# Alcohol health equity audit series

## Short read summary

West Sussex Public Health

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# Acknowledgements

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# Introduction

Alcohol misuse is a major risk factor for early death in England and contributes to over 200 health conditions that can lead to illness and disability [1]. The social consequences of alcohol misuse such as unemployment, crime and relationship issues can affect the individual and those around them.

Services supporting people with alcohol misuse typically use the Alcohol Use Disorders Identification Test (AUDIT) screening tool, which was developed by the World Health Organisation (WHO) and uses 10 questions to understand alcohol consumption and harm. Long-term surveys exploring the prevalence of risky drinking (AUDIT score 8 and over), have reported an increase in the UK since the Covid-19 Pandemic. Deaths in England from a health condition which is a direct consequence of alcohol, have also increased in 2020, having been previously stable since 2012.

The prevalence of risky drinking and the harms connected with alcohol consumption are not spread evenly across society. Men and people aged 55-59 are more likely to experience harm from alcohol.

Despite consuming less alcohol overall, people living in more deprived areas tend to experience greater harm from alcohol, compared to those in less deprived areas. This is sometimes referred to as the '**alcohol harm paradox**'[2,3,4]. Other groups such as LGBTQ+ communities and some ethnic minority groups may also be at unequal risk of harm, but the evidence in this area is less clear.

Across West Sussex a range of alcohol support services are available to meet the needs of residents. These include opportunistic screening, early intervention, and specialist support services. In total, these services supported approximately 1,800 people annually during the audit study period, with the largest proportion accessing speciality treatment for dependent drinking.

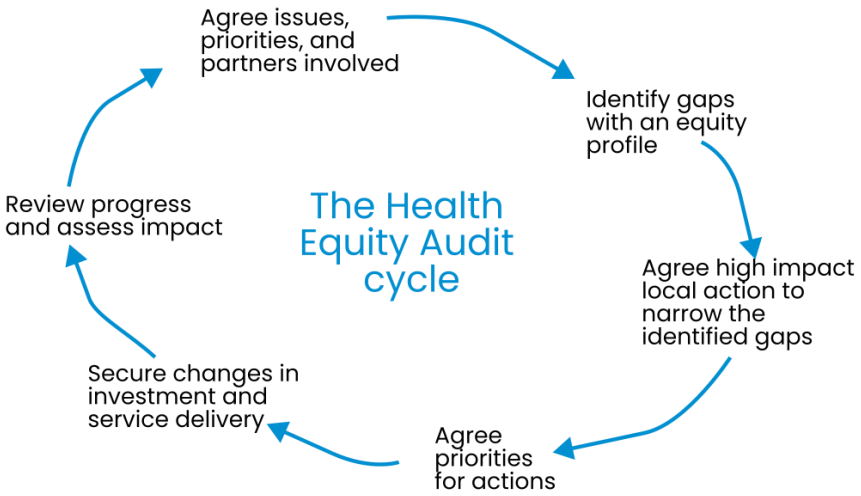
Access to services is based upon the level of alcohol consumption and harm, with services typically using the AUDIT screening tool to assess suitability for support. Early intervention services support people assessed as drinking at 'hazardous or harmful levels' and where risk from alcohol is considered as mild to moderate. The Specialist Service support people experiencing more severe harm from dependent drinking. The access criteria for each service are identified below.

**West Sussex Public Health commissioned Alcohol Services; 2023**

| Service | Description | Typical access | Approx. annual footfall during study period |
|---|---|---|---|
| Community Pharmacy Service | Alcohol screening, advice & signposting | Open to all | 200 |
| Alcohol Wellbeing Advisors (AWA) | Face to face support from an Alcohol Wellbeing Advisor | Hazardous & Harmful Drinking | 200 |
| DrinkCoach Service | Online support from an Alcohol Advisor | Hazardous & Harmful Drinking | 50 |
| Specialist Service | Tailored support for dependent drinkers | Probable Dependent Drinking | 1,400 |

# About this project

A Health Equity Audit (HEA) looks at how fairly resources, opportunities and access are distributed according to the needs of different groups of people. They are intended to provide local evidence to help ensure services provide equal access to different groups and give the same outcomes from treatment.




**The Health Equity Audit cycle (Health Development Agency, 2005) Reproduced without permission**

HEAs are not a single product/report but a process and consist of smaller reports of profiles. These are intended to be refreshed regularly to assess the impact of actions and can support continuous improvement.

This HEA sought to understand the West Sussex picture of people drinking at hazardous, harmful, or probable dependent levels, using the AUDIT tool as a measure of estimated consumption and harm.

Population figures from the Office for National Statistics (ONS) as well as alcohol consumption estimates from the Adult Psychiatric Morbidity Survey 2014[5], were used to create a population model.

At the time of the study, AUDIT was the only tool available that enables a population level estimate of alcohol consumption. It is acknowledged that other more detailed screening tools such as SADQ could provide a more accurate assessment of dependency. Future attempts to understand the potential landscape of drinking behaviours in the county should consider these other available markers of consumption.

Data on a range of demographic characteristics (e.g., age, sex, ethnicity, and deprivation) were obtained from early intervention and specialist services in West Sussex. Service data were compared to the population model to understand if there were more or less episodes of activity in services from some population groups than might be expected.

In parallel, an analysis of inequalities of alcohol health harm outcomes (alcohol specific and related hospital admissions, Accident & Emergency department attendances and mortality) was conducted on data obtained from Hospital Episode Statistics (HES) and ONS mortality datasets.

This short report outlines the findings from the initial equity profile and primary recommendations.

It is intended that the information collated in this report will support the development of a strategic approach to alcohol in West Sussex, as well as future plans for the Supplementary Substance Misuse Treatment & Recovery Funding grant allocation in 2023/24 and 2024/25.

As new data becomes available, analyses in the HEA series will be updated.

# Findings

Alcohol consumption estimates are not routinely available at a local level.

Instead, national estimates of need were applied to the Census 2021 population estimates to tell us, if the same estimates applied locally, how many people we might expect to be drinking at a hazardous, harmful, and probable dependence levels in West Sussex.

It is estimated that **approximately 133,600 people in West Sussex are consuming alcohol at levels risky to their health.**

**Estimates of drinking levels by AUDIT risk group among adults aged 16+; West Sussex (aggregating national age/sex specific prevalence at ward level)**

| Risk | Estimated population in West Sussex** |
|---|---|
| Non-drinkers and low risk range (0-7*) | 593,300 |
| Hazardous risk levels (8-15) | 113,200 |
| Harmful risk levels (16-19) | 12,300 |
| Probable dependency (20+) | 8,100 |
| Total population (aged 16+) | 726,900 |

* AUDIT score range given in brackets

** figures have been rounded

Men are more likely to drink at risky levels; with one in four men (26.4%) likely to drink to at least hazardous levels (AUDIT score of 8 or more) compared to one in eight (13.4%) women.

It is reasonable to anticipate that more men will access alcohol support services than women if access and uptake were equitable.

The 35-44 year age group had the highest prevalence of probable dependence (AUDIT score of 20 or more) compared to any other age group (3.1% and 0.9% for men and women respectively).

Among those drinking at hazardous levels (AUDIT score 8-15), the majority are expected to be White British (95%) and the remaining 5% to be from a minority ethnic group. For harmful drinking, 97% of this group are expected to be White British and 3% to be from minority ethnic groups. With regards to the group experiencing probable dependence,

## Good to know

To capture a large sample size, data was pooled across a three-year period. For service data, this was from April 2019 to March 2022 and for hospital activity this was from April 2018 to March 2021 (due to available data at the time of analysis).

Despite pooling data across multiple years, the number of people in some demographic groups were still very small and this meant it was necessary to merge some minority groups; for example, all sexual minority groups were merged to Lesbian, Gay, Bisexual and others (LGB+). It is hoped that as more data becomes available, individual groups will have sample sizes big enough to conduct analyses more sensitive to minority group differences.

The small numbers available also meant that factors were only analysed unilaterally. It was not possible at this stage to look at the additive effects of being in a particular age group, and a particular sex, and ethnicity.

93% are expected to be from White British groups and 7% from minority ethnic groups.

The assessment of service equity was supportive of the alcohol harm paradox phenomenon, that those people living in more deprived areas tend to experience greater harm from alcohol, with case records in the specialist service more likely to relate to people from the **most deprived 10% of neighbourhoods within the county**.

There was also evidence of a greater number of wholly-attributable alcohol-specific hospital admissions (both planned and emergency) in the most deprived 20% of neighbourhoods, although the gradient was less clear.

### Good to know

West Sussex is a relatively less deprived county compared to other parts of England.

Just 18 neighbourhoods (3.5% of 505 neighbourhoods in West Sussex) are amongst the top 20% of most deprived neighbourhoods in England (this is just 3.7% of the population of West Sussex; 32,700 of its 867,600 residents).

To account for this we have ranked the 505 neighbourhoods in West Sussex according to their deprivation score and created local (within West Sussex) relative quintiles. As such, the 20% of West Sussex neighbourhoods (100 areas representing 169,500 residents) with the highest deprivation score can span several national deciles and quintiles.

Care should be taken when comparing this to national findings.

Mental and behavioural disorders due to alcohol use and alcohol poisoning were higher, as a proportion of alcohol related admissions, in the most deprived 20% compared to the least deprived 20% of areas in West Sussex.

Alcoholic liver disease makes up around one in eight (13%) alcohol-specific admissions, among those living in the most deprived neighbourhoods. However, presentation of alcoholic liver disease increases to one in four of all alcohol-specific admissions, amongst those living in the least deprived quintile of West Sussex.

The assessment of service equity highlighted that a lower proportion of men access early intervention services than expected given the national prevalence estimates. Moreover, there were more women assessed as drinking at probable dependent levels (AUDIT score of 20 or more), within the specialist services, whilst men in the same AUDIT category, between the ages of 25-44 and 75+, tended to be under-represented.

DrinkCoach and AWA are services designed to support people drinking at hazardous and harmful levels with more specialist services designed to support those with alcohol dependence. However, the original equity profile identified that around half of service users within both DrinkCoach and AWA reported AUDIT scores indicating probable dependence (AUDIT scores above 20).

From a service equity perspective, this could suggest that people are not accessing the most appropriate service for their needs. However, as noted earlier, the use of additional screening tools such as the Severity of Alcohol Dependence Questionnaire (SADQ) in most cases determined that onward referral to the specialist service was not required and that support within the early intervention service was appropriate.

Whilst the specialist service did not experience a substantial increase in the severity of cases (based on AUDIT scores) during the study period,

there has been an increase in the proportion of clients assessed with moderate or severe dependence on alcohol.

## Community Pharmacy Service

In West Sussex, participating community pharmacies opportunistically screen adults for risky drinking. They provide brief advice and signpost to early intervention and specialist alcohol support, where appropriate. Across all participating pharmacies in West Sussex, approximately 550 people received screening and 200 received brief advice annually, during the study period.

Within this service, a third of people receiving screening were over 65 years old. The population model suggests that this group is at lower risk compared to most other age groups. This may be explained by the opportunistic nature of the service and is likely to reflect that those aged 65 and over may use community pharmacy services more than younger counterparts.

There was a slightly higher proportion of women assessed as drinking at potentially hazardous levels within the community pharmacy service, compared to what might be expected given the population model.

## Alcohol Well-Being Advisors (AWA)

The Alcohol Wellbeing Advisor (AWA) Service is available as part of the West Sussex Wellbeing programme. This service provides face-to-face Extended Brief Interventions to adults who are drinking at hazardous or harmful levels. During the study period, the service was accessed by approximately 200 people, annually.

There were fewer men accessing the AWA service than might be expected. Most cases with probable dependence in this service were between 35-54 years old, with slightly more cases in men.

The equity profile found a slightly larger proportion of people from an ethnic minority group accessing the AWA service than might be expected, based on the population model.

Whilst deprivation data was not available for early intervention services, activity in the AWA service was highest amongst people in managerial and professional occupations, followed by those who were unemployed.

## DrinkCoach Service

DrinkCoach is an online early intervention service, provided by HumanKind, aimed at people who drink at hazardous (AUDIT 8-15) and harmful (AUDIT 16-20) levels. It offers a range of services including an online alcohol screening AUDIT test, self-guided support, and bookable, online coaching sessions with trained advisors. Annually, about 50 people would access the online coaching, during the study period.

Within the DrinkCoach service, women slightly outnumbered men in all AUDIT categories by approximately 55% to 45%, which is not what would be expected based on the population estimate of need in which men consistently consume alcohol at risky and probable dependence levels.

Whilst the number of people in the study sample was small, there was a relatively higher proportion of activity in some of the more rural districts and boroughs of the county compared to the less rural areas of Crawley and Worthing. This may be because alternative face-to-face provision of support services is less accessible in rural areas.

## Specialist Service

The specialist service is provided by Change Grow Live who support West Sussex residents drinking alcohol at dependent levels. The service offers a range of tailored support including group programmes, counselling, & detox support. In addition to the adult service, a bespoke programme is available for young people (under 25). During the study period, there

were approximately 1,000 adult cases annually and approximately 400 cases within the young person's service.

Within the adult specialist service, women with probable alcohol dependence were overrepresented, whilst men aged 25-44 and over 75 were underrepresented.

Not only was access lower than expected in these groups, men, specifically those aged 25-44 years old, had significantly higher treatment incompletion rates compared to other groups.

A slightly greater proportion of people from an ethnic minority group were accessing the specialist service than expected, although no significant differences were found in outcomes between broad ethnic groups.

In both the specialist adult service and the children & young people's (CYP) service, activity was highest among those living in the most deprived parts of West Sussex.

For the specialist adult service, there were more service users along the coastal areas of the county and in Crawley. There were also high rates of activity in the specialist service amongst people who were unemployed or unable to work due to sickness/disability. These groups also had significantly higher incompletion rates than those in regular employment.

High rates of activity were also found in the specialist service amongst people with a housing issue and incompletion rates in this group was significantly higher than in people with no housing issue.

## Accident & Emergency Attendances for alcohol poisoning

Two in five (2,500) Accident and Emergency (A&E) department attendances for alcohol poisoning were among women and 3,620 were among men.

The age profiles differed between men and women, with the highest number of alcohol poisoning attendances for women among those aged 16-24 years whilst among men, the largest group were the 55-64 year olds.

About a third of alcohol poisoning A&E attendances among women were in the under 25s compared to this age group representing about a quarter among men. However, the sheer number of admissions in each age group are higher among men; and in the 55-64 year old group men outnumber women for alcohol poisoning A&E visits by two to one.

Around 6% of those with A&E attendances for alcohol poisoning had three or more alcohol related attendances during the study period.

The age-standardised rate of alcohol poisoning related A&E attendances was significantly higher in Adur, Arun, Chichester and Worthing compared to the rest of the County.

## Alcohol Specific Hospital Admissions

Men were more likely to be admitted to hospital for alcohol specific causes (that is where the admission is wholly attributable to alcohol) than women and admissions appear to peak at age 45-54 years for women and at age 55-64 years for men.

One in ten patients with an alcohol specific admission had three or more episodes during the three year study period. Minority ethnic groups account for 9.9% of alcohol-specific admissions where ethnicity was known.

Arun and Chichester had significantly higher rates of alcohol-specific admissions compared to West Sussex. Adur, Horsham, and Mid-Sussex had significantly lower rates compared to West Sussex.

The majority of wholly-attributable alcohol-specific hospital admission episodes were related to mental and behavioural disorders due to use of alcohol, followed by alcohol induced liver disease and ethanol poisoning.

The proportion of admissions relating to mental and behavioural disorders, due to alcohol use and alcohol poisoning, were also slightly higher among people living in the most deprived 20% of neighbourhoods.

In contrast, the proportion of admissions relating to alcoholic liver disease appeared to be higher among those living in less deprived areas. Alcoholic liver disease made up around one in eight (13%) alcohol specific admissions among those living in the most deprived areas. However, this increased to one in four (25%) of admissions amongst those living in the least deprived areas of West Sussex.

## Deaths due to alcohol

At this stage in the HEA series, a high level, limited data analysis was conducted on publicly available data on alcohol related mortality.

There were approximately double the number of deaths from alcohol specific causes in men compared to women across the study period in West Sussex. The main cause of these deaths was alcoholic liver disease, accounting for four in five (80%) deaths.

Future iterations of the work will explore more detailed data on mortality from the primary care mortality database.

# Recommendations

The initial equity profile highlighted several inequalities in both access and outcomes across the range of alcohol support services in West Sussex. To improve equity of access and outcomes locally, the following recommendations have been developed.

## Data and intelligence

- Services should seek to improve data for inequalities, including protected characteristics and where possible, full postcodes, to enable greater geographical and deprivation analysis.
- The HEA should be refreshed as part of a rolling programme to address inequalities in this area.

## Access

- Commissioners and providers should work together to improve access for groups that are accessing services less than might be expected, based on the population model (e.g., men).
- Work should take place to ensure that uptake of alcohol services by women continues, whilst assessing system wide opportunities for reducing alcohol specific admissions among women, particularly those in younger age groups.
- Steps should be taken to engage more people drinking at hazardous and harmful levels and support them into early intervention services, such as promotion of Making Every Contact Count Training (MECC).
- Any potential issues regarding access to the specialist service in rural areas should be investigated in view of the higher activity rates in urban areas.

## Further opportunities

- Further work should be undertaken to understand the alcohol environment in West Sussex in association with licence application processes, considering areas of high hospital admissions, A&E attendances, and service use.
- Further engagement should take place with groups where sample sizes were small or data was limited, to understand the user experience of services (e.g., LGBTQ+, minority ethnic groups).
- Where groups appear under-represented and with higher incompletion rates, qualitative research to identify barriers and service experience should be considered (e.g., men aged 35-44).
- Support available for people with housing issues or at risk of homelessness, should be reviewed to improve completion of treatment.

# References


[1] World Health Organization (2023). Alcohol Fact Sheet https://www.who.int/news-room/fact-sheets/detail/alcohol accessed July 2023.

[2] Bellis Bellis, M.A., Hughes, K., Nicholls, J. et al. The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals. BMC Public Health 16, 111 (2016). https://doi.org/10.1186/s12889-016-2766-x

[3] Bloomfield K. Understanding the alcohol-harm paradox: what next? Lancet Public Health. 2020 Jun;5(6):e300-e301. doi: 10.1016/S2468-2667(20)30119-5. PMID: 32504581.

[4] Probst C, Kilian C, Sanchez S, Lange S, Rehm J. The role of alcohol use and drinking patterns in socioeconomic inequalities in mortality: a systematic review. Lancet Public Health. 2020 Jun;5(6):e324-e332. doi: 10.1016/S2468-2667(20)30052-9. PMID: 32504585.

[5] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014., NHS Digital; https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014