

Reducing Alcohol Harm: a health needs assessment

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Aims

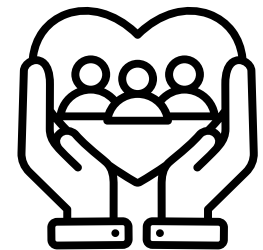
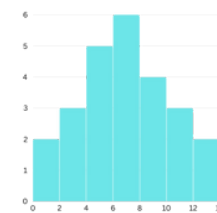
To evaluate alcohol-related harms within Lanarkshire.

Objectives

- Patterns of alcohol consumption in Lanarkshire and Scotland.
- Evidence of alcohol-related harms affecting individuals and communities.
- Perspectives of local communities regarding alcohol-related issues.
- The services available in Lanarkshire aimed at mitigating alcohol-related harms.

Methodology

- Evidence and policy review
- Epidemiological data
- Community consultation
- Overview of services



Alcohol related harms

- Psychoactive substance with dependence producing properties
- Health harms e.g. liver cirrhosis, cancers, cardiovascular disease, injuries, infectious diseases, pregnancy complications
- Wider harms
 - Family - unhealthy social norms, time, cost, relationships, violence, adverse childhood experiences
 - Community - safety, crime and disorder, employment, economy

Factors influencing consumption

- Sociocultural factors
 - Family influences, cultural and religious norms and peer pressure, media and marketing, regulation
- Economic factors
 - Affordability and availability
- Psychological factors
 - Stress, coping mechanisms, mental health
- Genetics

Populations most at risk

- Children and young people, men, people living in deprivation, care experienced young people, homelessness, those with mental health issues

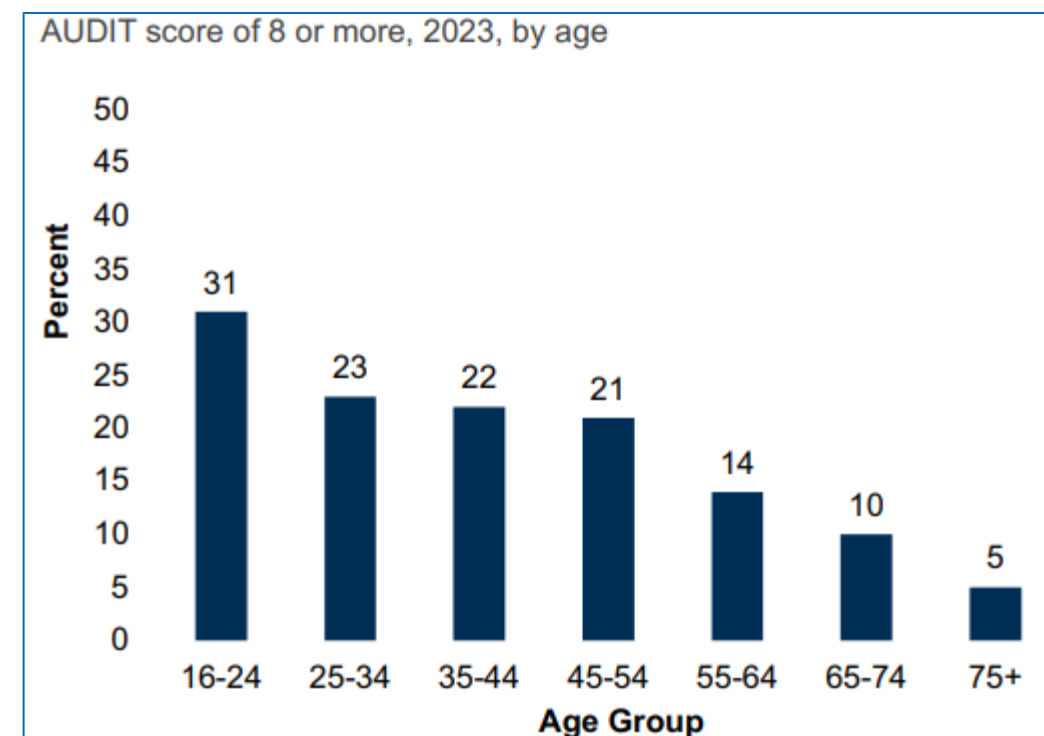
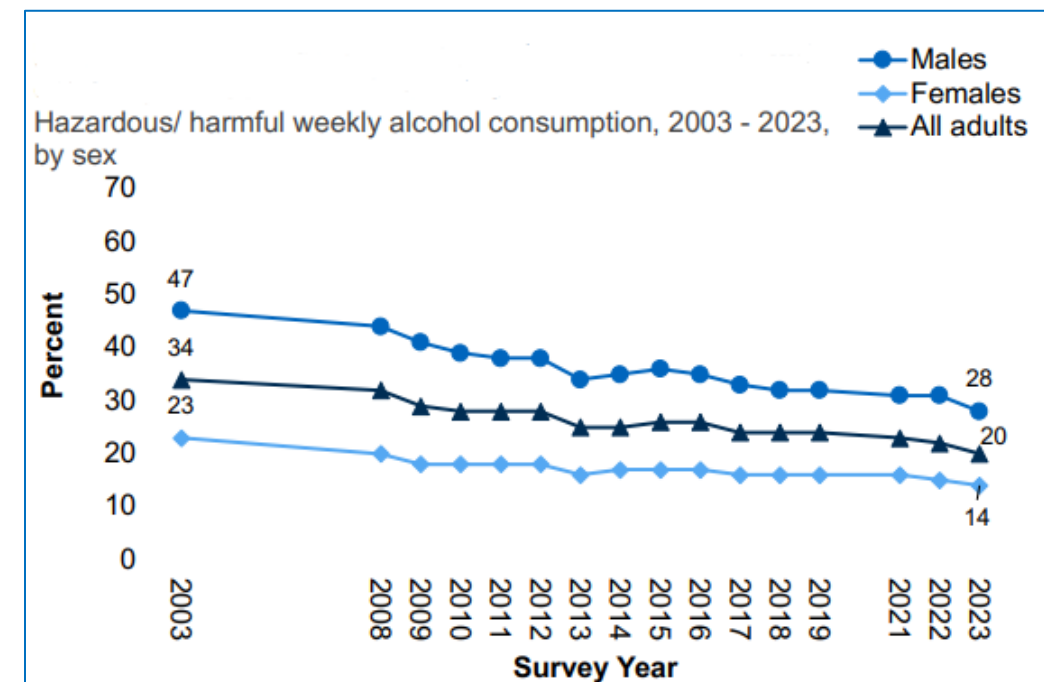
What works to reduce harm?

- Reduce affordability, availability and marketing
- Alcohol screening and brief interventions
- Education and awareness raising
- Timely and effective access to treatment and recovery systems of care
- Supporting families and communities
- Emerging models e.g. Planet Youth, digital interventions, Primary Care Nurse Outreach Service (PCANOS), Managed Alcohol Programmes (MAP)
- Jury out on impact of No and low alcohol (NOLO) products

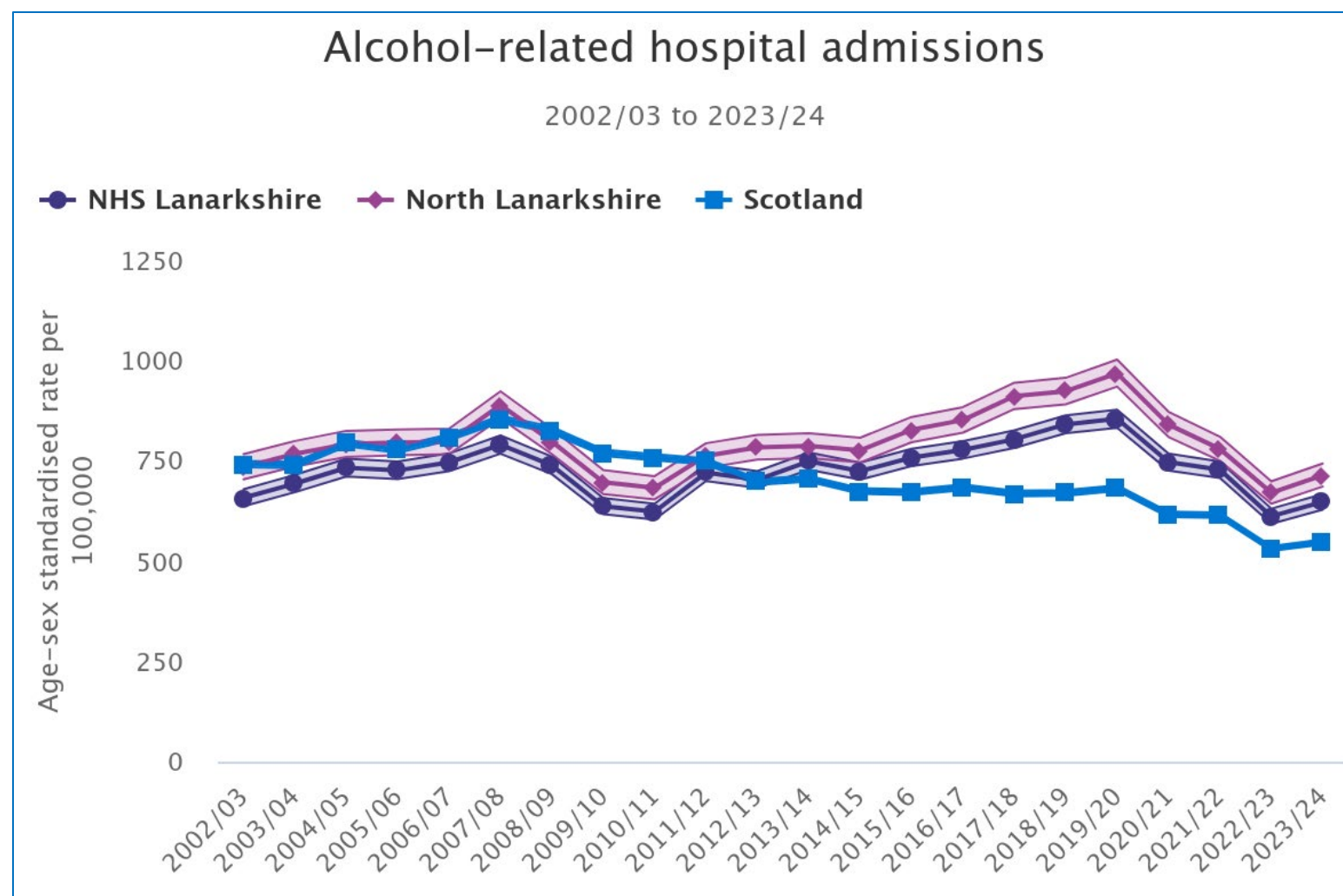


Scottish Health survey findings 2023

- Mean units consumed reduced from 12.6 to 11.6 (males 15.2 and females 8.0)
- In 2023 no significant difference between SIMD 1 and SIMD 5 in self reported consumption.
- Men living in the most deprived areas of Scotland were more likely to record an AUDIT score of eight or more (no difference for women).
- Across the time series, the proportion of adults with an AUDIT score of 16 or more, indicative of harmful drinking or possible alcohol dependence, has been in the range <1% - 3%.
- One in five reported as non drinkers in 2023
- Lanarkshire/North Lanarkshire trends were not significantly different from Scotland.

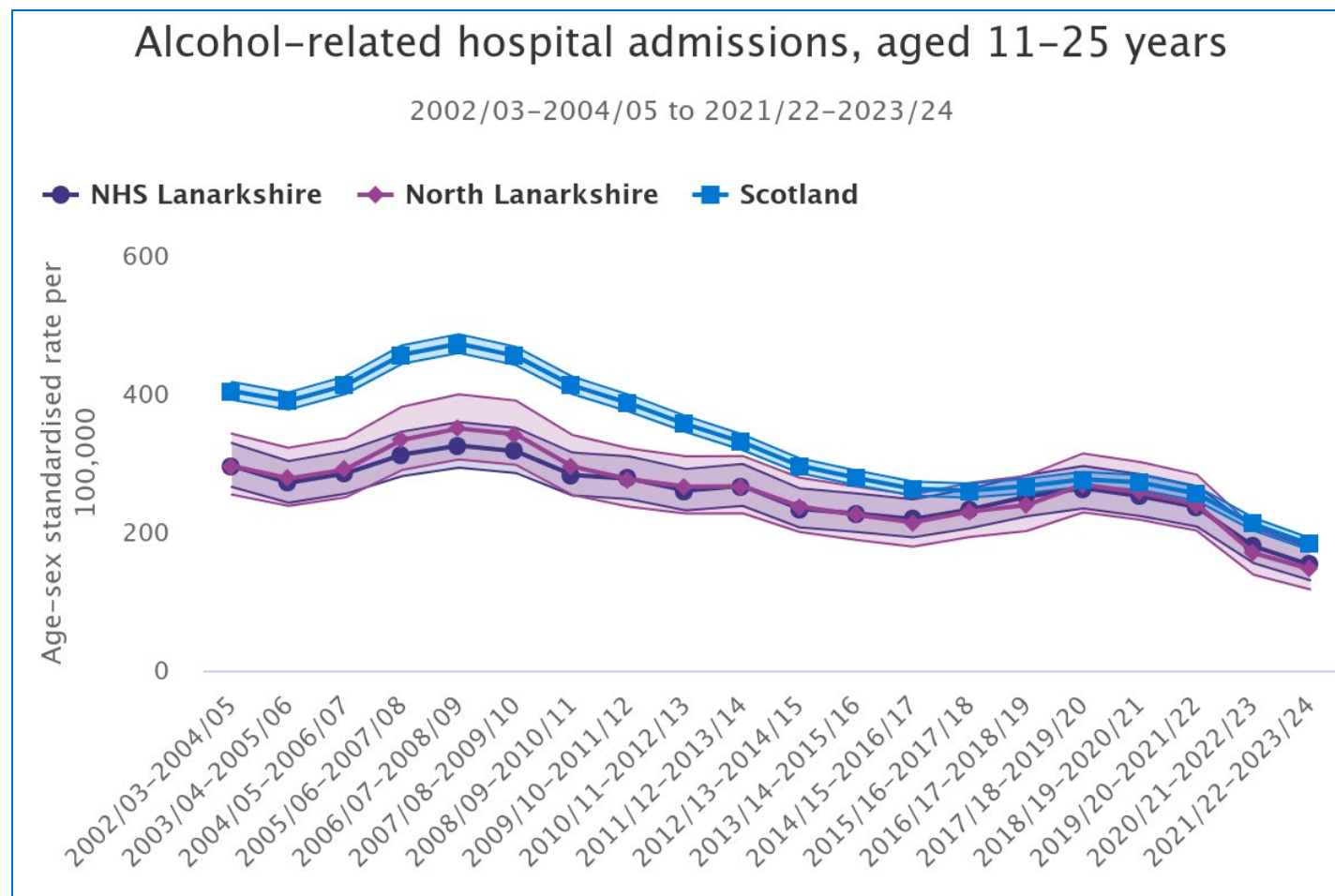


Alcohol related hospital admissions (general acute sites)



- Lanarkshire's alcohol-related hospital admissions increased in 2023/24 after a period of decline and remain significantly higher than the Scottish average.
- In 2023/24, Lanarkshire had 648.6 alcohol-related admissions per 100,000 population, compared to Scotland's average of 548.5.
- North Lanarkshire has a significantly higher rate of alcohol-related admissions than South Lanarkshire (715.4 vs 579.9 per 100,000).

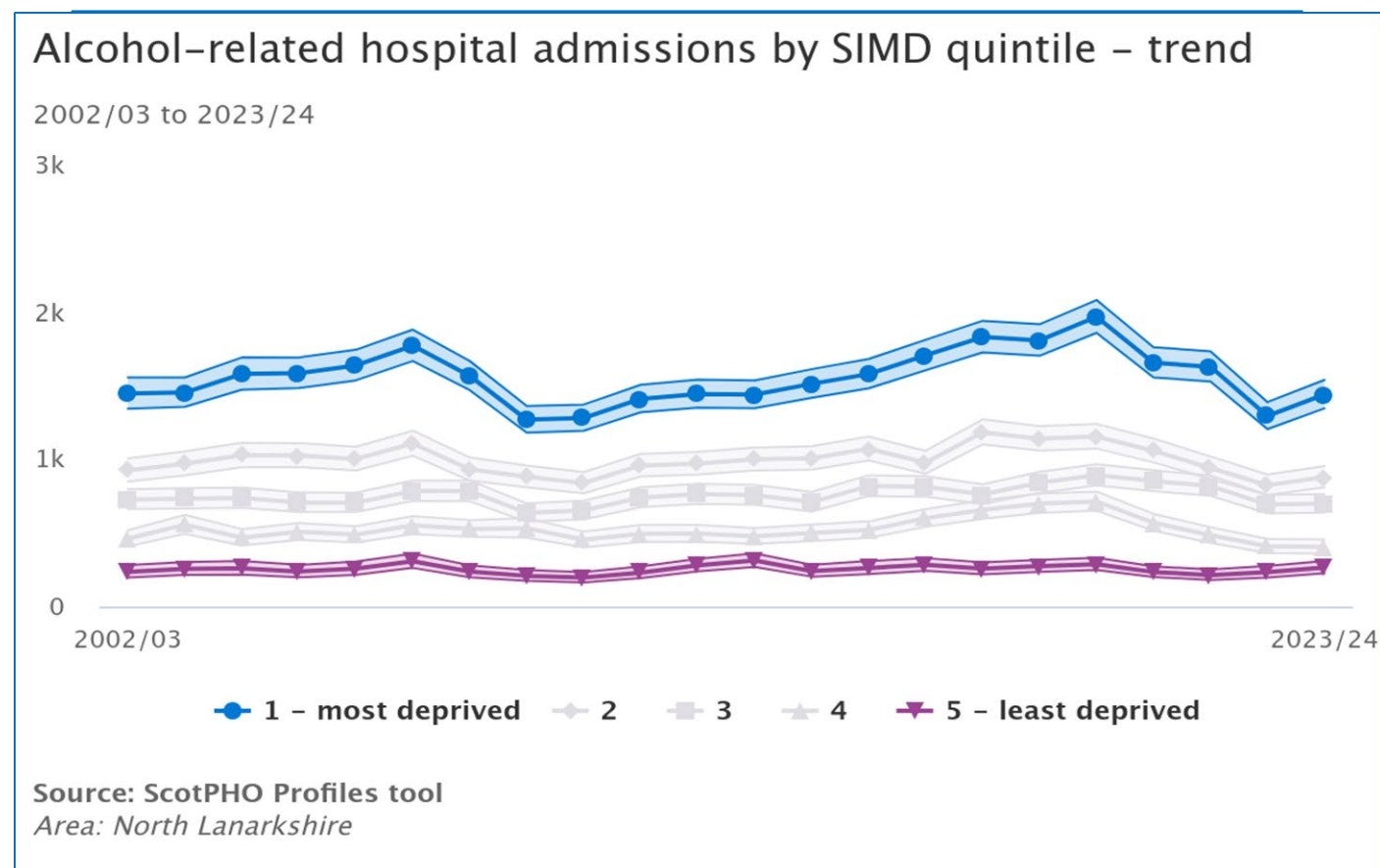
Hospital admissions young people 11-25 yrs



Historically have trends below Scotland but now got a similar trend which has reduced in recent years

- Scotland 182.6 (174.1-191.4)
- North Lanarkshire 146.7 (117.3-181.1)
- NHS Lanarkshire 152.6 (130.4-177.6)

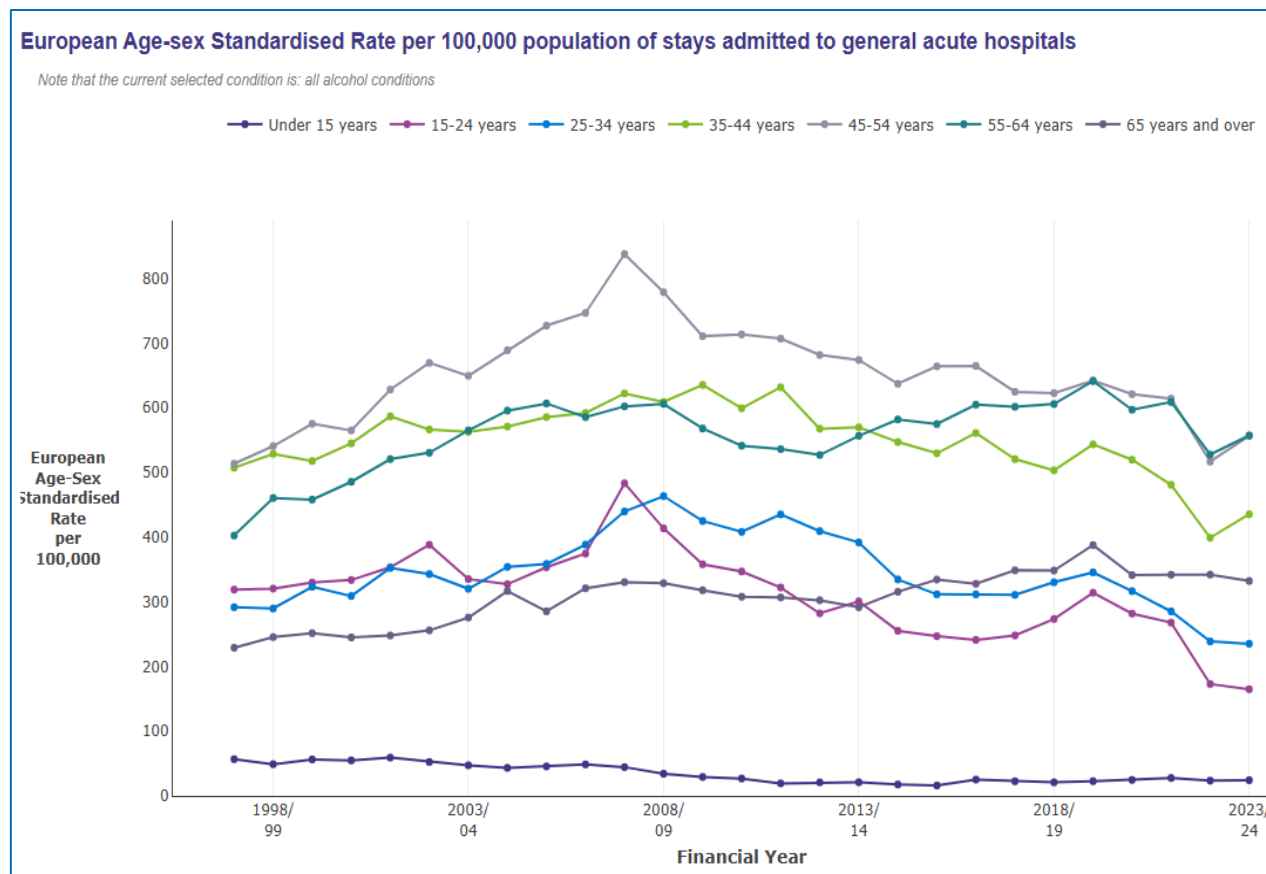
Alcohol related hospital admissions in North Lanarkshire by deprivation



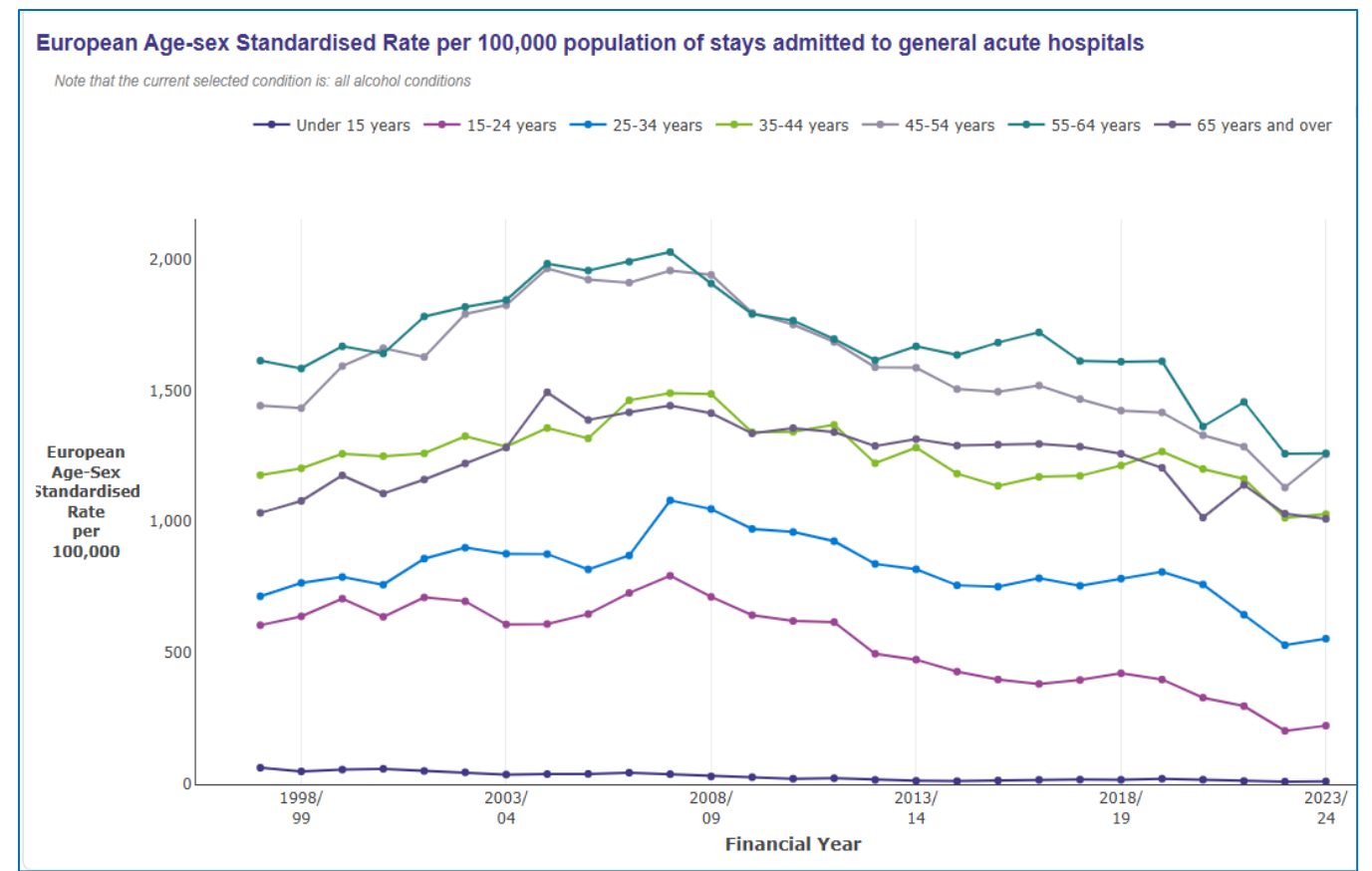
- People in SIMD 1 are **over 5 x more likely** to be admitted to acute sites for an alcohol-related condition than those in SIMD 5
- SIMD 1 rate of **1439.6** per 100,000 population SIMD 5 rate of **264.6** alcohol-related hospital admissions
- Alcohol-related hospital admissions would be **63.5% lower** if the levels of the least deprived area were experienced across the Lanarkshire population.

Alcohol related hospital stays by sex (Scotland)

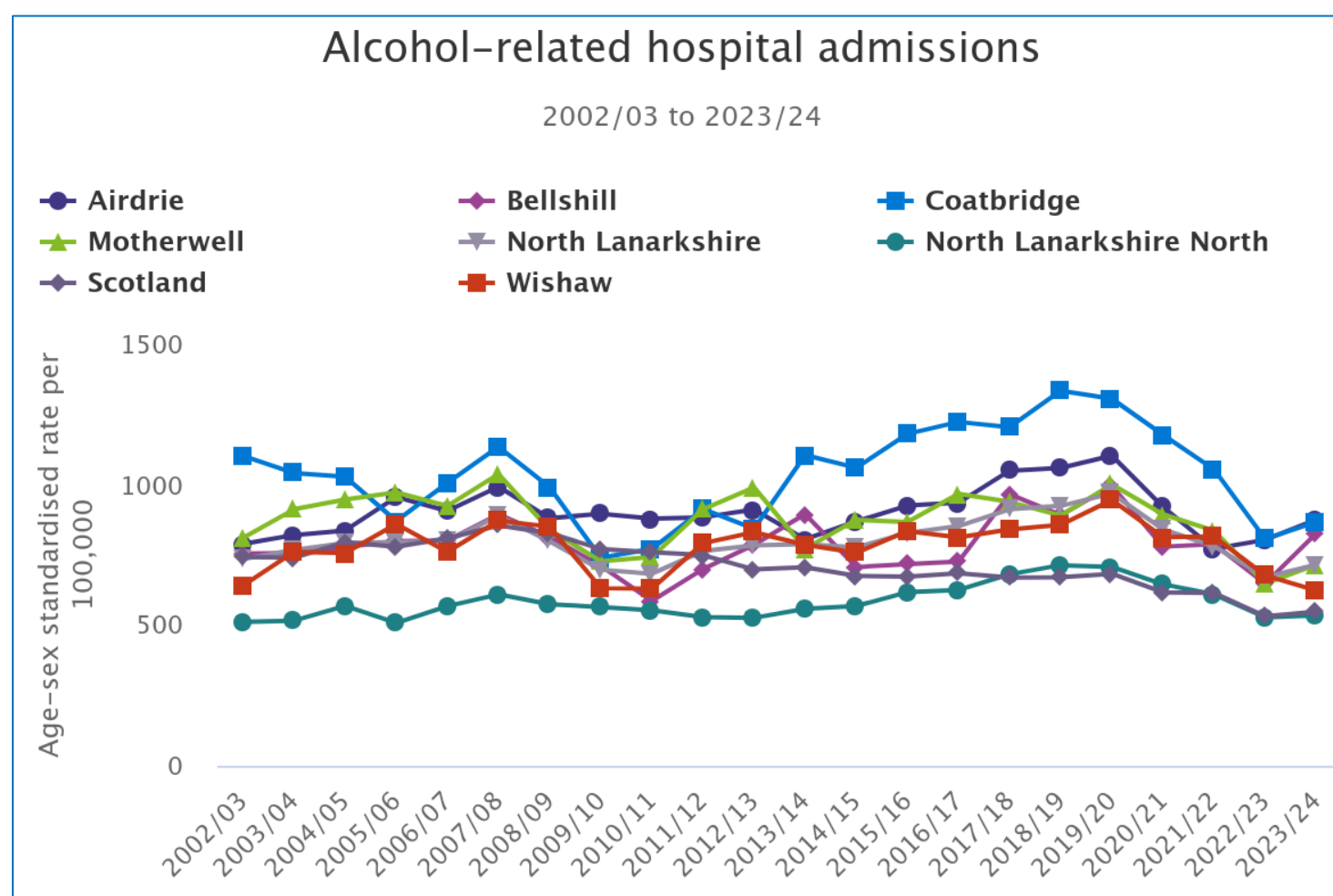
Females



Males

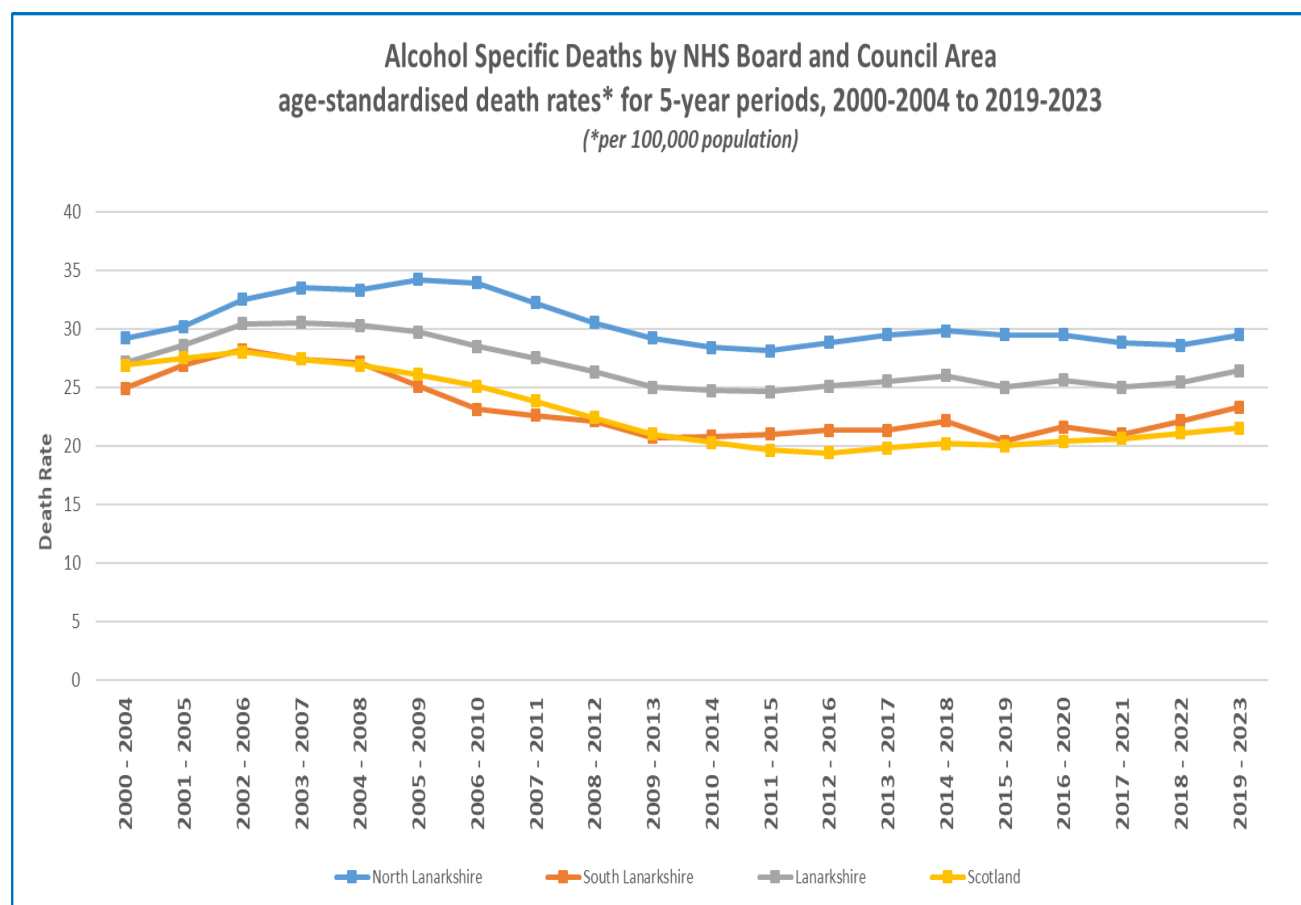


Alcohol-related hospital admissions from North Lanarkshire localities



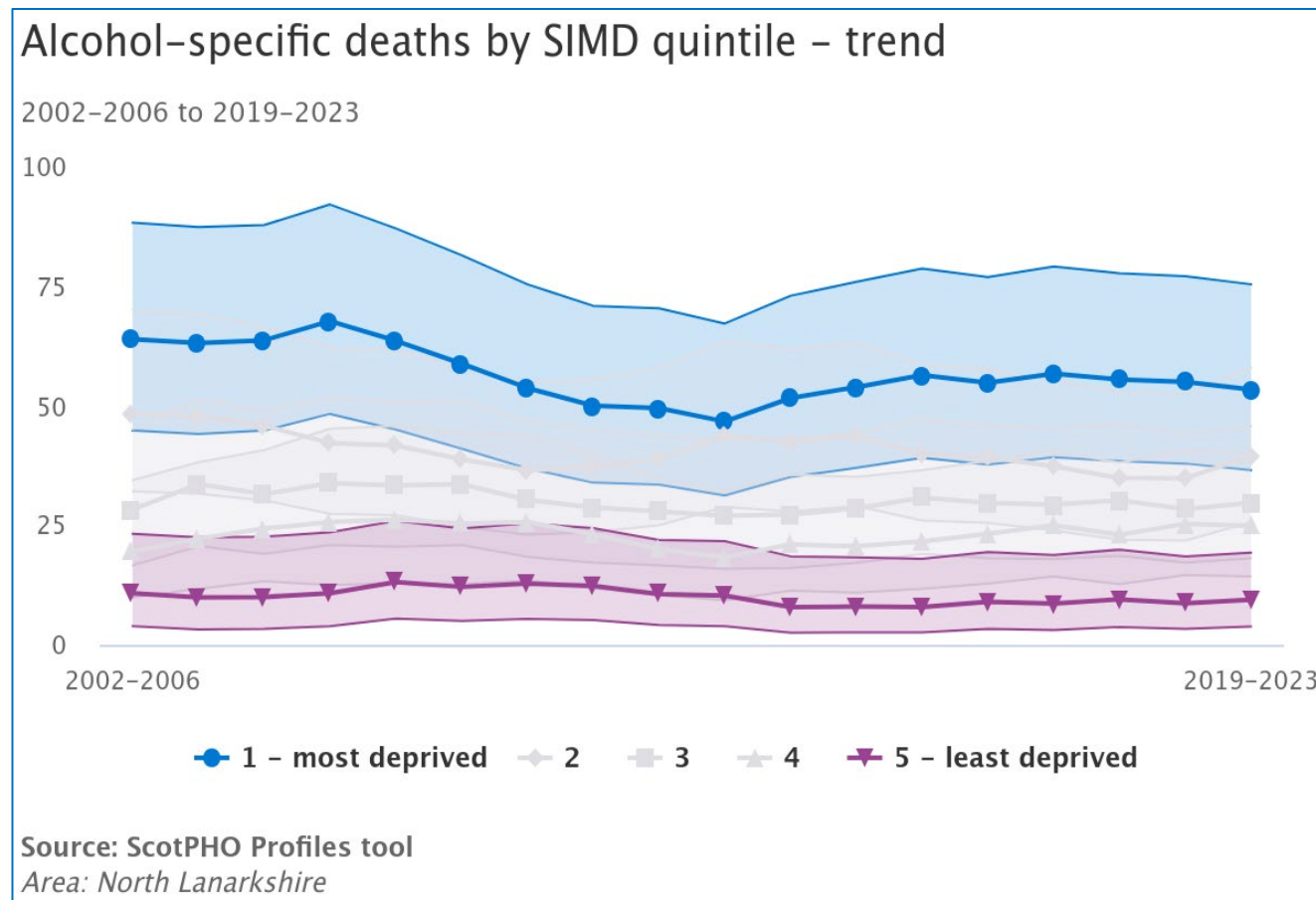
- The highest rates admissions are in Airdrie and Coatbridge localities at 876.7 and 868.2 per 100,000 population.
- All localities are significantly worse than the Scottish average and have been since 2016/17 with the exception of the North locality
- North locality used to be significantly lower than the Scottish average but has increased and now has a rate similar to the Scottish average.
- Can also look at admissions by intermediate datazones to identify those with a persistent high or increasing trend of alcohol related hospital admissions in order that work can be targeted to those areas.

Alcohol specific deaths



- Overall, Lanarkshire has a similar trend of alcohol-specific deaths compared with Scotland, with an overall decrease from about 2006 followed by a general increase since about 2015.
- North Lanarkshire rates are significantly higher than Scotland as a whole at 29.2 per 100,000 population compared to 21.4 for Scotland.
- The significant difference between North Lanarkshire and Scotland is driven by males as no significant difference for females.

Alcohol specific deaths by deprivation: North Lanarkshire



- Persistent inequalities gradient over time.
- North Lanarkshire's most deprived areas have 83% more deaths than the overall average.
- Alcohol-specific deaths could be improved by 70% if the levels of the least deprived area were experienced across the whole population.

Community Safety

- **Over one third of offenders of violent crimes** in Scotland report being under the influence of alcohol at the time of their offence (Scottish Crime and Justice survey, 2022)
- **1 in 4 homicides** in Scotland over last 10 years were recorded where the accused was under the influence of alcohol (Homicides in Scotland, 2023)
- **Marked downward trend in reports of drunkenness and other disorderly conduct** across Scotland and Lanarkshire. At Scotland level the rate per 10,000 population has fallen from 66 in 2014/15 to 4 in 2023/24. Within North Lanarkshire the rate has fallen from 116 to 12 over the same period. (Recorded Crime in Scotland (2023/24) based on crude rates).
- **Rate of those charged with driving under the influence (alcohol/drugs) has been on an increasing trend in recent years** across Scotland up to 15 from 10 per 10,000 population over the 9 year time period of 2014/15 to 2023/24. This is particularly the case in North Lanarkshire with a rate of 22 per 10,000 in 2023/24, up from 11 in 2014/15. (Recorded Crime in Scotland (2023/24) based on crude rates).

Community consultation

Adult consultation (25 years and over)

- 828 responses
- 619 from general public
- 209 Targeted to NHS and ADP partners

Young people consultation (11-25 years)

- 703 responses

Focus groups

24 focus groups

- 8 x general public
- 11 x recovery community
- 1 x young people in recovery
- 2 x young people affected by someone else's substance use
- 2 x NHS/Commissioned services staff

Awareness of alcohol related harms

- Awareness of alcohol related harm high but stronger concerns about harm noted by those in the targeted survey and young people.
- Relationship between alcohol and mental health described as a vicious circle.
- Concern re impact of Covid-19 on frequency of drinking.
- Family and community harms noted including anti-social behaviour, risk of domestic violence and child protection.

% of survey correctly identified the low risk drinking guidance for adults

- **32%** of targeted survey
- **28%** of general population

% of survey correctly identified the low risk drinking guidance for pregnant women

- **62%** of targeted survey
- **57%** of adult survey

Concern re own consumption and awareness of supports

- Concern for own drinking noted by 31% of general public survey
- One third of young people surveyed concerned about a loved ones drinking
- Approximately one third in the general public survey and over half of young people surveyed didn't know where to go for help
- Participants in the "general public" focus groups were not aware of recovery communities locally
- GP viewed as key route to access specialist support
- Limited public awareness of licensing processes

"Going to your GP is OK, but it shouldn't be necessary. It should be obvious how to get help without them as the middle man."

- People in recovery reported some services require a period abstinence which led to supports not been accessed when needed
- Support for alcohol-only services complemented with lifestyle and activity based interventions and face to face support

Suggested actions to respond to alcohol concerns

SURVEY

- More for young people to do within the community to divert them away from alcohol
- Information for parents/carers about the impact of alcohol and how to speak to children about alcohol
- Information for children and young people about the impact of alcohol.
- Support for older people to reduce social isolation
- More alcohol treatment services
- Reduce stigma

FREE ANSWERS/FOCUS GROUPS

Strong focus on breaking cycle of trauma and alcohol use with a focus on why people drink rather than their drinking behaviours

"Young people with issues of alcohol misuse tend to have parents who have or are suffering alcohol addiction."

"If you are not dealing with the root causes of alcohol, then you will just keep having to put the sticking plaster on to those who find themselves in trouble."

Conclusions

- **Alcohol Harm in Lanarkshire:** Alcohol-related harm is a significant public health issue, with a higher burden in North Lanarkshire compared to the rest of Scotland, especially in terms of morbidity and mortality.
- **Demographics:** Alcohol consumption and related harms vary by gender, age; geographical area and deprivation. There is limited local data on alcohol consumption and harms by specific groups who are known to experience higher levels of harm.
- **Public awareness:** Local consultation suggests low awareness of the low risk drinking guidance across communities and also low awareness of services.
- **Inclusive and Holistic Services:** Participants noted that services should be non-judgmental, inclusive of those who may not necessarily be aiming for complete abstinence, and should address stigma. Furthermore, offering holistic support that encompasses mental health, family dynamics, and social factors could help address root causes.
- **Effective Interventions:** There is already good evidence for cost-effective interventions to reduce alcohol-related harm, and also new models emerging from other areas (e.g., Planet Youth, MAP, PCANOS, and digital interventions).
- **Youth Activities and Parental Support:** Many participants suggested creating more activities for young people and offering support for parents. These suggestions align with broader efforts to reduce alcohol harm by fostering positive alternatives to drinking and strengthening family support systems.

Recommendations

- **Cross-Sector Collaboration:** Strengthen collaboration between health services, community organizations, schools, and local authorities to create a coordinated public health approach to reducing alcohol harm.
- **Target Awareness Campaigns:** Develop campaigns to raise awareness about the risks of alcohol consumption, tailored to address the specific challenges faced by different groups, especially those in deprived communities.
- **Increase Access to Services:** Improve access to alcohol treatment services, ensuring that they are well-publicised and easily accessible, especially for those who are most at risk. This might include digital platforms, outreach programmes, and maximising touchpoints with partners, especially primary care.
- **Alcohol brief interventions:** Review local delivery of alcohol brief interventions against the findings of local and national evaluation.
- **Adopt Holistic and Inclusive Models:** Focus on holistic models that address the wider factors that contribute to alcohol harm. Services should be inclusive and non-judgmental, trauma informed and co-produced with at risk populations. Learn from other best practice models elsewhere.
- **Youth and Parent Focused Interventions:** Learn from models like the Icelandic Planet Youth initiative to engage parents and young people in programmes that build resilience, create supportive home environments and provide alternatives to drinking.
- **Community Engagement:** Collaborate with local communities to explore opportunities to influence alcohol availability and accessibility.
- **Support for Families:** Focus on reducing stigma and enhancing support for families affected by alcohol use, especially for children and young people, ensuring multiple touchpoints for accessing support services.
- **Monitor Outcomes:** Develop a local alcohol outcomes framework to track trends and inform future partnership actions. Better local data collection on alcohol consumption and harm, specifically focused on vulnerable groups will help tailor interventions to those most at risk.