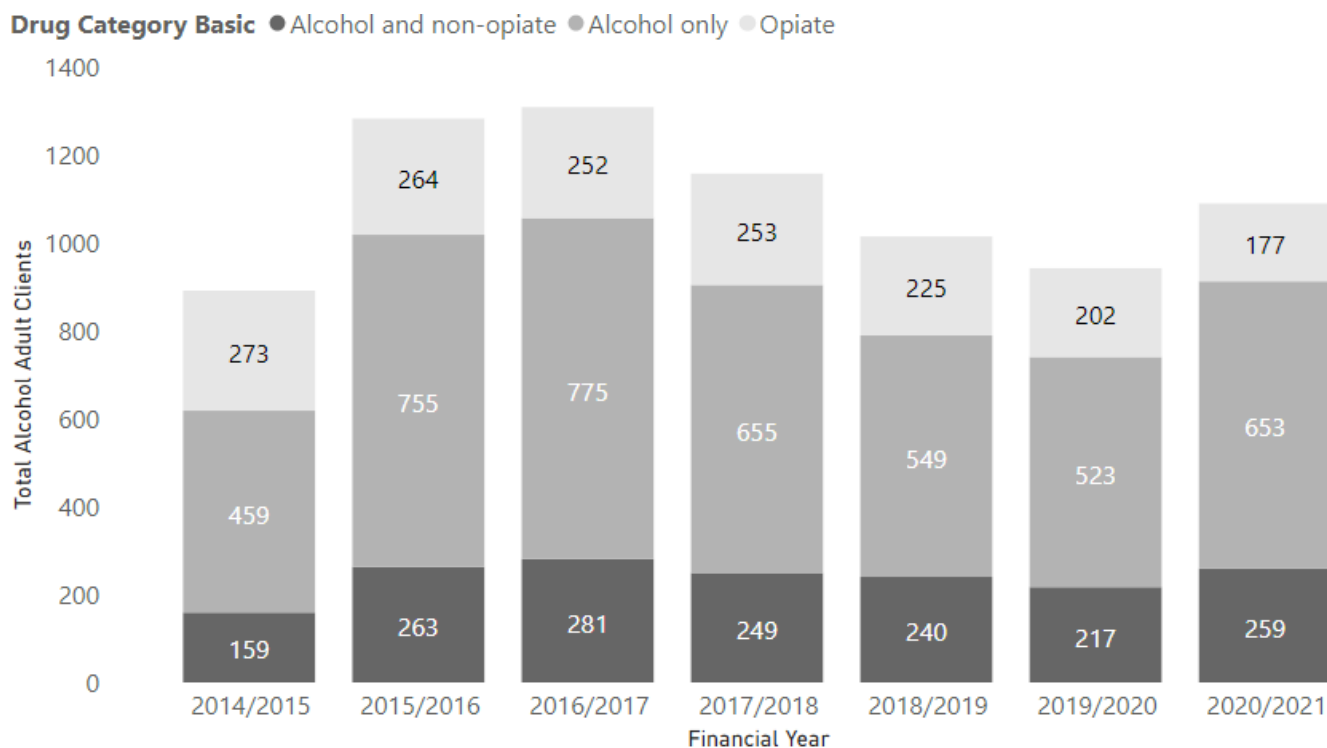
better than the South West for alcohol related roads traffic accidents between 2014 – 2016.

Commissioned Services

Between the 1st April 2014 and the 31st March 2021 SDAS had 3794 adult clients in treatment who were using alcohol. This equated to 34% of all clients SDAS had in structured treatment during this time. Of these 3794 clients, 61% were only using alcohol and 39% were also using drugs alongside alcohol.

The chart below shows the distribution of alcohol using clients with an open structured treatment episode with SDAS by financial year and National Drug and Treatment Monitoring System (NDTMS) defined drug category. Some clients had more than one episode so will be counted in multiple years, others had episodes that crossed years so will be counted in more than one year. Therefore, the sum of each of the parts may be greater than the total.

Figure 21. Number of alcohol using clients with an open structured treatment episode in contact with SDAS by NDTMS defined drug category and year.



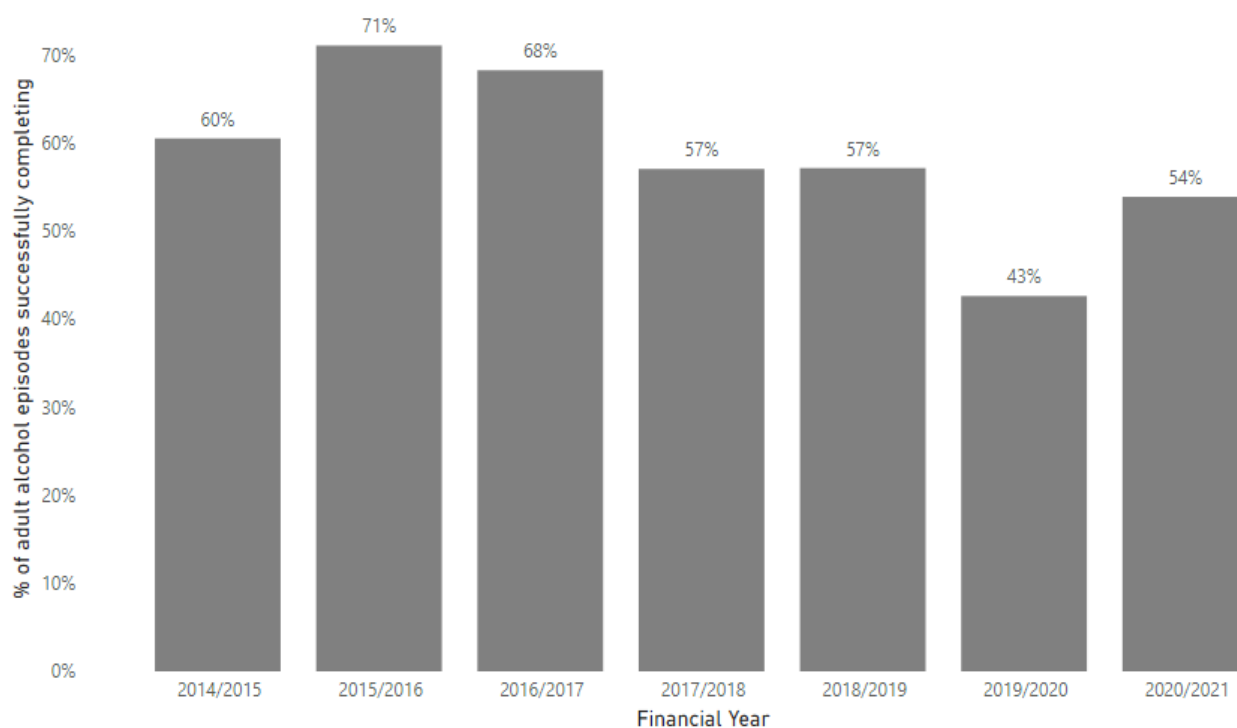
2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
886	1274	1301	1150	1004	935	1084

Below we can see a chart showing the percentage of successfully completed episodes by clients who were using alcohol out of all clients who were using alcohol whose episode closed in that financial year. Below that is a table giving the number of episodes of alcohol using clients who successfully completed.

We can see that in both 2014/15 and 2019/20 the actual numbers of successful completions fell. This is most likely due to these years being the first years of new contracts and there being an amount of change/disruption to the service having an impact on staffing and procedures. After a competitive tender in April 2019 Turning Point began a new contract commissioned by Somerset County Council to provide drug and alcohol services. This may have had an impact on the quality of service as the new service developed.

However, looking at the proportion of successful completions 2014/15 doesn't look like it had any decrease but that was because the number of clients that closed was much lower than in later years including 2019/20.

Figure 22. Percentage of alcohol episodes that were successful completions of all alcohol episode closures by financial year.

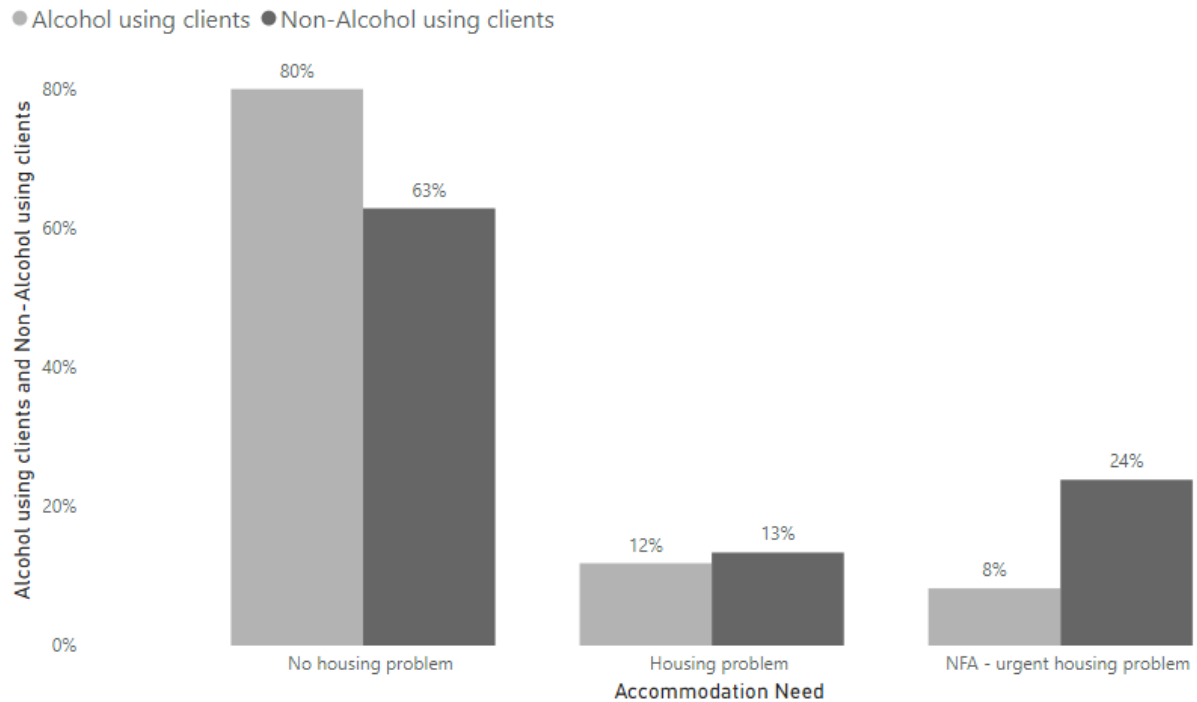


Financial Year	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Number of alcohol episodes that successfully completed	222	461	541	406	409	262	391
Number of alcohol episodes that closed	367	649	793	712	716	615	726

Clients coming into treatment often have a variety of additional needs which can impact their chances of recovery. The chart below shows the proportion of clients coming into treatment over the last six years by housing need. It shows those clients with alcohol as one of their three primary substances and clients who do not have alcohol as one of their three primary substances. We can see that proportionately alcohol using clients are less likely to have a housing need than non-alcohol using

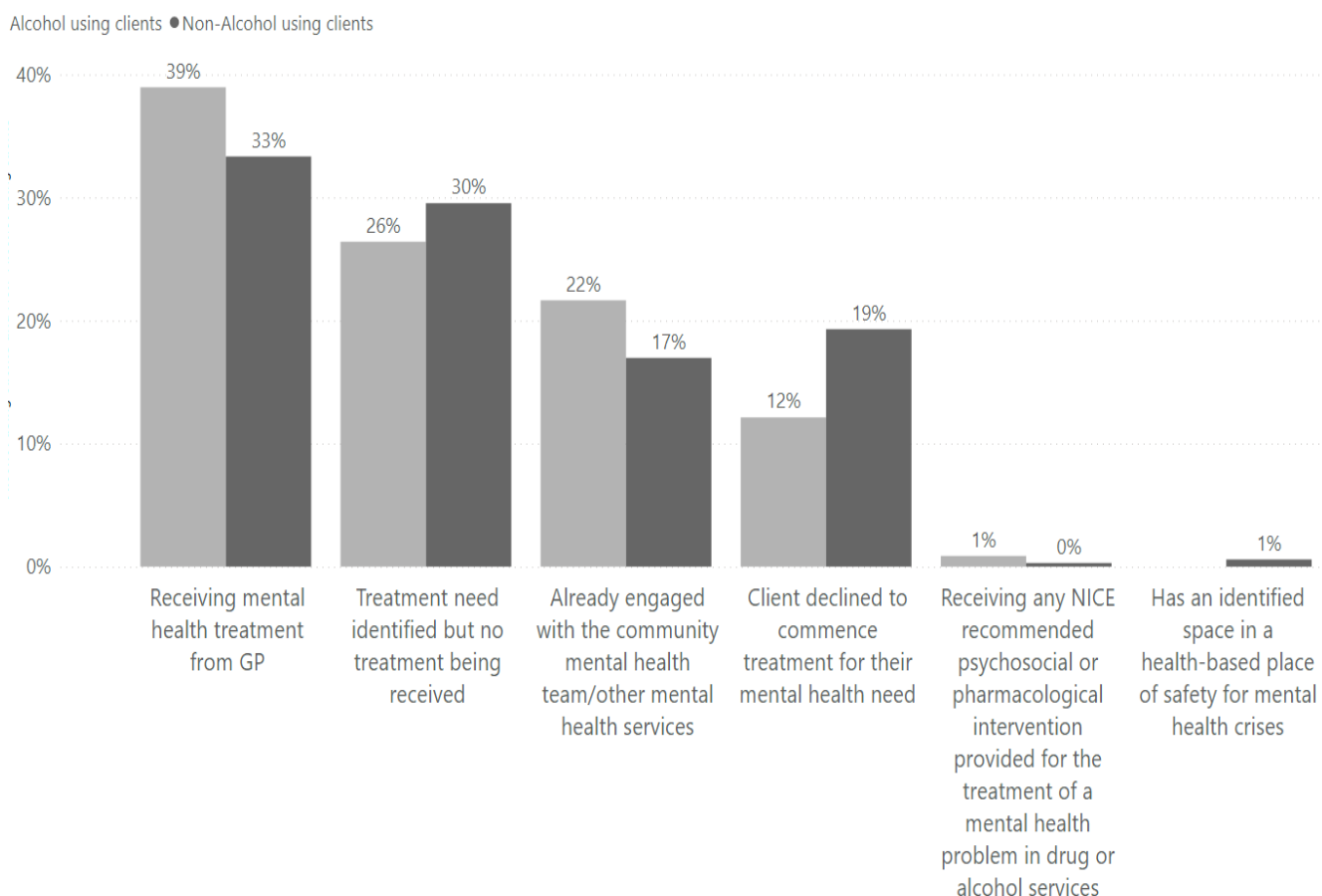
clients. However, 20% of alcohol using clients coming into treatment have a housing or urgent housing problem (please see glossary for housing definitions).

Figure 23. Proportion of clients coming into treatment by accommodation need and alcohol use between 2014 - 2020



When looking at mental health, alcohol using clients are more likely to present to treatment with a dual diagnosis (33%) than non-using alcohol clients (27%). If an alcohol using client is identified with a mental health service they are more likely to be engaging with a mental health service and less likely to decline treatment for their mental health need than a non-alcohol using client.

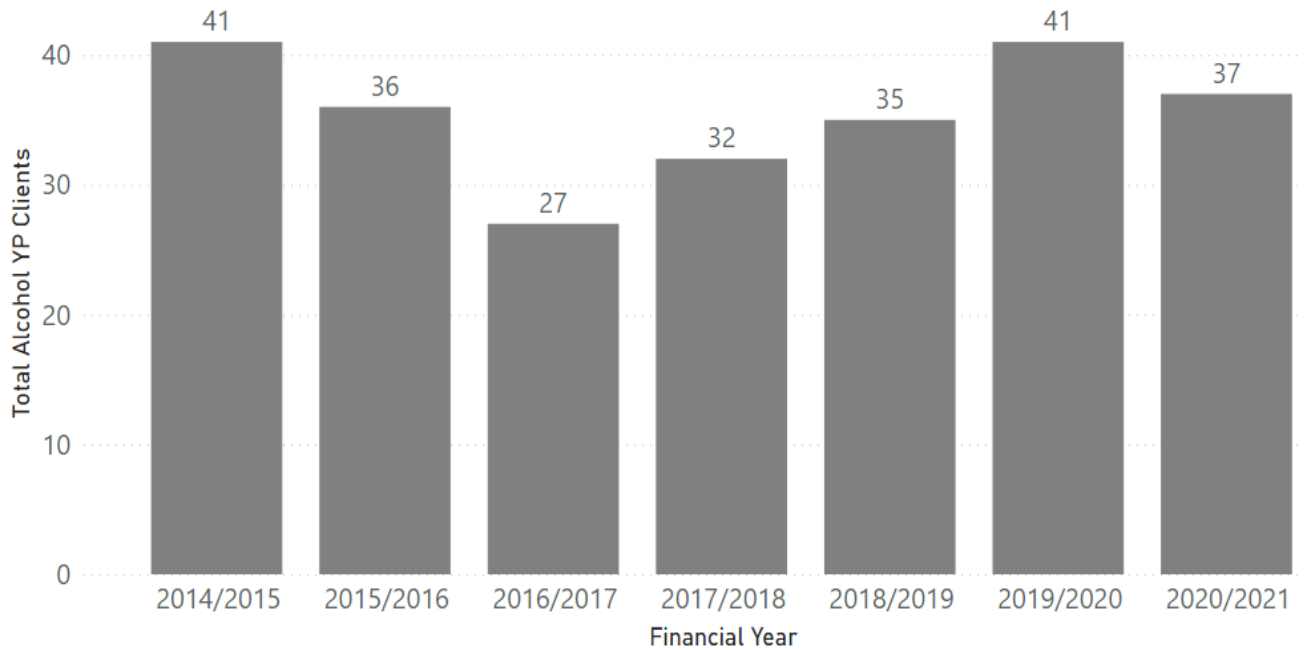
Figure 24. Proportion of alcohol and non-alcohol clients identified as engaging with a type of mental health support service by type of service.



Alcohol using clients are also more likely to have been affected by domestic abuse (20%) than non-alcohol using clients (14%). Of those that were affected 73% were victims, 21% were perpetrators and 6% were witnesses.

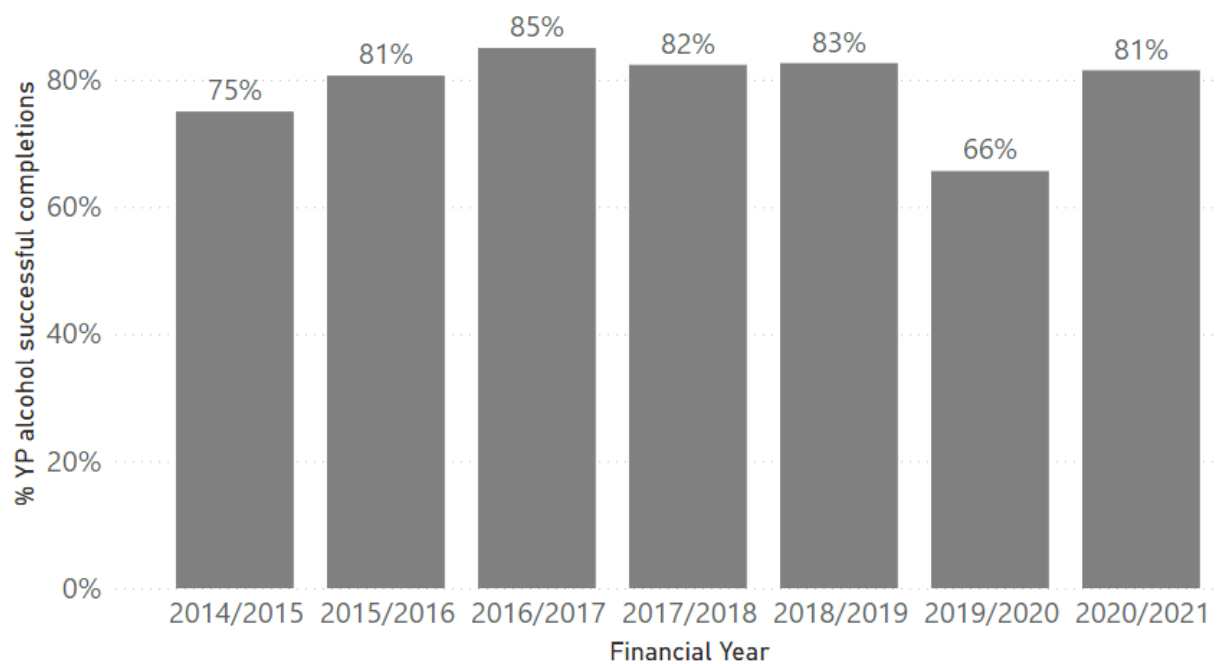
The SDAS Young People (YP) team have seen increases in recent years to the number of individuals using alcohol with an open episode. In part this is due to recommissioning including moving some of the young peoples work under the same contract as the adults meaning its managed by one provider.

Figure 25. Number of alcohol using young people with an open episode by financial year



Successful completion rates for YP have remained mostly over the 80% mark with the 2019/20 being the exception. This was a transition year with the start of a new contract, so this may have had an impact as demonstrated in other data.

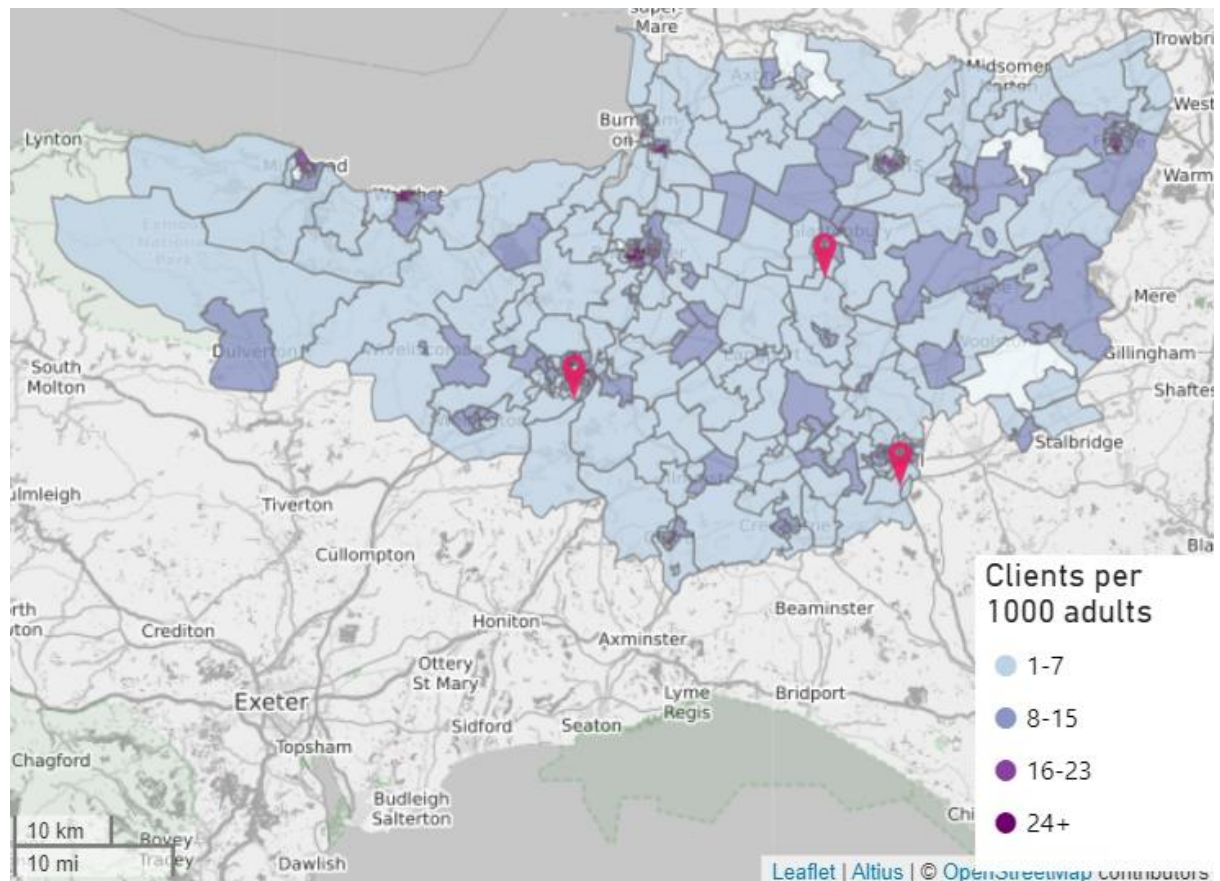
Figure 26. Proportion of alcohol using YP successfully completing of all YP with a closure date by year



Access to Services

Below is a map of Somerset by LSOAs showing numbers of clients per 1000 adult residents and the three SDAS hubs located in Taunton, Yeovil and Street. We can see that in addition to these locations, higher rates of clients are focused in Bridgwater, Burnham-on-sea, and Minehead. In these areas SDAS operates outreach via being based in GP practices to run regular clinics.

Figure 27. Map of Somerset showing number of clients per 1000 adult residents and SDAS service locations.



Impacts of Covid-19 on drinking behaviour

In March 2020 a lockdown was imposed on England due to the Covid-19 pandemic. This lasted for several months and was followed by another two lockdowns of varying length over the next year. This had unprecedented impact on services and peoples physical and mental wellbeing much of which has yet to be fully measured. Some of the research that has been undertaken is discussed below.

Almost half (48%) of British respondents to the Global Drug Survey disclosed they were drinking more alcohol during the first national lockdown than before the coronavirus outbreak.

A recent study highlighted that the impacts of Covid-19 on drinking behaviour were mixed. A quarter of the 33,000 participant study were found to be drinking more alcohol and a quarter were found to be drinking less (Garnett, et al., 2021).

A second study of 2777 self-selected participants found that 30% were drinking more frequently, 16% were drinking more units per drinking occasion and 14% reported more frequent heavy episodic drinking (HED). For men and women, increased frequency of drinking was associated with being less likely to believe alcohol drinking would lead to greater chance of catching COVID-19 and deterioration in psychological wellbeing. Increased unit consumption was associated with deterioration in financial situation and physical health. Increases to frequency of HED were associated with deterioration in psychological wellbeing and being furloughed. Gender differences were identified with increased units consumed and frequency of HED in men living with children but not women living with children, irrespective of whether a partner was present or not (Oldham, et al., 2021).

Alcohol Change commissioned new research to look at whether lockdown changed peoples drinking habits and in what way. Their research showed around a third of drinkers surveyed had either stopped or reduced the amount they drank and 21% said they had been drinking more frequently. Around half of drinkers said they had been drinking about the same, 15% said they were drinking more per session.

Although not everyone who drinks more often also drinks more per session, the survey shows a high level of consistency; most people who are drinking more often are also drinking more on a typical drinking day, and vice versa. The study also indicates that those who were already drinking at lower frequencies are more likely to have reduced the amount they are drinking and those who are drinking at higher frequencies are more likely to have increased the amount they are drinking. 7% of survey respondents felt that alcohol made the tension in their household worse since lockdown. The figures are higher for households with children where 14% reported alcohol increasing tensions. The research also shows that 38% of people who have drunk alcohol at some point are taking active steps to manage their drinking during lockdown. This includes; taking drink free days (14%), being careful with the amount of alcohol they buy (9%), stopping drinking completely for the lockdown (6%), seeking advice online (4%), attending remote support groups (3%), receiving remote 1-1 counselling (3%) using apps to monitor their drinking (2%). Alcohol change reported a 355% increase in websites hits of their get help now section between 23rd March and 13th April 2020 compared to same period in the previous year (Alcohol Change, 2020).

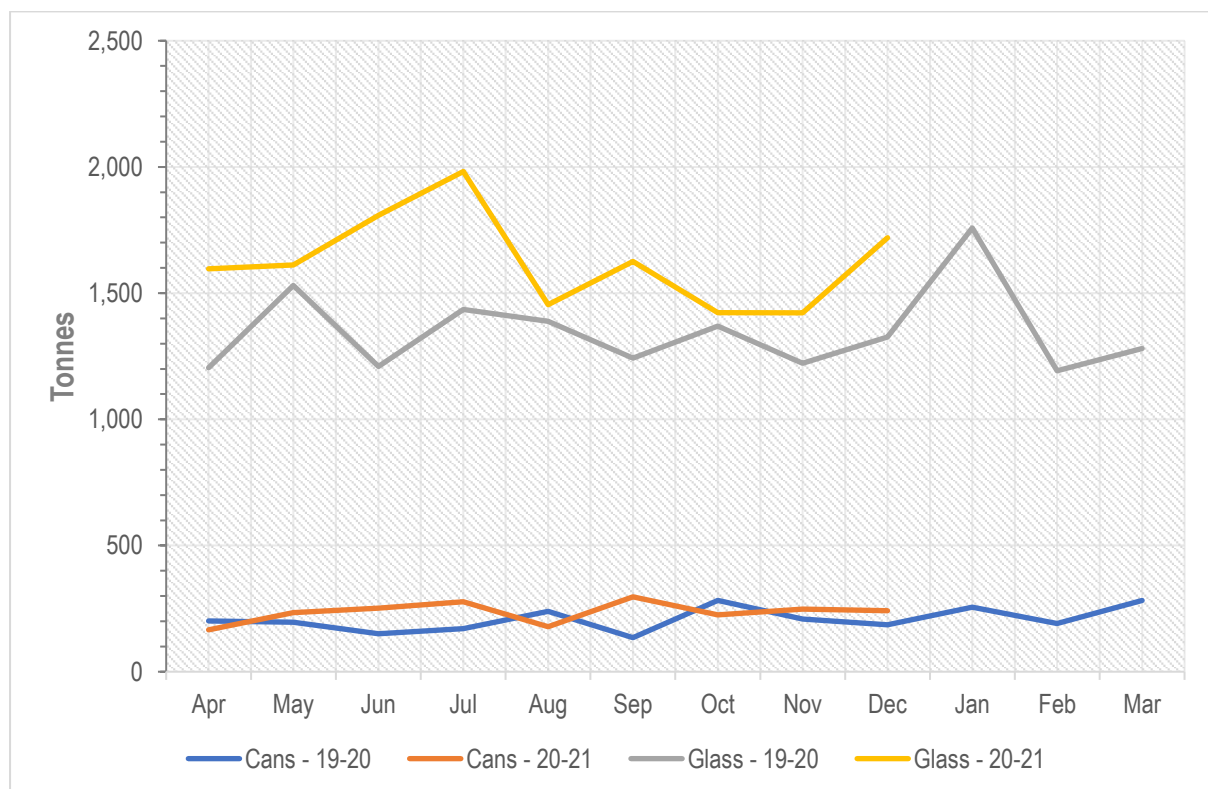
PHE published a report in July 2021 looking at the impact of alcohol consumption and related harm during the Covid-19 pandemic. In its published summary it identified overall that respondents were more likely to report increasing their alcohol consumption during the pandemic compared to previous years. There was a 58.6% increase in the proportion of respondents drinking at increasing and higher risk levels. In 2020 there was a 20% increase in total alcohol specific deaths compared to 2019. The greatest cause of this increase was linked to alcohol related liver disease. Alcohol related liver disease saw a 20.8% increase between 2019 and 2020. While liver disease rates have been increasing since 2001 the previous year's increase was only 2.9% (PHE, 2021).

Data collected by the Wine and Spirit Traded Association (WSTA) looking at alcohol sales in the 2020 year found that overall beer sales fell by 10% and wine sales by 5%.

While pubs and restaurants were closed during lockdowns it was expected that overall increases in supermarkets and delivery services would compensate however this appears to not be the case. However, a recent report by PHE indicated that wine and spirits sales had increased leading to a overall reduction of 2% when looking at all alcohol sales (PHE, 2021).

Somerset Waste Partnership (SWP) collects data on the amount of recycling picked up from households. The chart below shows the shifts in behaviour from the year prior to the pandemic to the year of the pandemic from April to December.

Figure 28. Amount of recycled glass and cans between 2019/20 and 2020/21



We can see a noticeable uptake in glass recycling during the pandemic year compared to the previous. However, this alone cannot determine that households were drinking more as some of this glass may have been usually used in restaurants and pubs.

The evidence provided in this section shows that the pandemic caused different responses to drinking alcohol in different groups. Overall evidence points to the UK

population reducing overall drinking during the 2020 year but those who were already drinking at higher levels were more likely to drink more and more likely to lead to negative health outcomes.

National Strategies around Alcohol Use

[PHE Evidence Review 2016](#)

In 2016 PHE published an Evidence review looking at the effectiveness and cost effectiveness of alcohol control policies. While much of this cannot be directly influenced at local levels such as taxation and price regulation it did provide evidence that a mix of policies at a local level can have positive impacts. These include education programs which while not cost effective have the benefit of shaping public behaviour to be more supportive of legislative changes and campaigns to reduce drinking. Brief interventions and treatments have a good return on investments if widely implemented with dedicated funding streams. Investing in alcohol treatment saves £3 in social return for every £1 spent which increases to £26 over ten years. Identification and brief advice in primary care reduces weekly drinking by 12%, reducing risk of alcohol related illness by 14% and absolute lifetime alcohol related death by 20%. It can also save the NHS £27 per patient per year (PHE, 2016)

PHE is currently working in partnership with the Department of Health and Social Care (DHSC) and the Scottish, Welsh and Northern Ireland governments, to produce UK-wide clinical guidelines for alcohol treatment to provide support for alcohol treatment practice. This piece of work was expected by the end of 2020 but no further updates have been given. There is currently no equivalent for alcohol to the UK drug misuse treatment guidelines (the 'orange book'), which has been vital in establishing and maintaining good practice for drug treatment. The proposed alcohol treatment guidelines will fill this gap. The main aim of the guidelines is to develop a clear consensus on good practice and help services to implement interventions for alcohol use disorders that are recommended by the

National Institute for Health and Care Excellence (NICE). The aim is also to promote and support consistent good practice and improve the quality of service provision, resulting in better outcomes.

Health as a Licencing Objective (HaLO)

Public health teams have a role as a responsible authority when it comes to licensing decisions and are expected to make representations to the licensing authority.

Health as a Licencing Objective (HaLO) is a one-stop resource with links to various data sources to help identify areas of high alcohol-related harm. It is used to inform the licensing process, by helping strengthen the evidence base to support decisions. The data can be used as part of representations to licensing applications and for policy development.

Data sources are chosen due to their relevance to the Licensing Act 2003 objectives. Alcohol-related health data is also included as an important addition to 'set the scene' of the wider alcohol-related harm in an area. All data sources are not equally important in respect of the licensing objectives and alcohol-related harm. Therefore, each data set is given a different weighting which will affect how much it contributes to the overall ranking.

The data matrix generated rates areas into Low, Medium, High and Very High, based on potential alcohol-related harm. The areas used are Lower Super Output Areas (LSOA's). Any postcode within the authority area can be inputted into the matrix, which then provides an overall comparative county wide "harm ranking" for the LSOA in which the postcode sits.

Alcohol CLear

There is a range of harms and at-risk groups and evidence points to a response that is multi-faceted and integrated and aimed at individual drinkers and whole populations. The [Organisation for Economic Co-operation and Development](#) suggests that combining alcohol polices can create a critical mass

effect, changing social norms around drinking to increase the impact on alcohol-related harm.

Effective local systems are coherently planned by local government, NHS and criminal justice partners to provide effective interventions to address the full range of drinking behaviours and harms to individual drinkers, families and communities.

The alcohol CLear (Challenge services, Leadership and Results) is a tool developed by Public Health England. It is an evidence-based approach that local alcohol partnerships can use to think about how effective their local system and services are at preventing and reducing alcohol-related harm.

The alcohol CLear tool helps partnerships to develop action plans for improvement through its focus on 3 main areas:

1. Challenge for the services that deliver interventions to prevent or reduce alcohol-related harm.
2. Leadership for the alcohol agenda, which involves considering how local structures and governance arrangements can support collaborative action to reduce alcohol harm.
3. Results achieved through recent activity to reduce alcohol harm, evidenced by national and local data sources.

The CLear tool encourages local partners to come together to discuss what they are doing to reduce alcohol-related harm and the effect it is having in their area. It helps to identify the strengths in what is being delivered locally and to identify areas which need more focus.

Recommendations

The needs assessment has highlighted areas for action to reduce overall population alcohol consumption and to reduce harm from alcohol in more vulnerable groups.

- 1) Reprioritise a multi-agency strategic group approach because alcohol is a multiagency issue with impacts across the criminal justice system, health and wellbeing and wider communities.
- 2) Use the Alcohol CLear tool developed by PHE to support local government and its partners to identify shared priorities, review local structures and delivery arrangements, and evaluate what works well to reduce alcohol-related harm. Planning is essential. Successful plans need to be based on the assessment of local needs, to address the harm, costs, and burden on public services from alcohol misuse.
- 3) Work with partners to develop the HaLO (Health as a Licencing Objective) tool to provide a one stop evidence resource for helping to inform the licensing process.
- 4) Raising awareness across the Somerset population of the Chief Medical Officers low risk alcohol consumption guidelines. Such activities may include targeted social media campaigns linked to events such as Dry January.
- 5) Providing opportunities for people to identify when they are drinking above healthier limits, are problem drinking or are possibly alcohol dependant through encouraging the use of screening tools across multi-agencies and services.
- 6) urther detailed reports into alcohol related admissions in the under 40s, why those admissions are occurring, the population group they represent and whether

those individuals should be and are appearing in treatment. This will be achieved within a separate follow up report working with Public Health Analysts to take a deeper dive into hospital admission data to see what's happening.

- 7) Looking at the impacts of the covid-19 pandemic on alcohol use and engagement with treatment systems.
- 8) Reviewing referral pathways with key partners and ensuring that those who are referred but don't access services can be offered appropriate care.
- 9) Working with partners to establish environments that supports the most vulnerable. Including considering better options for those struggling with housing problems and poor mental health.
- 10) Work with partners to further understand treatment journeys with a focus on those individuals who remain in treatment for long periods of time without moving towards successful completion and exit from the service.

Appendix I – Glossary of Terms

Alcohol-related:

Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases of the outcome, for example hypertensive diseases, various cancers and falls

Alcohol-specific:

Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.

Parents (NDTMS):

At treatment start, does the client have parental responsibility for a child aged under 18? A child is a person who is under 18 years of age. Parental responsibility should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a client lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. Parental responsibility as used here is wider than the legal definition of parental responsibility

On-Trade:

The sale of alcoholic drinks for consumption on the premises

Off-Trade

The sale of alcoholic drinks for consumption off the premises

Housing (NDTMS):

Term	Definition
NFA – urgent housing problem	Lives on streets/rough sleeper.

	<p>Uses night shelter (night-by-night basis)/emergency hostels.</p> <p>Sofa surfing/sleeps on different friend's floor each night.</p>
Housing problem	<p>Staying with friends/family as a short-term guest.</p> <p>Night winter shelter.</p> <p>Direct Access short stay hostel.</p> <p>Short term B and B or other hotel.</p> <p>Placed in temporary accommodation by Local Authority.</p> <p>Squatting.</p>
No housing problem	<p>Owner occupier.</p> <p>Tenant – private landlord/housing association/Local Authority/registered landlord/arm's length management.</p> <p>Approved premises.</p> <p>Supported housing/hostel.</p> <p>Traveller.</p> <p>Own property.</p> <p>Settled mainstream housing with friends/family.</p> <p>Shared ownership scheme</p>

Drug category (NDTMS):

The National Drug Treatment Monitoring System (NDTMS) statistics report presents information on adults (aged 18 and over) who were receiving help in England for problems with drugs and alcohol in the period 1 April 2019 to 31 March 2020.

Many people experience difficulties with and receive treatment for both substances. While they often share many similarities, they also have clear differences, so this report divides people in treatment into the 4 substance groups which are:

- opiate - people who are dependent on or have problems with opiates, mainly heroin
- non-opiate - people who have problems with non-opiate drugs only, such as cannabis, crack and ecstasy
- non-opiate and alcohol - people who have problems with both non-opiate drugs and alcohol
- alcohol only - people who have problems with alcohol but do not have problems with any other substances

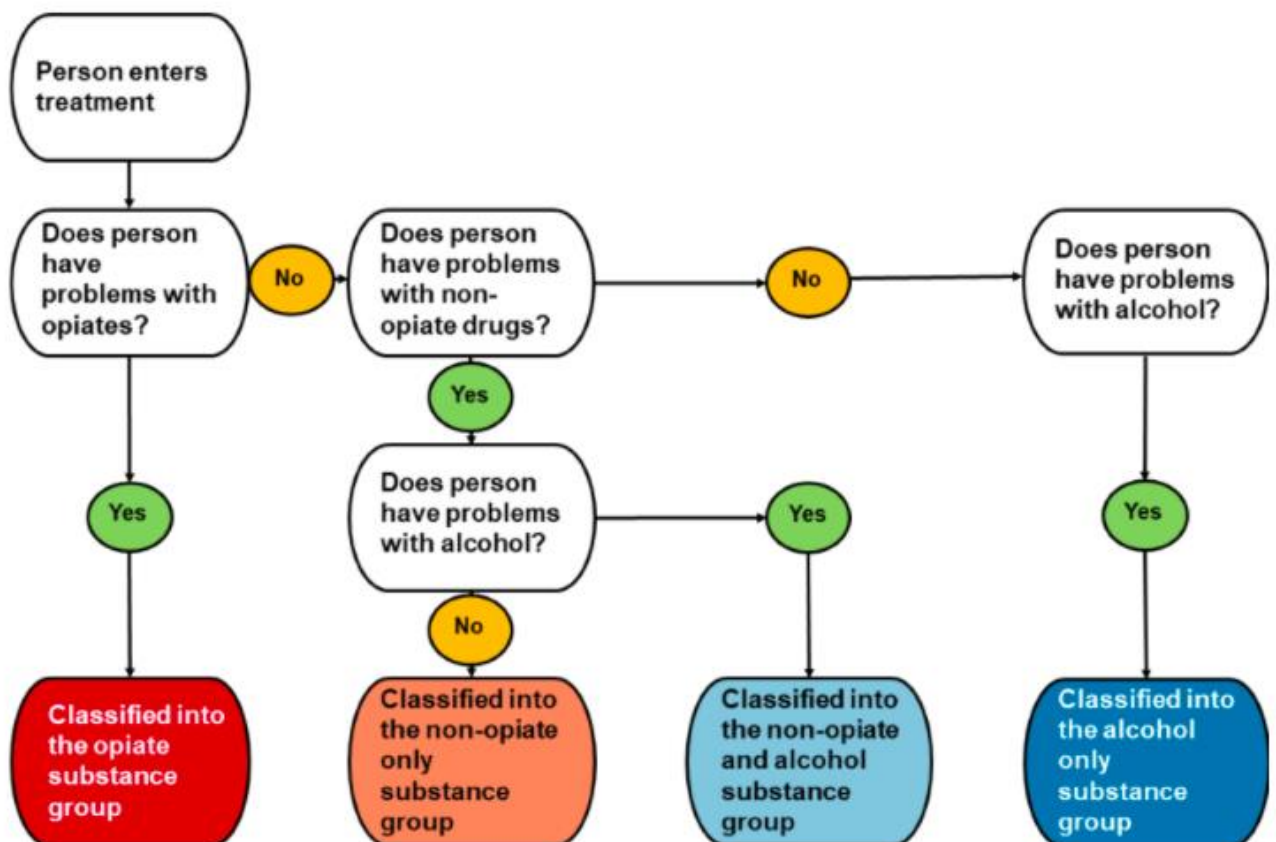


Figure 1: How people are classified into substance reporting group

References

- Alcohol Change. (2020, April). *alcoholchange.org.uk*. Retrieved from Alcohol Change UK: <https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings>
- Bellis, M., Hughes, K., Nicholls, J., Sheron, N., Gilmore, I., & Jones, L. (2016). The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals. *BMC Public Health*, 111.
- Bhattacharya, A., Angus, C., Pryce, R., Holmes, J., Brennan, A., & Meier, P. (2018). How dependent is the alcohol industry on heavy drinking in England? *Addiction*, 2225-2232.
- Bryant, L., & Lightowlers, C. (2021). The socioeconomic distribution of alcohol-related violence in England and Wales. *Plos One*.
- Defence, M. o. (2017). *Annual population survey: UK armed forces veterans residing in Great Britain 2017*.
- DrinkAware. (2019, 05 23). *drinkaware.co.uk*. Retrieved from drinkaware.co.uk: <https://www.drinkaware.co.uk/research/research-and-evaluation-reports/alcohol-consumption-uk>
- Fear, N. T., Iversen, A., Meltzer, H., Workman, L., L, H., & Greenberg, N. (2007). Patterns of drinking in the UK Armed Forces. *Addiction*, 1749 - 1759.
- Garnett, C., Jackson, S., Oldham, M., Brown, J., Steptoe, A., & Fancourt, D. (2021). Factors associated with drinking behaviour during COVID-19 social distancing and lockdown among adults in the UK. *Drug and Alcohol Dependence*, Volume 219.
- Global Drug Survey. (2020). <https://www.globaldrugsurvey.com/>.
- IAS. (2020). *The-alcohol-industry---An-overview*. IAS.org.
- Lewer, D., Meier, P., Beard, E., Boniface, S., & Kaner, E. (2016). Unravelling the alcohol harm paradox: a population-based study of social gradients across very heavy drinking thresholds. *BMC Public Health*, 599.
- Mason, J., Pearce-Smith, N., & Beynon, C. (2018). *Smoking, drinking and drug use*. Public Health England.
- NHS. (2019). *Health Survey for England*. Retrieved from <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018#summary>.

- Oldham, M., Garnett, C., Brown, J., Kale, D., Shahab, L., & Herbec, A. (2021). Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample. *Drug and Alcohol Review*.
- ONS. (2017). *Adult drinking habits in Great Britain: 2017*.
- ONS. (2017). *Focus on violent crime and sexual offences, England and Wales: year ending Mar 2016*.
- ONS. (2019). *Alcohol-specific deaths in the UK: registered in 2018*.
- PHE. (2016). *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review*.
- PHE. (2017). <https://fingertips.phe.org.uk/>. Retrieved from Fingertips.
- PHE. (2018). *Alcohol commissioning support: principles and indicators*. Retrieved from <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/alcohol-commissioning-support-pack-2018-to-2019-principles-and-indicators>.
- PHE. (2019 - 2020). *Adult substance misuse treatment statistics 2019 to 2020: report*. gov.uk.
- PHE. (2021). *Monitoring alcohol consumption and harm during the COVID-19 pandemic: summary*.
- POST. (2018). *POSTNOTE*, 570.
- Rice, B., Hough, J., Smith, J., Francis, M., & La Placa, V. (2007). *Reaching Out: A Consultation with Street Homeless People 10 Years After the Launch of the Rough Sleepers Unit*. London: Shelter.
- Team, H. C.-P. (2019). *Herefordshire Alcohol Needs* .
- Thompson, A., & Pirmohamed, M. (2021). Associations between occupation and heavy alcohol consumption in UK adults aged 40 - 69 years: a cross-sectional study using the UK Biobank. *BMC Public Health*.