

Written evidence submitted by Hampshire County Council

Response from Hampshire County Council. Hampshire County Council is one of England's largest local authorities, serving a population of over 1.4 million residents in a geography covering roughly 1,400 square miles and a mixture of urban, rural and coastal areas. The County Council has been responsible for public health services in Hampshire, including alcohol treatment services, since 2013.

1.0 Trends in alcohol consumption and harm from drinking

Adults

1.1 Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15-49-year old's in the UK¹ and a causal factor in more than 60 medical conditions, including: high blood pressure, liver cirrhosis; some cancers; and depression². Reviews have demonstrated the negative impact alcohol has socially. It is an important factor in family and relationship problems, adverse childhood experiences, crime and disorder and reduced workplace productivity.³ Studies have illustrated the negative economic impact of alcohol.⁴

Alcohol use and the impact of Covid-19

1.2 Hampshire has similar proportions of people drinking more than 14 units per week (22.4% in 2015-18, compared with 22.8% nationally) and a lower proportion of non-drinkers compared to national rate (9.4% compared with 16.2%).¹

1.3 National survey data suggests the proportion of men drinking more than 14 units per week has been consistently higher than women (30.3% in 2019 compared with 15.5%). However, over the longer term the gap between men and women drinking alcohol and experiencing alcohol related harms has been decreasing. Those aged 45 and 74 years old have the highest proportions of both hazardous and higher risk drinking patterns.⁵

1.4 Findings from studies investigating the impact of COVID-19 social distancing restrictions on alcohol consumption suggests that the majority of people's consumption remained stable, with approximately one quarter increasing consumption and one quarter decreasing consumption. Feelings of stress was a common factor in increased alcohol consumption, whereas some of the other factors varied between studies.⁶ A survey examining British household purchases reported that those who had previously bought the highest amount of alcohol also showed the highest increases in alcohol purchases, which is supported by studies which suggested that those people who were already high-risk drinkers increased their alcohol consumption.⁷

¹ OHID. Local Alcohol Profiles for England

² Public Health England. Alcohol: Applying all our health

³ Public Health England. The range and magnitude of alcohol's harm to others

⁴ Public Health England. Health Matters: Harmful drinking and alcohol dependence

⁵ NHS Digital – Health Survey for England 2019

⁶ Institute of Alcohol Studies - The COVID Hangover, 2022.

⁷ Anderson, P., O'Donnell, A., Jane Llopis, E., et al. 2022. The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019. PLoS ONE [Electronic Resource] 17(1) e0261609.

Hospital admissions and mortality

- 1.5 Hospital admissions for alcohol-specific conditions for all ages have shown a large increase in Hampshire between 2017/18 and 2020/21.⁸ However, it should be noted that this significant increase may be related to a change in the way the data is recorded at the hospital level. Urban areas tended to have higher rates of admissions and there was also a clear link with deprivation: those areas with higher deprivation also had higher rates of admissions.
- 1.6 Admissions for alcohol-related conditions (using the broad definition⁹) have increased slightly from 1,267 per 100,000 in 2016/17 to 1,553 in 2020/21.¹⁰ Whilst the national rates have also increased, Hampshire now has a significantly higher rate than England (1,500). For both narrow¹¹ and broad definitions of alcohol admissions, males had significantly higher rates than females in Hampshire, and nationally, those areas with higher levels of deprivation showed higher rates of admissions.
- 1.7 In contrast with the increasing rate of alcohol-related conditions described above, alcohol-related mortality in Hampshire has remained stable between 2016 and 2020 and is significantly lower than the rate in England. This trend also differs from that for Drug related deaths in Hampshire, which increased between 2010 and 2018 and then since declined.

Alcohol Dependency

- 1.8 The estimated numbers of people with alcohol dependence in England have decreased slightly since 2010 from 14.0 per 1,000 population to 13.7 in 2018-19.^{12 13} In Hampshire these figures have increased slightly (9.6 per 1,000 to 10.3), this rate is not statistically different to the England rate. The most recent estimates in 2018/19 suggest there are 11,250 people living in Hampshire who are alcohol dependent.
- 1.9 Research has suggested that prevalence of alcohol dependency is higher in men than women, for example recording of dependence on GP records from across the UK identified rates of 17.1 per 100,000 for men and 7.6 for women.¹⁴ The age bands with the highest rates of dependency were reported to be ages 35-54 years old, and those from areas with higher deprivation also recorded higher rates. Survey data in England from 2014 has also suggested that those aged 16 years old and over from White British groups were most likely to drink more than 14 units per week, followed by groups from other White backgrounds.¹⁵

⁸ OHID - Fingertips

⁹ Broad definition: includes admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This measure gives an indication of the full impact of alcohol on hospital admissions and the burden places on the NHS but is sensitive to changes in coding practice over time.

¹⁰ OHID - Fingertips

¹¹ Narrow definition: includes admissions where only the primary diagnosis (main reason for admission) is an alcohol-related condition. As every hospital admission must have a primary diagnosis, it is less sensitive to coding practices, and therefore can provide the best indication of trends, but may also underestimate the part alcohol plays in the admission.

¹² PHE – Alcohol dependence prevalence in England

¹³ Rate for England calculated using ONS 18+ mid-year population estimates for 2010 in line with methodology used for PHE – Alcohol dependence prevalence in England.

¹⁴ Thompson, A., Wright, A. K., Ashcroft, D. M., et al. 2017. Epidemiology of alcohol dependence in UK primary care: Results from a large observational study using the Clinical Practice Research Datalink. PLoS ONE 12(3)

¹⁵ Kings Fund. The health of people from ethnic minority groups in England

Vulnerable populations

1.10 Several groups are at particular risk of negative health and social effects of alcohol. These include;

- **Unemployment;** people who were economically inactive were more likely to have drunk alcohol for five days over the past week (12%) compared with those employed (8%) or unemployed (7%), however those in employment were most likely to have consumed higher amounts (12 units for men and 9 for women) compared with those unemployed or economically inactive (11%, 10% and 4% respectively). Those with the highest incomes were most likely to have drunk alcohol most frequently and consumed the largest amounts¹⁶
- **People who identify as LGBTQ;** research into people who identify as lesbian, gay or bisexual has suggested that they are more likely to engage in hazardous drinking and be dependent on alcohol than the heterosexual population.¹⁷
- **Trauma-exposed occupations;** studies have suggested that there are higher rates of hazardous drinking in male dominated trauma-exposed occupations, such as the police and military personnel, compared with caring professions such as health care workers.¹⁸
- **Deprivation:** More than 1 in 2 (54%) of those accessing community specialist treatment services in Hampshire live in the 30% most deprived areas.¹⁹ There is a strong relationship between deprivation and alcohol harm; despite lower socioeconomic groups often reporting lower levels of average consumption.²⁰ People on a low income do not tend to consume more alcohol than people from higher socio-economic groups. The increased risk is likely to relate to the effects of wider social and economic issues affecting people in lower socio-economic groups.²¹
- **Sexual health and pregnancy;** increase likelihood of risky sexual behaviour and consequences for foetal development¹⁵. Fetal alcohol syndrome (FAS) is the most common cause of learning disabilities. Using figures on the European prevalence of alcohol use during pregnancy (25.2%²²), it is estimated that approximately 56 children are born with FAS in Hampshire per year.
- **Children and young people;** alcohol misuse plays a part in 25-33% of child abuse cases and is strongly associated with adverse child experiences.²³ In Hampshire in 2018/19 it was estimated that there were 2,419 alcohol dependent adults living with children, a rate of around 2 per 1,000 of the population, lower than the national estimated rate of 3 per 1,000.²⁴ Nationally in 2021/22, there were over 415,000 exclusions from schools (including both temporary and permanent) and of these 11,750 (2.8%) of these were relating to alcohol and drugs.²⁵

¹⁶ ONS – Adult drinking habits in Great Britain 2017

¹⁷ Institute of Alcohol Studies - LGBTQ+ People and Alcohol. July 2021

¹⁸ Irizar, P., Puddephatt, J. A., Gage, S. H., et al. 2021. The prevalence of hazardous and harmful alcohol use across trauma-exposed occupations: A meta-analysis and meta-regression. *Drug and Alcohol Dependence* 226

¹⁹ Hampshire County Council. Joint Strategic Needs Assessment. *Inclusion Health Groups Report*

²⁰ Public Health England. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review 2016

²¹ Public Health England. *Health Matters: Harmful drinking and alcohol dependence*

²² Popova, S., Lange, S., Probst, C., Gmel, G. & Rehm, J. (2017) Estimation of national, regional and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: A systematic review and meta-analysis. *The Lancet*, 5 (3), 290-299.

²³ Public Health England. *Health Matters: Harmful drinking and alcohol dependence*

²⁴ OHID – Parents with problem alcohol and drug use 2019 to 2020 - restricted.

²⁵ DfE - Permanent exclusions and suspensions in England, 2021/22

- **Mental health problems;** mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment (20).²⁶ There have also been international reviews which have suggested: people with eating disorders were at increased risk of experiencing a substance misuse disorder, people with schizophrenia have higher prevalence of any substance misuse disorder, and people with bipolar have a higher prevalence of cannabis use than the general population.^{27,28,29}
- **Homelessness;** nationally in 2020, 38.5% of deaths of people who were homeless were related to drug poisoning, and 12.1% were alcohol specific causes.³⁰

Children and Young People

- 1.11 Data from the Hampshire School Survey is in line with national surveys³¹ suggesting a long-term decline in the number of children and young people, aged 11 to 15, who have ever had an alcoholic drink. This survey includes pupils from Years 7 and 10 (ages 11 to 12 and 14 to 15). Whilst this is not a representative sample of the pupils across Hampshire, it does provide an indication of drug and alcohol use in these age groups. It suggests that in 2020/21 approximately 29% of pupils have ever had an alcoholic drink, slightly lower than 2019/20 at 33%.
- 1.12 Hospital admissions for alcohol specific conditions in under 18s have been declining nationally and locally, however as the decline locally has not been as steep, rates in Hampshire are now significantly higher than national rates (30.9 per 100,000 in 2018/19-2020/21, compared with 29.3).³² Females have been consistently significantly more likely to be admitted to hospital than males. Although similar to the trend in admissions seen in adults, this may also be related to a change in the way the data is recorded at the hospital level.
- 1.13 In Hampshire it is estimated that there are 2419 alcohol dependent adults living with children, although the prevalence is lower than the national average.

Unmet Need

- 1.14 Unmet need is calculated using the estimated prevalence rates calculated by PHE in 2016 and calculating the proportion of these not in treatment.³³ In Hampshire, there is an estimated unmet need of 91%, which is higher than the national rate of 82%. This means there are an estimated between 9,900 and 10,500 people across Hampshire have unmet treatment needs for alcohol dependency.
- 1.15 The Health Survey for England 2019⁵ suggests that the age groups with the highest proportion of people drinking at high risk or hazardous drinking levels are

²⁶ Public Health England. Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers.

²⁷ Bahji, A., Mazhar, M. N., Hudson, C. C., et al. 2019. Prevalence of substance use disorder comorbidity among individuals with eating disorders: A systematic review and meta-analysis. *Psychiatry Research* 273 58-66.

²⁸ Hunt, G. E., Large, M. M., Cleary, M., et al. 2018. Prevalence of comorbid substance use in schizophrenia spectrum disorders in community and clinical settings, 1990-2017: Systematic review and meta-analysis. *Drug and Alcohol Dependence* 191 234-258.

²⁹ Pinto, J. V., Medeiros, L. S., Santana da Rosa, G., et al. 2019. The prevalence and clinical correlates of cannabis use and cannabis use disorder among patients with bipolar disorder: A systematic review with meta-analysis and meta-regression. *Neuroscience and Biobehavioral Reviews* 101 78-84.

³⁰ ONS – Deaths of homeless people in England and Wales, 2020 registrations

³¹ NHS Digital - Smoking, Drinking and Drug Use among Young People in England, 2021

³² OHID – Fingertips

³³ OHID – Adult Drug Commissioning Support Pack: 2022/23 - restricted.

those aged 45 to 74, however the oldest age group (60 to 74 years) is much lower in the treatment population, suggesting that this group may be underrepresented.

- 1.16 National research has suggested that there are substantial barriers for the LGBTQ population accessing treatment, only 3% of alcohol clients identified as LGBTQ, which doesn't reflect the higher rates of alcohol dependence in this population.³⁴
- 1.17 Data for parents with alcohol dependency from 2019/20, suggested that 88% of parents with alcohol dependency living with children in Hampshire were not receiving treatment. This compares to an England rate of 79%.³⁵

2.0 How the commissioning and provision of alcohol treatment services have changed since the transfer of responsibility for public health from the NHS to local authorities.

- 2.1 Specialist community drug and alcohol treatment services are key components of local drug and alcohol treatment and recovery systems. Evidence shows that they are both effective and cost effective.¹⁵ The community specialist substance misuse treatment service in Hampshire works in partnership with other local services to support thousands of people each year, reducing the risks to the individuals, their families and wider community.
- 2.2 Following transfer of responsibility for public health to Hampshire County Council in 2013 there have been several changes to the way in which community specialist services are delivered. These include;
 - Extending the delivery of young people's specialist treatment from 11-18 years to include those aged 18-24 years. This has resulted in a significant increase in the numbers of young people aged 18-24 accessing treatment services in Hampshire.
 - Introduction of family recovery workers embedded in children's services teams who adopt a whole family approach working with individuals with a alcohol dependency. This includes the provision of specialist support for children of alcohol dependent parents and access to specific support for parents/carers of those with a substance misuse issue.
 - Additional investment in the provision of dedicated alcohol in-reach teams to acute hospitals, working with alcohol care teams to improve access to community treatment and co-ordination of care.
 - Expansion of the provision of alcohol brief interventions (IBA) (via our specialist alcohol treatment service and introduction of digital alcohol IBA) for those drinking at increasing and higher risk levels.
- 2.3 The recent publication of the Governments national 10-year drug strategy 'From Harm to Hope' accompanied by significant additional investment into local drug and alcohol treatment systems is a welcome step forward in seeking to reduce

³⁴ Institute of Alcohol Studies - LGBTQ+ People and Alcohol. July 2021

³⁵ OHID – Parents with problem alcohol and drug use 2019 to 2020 - restricted.

burden of drug and alcohol harms. In Hampshire, we have used this opportunity to;

- Further invest in alcohol treatment services through the development of an alcohol specialist team, increasing the capacity and quality of our community substance misuse treatment service. This includes; increasing delivery of alcohol treatment in community settings; extending access to those in full-time employment and enhancing workforce develop through the provision of specialist alcohol training.
- Establish criminal justice intervention teams working jointly with colleagues across which include a focus on increasing numbers of Alcohol Treatment Requirement (ATR) orders and improving continuity of care for people released from prison including those with an alcohol dependency.
- Increased funding and number of placements for residential rehabilitation treatment

2.4 Hampshire is a high-performing, financially well-run and long respected County Council and the positioning of public health in local authorities has enabled us to further strengthen our partnerships with a range of statutory and non-statutory organisations and enhanced our ability of work effectively at place. However, prior to this additional investment, local authorities' public health grant was reduced by 24 per cent on a real-terms per capita basis since 2015/16. In addition, more than 12 years of reductions in central government funding have had an adverse effect on our ability to invest in services and functions that prevent ill health, reduce health inequalities and support a sustainable health and social care system. This includes investing in services that can help towards preventing alcohol harm.

2.5 To address this there needs to be a shift in approach through additional investment in preventive services, primary care and social care. The effectiveness of this approach is evidence by the University of York's Centre for Health Economics which found that public health interventions produce three to four more quality-adjusted life years than equivalent spending on NHS services.³⁶

2.6 Further opportunities based on robust evidence also exist to further strengthen a whole system approach to alcohol harm, these include;

- Policies that reduce the affordability of alcohol including the use of a targeted 'Minimum Unit Pricing' measure are effective and cost-effective, approaches to prevention and health.¹⁵
- Regulating marketing of alcohol to children which evidence consistently shows increases the risk that children will start to drink alcohol or if drinking consume in greater quantities.¹⁵
- Updating the 2003 Licensing Act to include a specific public health objective in England. This would strengthen the council's ability to act on

³⁶ Martin S, Lomas J, Claxton K. Is an ounce of prevention worth a pound of cure? Estimates of the Impact of English Public Health Grant on Mortality and Morbidity. Centre for Health Economics, University of York.

local public health issues and place a legal requirement on business to consider public health.

- Investment in resourcing and capacity for the national provision of large-scale alcohol identification and brief advice training in adult health, social care and criminal justice settings as recommend by NICE.³⁷
- Building on the recent publication of the 10-year national drug strategy through the introduction of a specific national strategy to address the growing burden of alcohol harm within the population.
- Extending the focus on reducing the burden of alcohol harm within the NHS long-term plan³⁸

3.0 Spending on, access to, and outcomes from treatment

Numbers in Treatment

- 3.1 In 2020/22, there were 870 adults receiving structured treatment for alcohol only in Hampshire, including 555 individuals who started treatment in this period (new presentations). An increase of 9% on the previous year (795). The large majority (68%) of presentations to services are self-referral followed by referrals from Health and Social Care (23%). In addition, over 2000 adults accessed alcohol brief interventions via the community specialist substance misuse treatment service.
- 3.2 Analysis of trends shows that following a significant reduction in the numbers of those in structured treatment for alcohol from 2014/15 to 2015/16 (which can be partly explained by a change to the way one alcohol care team in Hampshire reported those accessing support), numbers have been on an upward trend, peaking at over 1000 in 2018/19 from 565 in 2015/16.

Outcomes

- 3.3 The combined benefits of drug and alcohol treatment amount to £2.4billion every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care.³⁹
- 3.4 For those who entered treatment for alcohol in 2020/21 in Hampshire, 8% had an early unplanned exit (slightly higher for men, 10% than women, 7%). This is lower than the national figure (13%) demonstrating good retention in treatment.
- 3.5 In total, 456 people left alcohol treatment in 2020/21, which was 57% of the treatment population. 37% of the total treatment population leaving treatment were classified as leaving treatment successfully and not re-presenting for treatment within 6 months.⁴⁰ This proportion was very similar for males and females (37% compared with 38%) and slightly higher than the national rate (35%).

³⁷ NICE. [Alcohol-use disorders: prevention. Public Health Guideline \(PH24\)](#)

³⁸ NHS. [Long Term Plan](#)

³⁹ Public Health England. [Alcohol and drug-prevention treatment and-recovery: why invest?](#)

⁴⁰ [OHID - Fingertips](#)

3.6 A safe, stable home environment enables people to sustain their recovery. In total, 10% of adults entering treatment in 2020/21 in Hampshire reported having a housing problem, including 2% where there was an urgent housing problem. This proportion is similar to that shown nationally (9%). 79% of those leaving treatment under a planned exit no longer reported a housing need, lower than that shown nationally (84%)

3.7 Self-reported employment status is collected from clients at the beginning of their treatment along with exit status (see Table 1). For those clients leaving treatment through a planned exit there was an increase in the proportion of people working full time and a decrease in those not working. These figures are slightly better than those shown nationally. There are a small number of people who left through an unplanned exit and for those people 92% were not working when they exited treatment.

Table 1: Employment outcomes for those entering and leaving alcohol only treatment, 2020/21

Employment	Hampshire		England	
	Start	Planned exit	Start	Planned exit
Not working	60%	58%	67%	68%
Irregular	4%	3%	3%	2%
Part time	7%	6%	6%	5%
Full time	29%	33%	25%	26%

Source: OHID

3.8 National studies⁴¹ have suggested that the largest reductions in crime are from those who are attending treatment for alcohol only. It was estimated that there was a 59% reduction in the number of people re-offending within two years following the start of treatment, and a 49% reduction in the number of offences. Using these calculations, it was estimated that there were 2,000 offences committed by adults in Hampshire before accessing treatment for alcohol, and a saving of £780k in gross benefits in terms of social and economic costs based on 2016/17 data.

Spending on community specialist treatment services

3.9 Table 2 provides an overview of the total budget provided for community drug and alcohol treatment services in Hampshire. It is not possible to disaggregate the budget spend for alcohol treatment specifically. The table shows the impact of central government reductions in the public health grant from 2016-17 of about 24%. This reduction was reversed in 2021-22 onwards following additional government investment.

3.10 The public health grant allocations are published on an annual basis with announcements consistently made in February or March for the upcoming year making it difficult to plan for provision of essential services impacting on people who need good access to health services.

Table 2: Budget for the provision of community drug and alcohol treatment services in Hampshire

Year	£
2013/14	£9,710,000
2014/15	£9,429,000

⁴¹ OHID – Adult Alcohol Commissioning Support Pack: 2022/23 - restricted

2015/16	£9,621,000
2016/17	£9,374,000
2017/18	£9,357,000
2018-19	£9,082,723
2019-20	£9,240,869
2020-21	£8,644,203
2021-22	£9,168,288
2022-23	£9,733,914

February 2023