



Adult Alcohol Misuse

1. Introduction

Alcohol is a significant public health issue, with a wide range of alcohol-related harms. The Chief Medical Officer summarised the harms from alcohol misuse, which include:

'Physical health problems such as cancer and heart disease; offending behaviours, not least domestic violence; suicide and deliberate self-harm; child abuse and child neglect; mental health problems which co-exist with alcohol misuse; and social problems such as homelessness'.¹

The Drug and Alcohol Action Team (DAAT) in Hounslow is one of 149 DAATs throughout England. The DAAT's role is to implement and coordinate the Government's [National Drug Strategy](#): Reducing Demand, Restricting Supply, Building Recovery. The Hounslow DAAT is accountable to the Home Office (via the Regional Government Office), The Department of Health (via the National Treatment Agency for Substance Misuse), and more locally, to the PCT and Borough.

Alcohol maps to national policy and indicators, through:

i. The proposed Department of Health's [Public Health Outcomes Framework](#):

- Domain 2 (Reduction in repeat incidents of domestic abuse; rates of violent crime, including sexual violence); and
- Domain 3 (Rate of hospital admissions per 100,000 for alcohol related harm; number leaving drug treatment free of dependency).

ii. The [NHS Outcomes Framework](#) (2011/12):

- Domain 1 (Preventing people from dying prematurely); and
- Domain 2 (Enhancing quality of life for people with long-term conditions).

Models of Care for Alcohol Misusers ([MoCAM](#)) "provides best practice guidance for local health organisations and their partners in delivering a planned and integrated local treatment system for adult alcohol misusers". Tiers of provision are set out as follows:

- Tier 1 interventions – alcohol-related information and advice, screening, simple brief interventions, and referral;
- Tier 2 interventions – open access, non care-planned, alcohol-specific interventions;
- Tier 3 interventions – community-based, structured, care-planned alcohol treatment;
- Tier 4 interventions – specialist, inpatient treatment and residential rehabilitation.

2. The Local Picture

2.1 Prevalence rates

Synthetic estimates of the prevalence of alcohol consumption in Hounslow (based on 2005

¹ Department of Health (2006) Models of Care for Alcohol Misusers (MoCAM).

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136806

data^{2 3}) indicate that:

- Approximately 22.5% of Hounslow residents are classified as 'increasing' and 'higher risk' drinkers (over 22 units of alcohol per week for men and over 15 units per week for women). This proportion is slightly lower than the England average of 23.6%.
- An estimated 10.3% of Hounslow residents are classified as 'binge drinkers' (eight or more units of alcohol for men or six or more units of alcohol for women, on at least one day in the previous week) – less than both the England and London averages.
- Around 5,300 people in Hounslow are classified as 'dependent' drinkers (people who feel they are unable to function without alcohol).

2.2 Mortality due to alcohol

For men living in Hounslow, the mortality rate from alcohol during 2007–09 was significantly worse than the England average, with 19.2 deaths per 100,000 males (compared with an England average of 13.1 per 100,000 males). Male deaths due to chronic liver disease from 2007–09 in Hounslow were also higher than the England average ([Table 1](#)).

For female residents of Hounslow, the mortality rate due to alcohol from 2007–09 was of 4.0 deaths per 100,000 women; less than the England average of 6.1 per 100,000 women. However, this was slightly higher than the London average of 3.9 deaths per 100,000 women ([Table 1](#)).

2.3 Hospital admissions due to alcohol

In 2009/10, there were 4,513 admissions to hospital due to alcohol in Hounslow. Analysis by gender shows that for men, both alcohol-specific and alcohol-attributable hospital admissions were higher than the England average. For women, alcohol-specific admissions were below the national average, but alcohol-attributable admission rates were higher than the England average. ([Table 3](#))

Hounslow's alcohol treatment rate shows that 3.4 adults per 1,000 population received structured treatment for alcohol misuse – significantly higher than the England average of 3.0 adults per 1,000 population. This means that as a proportion of the population, there are more individuals in treatment for alcohol misuse in Hounslow than in England, indicating a comparatively greater problem in Hounslow. ([Table 3](#))

2.4 Crime and alcohol

In Hounslow, crime and violent crime due to alcohol is significantly higher than the England average, and is above the London average. During 2010/11, there were 12.3 alcohol-attributable crimes per 1,000 population in Hounslow, higher when compared to both the London (11.7 per 1,000) and the England rates (7.6 per 1,000). ([Table 2](#))

3. Strategic Leadership and Collaboration

The London Borough of Hounslow Community Safety Partnership (CSP) has identified alcohol as one of its key targets for this year. Public Health will work with the CSP to progress this work, building on a recent needs assessment for drug and alcohol services.

² North West Public Health Observatory (2011) Local Alcohol Profiles for England. <http://www.lape.org.uk/>

³ Department of Health (2011) Hounslow Health Profile 2011.
<http://www.apho.org.uk/resource/view.aspx?RID=105402>.



3.1 Support

- At Tier 3, Central and North West London (CNWL) NHS Foundation Trust provides an alcohol liaison nurse specialist service at West Middlesex University Hospital to assess patients with alcohol needs, deliver brief interventions and provide alcohol detoxification as an inpatient or outpatient, or referral onwards to appropriate services. CNWL also provides Tier 3 Community Alcohol Services.
- At Tier 3, EACH (Ethnic Alcohol Counselling in Hounslow) provides community-based services to individuals and families affected by alcohol, drug, mental health, and domestic violence concerns. EACH works with diverse communities across 6 West London boroughs raising awareness and widening access to treatment through engagement in the community and satellite-based provision.
- EACH offers holistic and culturally sensitive interventions including family support and complementary therapies. Although originally set up in Hounslow to address a gap in provision for Black and Minority Ethnic (BaME), primarily Asian clients, EACH services are inclusive of all persons in Hounslow with an alcohol or drug problem. Therapies are provided in 9 languages⁴ as well as English.

4. Priorities

The priorities for alcohol misuse by adults in Hounslow in 2011/12 are:

- Partnership working to address licensing of premises to sell alcohol in Hounslow;
- In-depth analysis of Accident & Emergency admissions which are alcohol-related, to identify patient demographics and drivers of consumption; and
- Community education to prevent hazardous and harmful drinking.

5. Summary of Need

The following table summarises the needs in alcohol misuse in the Borough of Hounslow.

SUMMARY OF NEED: CHECKLIST	
Is need increasing over time?	Yes
Is need greater than the London average?	Not available
Is there qualitative intelligence indicating that need is substantially unmet?	N/A
Is there an external inspection or report suggesting need is unmet?	N/A
Are quality indicators worsening over time?	N/A
Are quality indicators worse than the London average?	N/A
Is there an intervention of proven effectiveness to address the need which is not currently delivered in Hounslow (or not delivered enough)?	N/A

⁴ Urdu, Hindi, Punjabi, Gujarati, Farsi, Polish, Somali, Tamil, Russian