



The Alcohol pathway, strategy, priorities and delivery plan

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Alcohol

- i The Health and Wellbeing Board (HWBB) identified four key priority areas where they can make an impact up until March 2015, Alcohol was identified as one of these priorities.
- i Alcohol has been identified as a key priority due to Sandwell having rates significantly worse than England for:
 - | Alcohol specific mortality in males and females,
 - | Alcohol-attributable mortality in males and females,
 - | Alcohol specific hospital admissions in males and females
 - | Alcohol specific admissions in the under 18s

Adult Need

- Binge Drinkers/Large consumption in one evening: 20% population
or 23,600 Men 24,917 women
- Those drinking regularly: 20-23% men (by age) 10-23% women (by age)
or 30,679 Men 22,419 women
- Those drinking large amounts of alcohol regularly* which could lead to long term health impacts: 20% men and 13% women
or 23600 men and 16196 women
- Those who need alcohol to function: 8.7% men 3.3% women
or 10,266 Men 4,111 women

*** Over 3-4 units per night for men (1.5 pints of beer), 2-3 units for women (one 175ml glass of wine) or 21 units (9 pints) per week for men, 14 units (6.5 glasses of 175ml wine) for women**

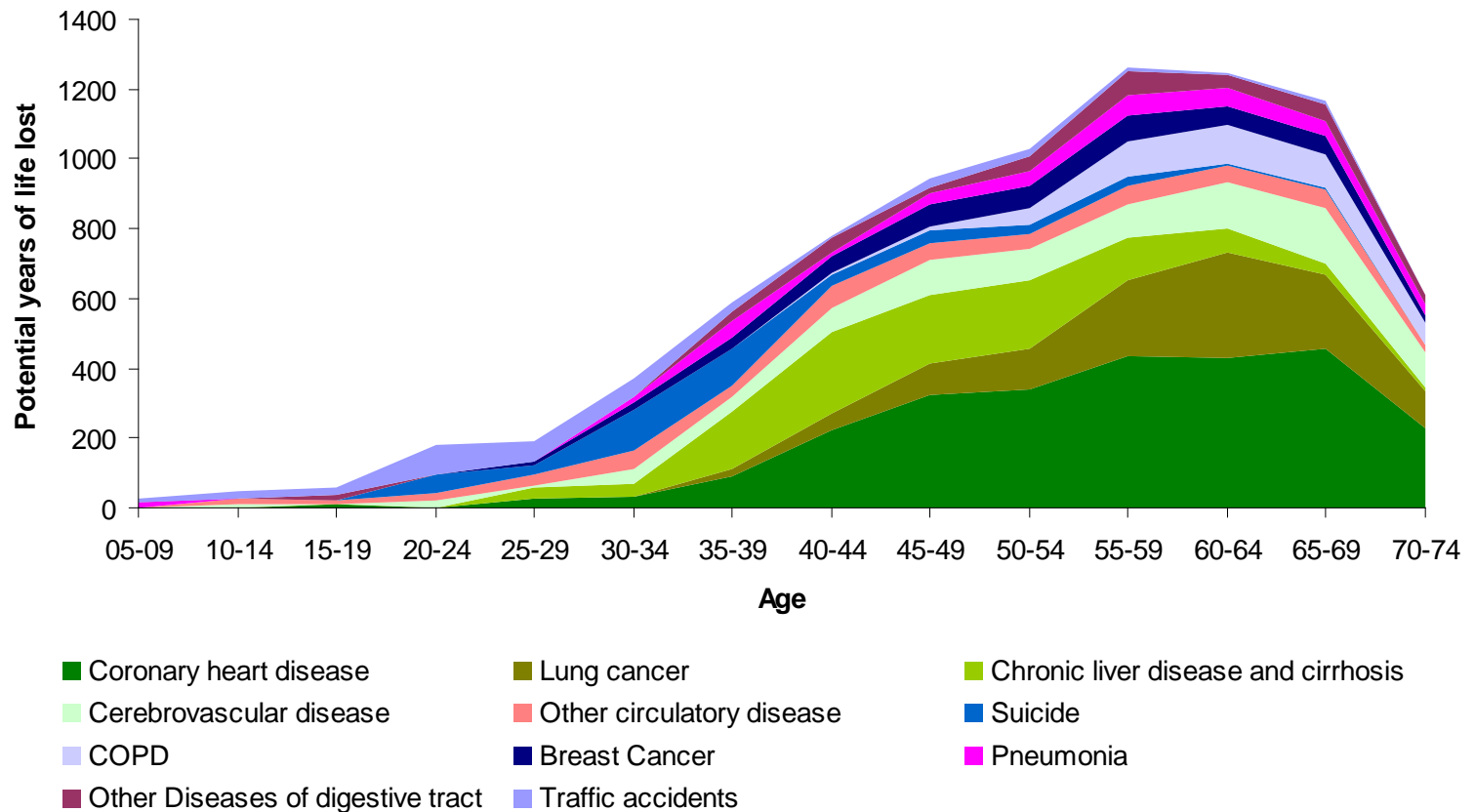
Adult need

What this means?

- i Excessive alcohol consumption causes an average of 70 deaths per year.
- i Approx 1600 years of life lost prematurely (under 75) or average of 23 years per person.

Years of Life Lost/ Premature Death

In Sandwell chronic liver disease and cirrhosis causes more life years lost than coronary heart disease and lung cancer.



Source: Alcohol JSNA 2010



Children Need

- According to the JRF survey 20% of 13yr old and 39% of 15yr old children drank in the last week, 39% had consumed excessive units (between 7-14 units or 3-6 pints of beer).
- Based on this a total of 4708 children from 13-16yrs drank in the last week.
- Of these approximately 1836 children drank excessively (3-6 pints)
- This level of drinking in adolescence may carry on into adulthood causing premature death.

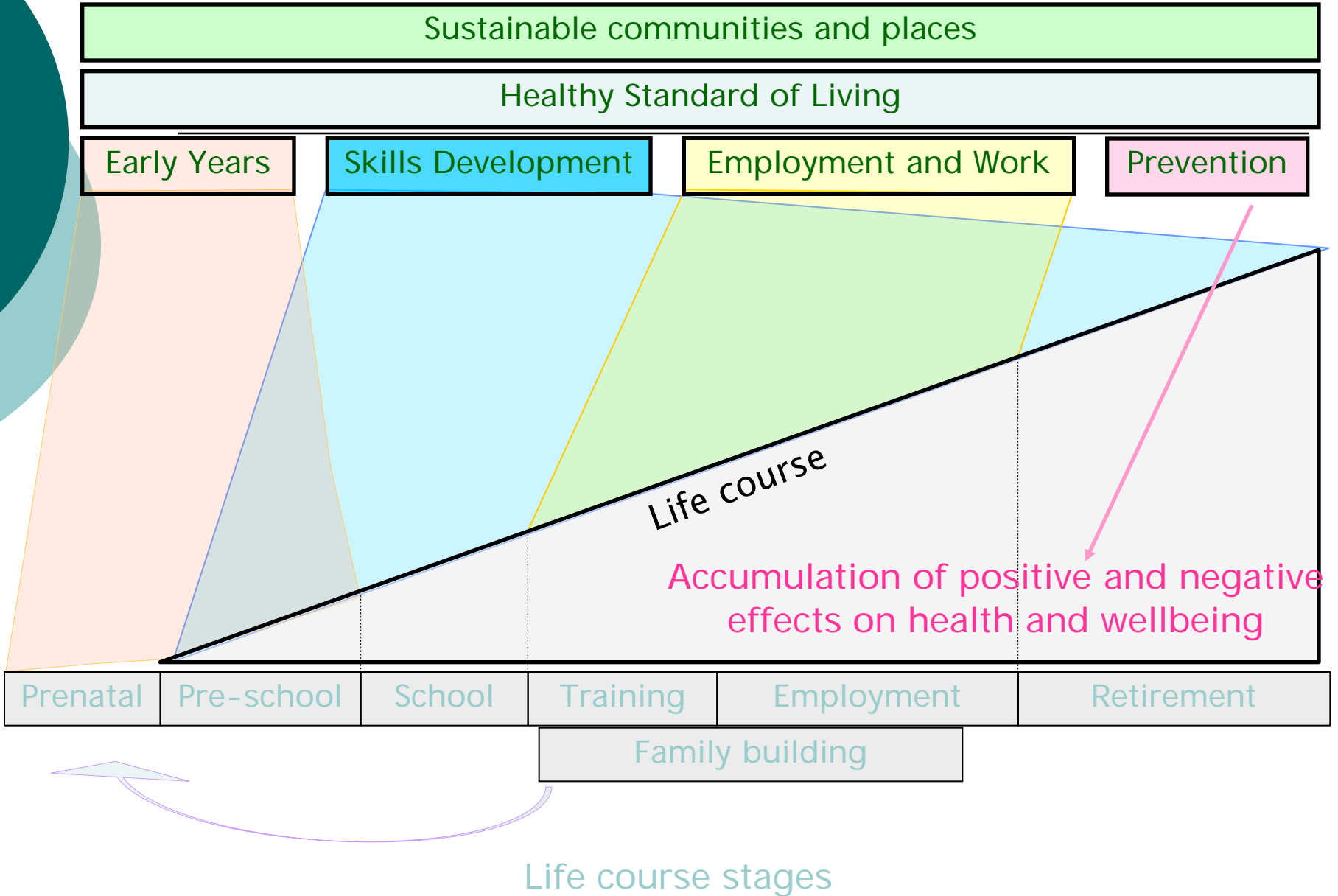
Opportunities to provide prevention?

Midwifery A&E Antenatal care Family planning	GP	GP					
	A&E	A&E					
	Children's centre	Clinical support unplanned pregnancy Mental health					
	Health visitor	Sexual Health services					
Alcohol support workers	Child care staff	Homeless/ Housing					
	Education	Benefits					
	Alcohol support workers	Prison					
		Probation					
		Police					
		School/University					
		Employers					
		Alcohol support workers					
Ante natal	0-5	6-10	11-17	18-24	25-39	40-59	60+

Key: NHS services in green

Local Authority services in red

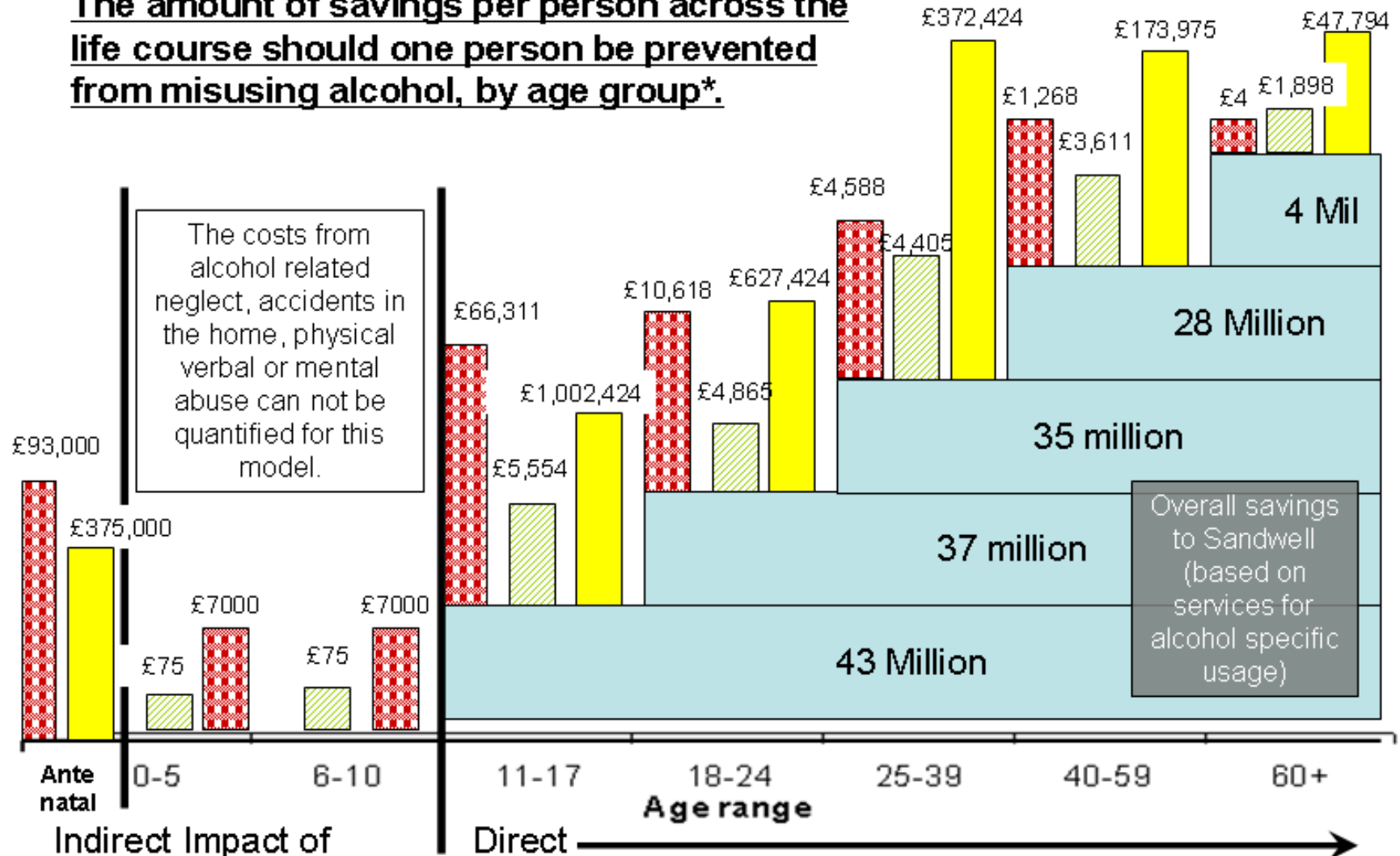
Areas of action



Evidence based interventions at key stages

- i At each stage there is an opportunity to intervene.
- i Review all national guidance and recommendations of interventions
- i Ensure that interventions are proven to work.
- i Monitor and evaluate all programmes regularly to show their effectiveness.

The amount of savings per person across the life course should one person be prevented from misusing alcohol, by age group*



Data contribution only from Alcohol related: A&E, GP consultations, Deaths, <18 pregnancy, Family support service, Probation, police arrests and youth

NHS Savings per person

LA Savings per person

Life years cost Savings per person



The overall themes:

1. Prevent children being born with Fetal alcohol syndrome within Sandwell by reducing alcohol consumption in pregnancy.
2. Reduce teenage pregnancies, encourage better attendance in school, school achievement and employability of children/adolescence within Sandwell by preventing alcohol misuse at this key life stage.
3. Increase understanding of those within health services and local authority of alcohol misuse. With the goal, as two large employers, to improve the health of their own staff.



The overall themes:

4. Train and encourage the use of screening and brief intervention where appropriate, with the aim is to highlight, inform and potentially support those who misuse alcohol.
5. Provide structured treatment, recovery and re-enablement programmes that are evidence based.
6. Audit and evaluate training, treatment and relapse prevention services to ensure adhering to guidelines and look for opportunities to update practice with more effective interventions.



Next steps

- i Engage with all partners (from health watch to secondary care) to receive feed back, develop the work further and ensure that the alcohol strategy work is included within all work plans.
- i Current monitoring and performance of the alcohol strategy is carried out by Sandwell Drugs and Alcohol Partnership (SDAP), longer term monitoring and performance ownership will need to be reviewed.



Acknowledgments

- i Public Health Intelligence team
- i Licensing
- i Adult social care
- i Children's services
- i Sandwell Drug and Alcohol Partnership (SDAP)

- i Swanswell
- i Community Alcohol Team
- i Probation
- i Drug education, counselling and confidential advice

- i West Midlands Police
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