

# HARINGEY JSNA – FOCUS ON:

## ALCOHOL NEEDS ASSESSMENT

SEPTEMBER 2021

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. It is estimated that one in four adults in England drink at a level which increases the risk of chronic ill health or injury. Proportionally, 24% of adults in England and Scotland regularly drink over the Chief Medical Officer’s low-risk guidelines and 27% of drinkers in Great Britain binge drink on their heaviest drinking days (over 8 units for men and over 6 units for women)<sup>(1)</sup>. Alcohol is a cross cutting public health issue. Excessive consumption of alcohol can contribute to a range of physical and mental health disorders and a range of social harms. These issues are examined below based on an analysis of the local evidence base.

### Facts and figures

- In 2018/19, the rate of hospital admissions for alcohol related consumption was 617 per 100,000. This was below the England average and above the London average.
- In 2018/19, the estimated number of adults in need of specialist treatment was 3,276. Between April 2019 and March 2020, 135 people or 37% aged 18 + completed treatment and did not re-present.
- In Haringey in 2018, the rate of deaths from alcohol related conditions was 36.3 per 100,000 which was lower than the England rate of 46.5

### Measures for reducing inequalities

- Effective preventative and early intervention programmes in place to reduce problematic alcohol misuse amongst young people in Haringey.
- Providing targeted support for individuals with complex needs and multiple vulnerabilities (such as experiences of homelessness, trauma, or domestic violence). A dual diagnosis service in Haringey supports people with co-existing mental health and alcohol related issues.
- The Bringing Unity Back Into The Community (BUBIC) service in the east of the borough aims to support drug and alcohol users.

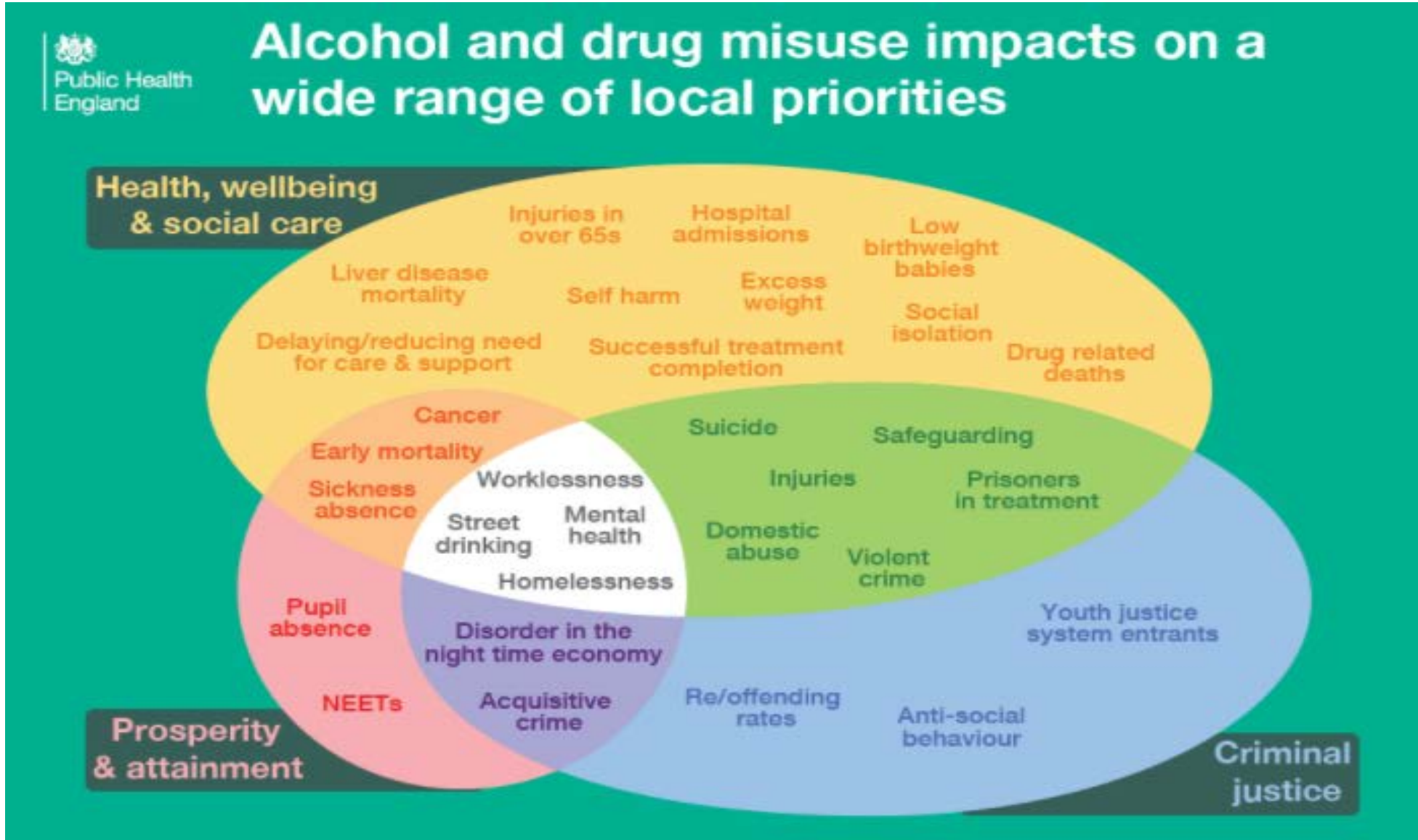
### Population groups

- Nationally, the rate of hospital admissions for alcohol harm among children and young people for conditions wholly related to alcohol is decreasing. However, in Haringey, there is no significant trend.
- Hospital stays for alcohol related harm tend to be greatest in those communities in Haringey where deprivation levels are highest.
- Admission episodes for alcohol related liver disease were significantly higher amongst males than females in Haringey in 2018/19.
- Alcohol harm compounds existing vulnerabilities making those affected by homelessness, trauma, violence against women and girls, or mental illness particularly vulnerable to alcohol harm.

### National & local strategies

- There have not been many strategic policy frameworks devoted explicitly to alcohol harm in the past decade, though a new government strategy was proposed in 2018 and will hopefully soon be available.
- Haringey’s alcohol strategy is currently under development and alcohol objectives are included in the **Borough Plan** (2019) and other local policies.
- Haringey has agreed to pilot the innovations fund for children and young people affected by parental alcohol use.
- Public Health England published a review in 2016 which examined the impact of alcohol on the public health and the effectiveness of alcohol control policies.

**SETTING THE SCENE: Alcohol Impacts**



**SETTING THE SCENE: Alcohol dependency**

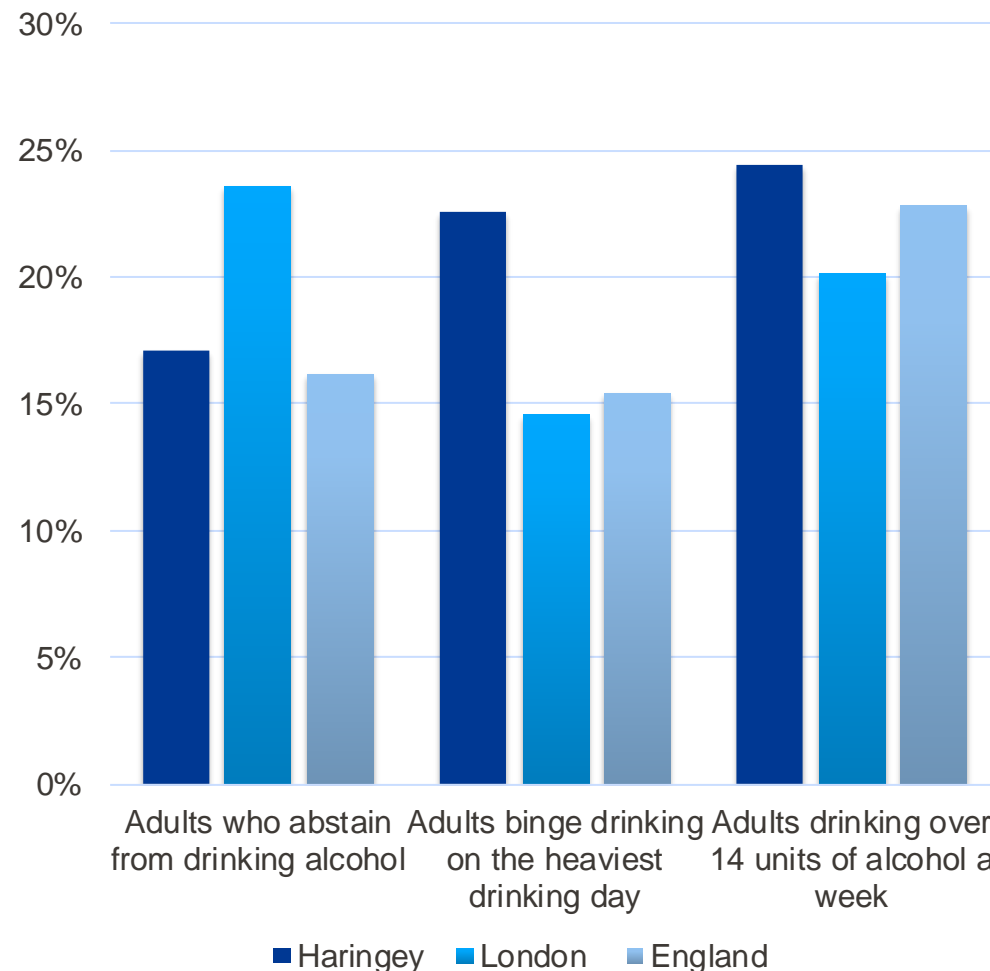
**Alcohol consumption and dependency**

In Haringey in 2018/19, 1.6% of the adult population were estimated to have an alcohol dependency, which equates to 3,276 adults aged 18 years and over. This was slightly higher than the England average of 1.4%<sup>(3)</sup>. Drinking large volumes of alcohol on a single occasion, or “binge drinking”, increases the risk of experiencing acute alcohol related harms. In Haringey, the percentage of adults ‘binge drinking’ on the heaviest drinking day increased significantly from 7.5% in 2011-14 to 22.6% in 2015-18<sup>(2)</sup>.

The prevalence of adults who binge drink and were drinking over 14 units of alcohol per week was higher in Haringey than in both England and London in 2015-18.

The estimated number of alcohol dependent adults living with children in Haringey in 2018-19 was 552, which equates to a rate of 3 per 1,000 of the population.

**Alcohol Dependency, 2015-18**

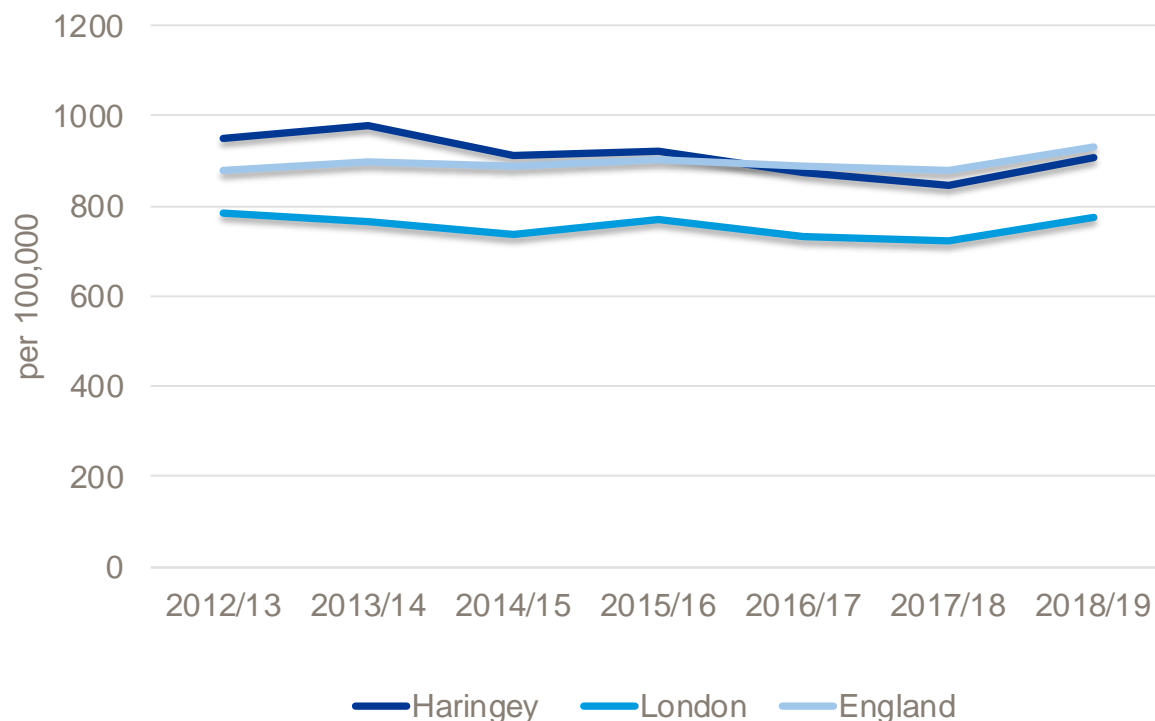


**SETTING THE SCENE: Haringey Clinical Data**

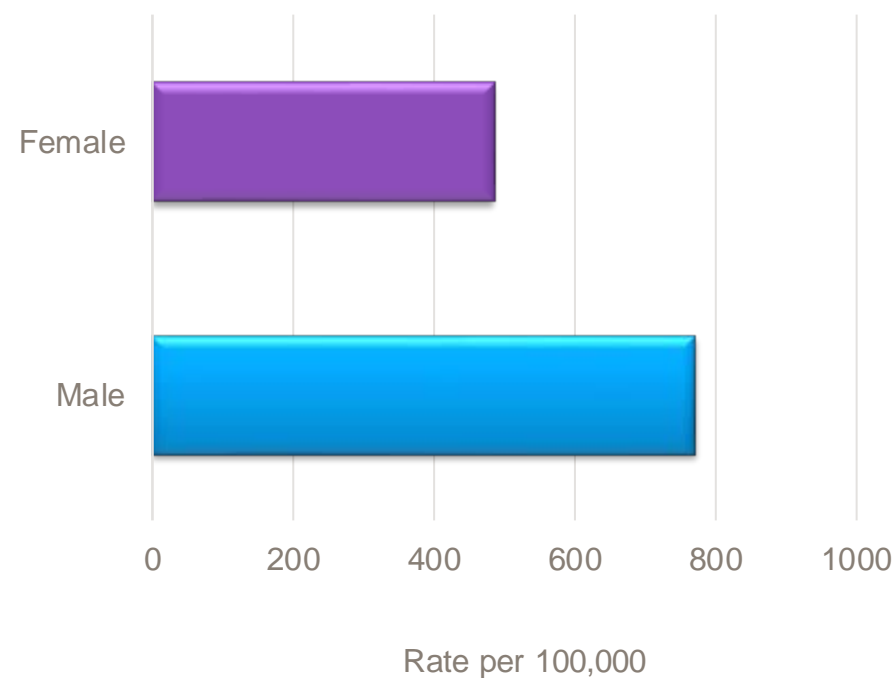
**Hospital admissions for alcohol-related conditions**

In Haringey in 2018/19, hospital admission episodes for alcohol related conditions for adults between 40 to 64 years were reported at 907 per 100,000. This is statistically similar to the England rate of 929 and above the London average rate of 773.<sup>(4)</sup>

**Hospital admission episodes for alcohol-related conditions – 40 to 64yrs**



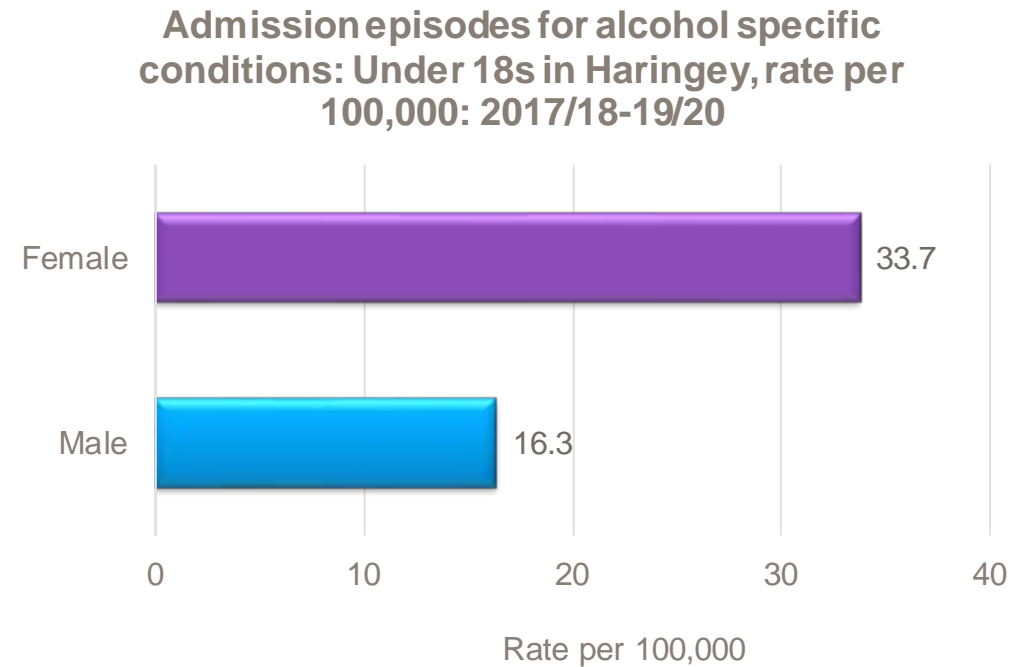
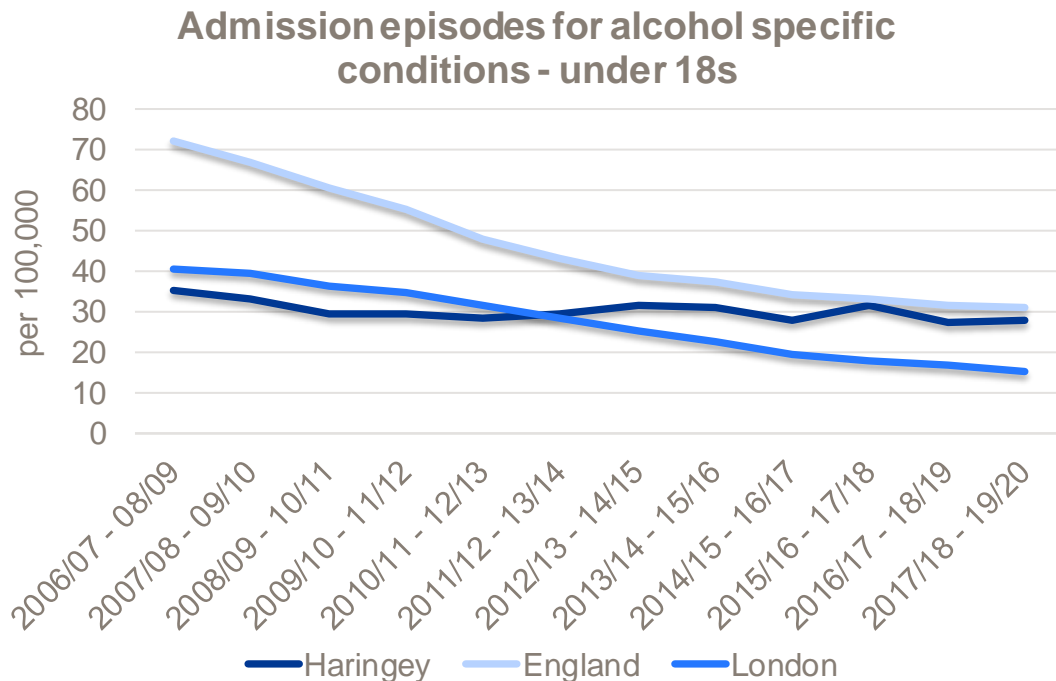
**Haringey admission episodes for alcohol related conditions in males and females: 2018/19**



## SETTING THE SCENE: Haringey Clinical Data

### Alcohol related admissions in children and young people

There is clear evidence that parents and carers can influence young people’s alcohol use. Children aged under 15 years are less likely to drink, or drink less, when parents and carers have strict rules on young people's drinking, show their disapproval of underage drinking rather than adopt a tolerant attitude, and supervise and manage young people's behaviour. The evidence shows that young people who start drinking at an early age are more likely to drink more frequently and in higher quantities than those who start later in life. In Haringey, 4.2% of 15 year olds are regular drinkers which was below the England average of 6.2%(1). Nationally, the rate of hospital admissions for alcohol of children and young people for conditions wholly related to alcohol is decreasing. However, in Haringey, there is no significant trend. The rate of admission episodes for alcohol specific conditions was higher for females than males aged under 18 years in Haringey in 2017/18-19/20.<sup>(4)(11)</sup>

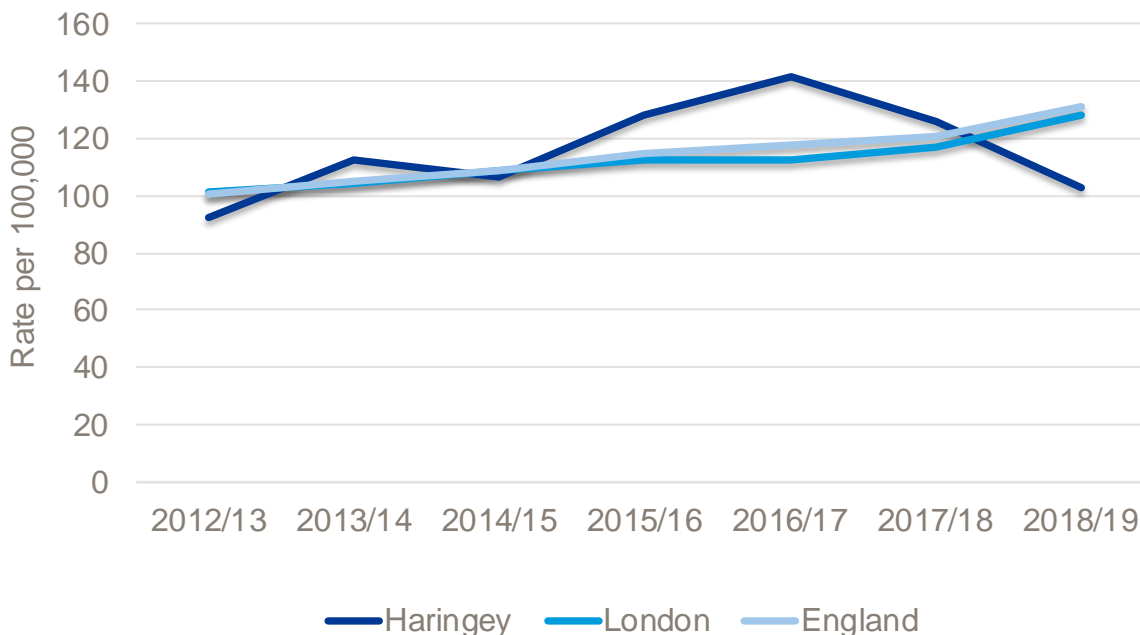


## SETTING THE SCENE: Haringey Clinical Data

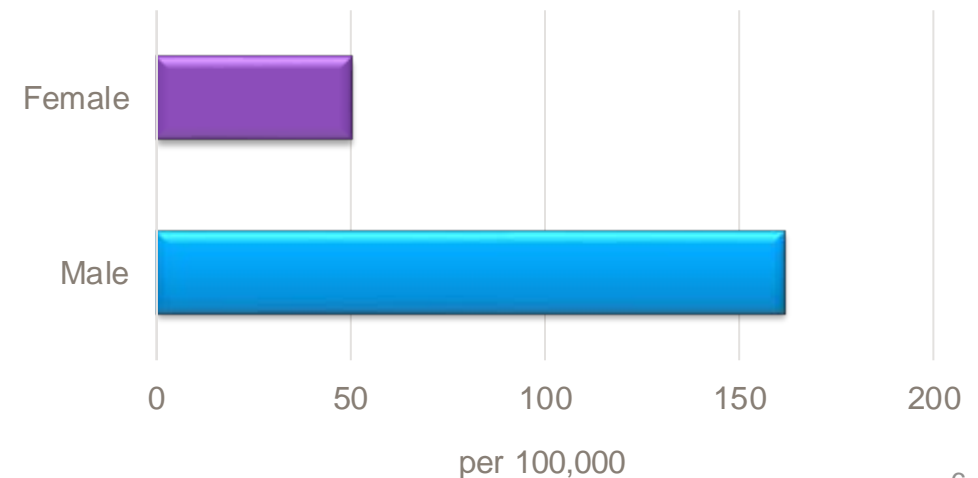
### Hospital admissions for alcohol related conditions: liver disease

Liver disease is one of the top causes of death in England. However, most liver disease is preventable and a vast majority is influenced by alcohol consumption and obesity prevalence (more detail on liver disease and obesity can be found in Haringey’s 2021 Healthy Weight Strategy). In Haringey, the rate of admission episodes for alcoholic liver disease has continued to fall since 2016/17, while the rate in London and England has steadily increased. In 2018/19, the rate of admission episodes for alcoholic liver disease was 102.7 per 100,000 in Haringey, 127.8 in London and 131 in England. In Haringey, the rate of hospital admissions for alcoholic liver disease was significantly higher for males than females in 2018/19.<sup>(4)</sup>

Admission episodes for alcoholic liver disease



Admission episodes for alcohol related liver disease per 100,000 in Haringey in 2018/19: Male versus female



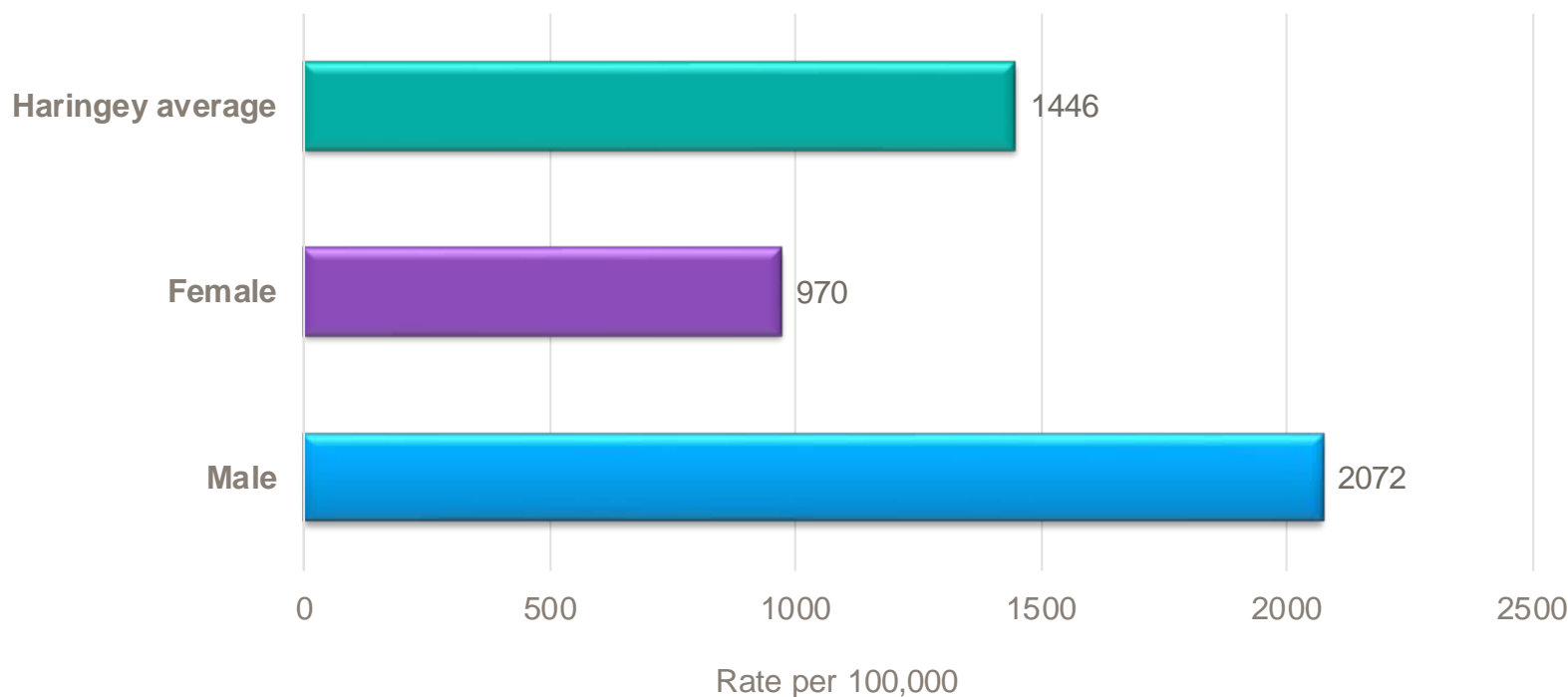
**SETTING THE SCENE: Haringey Clinical Data**

**Hospital admission for alcohol related conditions: cardiovascular disease**

Hospital admission episodes for alcohol related cardiovascular disease in Haringey in 2018/19 were 1,446 per 100,000 of the population. This was above the England average of 1,219 per 100,000.<sup>(4)</sup>

Admissions for cardiovascular diseases where alcohol is involved have demonstrated a general upward trajectory in Haringey since 2011/12, which is in line with England. Furthermore, inequalities exist by gender in Haringey with admission episodes for males over twice as high than with females, as illustrated below.<sup>(5)(6)</sup>

**Admission episodes for alcohol related cardiovascular disease in 2018/19 in Haringey**

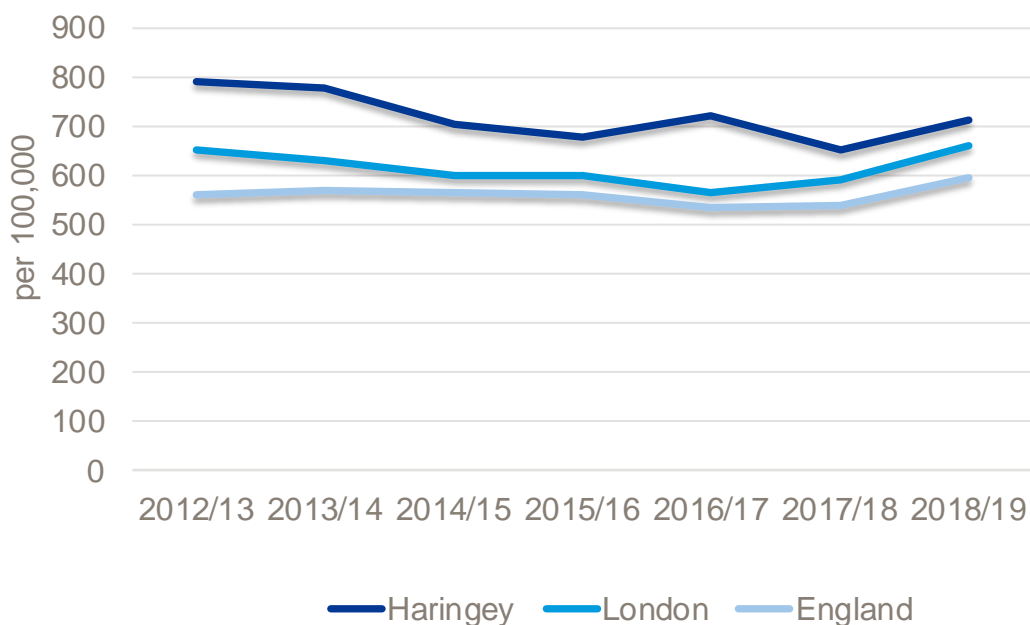


## SETTING THE SCENE: Haringey Clinical Data

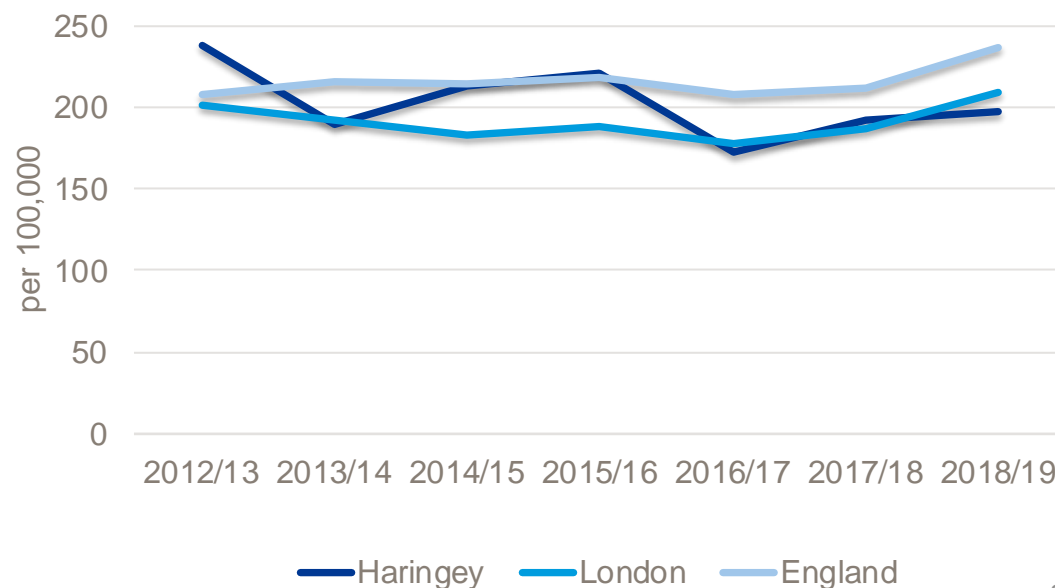
### Hospital admissions for alcohol-related conditions: mental health and behavioural disorders

Mental health problems are common among those needing treatment for alcohol misuse. Furthermore, alcohol misuse is common among those with a mental health problem. The charts below show admission rates to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol or mental health attributable mental and behavioural disorder. In Haringey in 2018/19, the rate of hospital admission episodes for mental and behavioural disorders due to use of alcohol for males was 711 per 100,000 and 198 per 100,000 for females.<sup>(4)</sup>

Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Male)



Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Female)





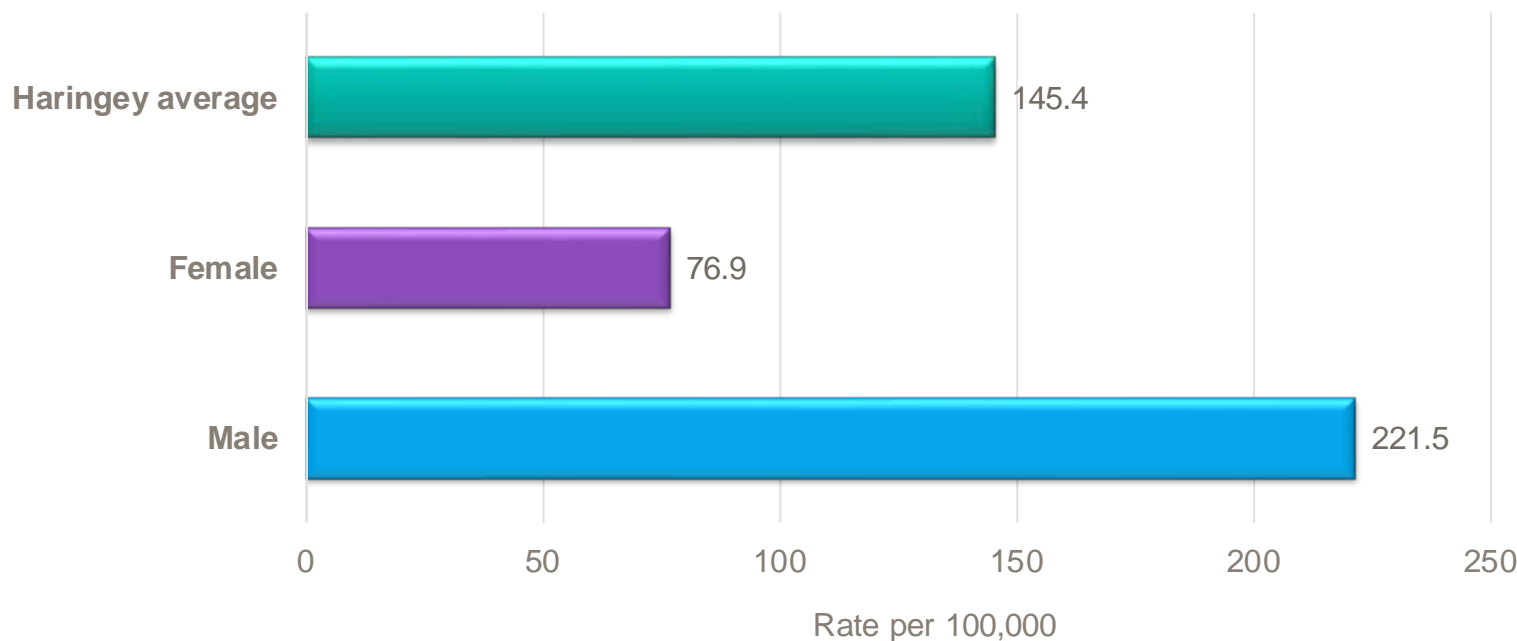
**SETTING THE SCENE: Haringey Clinical Data**

**Hospital admissions for alcohol-related conditions: unintentional injuries**

Alcohol related unintentional injuries include road traffic accidents, poisoning and falls.

In Haringey in 2018/19, the rate of hospital admissions for unintentional injuries was 145.4 per 100,000 which equates to 335 admissions. This rate was similar to the England average of 152.5. The admission rate for males was nearly three times greater than for females in 2018/19 in Haringey as shown below.<sup>(4)</sup>

**Admission episodes for alcohol related conditions:  
unintentional injuries, 2018/19**

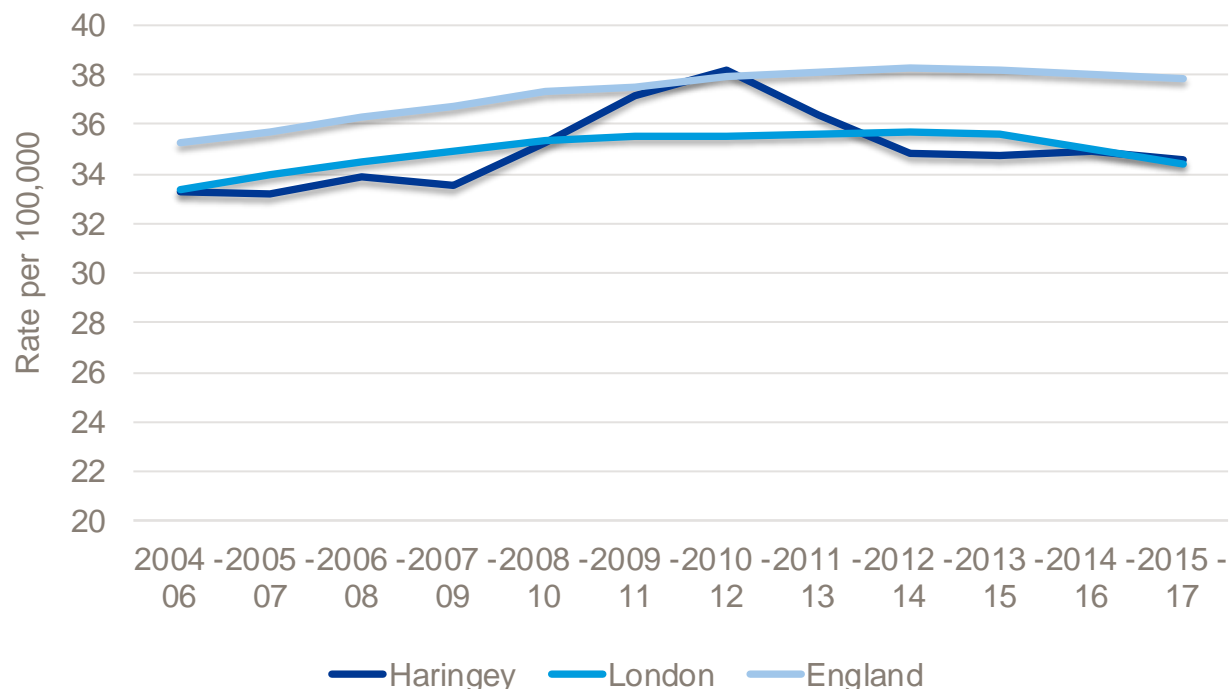


**SETTING THE SCENE: Haringey Clinical Data**

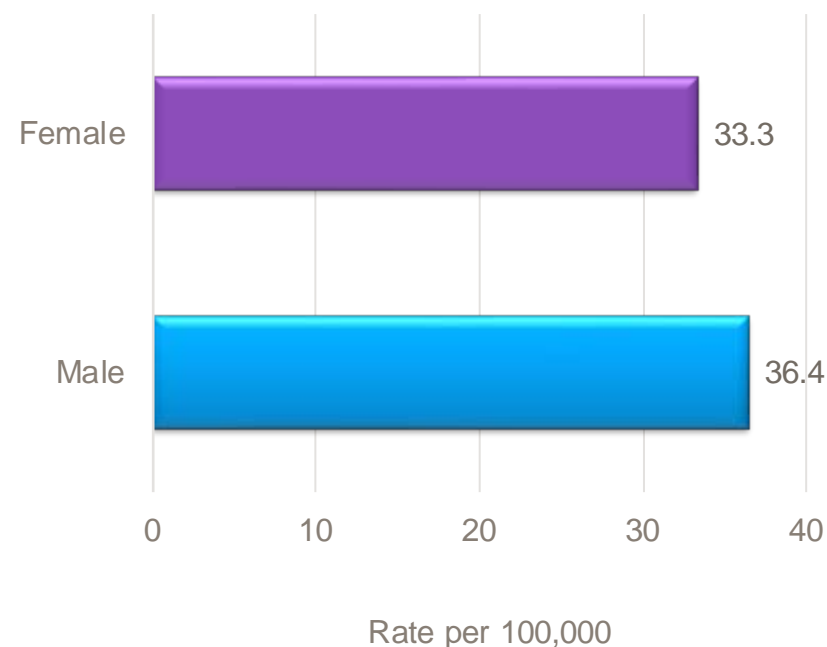
**Alcohol related cancer**

Alcohol causes 3.3% of cancer cases in the UK, which is around 11,900 cases per year<sup>(4)(5)(7)</sup>. Regular drinking above the recommended levels increases the risk of cancers including mouth, pharynx, larynx, and oesophagus. Incidence rates of alcohol related cancer in Haringey have remained relatively stable since 2012-14 and in line with London and below the England average. In 2015-17, the Haringey incidence rate was 34.6 per 100,000. The rate varied slightly for males (36.4 per 100,000) and females (33.3 per 100,000).

**Incidence rate of alcohol related cancer per 100,000**



**Incidence rate of alcohol related cancer for males and females in Haringey in 2015/17**



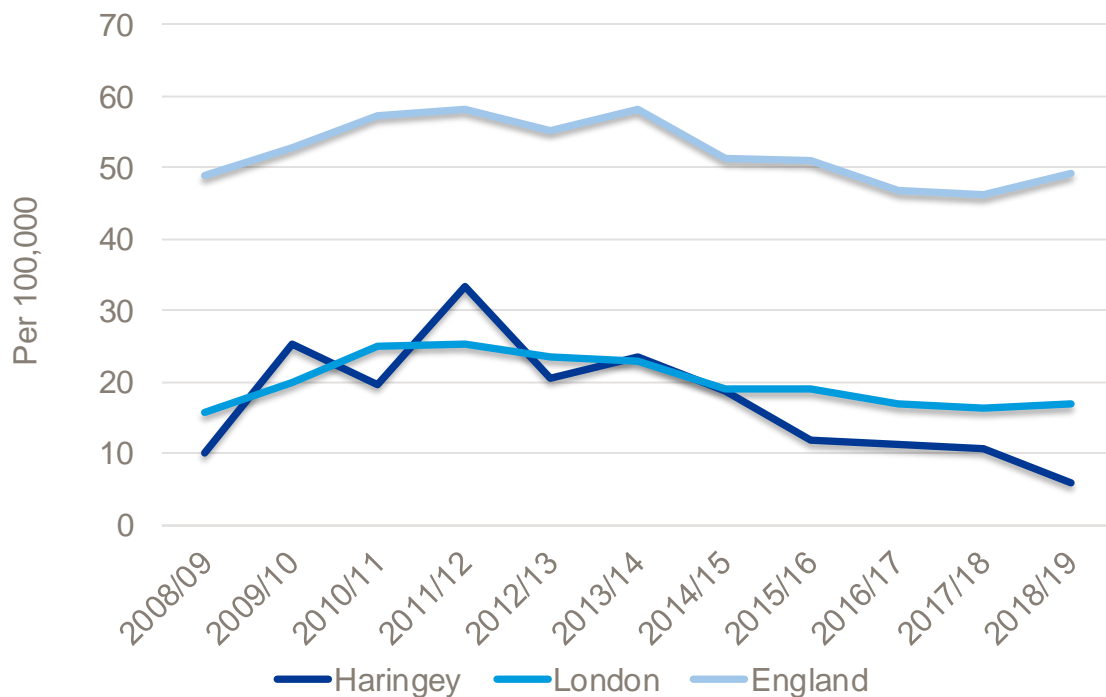
## SETTING THE SCENE: Haringey Clinical Data

### Intentional alcohol poisoning

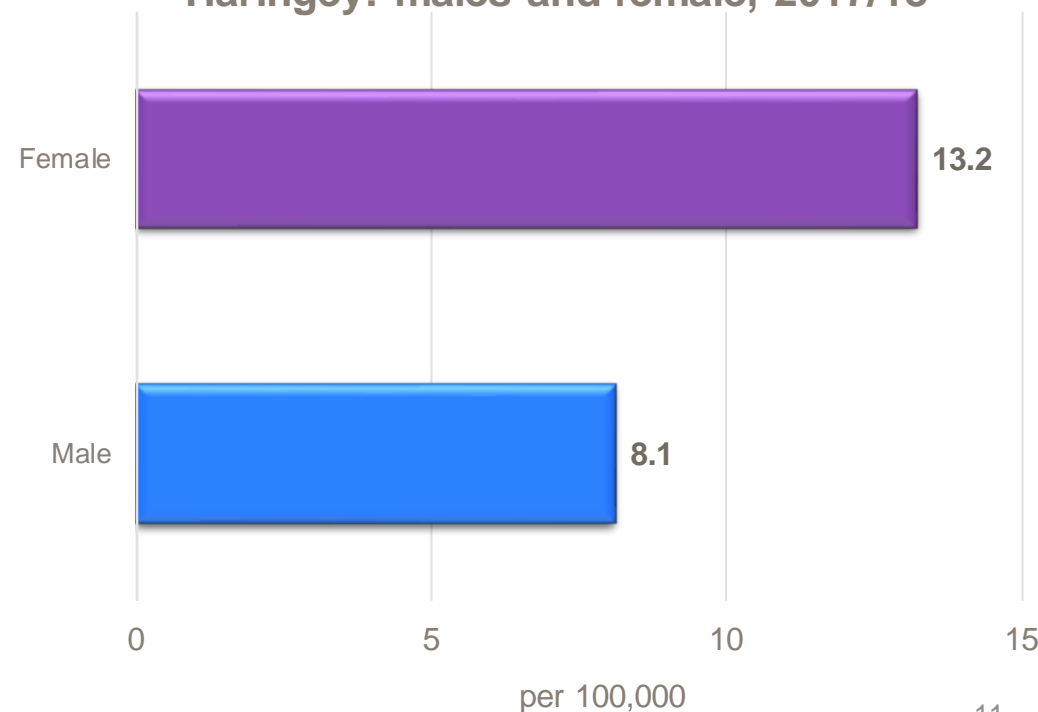
Rates of hospital admissions for intentional alcohol poisoning in Haringey are lower than the England and London averages. In Haringey in 2018/19, the rate of admission episodes for intentional self-poisoning by and exposure to alcohol was 5.9 per 100,000, 16.8 in London and 49.1 in England.<sup>(4)(5)(6)</sup>

Rates of hospital admissions varied by gender in 2017/18 in Haringey with rates being higher amongst females than males.

Admission episodes for intentional self-poisoning by and exposure to alcohol



Admission episodes for intentional self-poisoning by and exposure to alcohol in Haringey: males and female, 2017/18

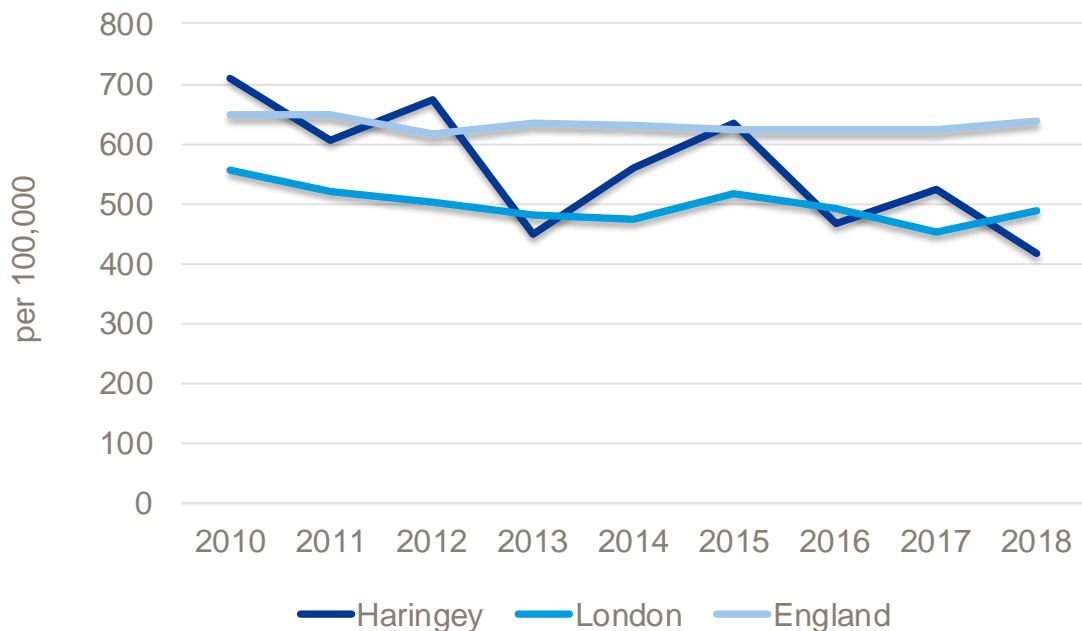


**SETTING THE SCENE: Haringey Clinical Data**

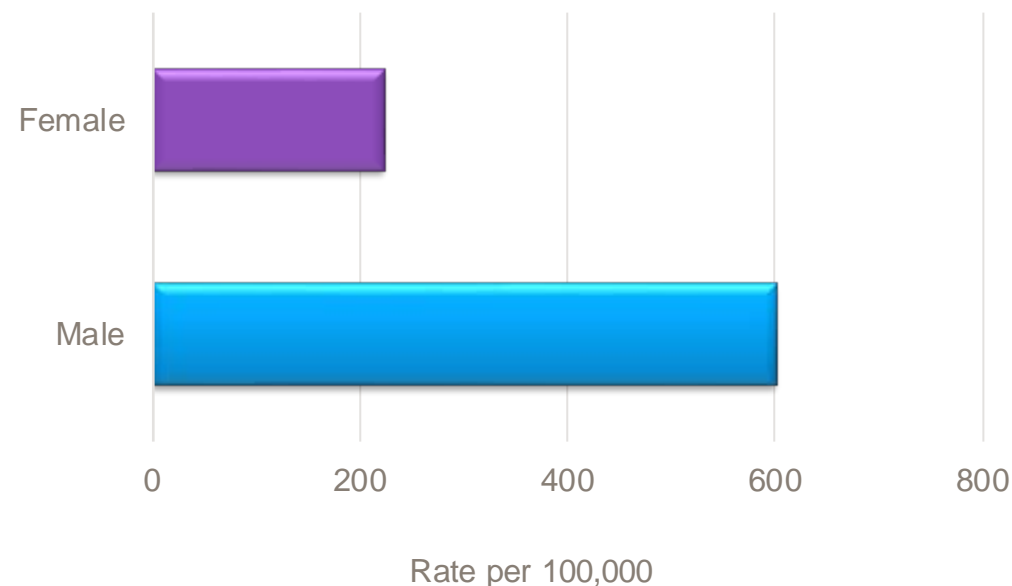
**Alcohol related mortality**

In Haringey in 2018, Haringey had a statistically significant lower rate (DSR per 100,000) of years of life lost due to alcohol related conditions than England as illustrated in the chart below. Furthermore, the years of life lost due to alcohol related conditions was significantly higher for male than female residents of Haringey aged <75 years in 2018. The rate for males was 601 per 100,000 and 222 per 100,000 for females.<sup>(4)</sup>

Years of life lost due to alcohol related conditions, rate per 100,00

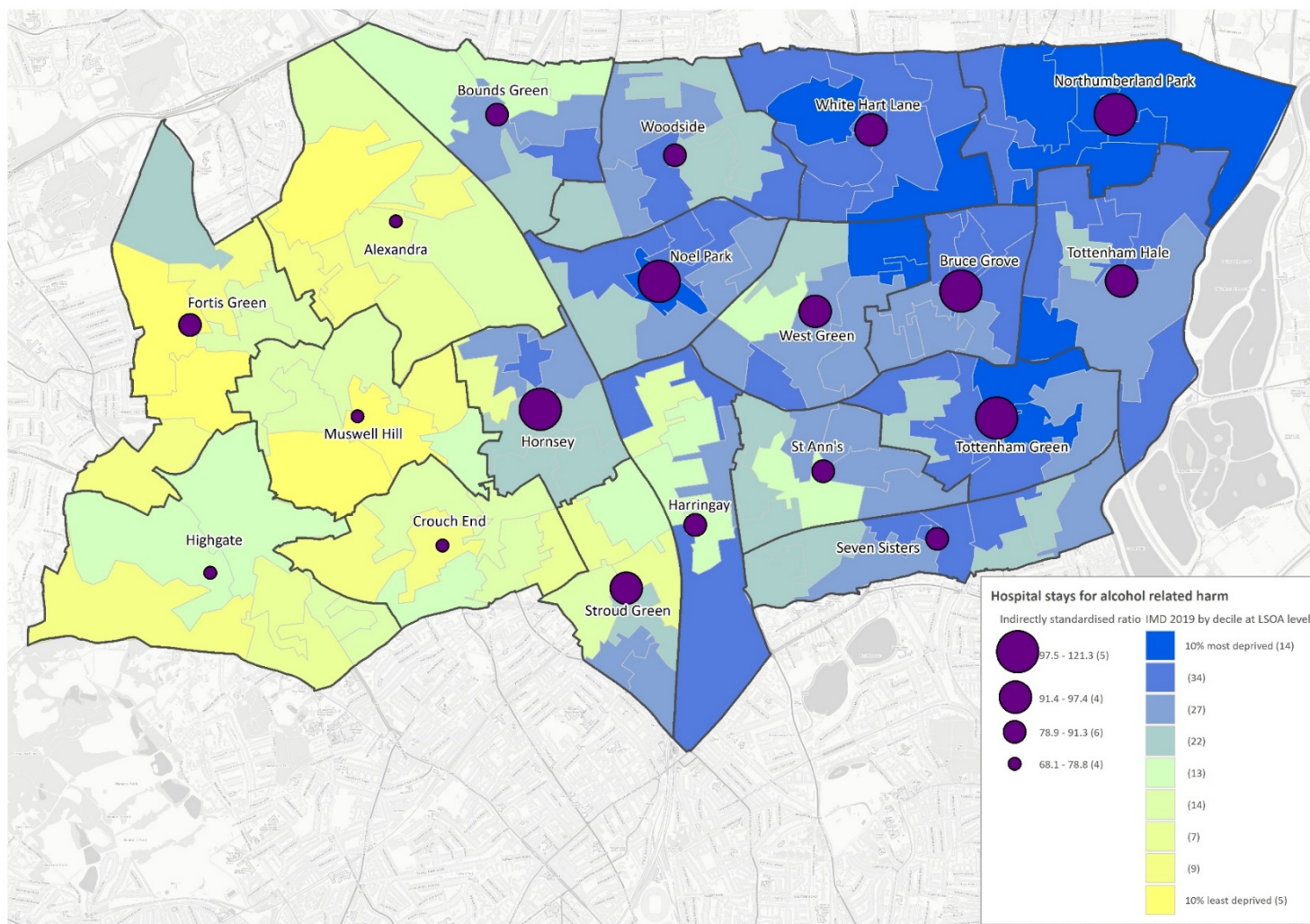


Years of life lost due to alcohol related conditions, Haringey residents aged <75 years, 2018



**SETTING THE SCENE: Alcohol Harm and Deprivation**

**Hospital admissions for alcohol-related conditions by Haringey wards**

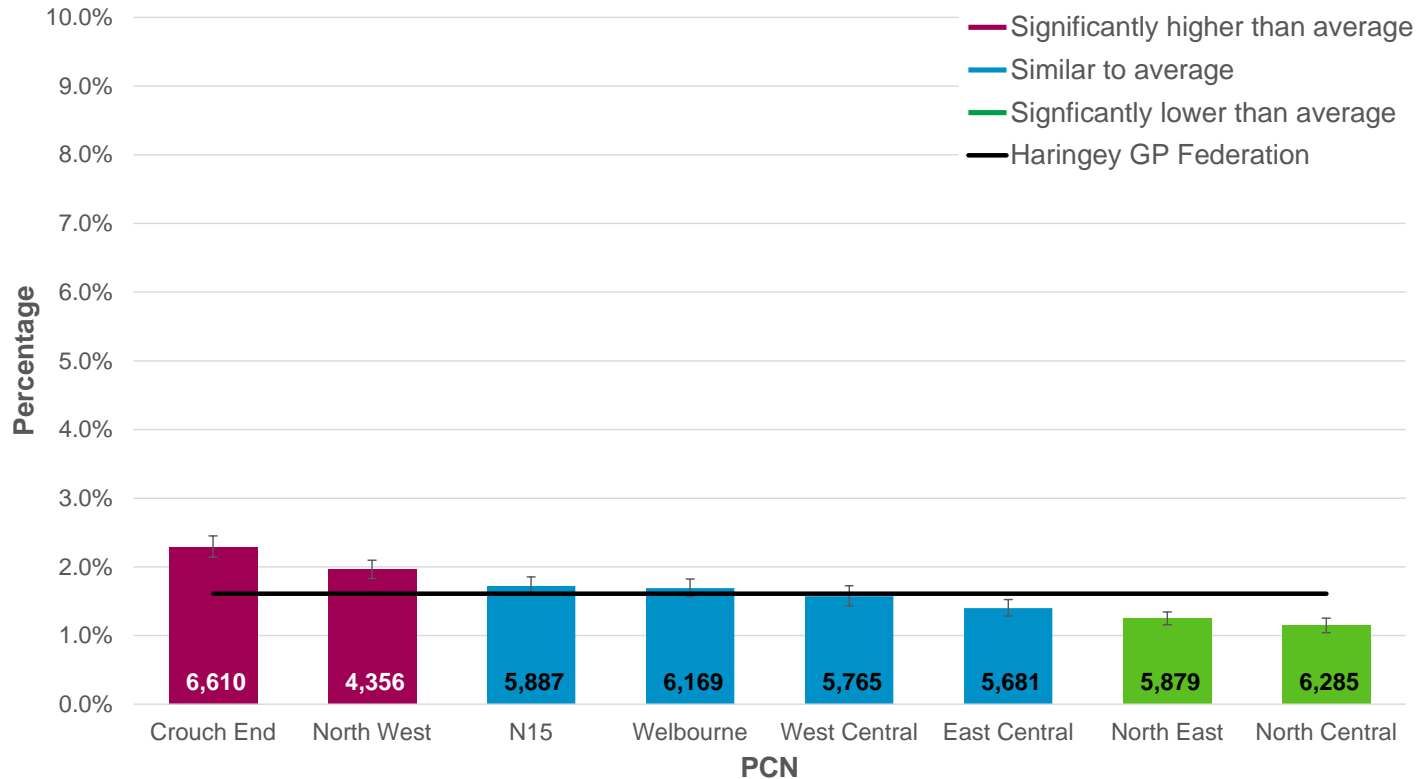


At ward level in Haringey, significant variations are evident relating to hospital stays for alcohol related harm during the period 2013/14 to 2017/18. These variations generally correlate with patterns of deprivation across the borough as shown on the map opposite. In Northumberland Park, where deprivation levels are greatest, the admission ratio for hospital stays for alcohol related harm was reported at 121.3 per 100 which was significantly above the Haringey average of 93.1 and England average of 100.

## SETTING THE SCENE: Alcohol Harm Paradox

While **hospital admissions for alcohol-related harm** are highest in the most deprived areas of the borough (view previous slide), data on **alcohol dependency** suggests drinking levels are highest in the west, more affluent parts of Haringey.<sup>(8)</sup>

Prevalence of Alcohol Dependency by Haringey PCN  
September 2020



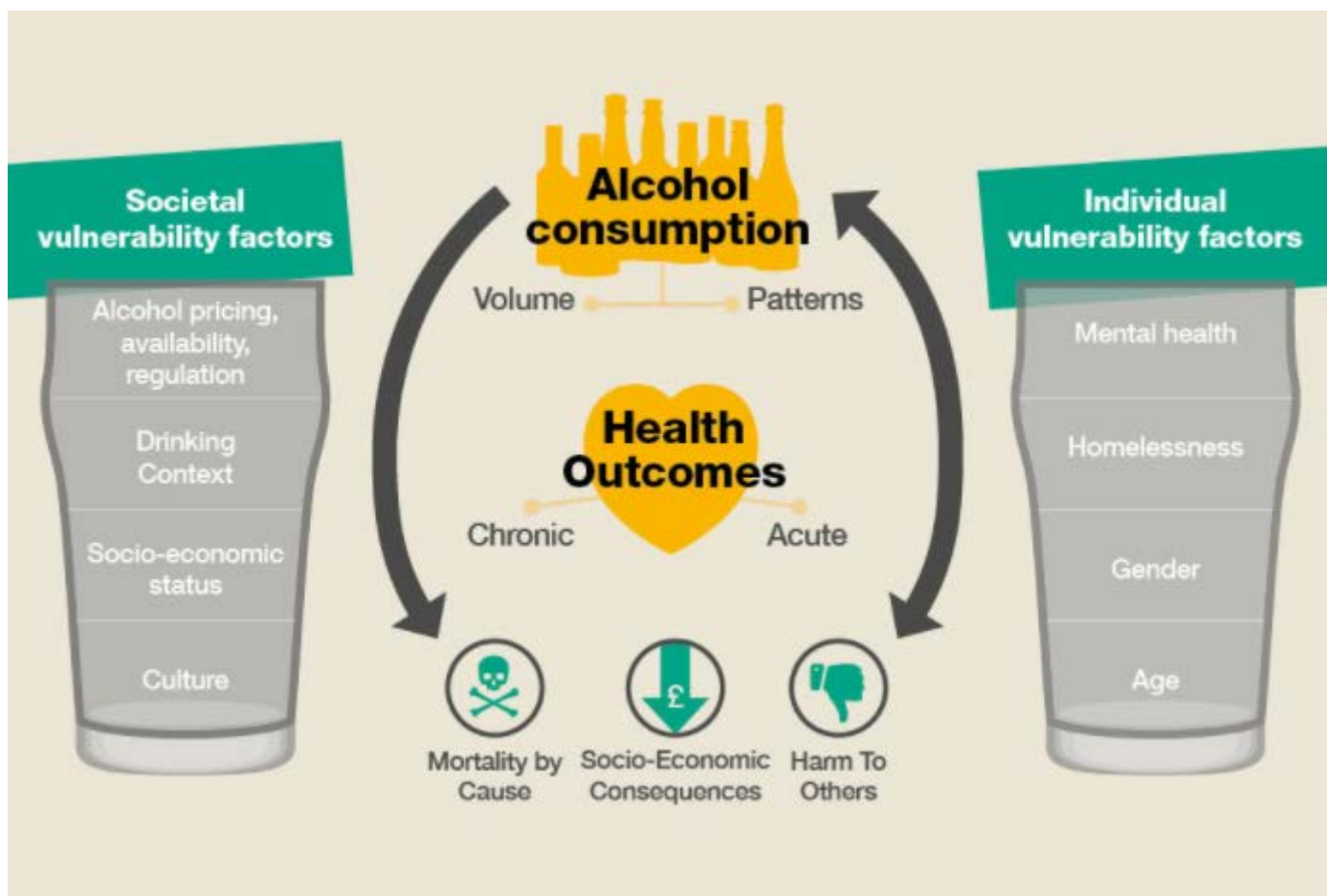
Note: PCN Grouping based on November 2019 groupings.  
Source: HealthIntent 2020

This Haringey data pattern illustrates a phenomenon known as the **Alcohol Harm Paradox**

- Crouch end and the north west of the borough have **low** alcohol-related hospital admissions and **low** levels of deprivation, yet have a **higher than average number of alcohol-dependant drinkers**.
- The north east and north central areas of the borough, have **high** alcohol-related hospital admissions and **high** levels of deprivation, but also have a **lower than average number of alcohol-dependant drinkers**.

## SETTING THE SCENE: Alcohol Harm Paradox

**The Alcohol Harm Paradox:** on average, individuals in more deprived neighbourhoods consume less alcohol, while at the same time they are more likely to experience alcohol related harm.



### Explanations for the Paradox:

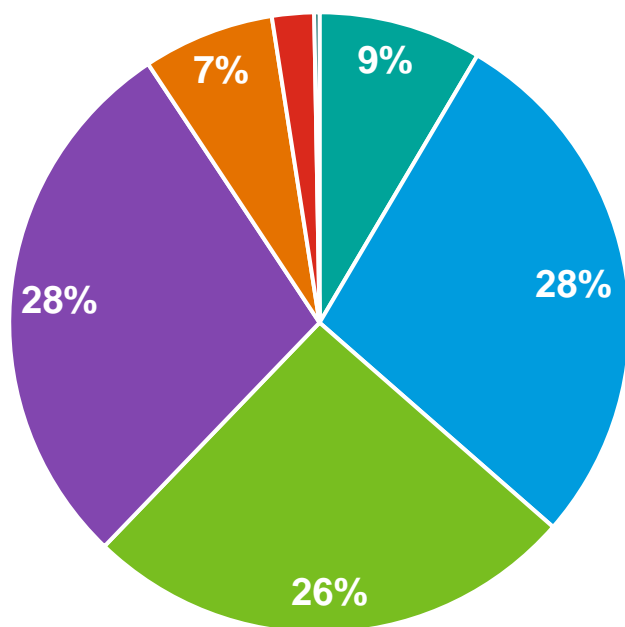
- Different patterns of consumption
- Different rates of reporting to services
- Interactions with environmental and behavioural factors (such as poor diet, smoking, financial insecurity, lack of physical activity)
- Societal and individual vulnerability factors contributing to consumption.
- Stacking of multiple vulnerabilities (experiences of trauma, homelessness)
- Lack of protective factors in areas of deprivation (such as environmental stability, access to childcare, social support, better healthcare services)

**SETTING THE SCENE: Alcohol Treatment**

**Characteristics of people in treatment**

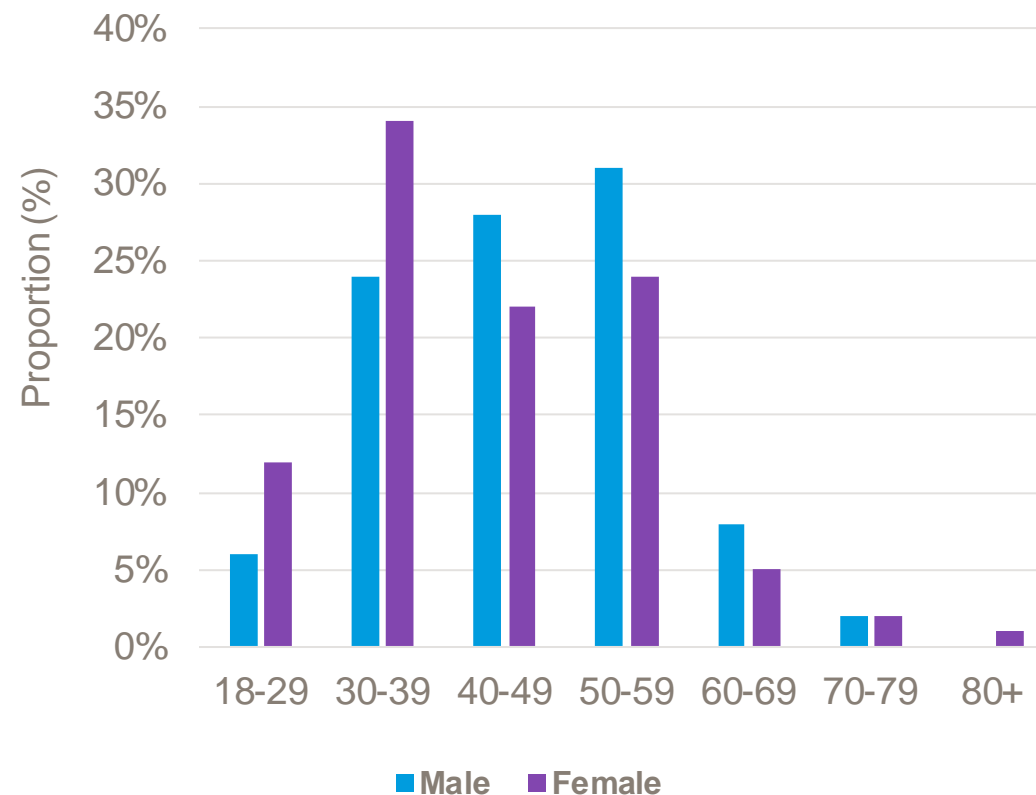
The charts below provide a breakdown of the demographic characteristics of Haringey adults in treatment by age and sex in 2019-20. The greatest proportion of people in treatment were aged between 30-39 (28%) and 50-59 (28%). Overall, the proportion of Haringey males in treatment in 2019-20 was 59% which was higher than for females, 41%.

Age of Haringey adults in alcohol treatment in 2019-20



■ 18-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-69 ■ 70-79 ■ 80+

Haringey adults in alcohol treatment: proportion by sex and age, 2019-20



Source of data: NDTMS data

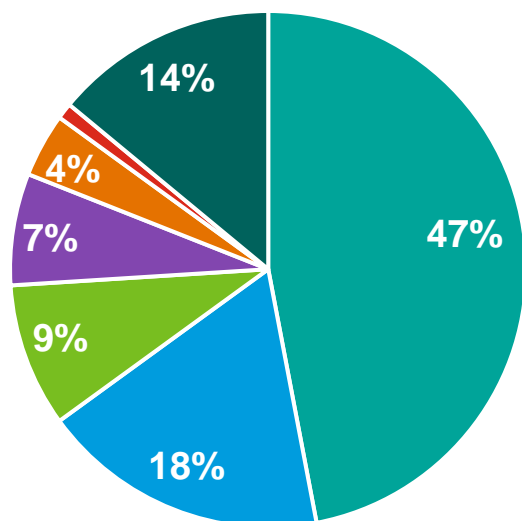


## SETTING THE SCENE: Alcohol Treatment

### Characteristics of people in treatment

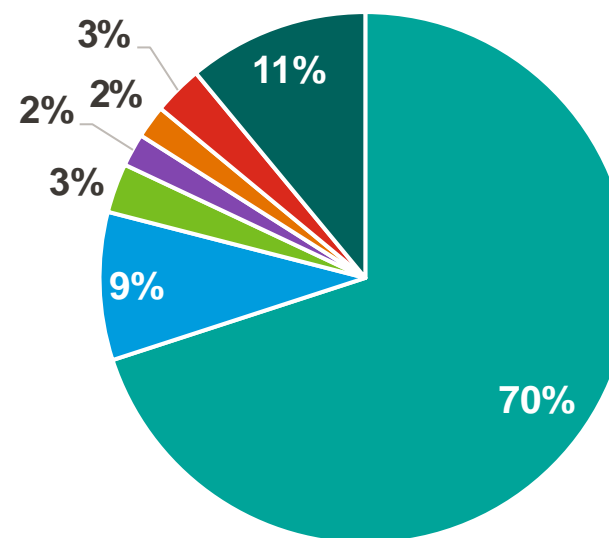
The two charts below provide a breakdown of the demographic characteristics of Haringey adults presenting to treatment by ethnicity and country of origin in 2019-20. White British (47%) represented the most common ethnic group in treatment, followed by Other White (18%). People from the United Kingdom (70%) accounted for the highest proportion of new presentations, followed by Other (11%) and from Poland (9%).

Ethnicity of new presentations in Haringey, 2019/20



- White British
- Carribean
- All other groups
- Other White
- White Irish
- African
- Incomplete data

New presentations by the most common country of origin for Haringey in 2019/20



- United Kingdom
- Portugal
- Other
- Poland
- Turkey
- Ireland
- Incomplete

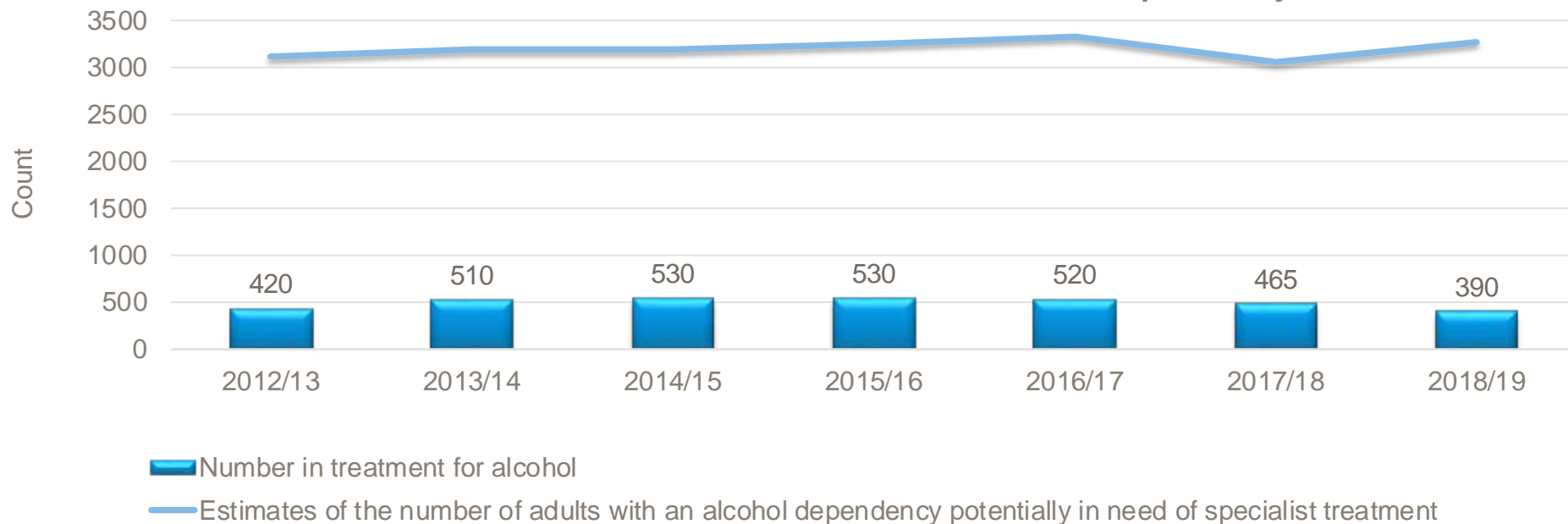
Source of data: NDTMS data

**SETTING THE SCENE: Alcohol Treatment**

**In-patient treatment programmes**

Evidence-based and effective structured alcohol treatment interventions can improve the lives of individuals, the life chances of their children and family, and community stability. They also have a significant impact in reducing alcohol related deaths and in reducing crime and health costs. The chart below provides a breakdown of the number of Haringey residents aged 18+ years at specialist alcohol misuse services. The number in treatment provides an indication of the level of service use in Haringey. The number of Haringey residents in treatment for alcohol dependency has decreased in recent years from 465 in 2017/18 to 390 in 2018/19, which equates to a 16% decrease over this period. The estimated number of Haringey residents who are alcohol dependent but have not sought treatment in 2018/19 was 3,276. This equates to a rate of 1.56 per 100 of the adult population, which was above the England rate of 1.37<sup>(3)(4)(9)(10)</sup>

**Number of Haringey residents in treatment for alcohol dependency and estimated number of residents not in treatment for alcohol dependency**



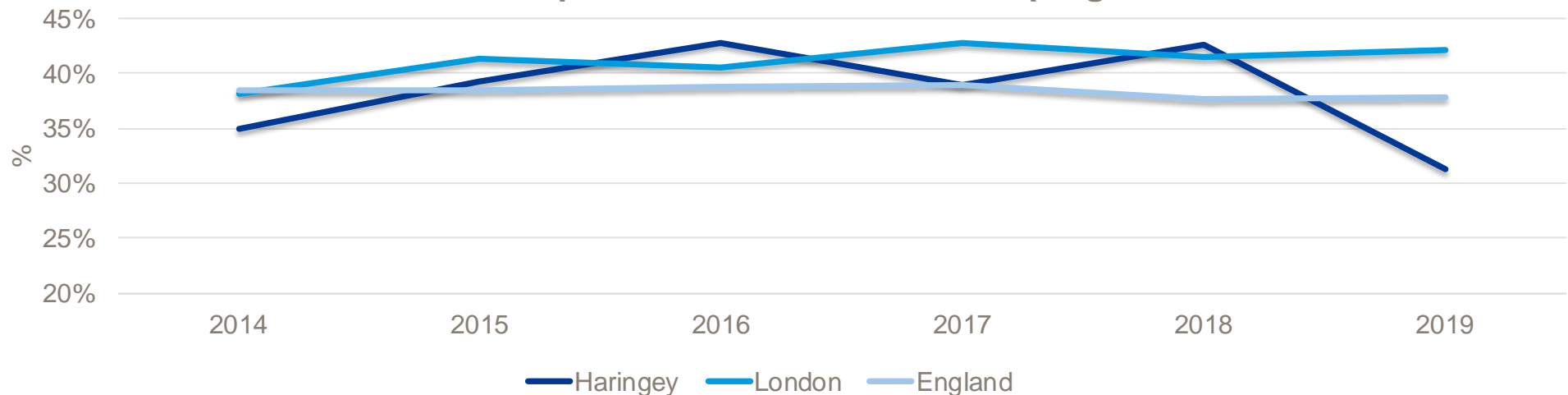
## SETTING THE SCENE: Alcohol Treatment

### Treatment Programmes

The successful completion of alcohol treatment programmes is particularly important in demonstrating a significant improvement in health and well-being in relation to increased longevity, reduced alcohol related illnesses and hospital admissions and improved psychological health. In Haringey, 31.2% of adults in structured treatment for alcohol dependence successfully completed the programme in 2019. This was lower than the England (37.8%) and London (42.2%) averages. During the period April 2019 to March 2020, 135 people aged 18 and over in Haringey left treatment and did not re-present to treatment within a 6 month period.

In Haringey in 2018/19, the proportion of dependent drinkers not in treatment was 81.6%, which equates to 2,617 people aged 18 years and above. This was similar to London (82.3%) and England (82.4%). The harmful effects of alcohol are greater in poorer communities and effective treatment services can play an important role in addressing these inequalities<sup>(4)</sup>.

Successful completion of alcohol treatment programmes

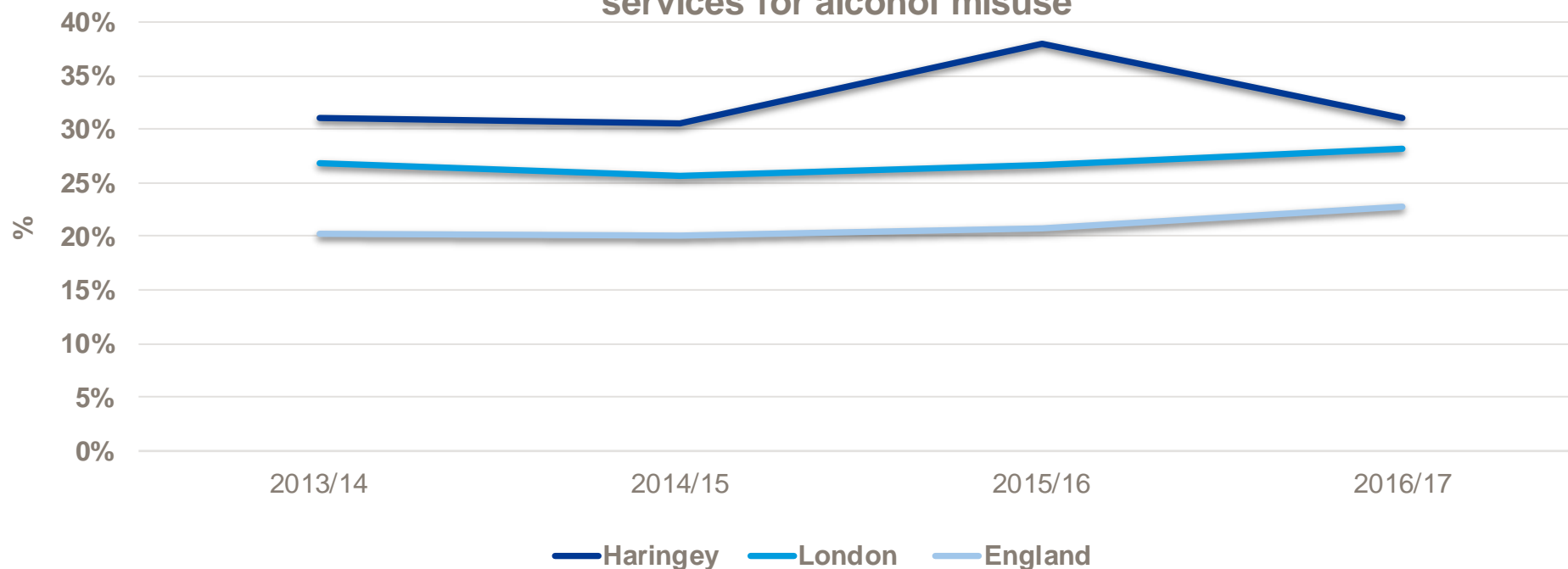


**SETTING THE SCENE: Alcohol and Mental Health**

**Alcohol and mental health treatment services**

In Haringey in 2016/17, 31% of adults who entered treatment at a specialist alcohol misuse service were also receiving treatment from mental health services. This equates to 84 people aged 18 years and above. This was above the England average of 22.7% and London average, 28%. The COVID-19 pandemic will likely increase this number and put these individuals at even greater risk. This measure is indicative of levels of co-existing mental health problems in the alcohol treatment population but it should not be regarded as a comprehensive measure of dual diagnosis as it only captures whether a person is receiving mental health treatment at a given point in time.<sup>(4)</sup>

**Concurrent contact with mental health services and substance misuse services for alcohol misuse**



## SETTING THE SCENE: Alcohol in Pregnancy

Current NHS guidelines indicate that **no amount of alcohol is safe during pregnancy**. Even moderate amounts can lead to **low birth weight, developmental delays**, as well as a lifelong condition known as **Foetal Alcohol Syndrome (FASD)**.

Data on alcohol consumption during pregnancy in the UK is limited, however studies suggest that **nearly half (41%) of women in the UK consume alcohol during pregnancy, with 1 in 10 reporting drinking during their final week** before birth.<sup>(12)</sup>

Data is also limited on the extent to which midwives provide information on alcohol-use in pregnancy, with the numbers of midwives discussing alcohol varying between 29 and 97% depending on study. **Most midwives (70%) also report not using specific screening tools for alcohol misuse** and instead relying on conversation to screen for alcohol harm.<sup>(13)</sup>

The actual **prevalence of FASD in the UK remains unknown** and the syndrome is often referred to as **a hidden disability** as it commonly goes undiagnosed.

However studies estimate a **UK prevalence of 32.4 per 1,000 population**<sup>(14)</sup> (as compared to 7.7 per 1,000 population globally).

**The estimated cost of FASD in the UK is over £2 billion.**<sup>(12)</sup>



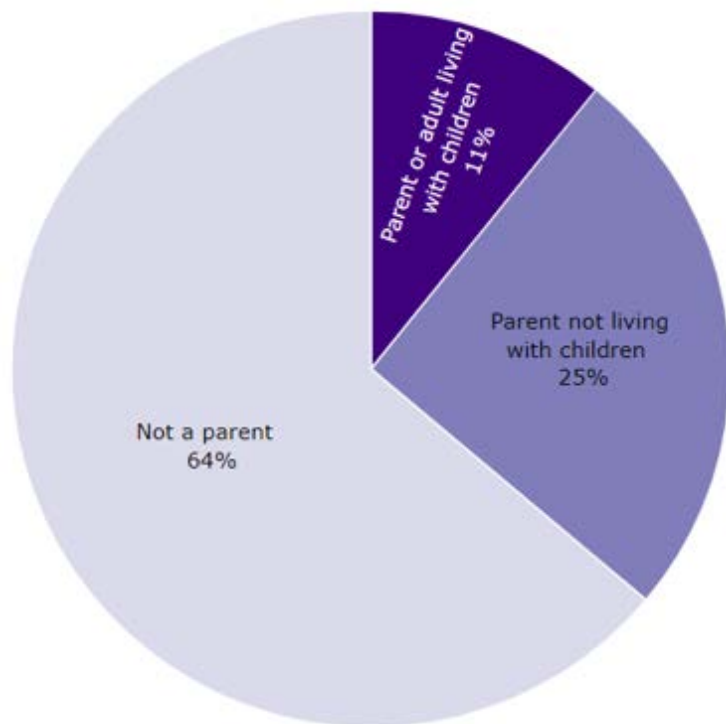
It is important to **investigate this issue in Haringey** to gain a better understanding of local prevalence and prevention needs.

## SETTING THE SCENE: Children and Families

### Parental alcohol misuse

Parental alcohol misuse can have serious effects on the whole family. Children of alcohol-dependant parents are twice as likely to experience **difficulty at school**, three times more likely to **consider suicide**, and four times more likely to **become dependant drinkers themselves**. Other harms children as a result of parental alcohol use include: **unemployment, offending behaviour, domestic abuse and child abuse and neglect**.

In Haringey, of the 768 new presentations to alcohol treatment (2019-2020), **11% were parents or adults living with children, and 25% were parents not living with children.**



Breakdown of parental groups for new presentations to treatment in Haringey in 2019 to 2020

Haringey runs a **successful whole family alcohol support program called Insightful Families**, and the proportion of family units receiving recovery support is higher than a benchmark of similar London boroughs.<sup>(15)(16)</sup>

Nationally around **a million children are affected by parental alcohol use**. In 2019/20, Department for Education statistics on the characteristics of **children in need** found that parents using drugs was a factor in around 17% of child in need cases, **and parental alcohol use was a factor in 16%**. A link to this data can be found [here](#).

Furthermore, analysis of serious case reviews between 2011 and 2014 found that **parental alcohol or drug use was reported in 36% of serious case reviews** which were undertaken where a child had died or was seriously harmed. A link to these reviews can be found [here](#).

## SETTING THE SCENE: Violence Against Women and Girls

Alcohol misuse can **affect both the victim and perpetrator** of violence.  
Alcohol use **can be both an effect of abuse, and a contributing factor to escalating violence.**

### Victims / Survivors of Domestic Violence

- Some turn to alcohol as a **coping strategy** or “**escape**” especially if leaving an abusive situation poses a physical threat.
- **Testimonies of abuse may be discredited** by the police or social services if alcohol use is disclosed.
- **A victim’s/survivor’s ability to be a fit parent may be questioned**, generating fear of family separation and losing children to social services.
- **Support services for abuse victims/survivors may be less accessible** if a history of alcohol misuse is known, making it more difficult to leave an abusive situation.
- **Victim blaming** for abuse, sexual assault, and rape is common if the victim/survivor has used alcohol.

### Perpetrators of Domestic Violence

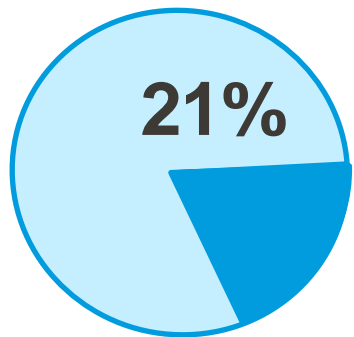
- While alcohol in itself **does not make a person abusive**, it can **disinhibit an abuser causing violence to escalate.**
- Perpetrators can use alcohol as an **excuse for abusive behaviour** and a way to avoid responsibility.
- A holistic approach to treatment must involve **interventions that address both abuse and alcohol consumption.** Focusing on alcohol alone ignores a perpetrator’s abusive tendencies.
- Some perpetrators will **encourage alcohol use in their victims** as a means of maintaining control and discrediting the victim/survivor in the future.

# SETTING THE SCENE: Violence Against Women and Girls

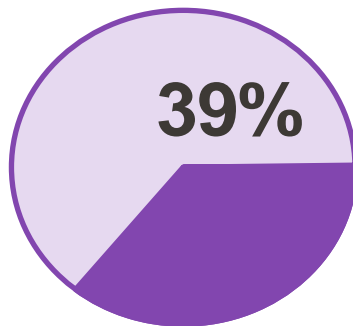
Women who have experienced at least one form of gender-based violence are 3x more likely to be substance dependant than women not affected by gender-based violence.

In Haringey, in 2019/20, the rate of domestic abuse related incidents and crimes was 33.3 per 1,000 population, which was the same as the London average and above the England average of 28<sup>(5)(15)</sup>

2020/2021 Haringey MARAC referrals indicate 21% of victims/survivors and 39% of perpetrators struggle with some form of substance misuse, while National Drug Treatment Monitoring System (NDTMS) data shows that among those accessing alcohol treatment in Haringey there is a higher proportion of individuals receiving support for domestic violence than in a benchmark of similar London boroughs.<sup>(17)</sup>

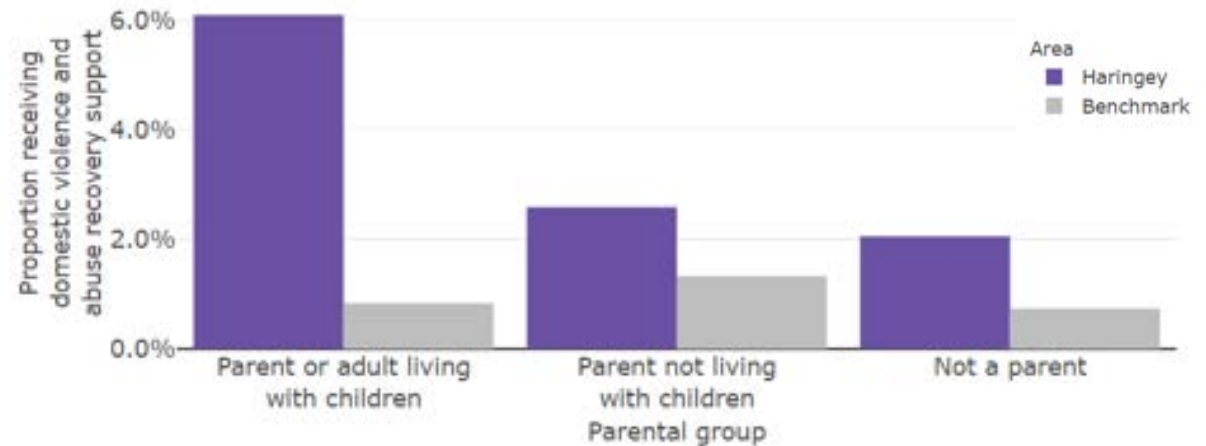


Victims/Survivors who struggle with substance misuse



Perpetrators who struggle with substance misuse

Figure 4.1.3.9 Proportion of new presentations to treatment receiving domestic violence and abuse support recovery support during the treatment journey or starting within 3 months after the end of treatment.



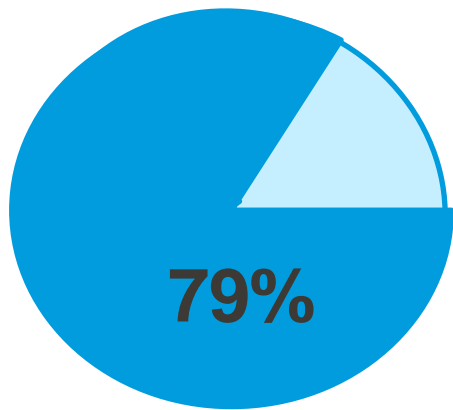
The data on cross-referrals between alcohol and domestic abuse services points to a **common co-existence of these issues**. However, the **small numbers should be taken with caution** as both domestic violence and alcohol misuse are **under-reported**. The data is thus **more indicative of reporting rates than true prevalence**.



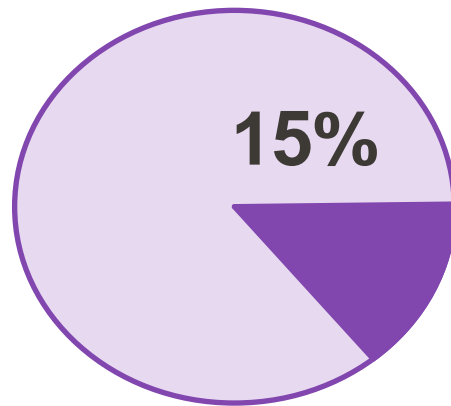
## SETTING THE SCENE: Homelessness

There are strong links between individuals experiencing homelessness and struggling with alcohol use or dependency. **Severe alcohol misuse may lead to loss of employment and accommodation**, while at the same time **alcohol may be used as a coping mechanism by those faced with homelessness.**

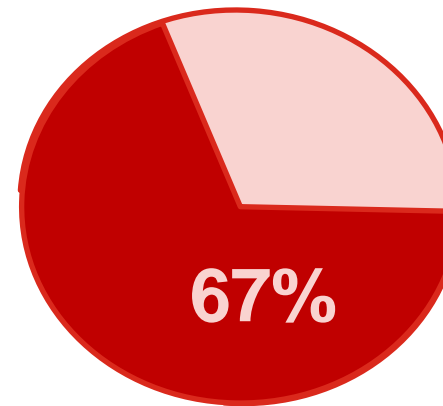
Based on the 2019 JSNA on Drugs<sup>(18)</sup>, **support for mental health and substance misuse** (including both drugs and alcohol) is the most **commonly identified need for those experiencing homelessness in Haringey.**



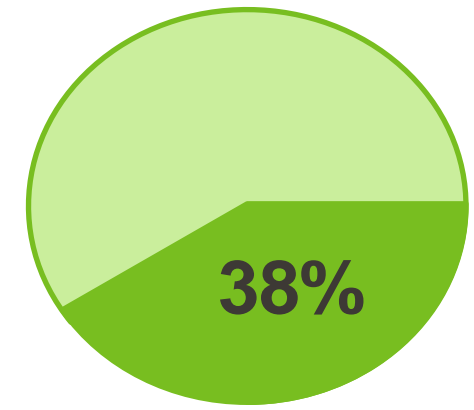
**79%** of those **experiencing rough sleeping** in Haringey have a **drug or alcohol dependency**



**Under 15%** of individuals in supported housing **are meaningfully engaged with substance misuse services.**



**67% of deaths** among those experiencing homelessness in Haringey were alcohol or drug related. This is 30% higher than in 2018.



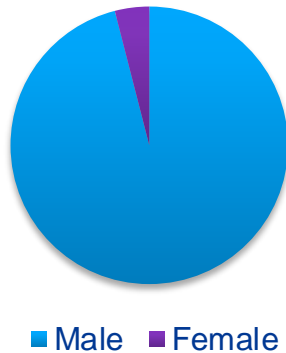
**38% of eviction incidents** were related to alcohol and drug use.

Source of data: Homelessness Team, LB Haringey Commissioning Service, Adults and Health

## SETTING THE SCENE: Homelessness

### Homelessness, street drinking and alcohol support needs in Haringey

The proportion of male and female rough sleepers with medium or high alcohol support needs



Breakdown of rough sleepers with medium or high alcohol needs by nationality



People that live on the streets or “rough sleepers” are particularly at risk from alcohol misuse problems. In Haringey, the rate of statutory homelessness in 2017/18 was 3.4 per 1,000, which equates to 395 households. This was above the England average rate of 2.4. In 2018, there were 2,943 households in temporary accommodation. This represents a 6% decrease on the previous year when 3,147 households were in temporary accommodation. During the peak of the Covid-19 pandemic in 2020, many of those people who were sleeping rough in Haringey were taken off the streets.

Young people experiencing homelessness are extremely vulnerable, and face complex and compounding challenges and are at risk of self harm, drug and alcohol use. The homelessness population in Haringey with co-existing alcohol support needs demonstrates a varied demographic profile, as shown by the figure opposite. The Polish nationality comprises the greatest proportion of rough sleepers in Haringey with medium or high alcohol support needs accounting for 65% of all nationalities. Those people who were rough sleepers and medium or high risk drinkers were aged between 30 and 60 years.

Source of chart data: Homelessness Team, LB Haringey Commissioning Service, Adults and Health. Data for individuals who have rough slept in Haringey for the previous 3 years to July 2021 and have a recourse to public funds status other than yes.

**SETTING THE SCENE: Licensing in Haringey**

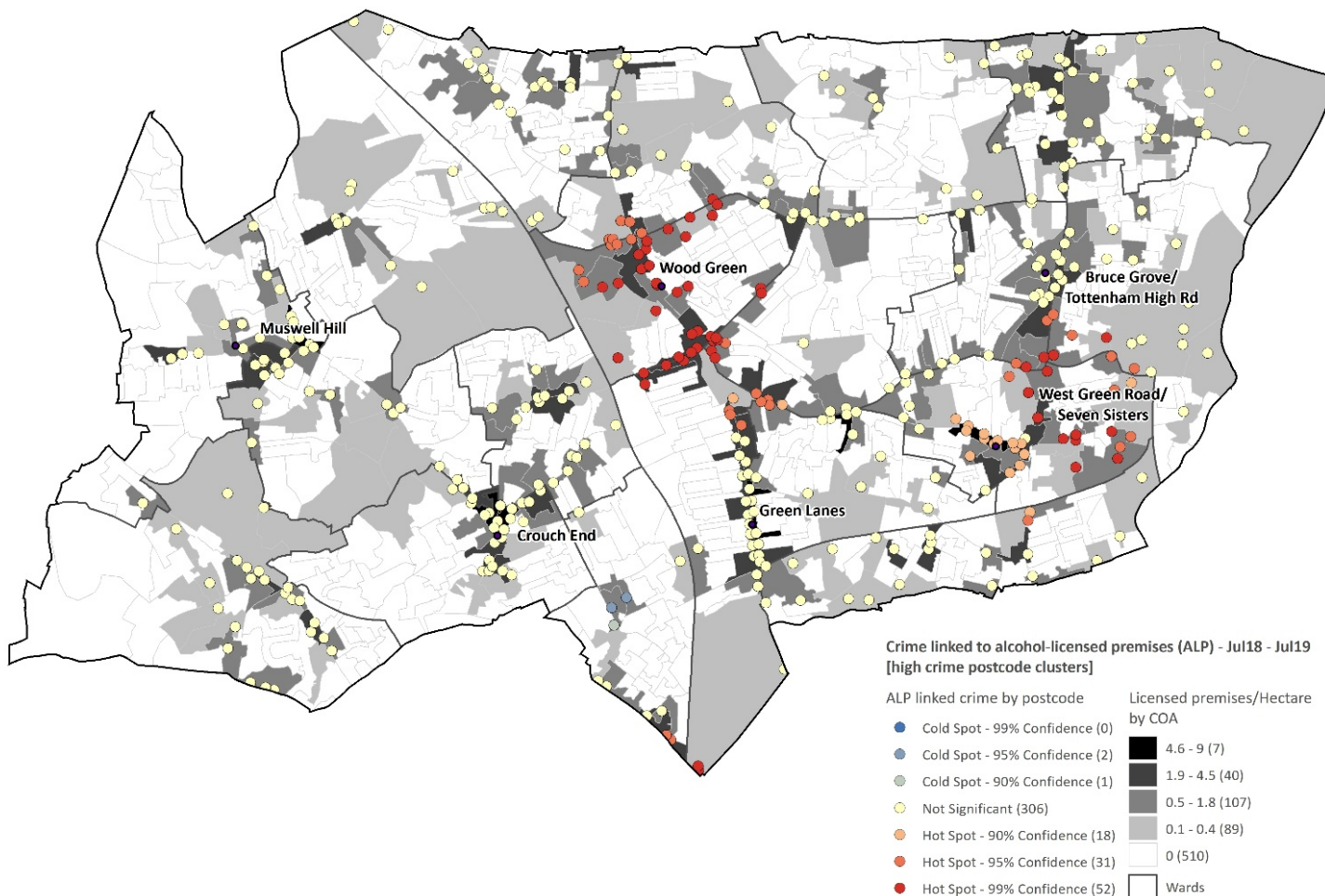
**Alcohol volumes sold and licensing trends in Haringey**

Licensing of alcohol is an area where LB Haringey have the power to act to influence alcohol availability. In Haringey in 2017/18, the number of premises licensed to sell alcohol per square kilometre was 26.7. This was significantly above the England average of 1.3 and higher than the London average of 21.1.<sup>(19)</sup> In Haringey in 2018, there were 836 licensed premises and 767 premises licenses selling alcohol.



## SETTING THE SCENE: Licensing in Haringey

### The distribution of licensed premises in Haringey



- As of March 2018, 767 premises were licensed, representing a reduction of 12 premises since March 2012
- Research shows that a higher density of licensed premises has strong links to crime and disorder in an area.
- Haringey does not have a significant night-time economy compared to other outer London boroughs
- The output areas with the highest rate of licensed premises are located in the Crouch End, Green Lanes, West Green Rd/High Rd and Muswell Hill town centres but the Wood Green corridor, specifically around the Hollywood Green junction has the most significant hotspot of higher crime linked to licensed premises postcodes
- Higher densities of alcohol outlets appear to be associated with higher hospital admission rates for conditions wholly attributable to alcohol consumption.

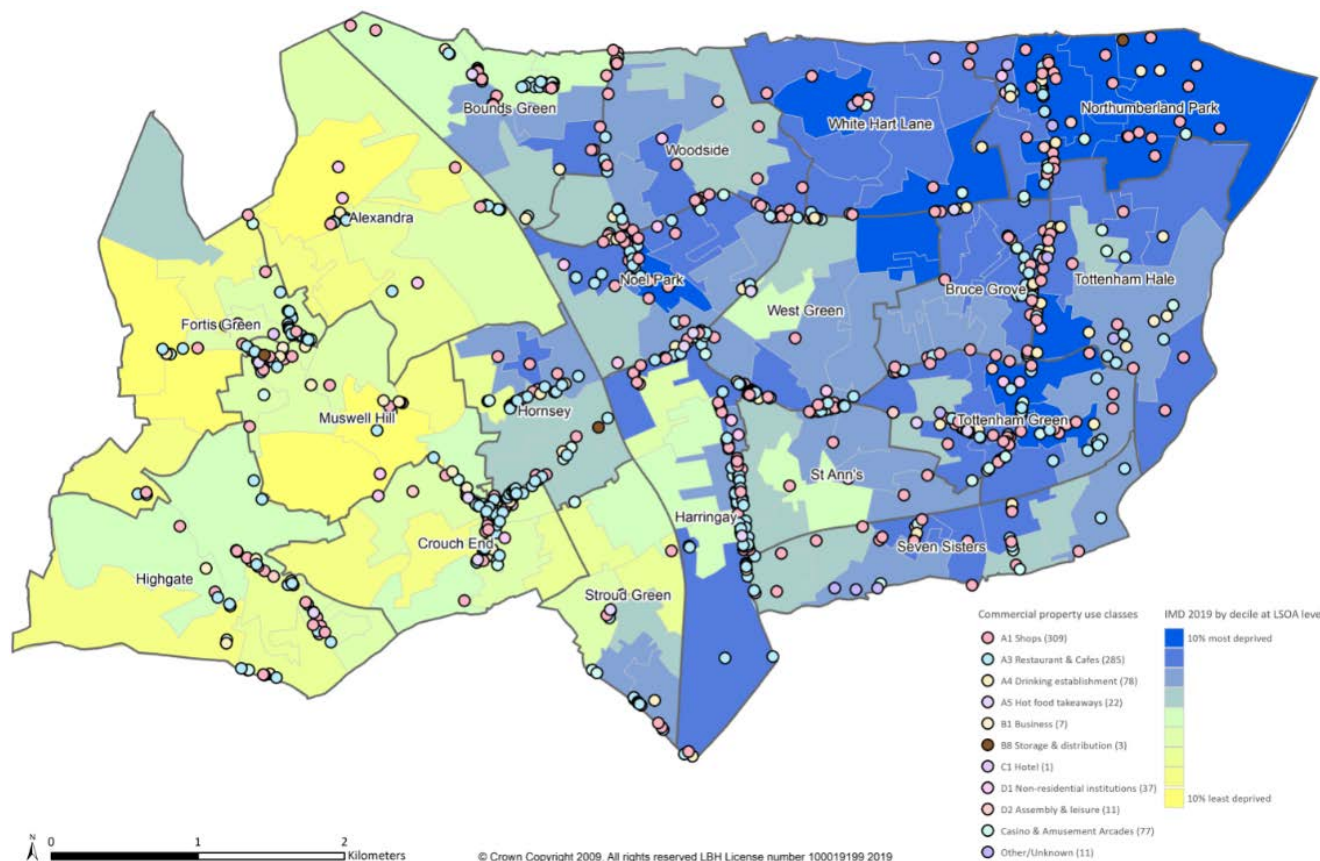
## SETTING THE SCENE: Licencing in Haringey

### Alcohol licencing and deprivation

There is also a **special relationship between the density of alcohol licenced premises and deprivation**. In Haringey there is a slightly higher density of alcohol sale outlets, and especially off-licence shops, in areas of deprivation.

Evidence shows that high **outlet density, as well as late-night sales, contribute to overall higher consumption<sup>(20)</sup>** (among both low risk and high risk drinkers). Thus **higher outlet density in more deprived areas in Haringey may be contributing to health inequalities**. Ultimately this adds to the stacking of vulnerabilities that lead to the observable **alcohol harm paradox** (described earlier).

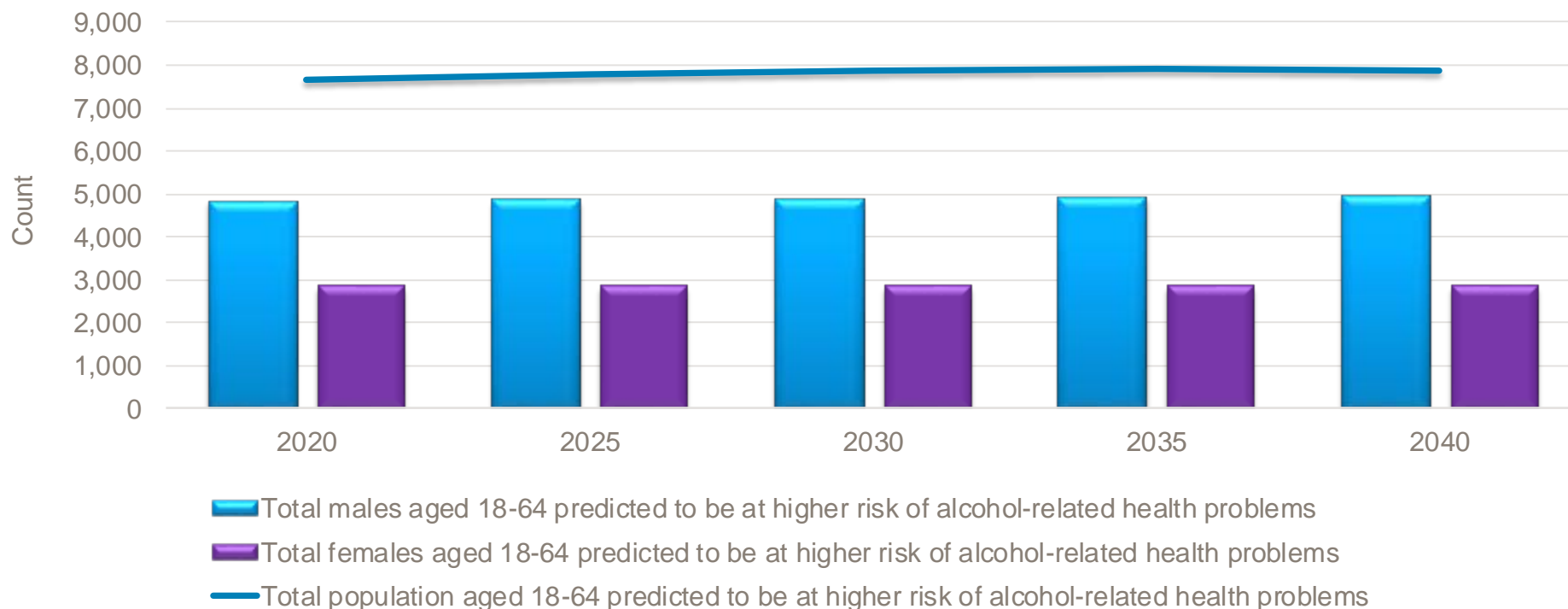
Tackling outlet density in low-income areas is likely to lead to reduced consumption in those areas, thus also reducing the stark health inequalities visible in Haringey.



## FUTURE NEED: Population Projections

Over the period 2020 to 2040, the number of males in Haringey aged 18 to 64 years predicted to be at higher risk of alcohol related problems is projected to increase by 3%. During the same period, the number of females estimated to be at higher risk of alcohol related health problems is predicted to rise by 1%. Higher risk (or harmful) drinkers are defined as: i) men who regularly drink more than 8 units/day or more than 50 units/week. ii) women who regularly drink more than 6 units/day or more than 35 units/week. The Covid-19 pandemic is predicted to exacerbate alcohol consumption and associated health related problems in Haringey in the short and longer-term. The projections shown in the chart below do not consider the implications of the Covid-19 pandemic on alcohol-related health problems.<sup>(21)</sup>

**Total population aged 18-64 predicted to be at higher risk of alcohol-related health problems in Haringey: 2020 to 2040**



**FUTURE NEED – COVID-19 Pandemic**

**National drinking pattern changes during the pandemic based on a survey by Alcohol Change UK**



Alcohol harm reduction charities have reported devastating surges in people seeking help for alcohol related harm.

There is a **lack of Haringey-specific data** on how COVID-19 has affected alcohol consumption in the borough. However, *Alcohol Change UK* conducted a study<sup>(22)</sup> concluding that **nationally:**

- Over half of the survey respondents reported changes in how much they drink.
- **22% of drinkers report drinking more frequently** though 34% are drinking on fewer days or have given up drinking.
- **15% report drinking more in each session** (even if the frequency of sessions has not increased).
- **7% of respondents said household tensions rose** due to alcohol use during the pandemic.

**People who already drink at high risk, are alcohol dependant, or have a co-existing alcohol problem alongside poor mental health are particularly vulnerable both during and following the pandemic.**

According to the *Alcohol Change UK* study, those who were already lowest risk drinkers were most likely to have cut down, while **those who used to drink at increasing risk are more likely to now drink more.**

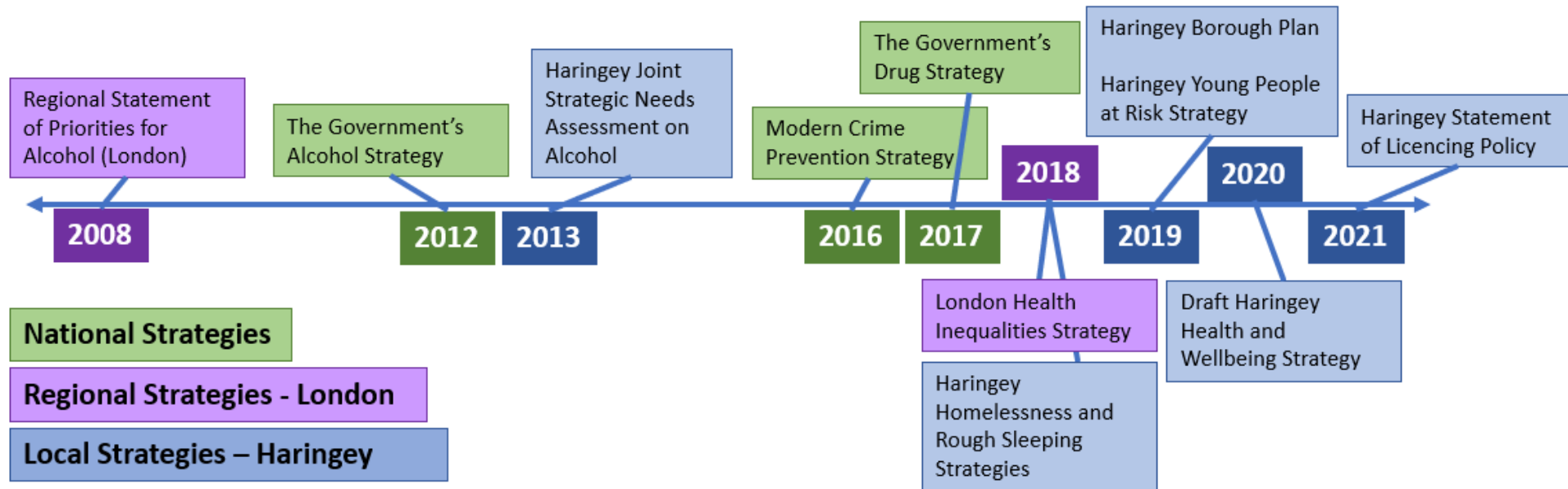
## FUTURE NEED – COVID-19 Pandemic

The **full impact of the COVID-19 pandemic on alcohol related harm is not yet known**, and there is limited data on the full extent or the longevity of changes in drinking patterns. However, the following **trends and predictions are concerning**<sup>(22)(23)(24)</sup> and will **require careful monitoring** both nationally and (where possible) locally. Tracking these trends, and how they might be affecting Haringey, will allow for **future interventions to be tailored to arising need**.

- Nationally, deaths attributable to alcohol misuse **reached a 20-year high (20% up from 2019)**
- **Sales of alcohol rose during lockdown.**
- An increased number of people are predicted to **drink at home and in isolation.**
- Victims/Survivors of domestic violence found it **difficult to access support** during lockdown.
- The number of people with **alcohol dependency alongside another mental health diagnosis** is predicted to increase.
- Alcohol **consumption among healthcare workers** is predicted to increase.
- **Job loss, prolonged unemployment, and financial instability** exacerbated by the pandemic is predicted lead to increases in alcohol consumption.



## WHAT WORKS? – Policy Context



National Strategies	Regional Strategies – London	Local Strategies - Haringey
<p>The most recent national strategy devoted to alcohol is <b>The Government's Alcohol Strategy</b> (2012) which focuses on binge drinking culture and alcohol fuelled violence, as well as on reducing hazardous drinking. Since then, alcohol related objectives have appeared in other national strategies, with a focus on alcohol in the context of criminal activity. A new, public-health focused, alcohol strategy was promised in 2018 but not yet delivered.</p>	<p>The <b>Regional Statement of Priorities for Alcohol</b> (2008) was the last strategic document addressing alcohol harm in London, however alcohol is also listed as a major factor contributing to multiple vulnerability and disadvantage in the <b>London Health Inequalities Strategy</b> (2018).</p>	<p>Haringey currently does not have an designated alcohol strategy, though one is under development. A variety of other strategies include alcohol-related priorities, including the <b>Borough Plan, Young People at Risk Strategy, the Draft Health and Wellbeing Strategy, the Statement of Licencing Policy</b> and others.</p>

## WHAT WORKS? – Prevention Principles

Evidence suggests **successful public health interventions** targeting alcohol-related harm follow two prevention principles: **Prevention Across the Whole System** and a **Life Course Approach**

### Prevention Across the Whole System

- addresses health risks on a **variety of levels**, from the general population to specific high-risk individuals;
- aims at **reducing overall drinking** in the population to prevent high-risk drinking in the first place, while also **identifying and supporting those at increased-risk** through targeted interventions and specialist treatment.

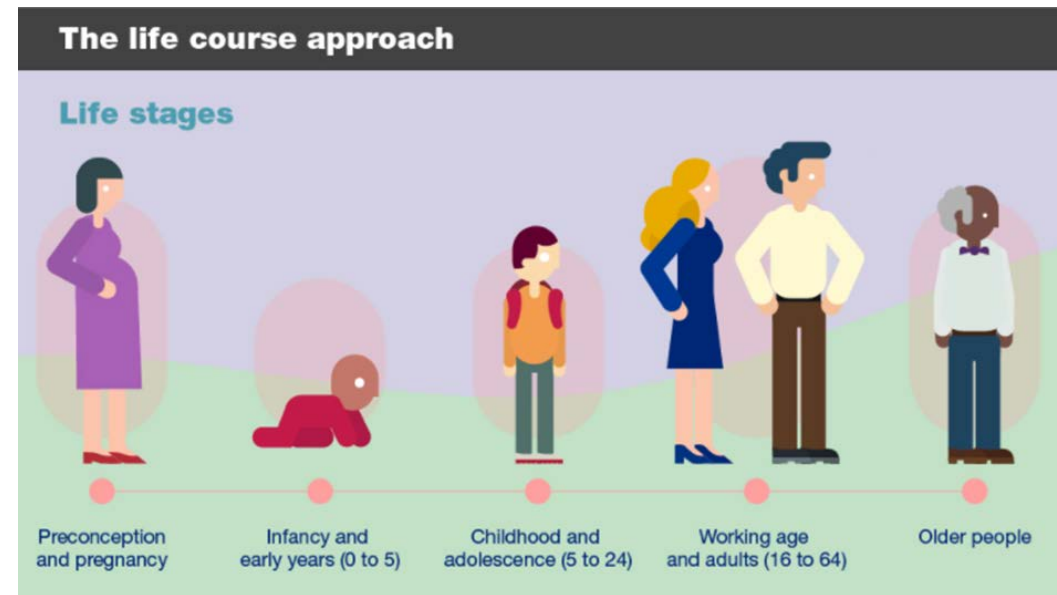
**Universal Prevention** reduces alcohol consumption across the general population. Includes substance-misuse education and resilience or awareness building. Aims at creating healthier environments by targeting the availability and affordability of alcohol through regulation and licencing.

### Early Identification and Targeted Support

ensures individuals at increased risk can be identified and directed to appropriate support to prevent long-term harm. Includes training of community workers in Identification and Brief Advice (IBA), signposting to services and addressing multiple vulnerabilities.

**Specialist Services** support individuals experiencing alcohol-harm on their path to recovery. Include clinical interventions, harm-reduction programs, and recovery services.

### A Life Course Approach



- views health as a **process that unfolds over an individuals life** and is not dependant on singular instances of ill health;
- acknowledges the **variety of factors that influence health**, including where someone lives, how they learn, what they do for work, how they interact with their community and what services are available to them;
- Aims at **maximising protective factors and minimising risks** across all stages in life to extend overall healthy life expectancy and reduce disability.

## WHAT WORKS? – Range of Interventions

Universal Approaches	Identification and Targeted Support	Specialist Services
<p><b>Across the Whole Life Course</b></p>	<p><b>Across the Whole Life Course</b></p>	<p><b>Across the Whole Life Course</b></p>
<p><b>Limiting Affordability and Accessibility of Alcohol</b> though measures such as increased pricing, using licencing to limit outlet density, or preventing late night sales are the most effective strategy for reducing consumption among all drinking groups on a population-wide level.<sup>(20) (25) (26)</sup></p> <p><b>Regulating Marketing</b> can reduce acceptability and consumption, especially among children.<sup>(20)</sup></p> <p><b>Informational Campaigns</b> increase knowledge and awareness and contribute to shifting social norms around drinking behaviour and policy support <sup>(20)</sup>.</p> <p><b>Reduction of Legal Drunk-Diving Limit</b> would greatly decrease road fatalities <sup>(32)</sup></p>	<p><b>Addressing Multiple Vulnerabilities</b> such as poverty, homelessness, violence and trauma, domestic abuse, exclusion, and a history of contact with the criminal justice system can reduce alcohol harm and prevent the escalation of risk factors.<sup>(33) (34)</sup></p> <p><b>Pregnancy and Infancy</b></p> <p><b>Visitations for Pregnant Women and New Parents</b> provide health information and support and allow for early identification of problematic alcohol use.<sup>(30)</sup></p> <p><b>Childhood and Adolescence</b></p> <p><b>Targeted School Support</b> (based on resilience building) for youth at risk, or those experiencing multiple vulnerabilities, can be effective at protecting against long-term alcohol harm.<sup>(30) (33)</sup></p>	<p><b>Accessible Alcohol and Recovery Services</b> support high-risk and dependant drinkers through recovery and allow them to return to a fulfilling life though integrated housing and employment support.<sup>(28) (34)</sup></p> <p><b>Alcohol Care Teams (ACTs) in Hospitals</b> have been shown to significantly reduce readmissions and are recommended by the NHS Long Term Plan.<sup>(29) (34)</sup></p> <p><b>Pharmacological Interventions</b> alongside psychological treatment, can aid recovery and reduce relapse.<sup>(20)</sup></p>
<p><b>Pregnancy, Infancy and Childhood</b></p>	<p><b>Training Staff to Recognize Alcohol Harm</b> can ensure prompt referral to appropriate services.<sup>(33)</sup></p>	<p><b>Childhood and Adolescence</b></p>
<p><b>Early Childhood Education and Parental Support</b> has proven long-term impact on resilience to substance misuse though supporting cognitive and social development. <sup>(30)</sup></p>	<p><b>Adults</b></p> <p><b>Identification and Brief Advice (IBA):</b> One You Haringey offer screening for alcohol related issues and support and onward referral.</p> <p>Self screening online via Drinkcoach</p> <p>Short screening questions (delivered in GP practices, A&amp;E, workplaces, or social services) can identify individuals at increased risk of alcohol harm. A short structured 5-10 min advice session for identified individual can reduce weekly drinking by an average of 12%.<sup>(27)</sup></p>	<p><b>Family Focused Interventions</b> address the needs of children affected by parental alcohol use, high-risk drinkers with caring responsibilities, and carers of alcohol-dependant family members.<sup>(33) (34)</sup></p>
<p><b>Childhood and Adolescence</b></p>		<p><b>Multi-Component Approaches</b></p>
<p><b>A Whole School Approach to Wellbeing</b> including school policy, staff training, working with pupils, and a health curriculum focused on building social skills can successfully address alcohol harm among young people in school and through youth services. <sup>(30) (31) (33)</sup></p>		<p><b>Community Based Models</b> are effective in community harm prevention by creating local partnership to address substance misuse. These partnerships focus on prevention in addition to policy building around alcohol-harm, as well as counselling and referral to treatment when indicated.<sup>(30)</sup></p> <p><b>Awareness raising</b> to highlight what is considered safe through teachable moments via professionals (e.g. GPs) coupled with promoting on-line testing at Drinkcoach.</p>

## WHAT WORKS? – Reducing Costs to the system



Every 5,000 patients screened in primary care may prevent **67** A&E visits and **61** hospital admissions

**Costs £25,000**  
**Saves £90,000**

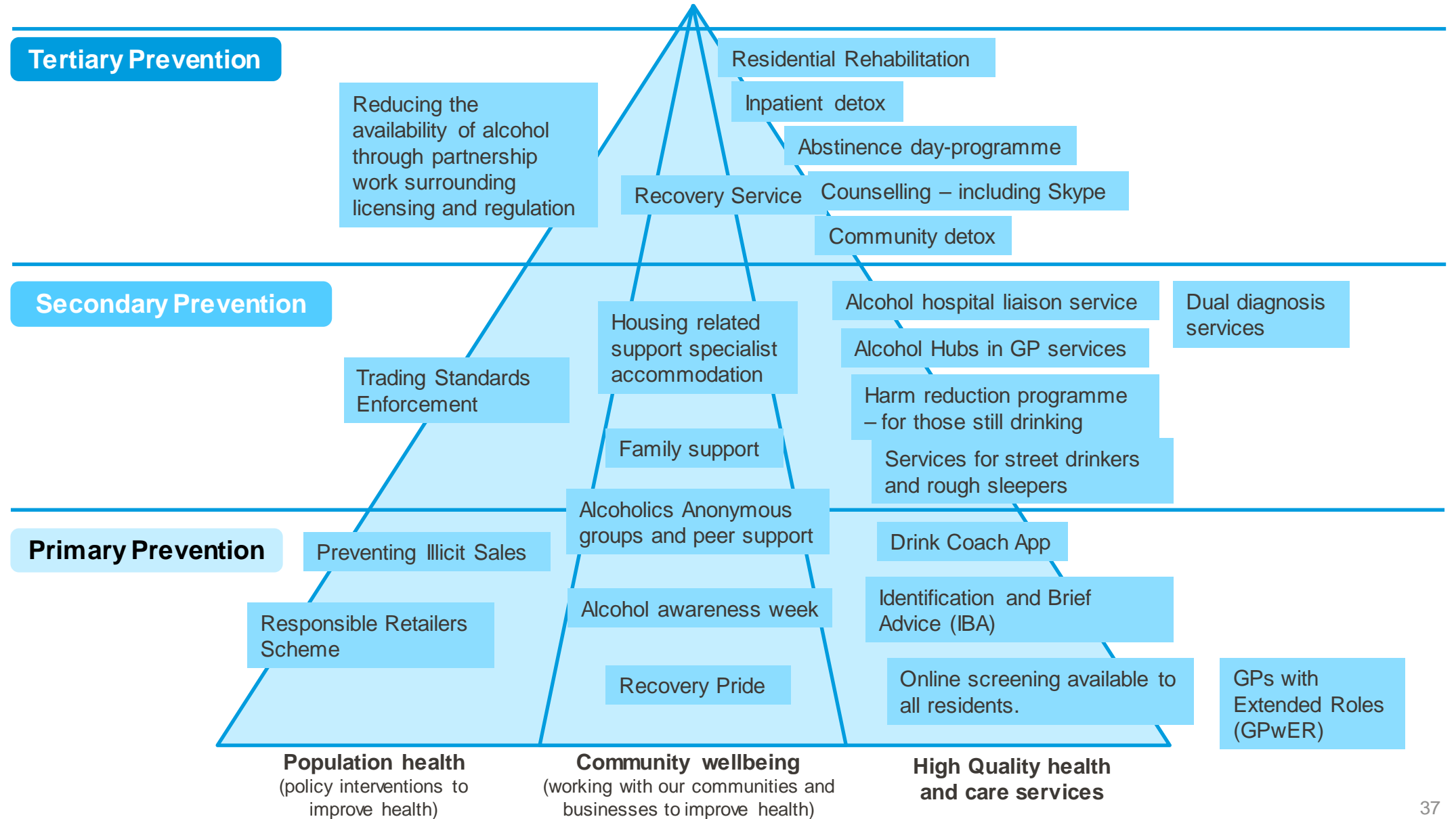
Every **100** alcohol-dependent people treated can prevent **18** A&E visits and **22** hospital admissions

**Costs £40,000**  
**Saves £60,000**

School-based prevention, including a health curriculum tackling emotional learning, can **save** the NHS and the criminal justice system **£50 for every £1 spent**.

Investment in alcohol prevention and treatment not only benefits individuals but can greatly **reduce the financial costs** associated with alcohol related harm both clinically and in the context of wider social determinants of health. Alcohol services can prevent long-term impacts of alcohol on health, can reduce the burden of unemployment, homelessness, and crime, and contribute to addressing healthcare inequalities.

**PREVENTION PYRAMID: What are we currently doing in Haringey?**



## Data and Intelligence

- Further **analysis of off-trade sales alcohol trend data should be used to inform local licensing policy** and interventions to reduce alcohol consumption and harm.
- Public health commissioners **continue monitoring data and intelligence** on the number of adults who are alcohol-dependent in Haringey, and on emerging drinking patterns, to determine any projected increases in the number of adults requiring specialist treatment following the pandemic.

## Service provision and programmes to support people with multiple vulnerabilities and related issues

- Services that **support individuals with multiple vulnerabilities** (such as those targeting domestic violence or homelessness) should maintain links with alcohol services and work together to support individuals at high risk.
- **Population level interventions** that reduce consumption across all risk groups (such as limiting availability through licencing, providing early childhood support, and building general resilience among young people) should be invested in to minimize the overall number of high risk drinkers and lower risks of harm for the whole population.
- Support across **alcohol and mental health services is co-ordinated and aligned** to meet rising demand for patients with co-existing alcohol and mental health needs following the Covid-19 pandemic.
- Develop existing **prevention programmes** pertaining to alcohol screening **and promotion of free digital self testing through the DrinkCoach app.**

## Children, Young People and Families

- The successful **whole-family approach** should be continued to reach an increased number of families and children affected by alcohol harm.
- **Drinking in pregnancy and the prevalence of Foetal Alcohol Syndrome in Haringey should be investigated** to fill the current knowledge gap.

## Action plans and strategy development

- **HR and public health professionals review workforce strategies pertaining to alcohol harm** particularly in light of the pandemic, home working and related presenteeism and absenteeism issues due to alcohol. A review of HR strategies around alcohol would help to ensure that prevention activities due to harmful alcohol use are embedded in wellbeing at work initiatives.
- Develop a **substance misuse strategy with a particular focus on children and young people** which facilitates a co-ordinated approach to be taken to reduce harm to young people at risk of alcohol and drug related issues.
- Implementation of an **action plan which supports local work to prevent or reduce alcohol related harm, alcohol related deaths** and to reduce health inequality across the borough.

## Reducing hospital admissions due to alcohol related harm

- Ensure that **hospital liaison resources** are fully utilised to reduce the likelihood of repeat admissions.
- Licensing and public health professionals to consider the **implications associated with the introduction of a minimum unit pricing on alcohol in England** and the potential benefits this would present locally for hospital admissions from alcohol related liver disease and alcohol related deaths.



## FUTHER INFORMATION – Important Policies and Strategies

### National Level

- ❖ Home Office (2012) [The Government's Alcohol Strategy](#)
- ❖ Home Office (2016) [Modern Crime Prevention Strategy](#)
- ❖ Home Office (2017) [2017 Drug Strategy](#)

### London Level

- ❖ Government Office for London (2008) [Regional statement of priorities for alcohol](#)
- ❖ Greater London Authority (2018) [The London Health Inequalities Strategy](#)

### Haringey

- ❖ Haringey (2013) **Haringey Joint Strategic Needs Assessment on Alcohol** [no longer available online]
- ❖ Haringey (2018) [Homelessness and Rough Sleeping Strategy](#)
- ❖ Haringey (2019) [Borough Plan 2019-2023](#)
- ❖ Haringey (2019) [Young People at Risk Strategy \(2019-2023\)](#)
- ❖ Haringey (2020) [Haringey Health and Wellbeing Strategy 2020-2024 Draft Slides for Discussion](#)
- ❖ Haringey (2021) [Haringey Statement of Licencing Policy 2021-2026](#)

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21. PANSI - [Projecting Adult Needs and Service Information](#)
22. Alcohol Change UK (2020) [New research reveal how UK drinking habits have changed during lockdown](#)

## FUTHER INFORMATION – Cited Data Sources and References

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24. Finlay & Gilmore (2020) [Covid-19 and alcohol – a dangerous cocktail](#). *BMJ* 2020:369:m1987
25. Burton et al (2016). **A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective**. *The Lancet*
26. Vocht et al (2016). **Measurable effects of local alcohol licensing policies on population health in England**. *Epidemiology & Community Health* 70:3
27. Public Health England (2019) [Screening and brief advice for alcohol and tobacco use in inpatient settings](#)
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29. Public Health England and NHS (2019) [Optimal Alcohol Care Teams \(ACTs\) as part of an effective alcohol treatment system](#)
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34. Public Health England (2016) [Drug prevention, treatment and recovery for adults: JSNA support pack](#)

## FURTHER INFORMATION – Supporting Research and Reports

- Public Health England (2016) [Health matters: harmful drinking and alcohol dependence](#)
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- Jones et al. (2015) [Understanding the alcohol harm paradox.](#) *Alcohol Research UK.*
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### About Haringey's JSNA

[Haringey.gov.uk](http://Haringey.gov.uk) brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Haringey's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This factsheet was produced by Rick Geer, Public Health Intelligence Specialist and Alexandra Levitas, Health in All Policies Project Officer and approved for publication by Susan Oti, Assistant Director of Public Health in September 2021.

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