

Summary

- An estimated 24% of the population drink more than the safe recommended levels of alcohol each week in Hampshire. This represents about 257,000 people across the county, or one in five people.
- Levels of abstinence have increased nationally from 10% in 1998 to 15% in 2009 (measured by the General Household Survey/General Lifestyle Survey). Alcohol abstainers make up a significant minority in many localities but may not be included in discussions about alcohol. Estimates of abstinence at local authority level are of particular importance in understanding the true nature and scale of the alcohol problem.
- Of the Hampshire population who do drink alcohol, about 6.6% drink at harmful levels, where they may be classified as “dependent” on alcohol and their drinking is likely to present health risks.
- 21.7% of the Hampshire drinking population consume alcohol at above the recommended levels and are categorised as having an “increasing risk” in terms of health and other associated risks such as offending and anti social behaviours which can impact on families and the wider community.
- There are conflicting data on UK alcohol consumption trends, between what people say they drink and the data on alcoholic drink sales. European research evidence indicates that people under-estimate their personal alcohol consumption by around 60%.¹
- Alcohol issues are present across the whole socio-economic spectrum. Levels of increasing and higher risk drinking are evident in all Hampshire districts; however Hart has the overall highest rate. Rushmoor and Gosport show significantly higher alcohol attributable mortality rates for males and females.
- Alcohol misuse has many negative societal impacts in terms of the burden it places on other services, such as emergency services, criminal justice services, local authorities, social care and rehabilitation services but most importantly, the strains it places on families who have to live through the consequences of alcohol misuse.

Recommendations

- Target alcohol education and awareness raising including social marketing initiatives on key groups, populations and setting.
- Continue to train and educate a wide range of frontline practitioners to be confident in basic alcohol screening (identification) and brief advice.
- Develop a locally consistent approach to alcohol awareness and education with children, young people and their parents and carers through schools, colleges and universities.
- Identify and support alcohol reduction in older adults through quality health promoting conversations within NHS Health Checks, Direct Enhanced Service provision to newly registering patients at GP practices, alcohol awareness with pharmacy-led medicine user reviews (MURs).

¹ <http://www.ucl.ac.uk/news/news-articles/1302/27022013-Alcohol-consumption-much-higher-than-reported-in-England-Boniface>

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- Identify, educate and promote alcohol abstinence in pregnancy through using booking and ante-natal engagement with health professionals to protect maternal and infant health.
- Enable an evolving night-time economy and the wider street and community environment through responsible licencing and license monitoring arrangements, and the implementation of local initiatives which support safer drinking and reduce disorderly and anti-social behaviours.
- Use local intelligence and enforcement powers to reduce under-aged and proxy alcohol sales and enforce appropriate street drinking byelaws.
- Maximise the opportunity created by the local authority alcohol licensing regulations and public health as statutory consultees to ensure that decisions to licence premises and events take account of the impact on the health of the population.
- Review and remodel the alcohol specialist treatment and support services that are available to reflect the needs of 'increasing and higher risk' drinkers identified as a group in the Hampshire population that are at risk of health harms.
- The trend of increasing alcohol related hospital admissions needs to be addressed particularly in areas where these are highest and a significant number of people present more than once.

1. INTRODUCTION

Alcohol is the second biggest behavioural health risk factor after tobacco use in the developed world². Regularly drinking more than the government-recommended limit increases the risk of developing chronic diseases including liver disease, diabetes, cardiovascular disease and cancers of the breast and gastrointestinal tract. High risk drinking also increases the risk of psychological ill-health and is also associated with a range of social and economic issues including loss of ability to function within employment and at the extreme, violent behaviour.

Organisations in Hampshire made progress in addressing the impact of alcohol on individuals, families and communities under the framework of the previous Government's national alcohol strategy *Safe; Sensible; Social* (2007). The Hampshire alcohol strategy for 2011 to 2015, *Alcohol Outcomes*³ builds on this. It is a multiagency strategy, having been developed in partnership with local stakeholders including the NHS; police; county, district and borough councils; the probation trust; community alcohol treatment services; and those sectors where alcohol is central to their business and employment opportunities.

Throughout history, alcohol has and continues to play a significant and complex role in British culture. The General Lifestyle Survey 2011 for England showed that over half of working age adults were drinking more than the higher risk limits, although it

² Chief Medical Officer's Report 2011, Chapter 3, Risks
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141774/CMO_Annual_Report_2011_Chapter_3.pdf

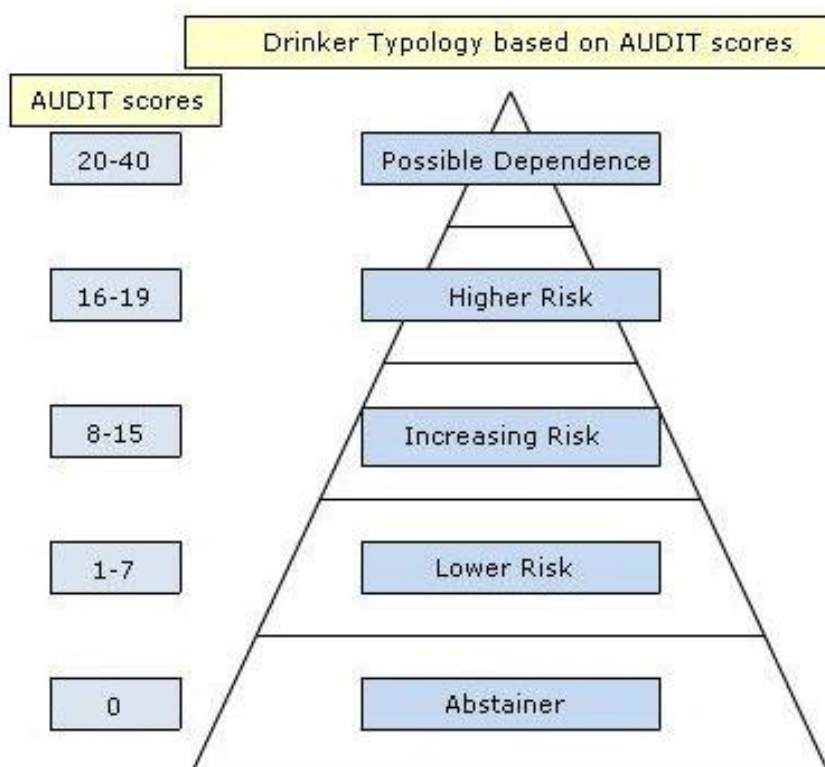
³ <http://www3.hants.gov.uk/hampshire-alcohol-strategy-2011-15.pdf>

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was most common among young adults 16 to 24 years.⁴ The proportion exceeding 4/3 units (men/women) per day varied with age group. In the 16 to 24 group, 62% of those who consumed alcohol in the last week consumed more than 4/3 units on their heaviest drinking day. In the 25 to 44 group, 59% of adults exceeded 4/3 units while 54% did so in the 45 to 64 age group. The proportion of drinkers exceeding 4/3 units was lowest, at 30%, in the 65 and over age group. However, men and women in older age groups are more likely to have consumed alcohol on five or more days in the last week.

There are five international typologies for alcohol consumption: Abstinent, Lower Risk, Increasing Risk, Higher Risk and Possible Dependence. These are ranked using the World Health Organisation (WHO) Alcohol Use Disorders Identification Tool (AUDIT)⁵ to demonstrate and compare alcohol risk across populations (figure 1).

Figure 1: Drinker Typology based on AUDIT scoring:



Over recent decades the documented increase in alcohol consumption has been seen in societal consequences. Data published by the North West Public Health Observatory (NWPHO, Public Health England) as Local Alcohol Profiles⁶ show that 7% of all English hospital admissions are alcohol related. The data also show that the highest percentage of adults drinking more than the recommended levels is in the north of England. However, the picture for 'increasing and higher risk' drinking is

⁴ <http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-2.html#tab-Drinking-in-the-week-before-interview-in-2011>

⁵ http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf

⁶ <http://www.lape.org.uk/>

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complex and modelled estimates suggest that many areas across the country including in the south are also amongst the highest percentage.

The data on UK alcohol consumption trends are inconsistent. Alcohol-related hospital admissions have been increasing year on year and are currently rising at around 10% per year both nationally and in Hampshire. Local data indicate that the level of alcohol consumption in some Hampshire districts is associated with both hospital admissions and anti-social behaviour.

The increasing misuse of alcohol is of particular concern in young people as people present with acute and chronic liver disease in hospitals at increasingly young ages. This will be the result of excessive drinking patterns often initiated during teenage years and carried out for many years. However data across England⁷ suggest that the 2001 peak of 26% of 11-15 year olds reporting drinking alcohol in the last week reduced to 13% by 2010.

The social, economic and health impacts of alcohol tend to be recognised within deprived communities and in young people. This hides the significant harm across the entire population where mental wellbeing, or rural and/or family isolation and family, professional and business pressures can be drivers for patterns of alcohol misuse in higher segments of society and in older people. Understanding the full range of drinking behaviours, from abstinence to higher risk is an important critical element in planning actions to reduce consumption and avoid marginalisation of abstainers by policy makers. Local evaluations of drinking behaviour must, for example, be able to distinguish between changes in levels of abstinence which simply reflect demographic changes in age and ethnicity, and interventions which genuinely move higher and increasing risk drinkers into a lower category of harm.

2. LEVEL OF NEED IN THE POPULATION

In England there has been a long-term downward trend in the proportion of adults who reported drinking in the week prior to interview⁸. In 1998 75% of men and 59% of women drank in the week prior to interview compared to 68% of men and 54% of women in 2010. 13% of secondary school pupils aged 11 to 15 reported drinking alcohol in the week prior to interview in 2010 compared with 18% of pupils in 2009 and 26% in 2001. The average weekly alcohol consumption for all adults was 15.9 units for men and 7.6 units for women. 26% of men reported drinking more than 21 units in a typical week. For women, 17% reported drinking more than 14 units in a typical week.

Purchases of alcoholic drinks bought for consumption within the home in the UK, as reported by the Living Costs and Food Survey⁹, have increased since 1992 from 527 millilitres (ml) per person per week, peaking in 2003/04 at 792 ml per person. In 2010

⁷ <https://catalogue.ic.nhs.uk/publications/public-health/surveys/smok-drin-drug-youn-peop-eng-2011/smok-drin-drug-youn-peop-eng-2011-rep2.pdf>

⁸ <https://catalogue.ic.nhs.uk/publications/public-health/alcohol/alco-eng-2012/alco-eng-2012-rep.pdf>

⁹ <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/2012-chapter-5/art-chapter-5--weekly-household-expenditure--an-analysis-of-the-regions-of-england-and-countries-of-the-united-kingdom.html#tab-Household-expenditure-on-alcoholic-drink--tobacco-and-narcotics>

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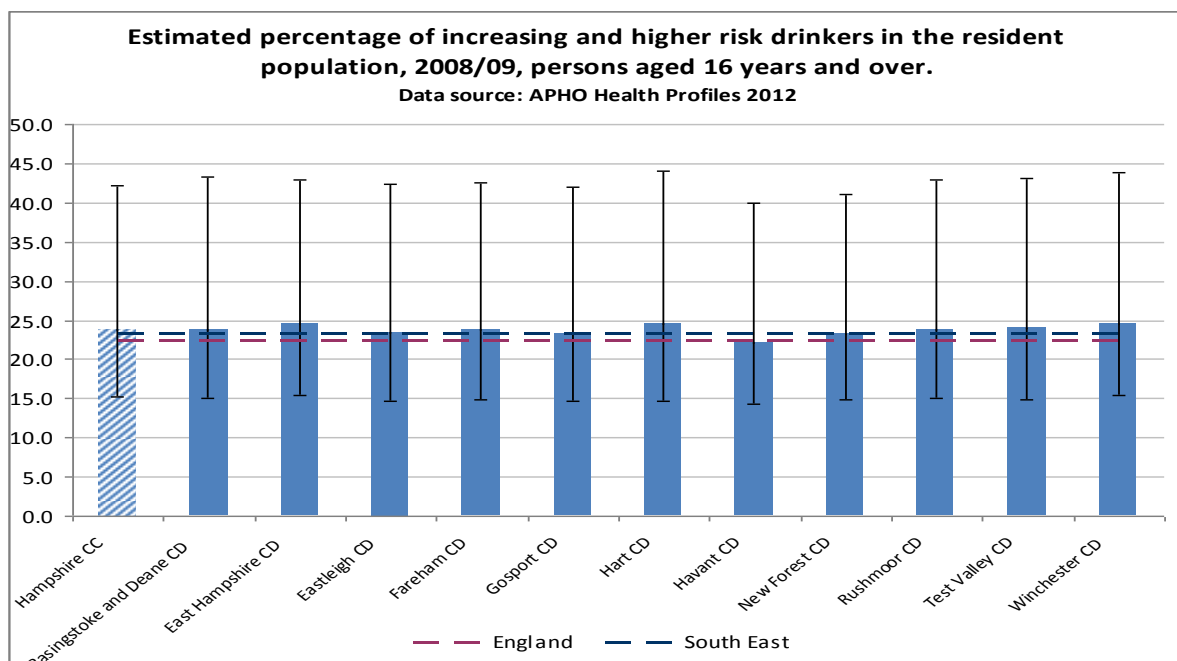
this figure was 762 ml per person per week, a 45% increase since 1992. Purchases of cider and perry and wine showed the largest increase between 1992 and 2010. Consumption of cider and perry increased by 69% from 47 ml per person per week to 79 ml and wine consumption increased by 66% from 152 ml to 252 ml. It should be noted that alcopops didn't really exist prior to 1997.

The volume of alcoholic drinks purchased for consumption outside the home decreased by 44% from 733 ml per person per week in 2001/02 to 413 ml per person per week in 2010 with a 52% decrease in the volume of beer purchases from 623 ml to 299 ml per person per week over the 2001-10 period. This may explain both the many pub closures reported nationally and the actual decrease in reported consumption of alcohol.

It is estimated that there are around 40,000 people in Hampshire classified as 'high risk drinkers' or dependent on alcohol (figure 2). Some of these people will have high functional capacity and good incomes and this dependency will not necessarily be visible to family and colleagues. Some will be using other substances alongside alcohol. There are also about 257,000 people drinking at 'increasing or higher risk' and hazardous levels. This is where people may be experiencing health harms and also wider societal risks and consequences associated with their drinking.

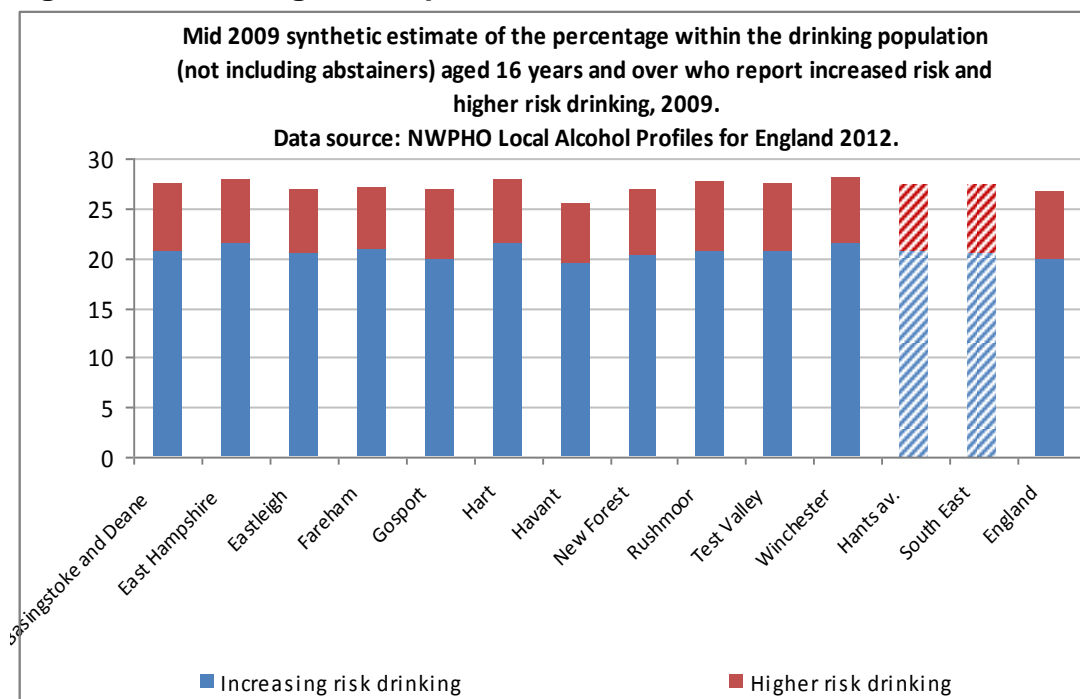
Within the group identified as "Increasing risk or Higher risk drinking" there are a number characterised as "binge-drinking" i.e. where they consume twice the Government's recommended levels in any one session. When "abstainers" are omitted from calculations the Hampshire population drinking above recommended levels can be seen in figure 3. 21.7% have "increasing risk" and 6.6 % with "high risk" drinking behaviours. Overall the picture regarding levels increasing and high risk drinking are generally similar across the county with slightly higher rates in Hart.

Figure 2: estimated % of increasing and higher risk drinkers in Hampshire, 2008/09



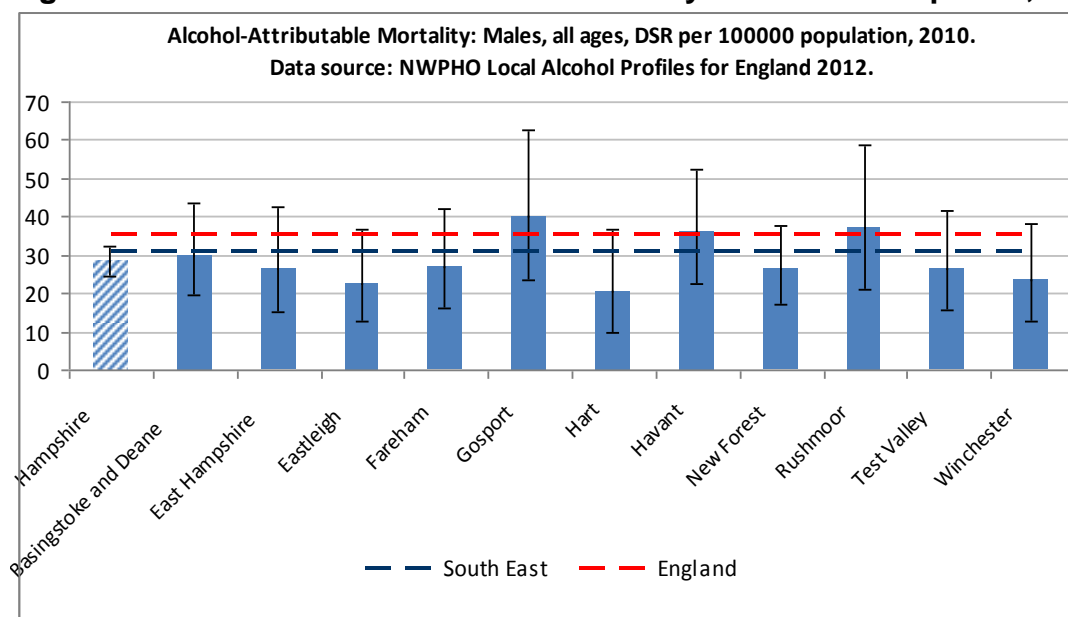
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Figure 3: estimate of % of drinking population reporting increased risk and higher risk drinking in Hampshire, 2009



The estimated data for Hart, East Hampshire and Winchester demonstrate the significant ‘increasing and high risk’ drinking behaviours seen in these affluent areas. However, it is Rushmoor, Gosport and Havant where alcohol attributable mortality rates are identified in the Local Alcohol Profiles as Hampshire areas with significant alcohol related health concerns.¹⁰ This is most pronounced for females (figures 4 and 5).

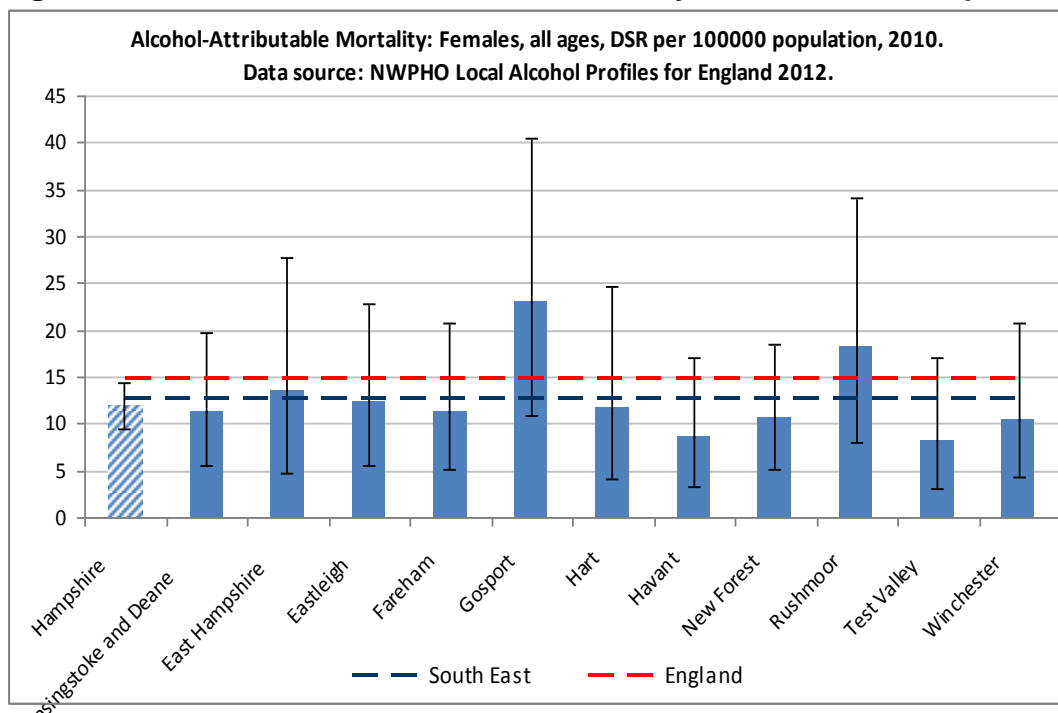
Figure 4: rate of alcohol-attributable mortality in men in Hampshire, 2010



¹⁰ www.lape.org.uk/

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Figure 5: rate of alcohol-attributable mortality in women in Hampshire, 2010



Alcohol attributable hospital admissions (previously National Indicator NI 39) are a measure of the total burden of alcohol on all hospital treatment episodes across all patient group activities. Figure 6 shows the spread of the ‘alcohol burden’ on hospitals across Hampshire.

Over the last two decades there has been a year on year increase in the level of alcohol attributable hospital admissions both nationally and locally (figure 7). 2010/11 data shows an annual Hampshire average increase of 9% on the previous year.

Since the revision of the GP - General Medical Contract (GMC) in 2007 there has been the opportunity for GP practices to be paid to screen newly registering patients for alcohol misuse using a validated screening tool. The majority of Hampshire’s 150 GP practices participate in this work (figure 8).

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Figure 6: rate of hospital admissions for alcohol-attributable conditions in Hampshire, 2010/11

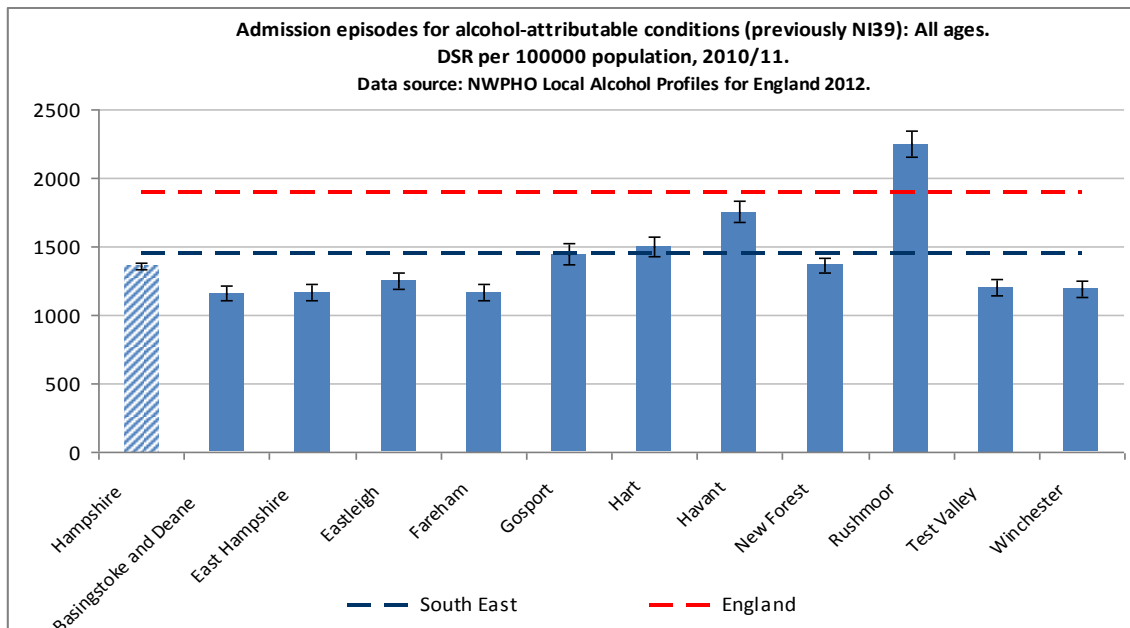
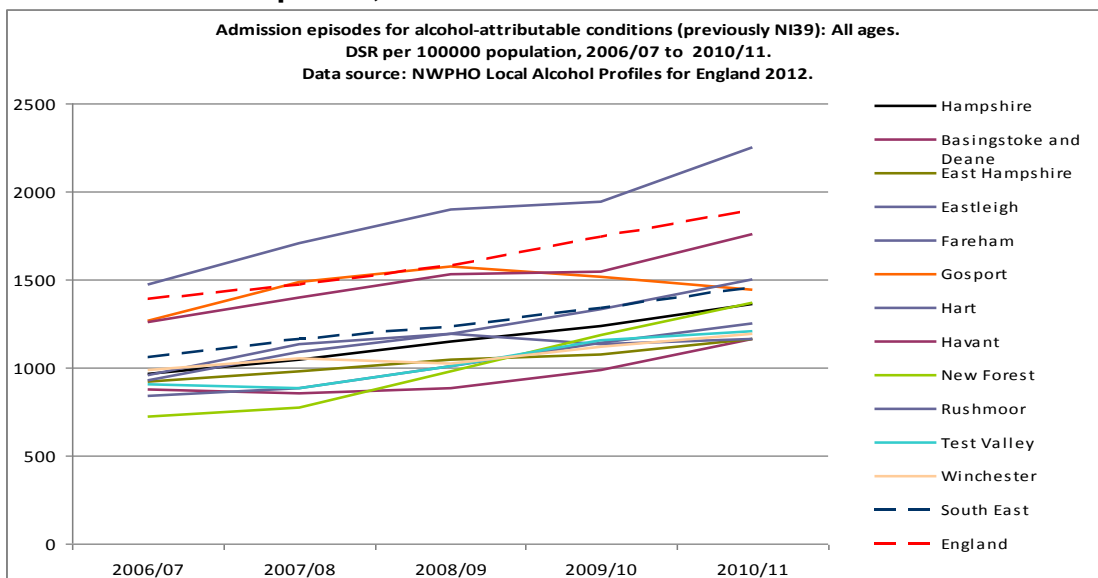
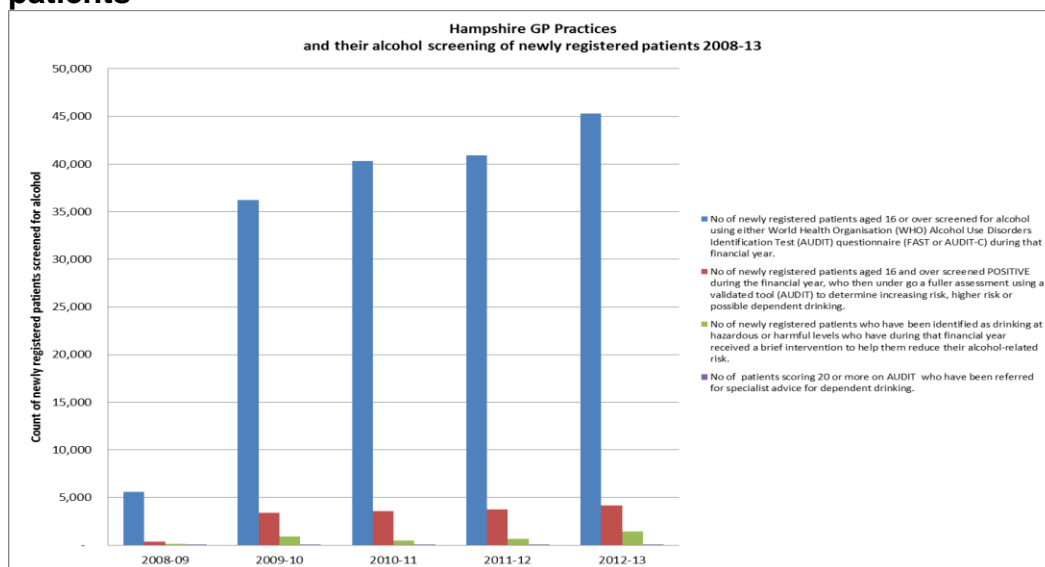


Figure 7: trend in rate of hospital admissions for alcohol-attributable conditions in Hampshire, 2006/07 to 2010/11



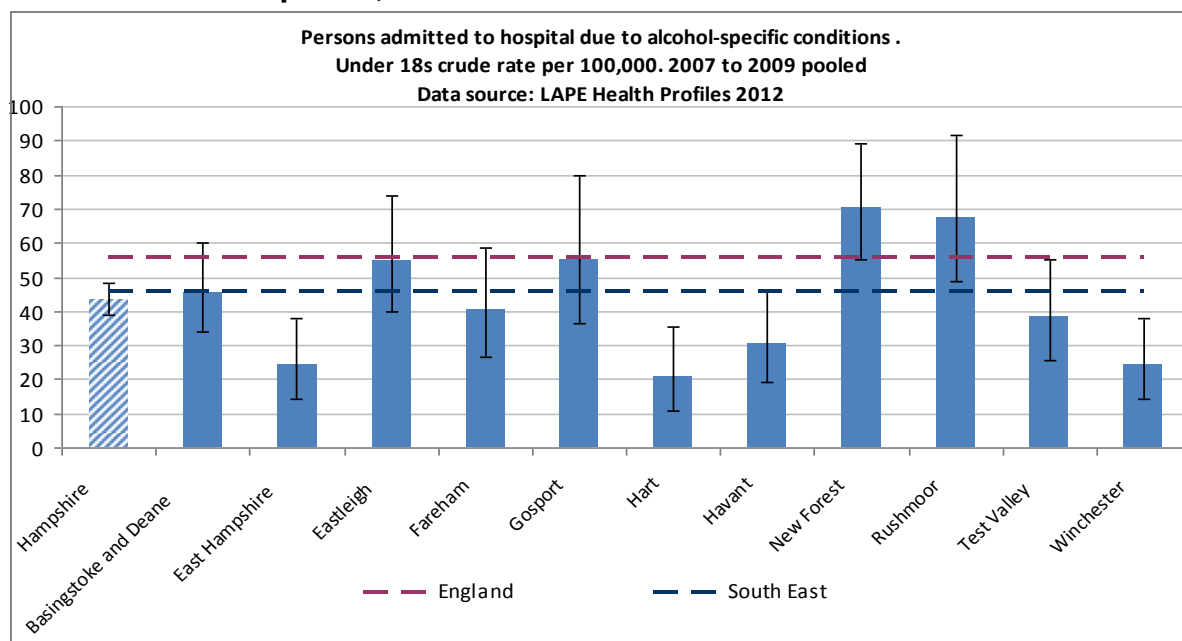
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Figure 8: Hampshire GP practice participation in alcohol screening of new patients



Alcohol consumption by children and young people is a significant concern and alcohol specific under 18s hospital admissions are one of the indicators regularly measured. The national data show young people from New Forest and Rushmoor as outliers in under 18 years admissions to hospital due to alcohol-specific conditions (figure 9).¹¹

Figure 9: rate of under 18s admissions to hospital due to alcohol-specific conditions in Hampshire, 2007/09



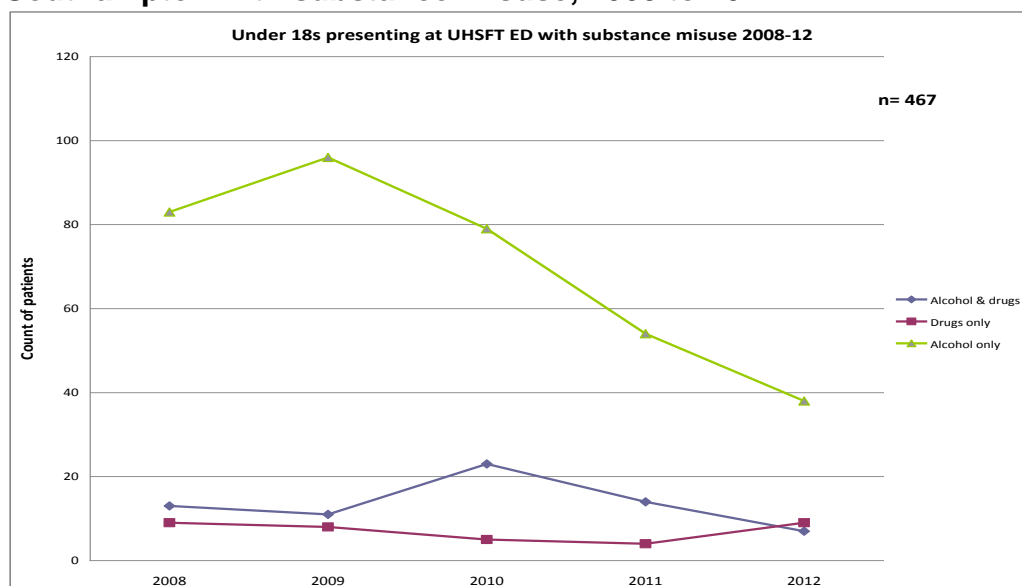
Local data collected by University Hospital Southampton show an improving trend in the numbers of young people under 18 years presenting in the emergency

¹¹ www.lape.org.uk

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department. However, as the numbers are relatively small, they should be treated with caution (figure 10).

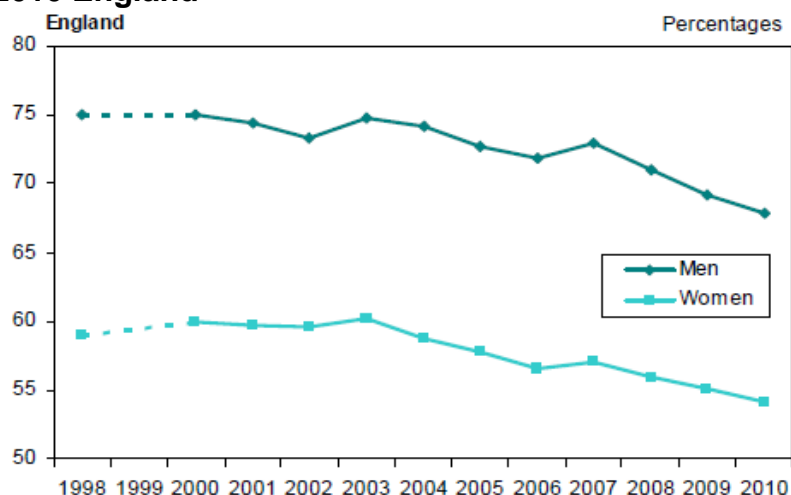
Figure 10: trend in number of under 18s presenting at University Hospital Southampton with substance misuse, 2008 to 2012



3. Projected service use and outcome in 3-5 years and 5-10 years

As shown previously there has been a long-term downward trend in the proportion of adults who reported drinking in the week prior to survey interview (figure 11).

Figure 11: proportion of adults who drank in the last week, by gender, 2000 to 2010 England



Data for 1999 is unavailable therefore the trend line shown for this year is an estimate only.

Source: General Lifestyles Survey 2010, Office for National Statistics (ONS)

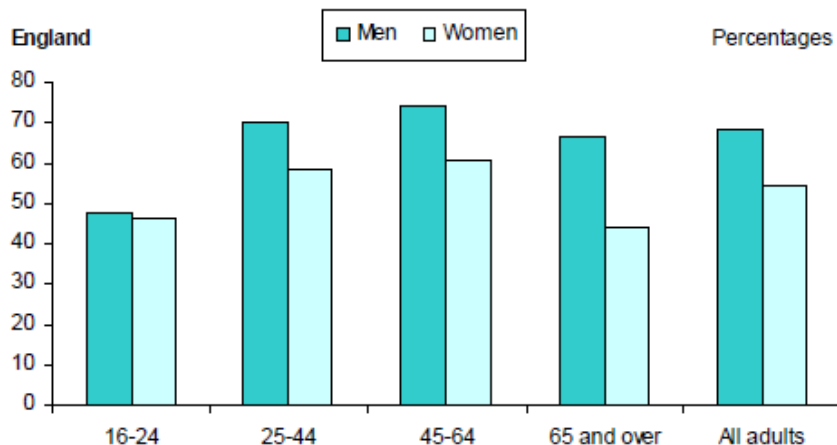
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When these data are considered by age group, the youngest and oldest age groups (16 to 24 and 65 and over) were less likely than those in the other age groups (25 to

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44 and 45 to 64) to report drinking during the previous week. However it is still about half to two thirds of people 65 and over (44% of women) (66% of men) who reported drinking alcohol during the previous week (figure 12).

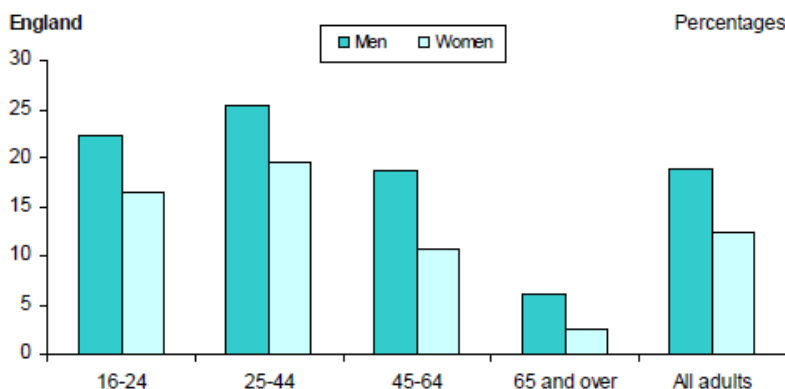
Figure 12: proportion of adults who drank in the last week, by age and gender, 2010 England



Source: General Lifestyles Survey 2010, Office for National Statistics (ONS)
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Figure 13 shows that the proportion of adults reporting drinking over 8/6 units on at least one day in the previous week was greatest among the 25-44 age group - men (25%) and women (20%). The data suggest a change in the proportion of women aged 16 to 24 drinking over 6 units on at least one day in the previous week, decreasing from 24% in 2009 to 17% in 2010. However, this fall should be treated with caution due to the small sample size and short time period.

Figure 13: adults whose maximum daily amount of alcohol in the last week was more than 8 units (men) or 6 units (women), by age and gender, 2010 England

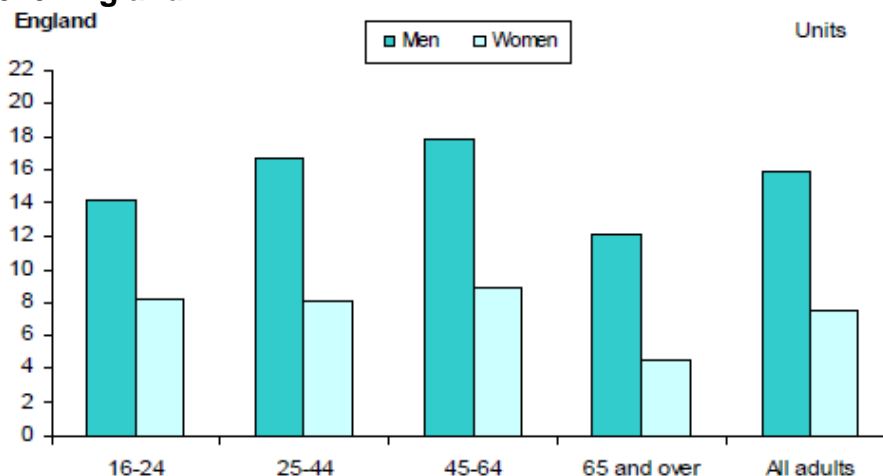


Source: General Lifestyle Survey 2010, Office for National Statistics (ONS)
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In terms of the weekly average amounts of alcohol consumed by men and women of different ages the proportion of people reporting drinking more than 21/14 units (men who drank more than 21 units and women who drank more than 14 units) in a week was lower in the oldest age group for both men and women (19% of men and 9% of women aged 65 and over) (figure 14).

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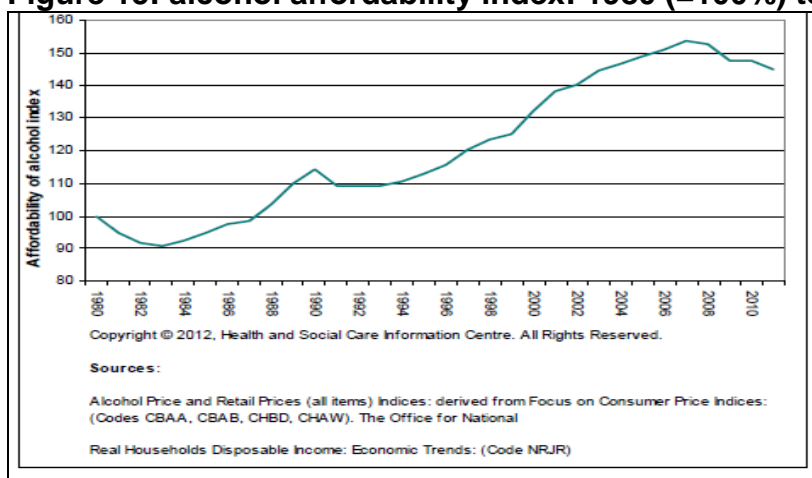
Figure 14: average weekly units of alcohol consumed by adults, by age and gender, 2010 England



Source: General Lifestyle Survey 2010, Office for National Statistics
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There is robust evidence regarding alcohol affordability and levels of consumption in the UK.¹² The alcohol price index used in the affordability index relates to a 'basket of alcoholic drinks' chosen by ONS. The affordability data from 1980 to 2011 demonstrate that alcohol became increasingly more affordable until 2008 (figure 15).

Figure 15: alcohol affordability index: 1980 (=100%) to 2011

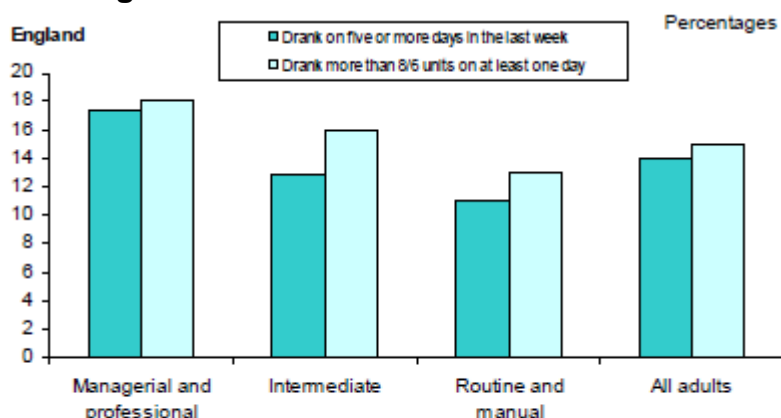


The proportion of adults in the national survey exceeding 4/3 units on at least one day in the last week was greater in managerial and professional households (37%), than in routine and manual households (26%) as was the proportion exceeding 8/6 units (managerial and professional households (18%) than in routine and manual households (13%)) (figure 16).

¹² House of Commons, Health Committee – Alcohol First Report 2009-10
<http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15114.htm>

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Figure 16: adults drinking in the last week by socio-economic classification, 2010 England



Source: General Lifestyle Survey 2010, Office for National Statistics (ONS) (ONS)
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Information on drinking among adults of working age (men aged 16 to 64 and women aged 16 to 59) shows that men in employment were most likely to have drunk alcohol during the previous week – 73% compared to 49% who were unemployed and 53% who were economically inactive. Working men were more likely than economically inactive men to have drunk more than 4 units on any one day in the last week - 42% compared to 28%. Working men were also more likely to have drunk more than 8 units on one day – 25% compared to 14% for economically inactive men.

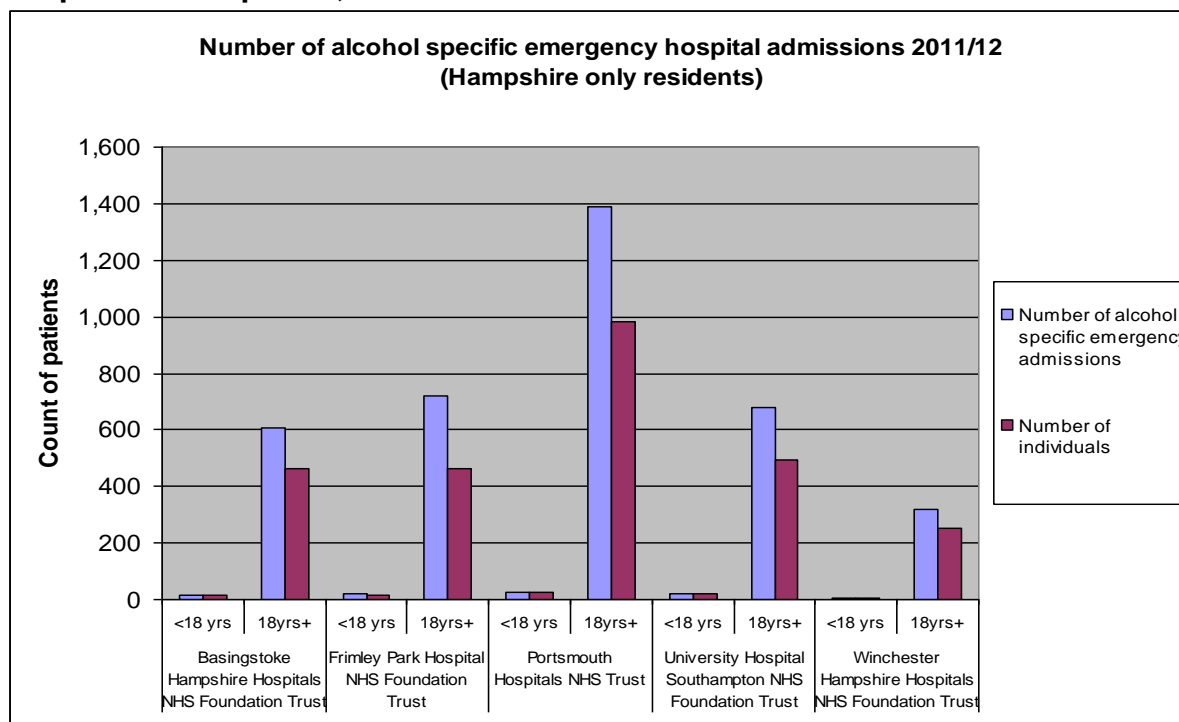
Among women, 64% of those who were working, 45% of those who were unemployed and 41% of those who were economically inactive had drunk alcohol in the previous week. Working women were more likely than the economically inactive to have drunk more than 3 units on one day – 38% compared to 24%. Working women were also more likely than economically inactive women to have drunk more than 6 units on one day – 19% compared to 10%.

Recent (2011/12) local trend data on alcohol specific emergency hospital admissions for adults 18 years and over and young people younger than 18 years shows fluctuations over a three year period. It is important to stress that the numbers for under 18s alcohol specific admissions are relatively small numbers compared to those for adults.

When data are analysed by Hospital Trust we see nearly twice as much of Hampshire's alcohol emergency activity is seen at Portsmouth Hospital than any other Hampshire acute hospital and that a significant number of people present more than once. The picture for admissions is slightly different with the highest average admission rate per individual 18+ adult patient is 1.6 at Frimley Park Hospital, followed by 1.4 at Portsmouth Hospital (figure 17).

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Figure 17: number of alcohol-specific emergency hospital admissions by hospital in Hampshire, 2011/12



There are very few alcohol-specific emergency admissions for people under 18 years.

77% of Hampshire emergency alcohol specific admissions in 2011/12 included an International Classification of Diseases (ICD) diagnosis code of F10 (mental and behavioural disorders due to use of alcohol) as one of the diagnoses. These data have been explored to appreciate the nature of these codings and their underlying issues (table 1 and figure 18).

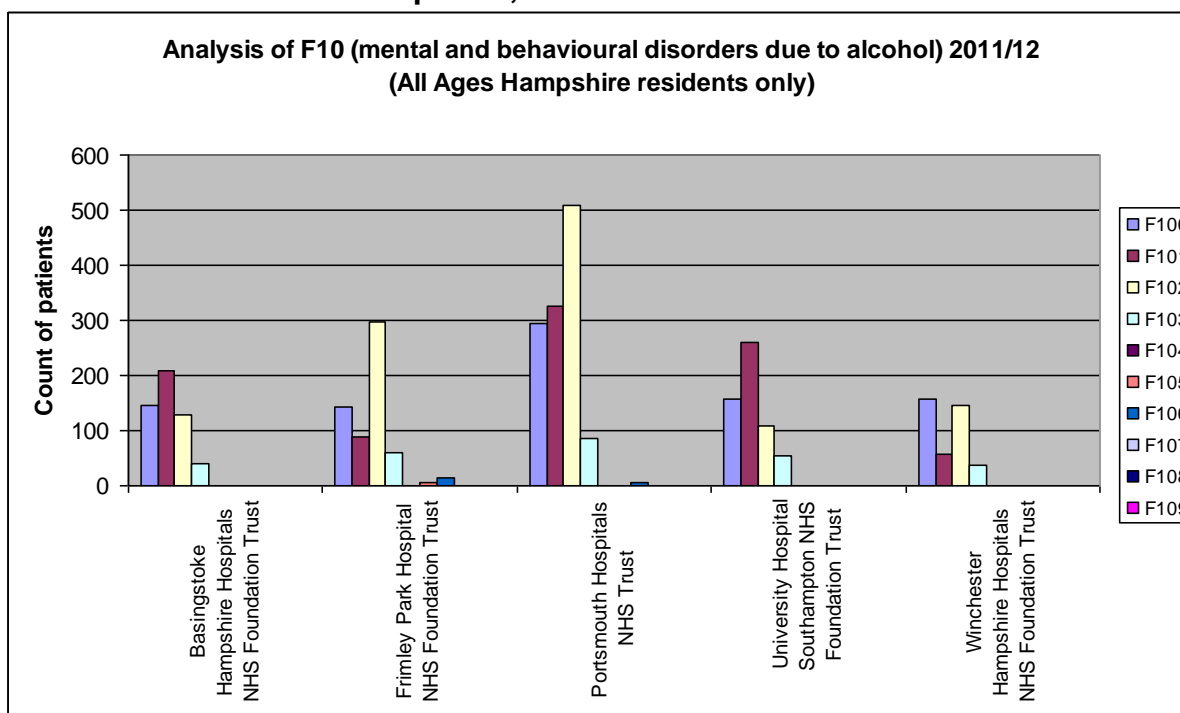
The 2011/12 data for acute hospitals used by the population of Hampshire show 'alcohol dependence syndrome' F102 as the most common diagnosis for alcohol-related emergency admissions.

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Table 1: classification of underlying reasons for alcohol admissions in Hampshire

ICD10 Description	ICD10 Code (Sub-code)
Acute Intoxication	F100
Harmful Use	F101
Dependence Syndrome	F102
Withdrawal state	F103
Withdrawal state with delirium	F104
Psychotic disorder	F105
Amnesic Syndrome	F106
Residual and late-onset psychotic disorder	F107
Other mental and behavioural disorder	F108
Unspecified mental and behavioural disorder	F109

Figure 18: analysis of mental and behavioural disorders associated with alcohol admissions in Hampshire, 2011/12



4. CURRENT SERVICES IN RELATION TO NEED

4.1 Substance misuse services commissioning

Hampshire's substance misuse commissioning has recently been focusing on making evidenced-based, integrated alcohol and drug treatment services available to people in key locations across Hampshire. The following alcohol services are commissioned to meet the needs of the people of Hampshire (figure 19):

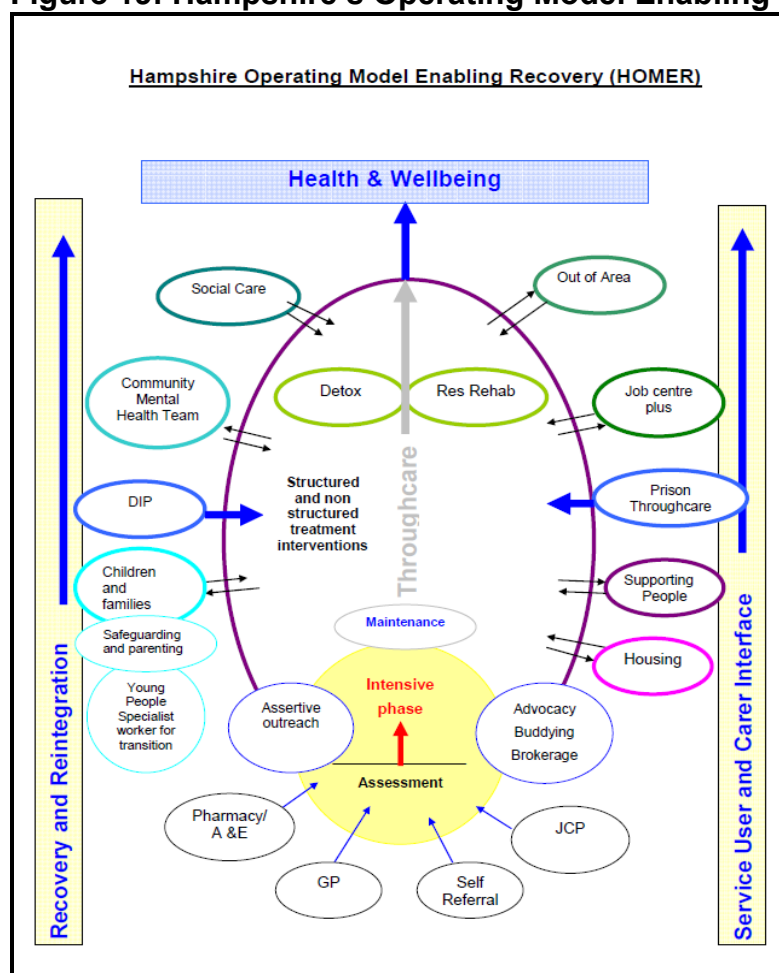
- Person-centred adult specialist treatment services, which are recovery focussed.

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- Alcohol nurse services in acute hospitals, with referral pathways to specialist treatment.
- Peer-mentoring and carer support services.
- Specialist treatment services for young people in the community.
- Targeted treatment services for young people in an educational setting.
- Identification, treatment and support in prison and leaving prison.
- Identification, brief advice and interventions with offenders in custody or probation.
- Opportunistic alcohol brief advice in smoking cessation services, with newly registered GP patients.

The use of these services has been significantly lower than the estimated needs of the Hampshire population. This is a common feature of lifestyle intervention services in that people do not see a personal requirement for a service even though their lifestyle behaviours indicate a need. Over the next 3-5 years there is likely to be a small increase in the use of specialist services and a significant increase in early alcohol identification and brief advice delivery.

Figure 19: Hampshire's Operating Model Enabling Recovery (HOMER)



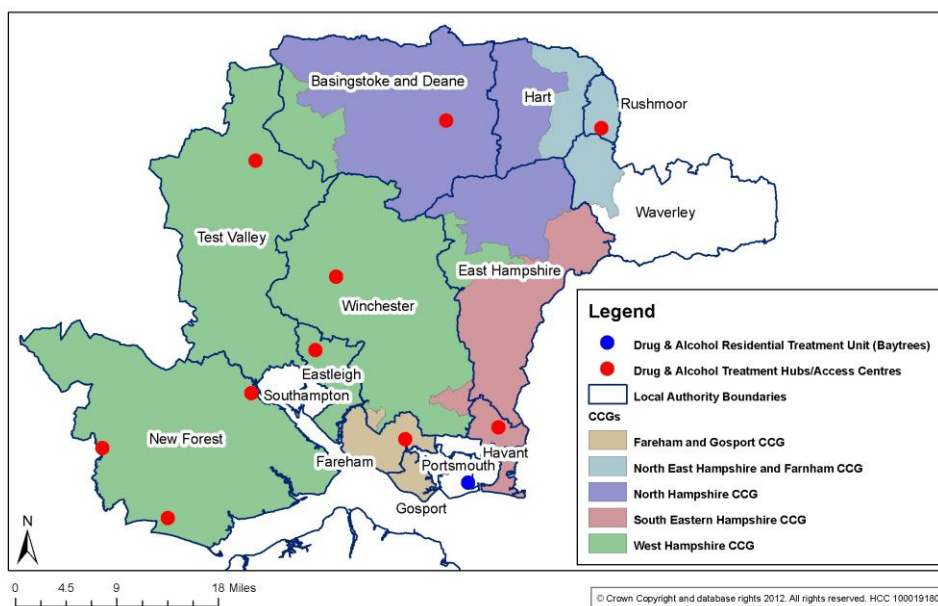
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There is some evidence from service evaluations and feedback that current services for a mixed client group of alcohol and drug misuse patients may not be optimum for reaching some alcohol misuse patients who may not wish to be associated with people accessing drug services.

Specialist treatment services provided by Solent NHS Trust (HOMER service) are located across the county to provide a local service to all patients consenting to substance misuse treatment and support (figure 20).

Figure 20: location of Hampshire Drug and Alcohol Specialist Treatment services

Hampshire Drug and Alcohol Specialist Treatment Service (HOMER) provided by Solent NHS Trust



For many increasing and higher risk drinkers an opportunistic structured conversation about their level of drinking and its negative impact can be enough to inform and guide self-determined behaviour change and lifestyle modification. This is a cost effective intervention and can be delivered competently by a wide range trained practitioners and not just health care professionals¹³. Where people screened for alcohol misuse by this process require a more specialist service, the treatment services are available locally.

There is a separate, age sensitive specialist substance misuse service for Hampshire young people under 19 years. This service works with young people and their parents where appropriate through range of holistic services and support including specialist treatment services in the community, one to one support and case management, targeted services in and educational setting, out-reach work, substance misuse interventions for young people in a secure children's home as well as complementary work with the community adolescent mental health service (CAMHS) and other youth and family intervention services.

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Education and information on alcohol in school are key elements of the Personal Health and Social Education (PHSE) and Sex and Relationships Education (SRE) curriculum throughout secondary education and local youth support services and local authority commissioned programmes add value to these items at a local level through working with schools, families and the wider community. A recent Ofsted report on PHSE found that around a third of schools were not delivering adequate PHSE on drugs and alcohol¹³ (ref). Local evaluations have demonstrated that there is a short term benefit to delivery of specifically targeted initiatives e.g. those linked to reducing teenage conceptions where they focus on risky behaviours and safety.

5. USER AND PROVIDER VIEWS

Service users' views are reflected to commissioners, partners and wider alcohol stakeholders through two high level routes; through representation at the Hampshire Drug and Alcohol Action Team Strategic Partnership and the Hampshire Alcohol Partnership. These groups provide engagement regarding service user feedback.

The Hampshire DAAT commissions and supports a range of service user engagement and support programmes including wider networks and peer-mentoring initiatives.

The views of services are discussed within the contract and performance management process. Evaluation of these services incorporates user feedback to inform ongoing commissioning and management of these services.

6. EVIDENCE OF WHAT WORKS

Alcohol misuse has been the focus of ongoing research aimed at appreciating 'what works' to reduce its impact. The World Health Organisation (WHO) recognises the need to reduce the burden from the harmful use of alcohol. It suggests that health, safety and socioeconomic problems attributable to alcohol can be effectively reduced and requires actions on the levels, patterns and contexts of alcohol consumption and the wider social determinants of health. It states that countries have a primary responsibility for formulating, implementing, monitoring and evaluating public policies to reduce the harmful use of alcohol. A substantial scientific knowledge base exists for policy-makers on the effectiveness and cost-effectiveness of the following strategies:

- regulating the marketing of alcoholic beverages, (in particular to younger people);
- regulating and restricting availability of alcohol;
- enacting appropriate drink-driving policies;
- reducing demand through taxation and pricing mechanisms;
- raising awareness and support for policies;
- providing accessible and affordable treatment for people with alcohol-use disorders; and

¹³ <http://www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools>

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- implementing screening programmes and brief interventions for hazardous and harmful use of alcohol.

In Hampshire our strategy and focus to date has been:

- Education to support people to adhere to the recommended guidance on levels of alcohol consumption www.hants.gov.uk/drink-less.
- Awareness raising on alcohol and pregnancy.
- Early identification and the modifying of drinking behaviours to effectively reduce health and social harms.
- Awareness raising and education with children and young people.
- Identifying and supporting alcohol reduction in older adults where people are managing wider health conditions and medications.
- The improved management of the night-time economy and the wider environment to support the responsible sale of alcohol and safer drinking.
- Improving treatment and recovery pathways and outcomes for people addicted to alcohol. Working holistically and recognising the complexity of people's lives and the elements required to sustain recovery and prevent relapse.

Research evidence for population level behaviour change and the modification of drinking patterns shows that the delivery of simple alcohol screening and brief advice will be effective in one in eight cases¹⁴. The research highlights that best practice is routine alcohol screening using the alcohol AUDIT tool or other suitable validated tool and dependent on the individual's score, 5-15 minutes of structure brief advice, or where high risk and possible dependency is indicated, a fuller assessment and extended interventions and or referral to a specialist service for longer term support and therapy.

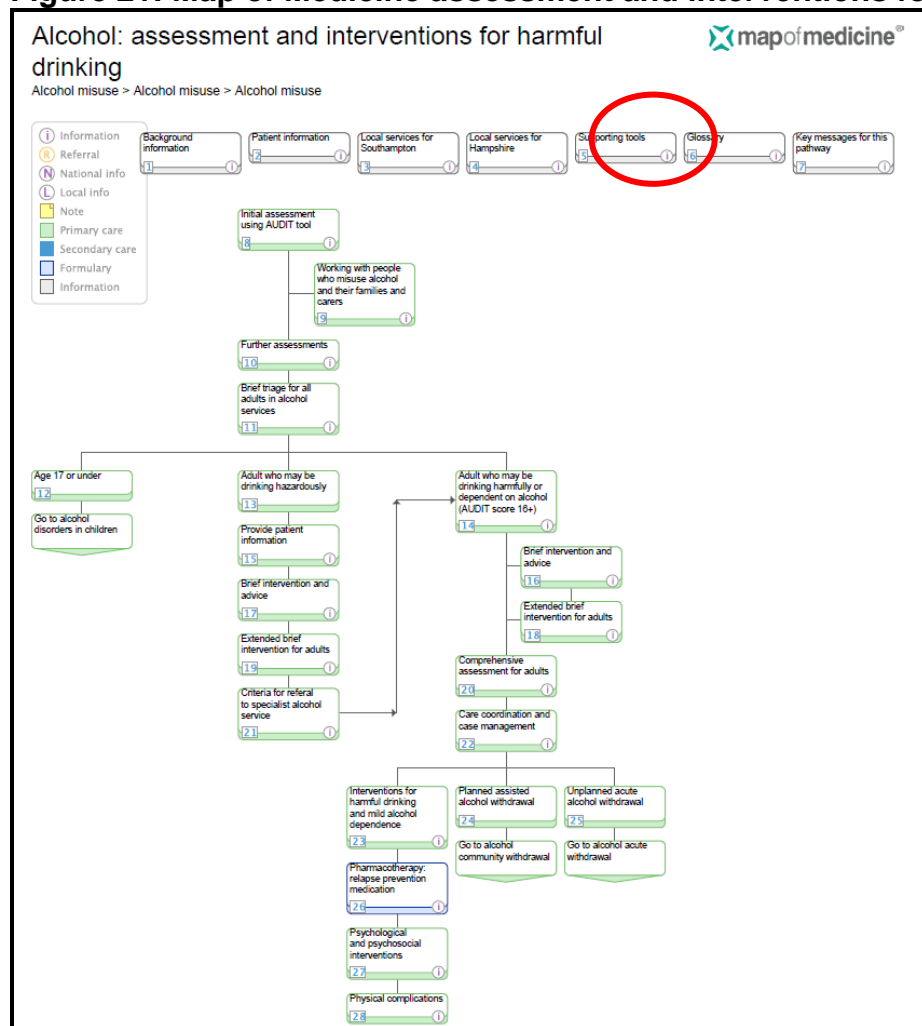
The National Institute for Health and Care Excellence (NICE)¹⁵ has created guidance and pathways designed to support local commissioners and clinicians on the implementation and delivery of effective alcohol services and treatment pathways to meet a wide range of alcohol needs, including where other substances and mental health issues may be factors. As a clinical support tool the online Map of Medicine¹⁶ has enabled nationally recognised best practice clinical pathways to be localised to ensure that local Hampshire general practitioners and hospital clinicians have clear patient information and details of local services at their fingertips when conducting their patient consultations. An example of this is shown in figure 21.

¹⁴ <http://www.sips.iop.kcl.ac.uk/>

¹⁵ <http://pathways.nice.org.uk/pathways/alcohol-use-disorders>

¹⁶ <http://app.mapofmedicine.com/mom/21/index.html?handler=athens>

Figure 21: Map of Medicine assessment and interventions for harmful drinking



7. Recommendations

Over the next two years (2013-15) the following activities are recommended:

- Target alcohol education and awareness including social marketing initiatives against key groups, populations and setting.
- Continue to train and educate a wide range of frontline practitioners to undertake basic alcohol screening (identification) and brief advice. Develop a locally consistent approach to alcohol awareness and education with children, young people and their parents and carers through schools, colleges and universities, local engagement and community-based partnership work which include retailers, the police and local authorities.
- Identify and support alcohol reduction in older adults through quality health promoting conversations within NHS Health Checks, Direct Enhanced Service provision to newly registering patients at GP practices, alcohol awareness with pharmacy-led medicine user reviews (MURs).
- Identify, educate and promote and alcohol abstinence in pregnancy through using booking and ante-natal engagement with health professionals to protect infant health.

Alcohol

- Work across the alcohol strategic partnership to improve the management of the night-time economy and the wider street and community environment through responsible licencing and license monitoring arrangements, and the implementation of local initiatives which support safer drinking and reduce disorderly and anti-social behaviours.
- Use local intelligence and enforcement powers to reduce under-aged and proxy alcohol sales and enforce appropriately street drinking byelaws.
- Maximise the opportunity created by the local authority alcohol licensing regulations and public health as statutory consultees to ensure that decisions to licence premises and events takes account of the impact on the health of the population.
- Review and remodel the alcohol specialist treatment and support services that are available to reflect the needs of 'increasing and higher risk' drinkers identified as a group in the Hampshire population that are at risk of health harms.
- The trend of increasing alcohol related hospital admissions needs to be addressed particularly in areas where these are highest and a significant number of people present more than once.