ALCOHOL USE IN LEICESTER ADULTS:

JOINT STRATEGIC NEEDS ASSESSMENT

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

The JSNA:

Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.

Looks at the health of the population with a focus on behaviours which affect health, such as smoking, diet and exercise.

Provides a view of health and care needs in the local community

Identifies health inequalities

Indicates current service provision

Identifies gaps in health and care services, documenting unmet needs

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1. INTRODUCTION

There are an estimated 1.6 million adults in England who may have some level of alcohol dependence, although not all of these people will need specialist treatment a proportion will benefit from at least a brief intervention. Harmful drinking is defined by National Institute for Health and Care Excellence (NICE) as a pattern of alcohol consumption that causes health problems directly related to alcohol, including psychological problems such as depression, alcohol-related accidents or physical illness such as acute pancreatitis. As a longer-term consequence, harmful drinkers may go on to develop high blood pressure, cirrhosis, heart disease and some types of cancer.[1]

A unit of alcohol is 8g or 10ml of pure alcohol, which is about half a pint of lower to normal-strength lager/beer/cider (ABV 3.6%) or a single small shot measure (25ml) of spirits (25ml, ABV 40%).

Figure 1: Units of alcohol in common alcoholic drinks

Source: Drinkaware

The National Health Service advises that to keep health risks from alcohol to a low level, both men and women are advised not to regularly drink more than 14 units a week. In January 2016, the UK's Chief Medical Officer issued new guidelines for safe levels of drinking, with the limit for men being lowered to the same as for women. The guideline for both men and women is as follows:

Table 1: Units of alcohol per week and levels of risk

Weekly units of alcohol	Up to 14 units	14-21 units	21-35 units	35-50 units	50+ units
Men	Low risk	Increasing risk			High risk
Women	Low risk	Increasing risk		High risk	

Source: UK Chief Medical Officers' Alcohol Guidelines Review, 2016

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- If you do drink as much as 14 units a week, it is best to spread this evenly over 3 days or more.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Drinkers can be divided into the following categories:

- Lower-risk drinkers: up to 14 units per week.
- Increasing-risk drinkers: regularly drinking 14-35 units per week in women, 14-50 units per week in men.
- Higher-risk drinkers: regularly drinking above 35 units in women, above 50 units per week in men.
- Binge drinking is defined as drinking 6+ units (women) or 8+ units (men) in a single session.

Alcohol dependence is a disorder of regulation of alcohol use arising from repeated or continuous use. It is characterised as a strong internal drive to use alcohol with the inability to control use despite harm or negative consequences that arise.

Alcohol use is the biggest risk factor for death, ill health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol can damage almost every organ and system in the body and has been identified as a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression.[2]

Alcohol use has consequences wider than the health of the individual, there are also social, economic and health consequences experienced by the individual, their families and the

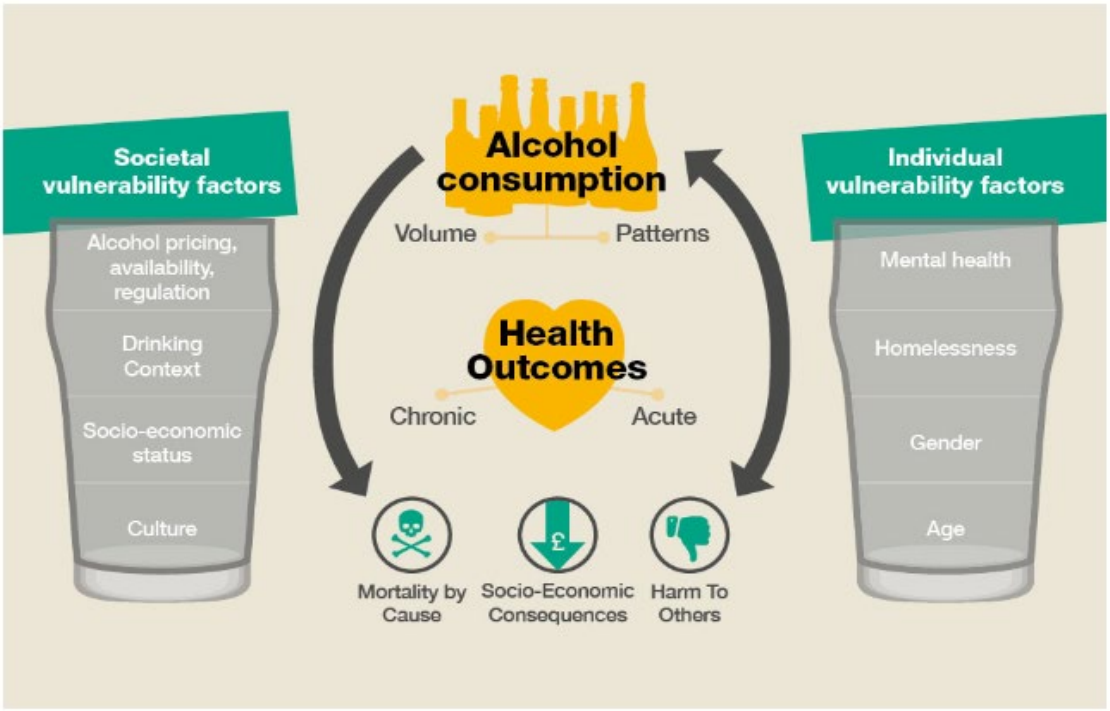
wider community. The costs illustrated below outline the scale of the problems caused by alcohol use and the challenges faced as a wider community as a result.

Figure 2: The cost of alcohol to society in England[3]

2. WHO'S AT RISK AND WHY?

As illustrated below, there are a variety of societal and individual vulnerability factors which influence the likelihood and impact of harmful drinking.

Figure 3: Harmful drinking, alcohol dependence and socio-economic factors[3]



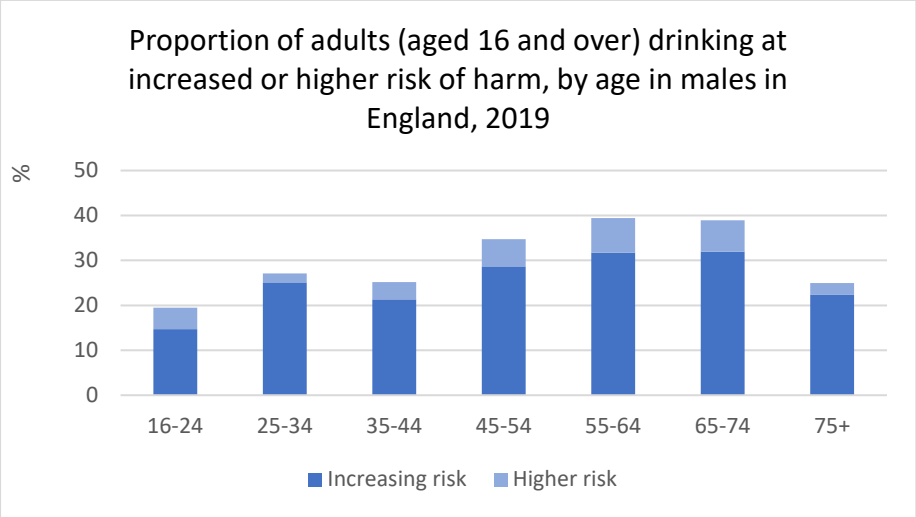
2.1 AGE AND SEX

The Health Survey for England (HSE) is an annual survey designed to measure health and health-related behaviours in adults and children in England. Alcohol consumption is one area that is investigated in the 2019 survey.[4]

Figure 4 and 5 show that the proportion of men and women usually drinking over 14 units in a week varied across age group and was most common among men and women aged 55 to 64 (39% and 20% respectively). Proportions drinking at these levels declined among both sexes from the age of 65. In the 25-34 year age group, females had a higher proportion of higher risk drinking (3%) compared to males (2%), however across all other age groups, men were more likely than women to drink at increasing and higher risk levels.

Figure 4 and 5: Proportion of adults (aged 16 and over) drinking at increased or higher risk of harm, by age and sex[4]

(i) Men



(ii) Women

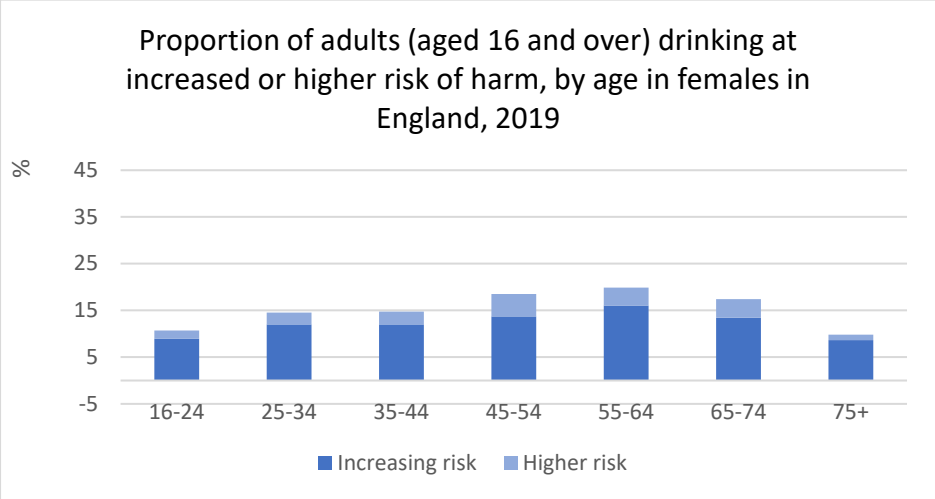
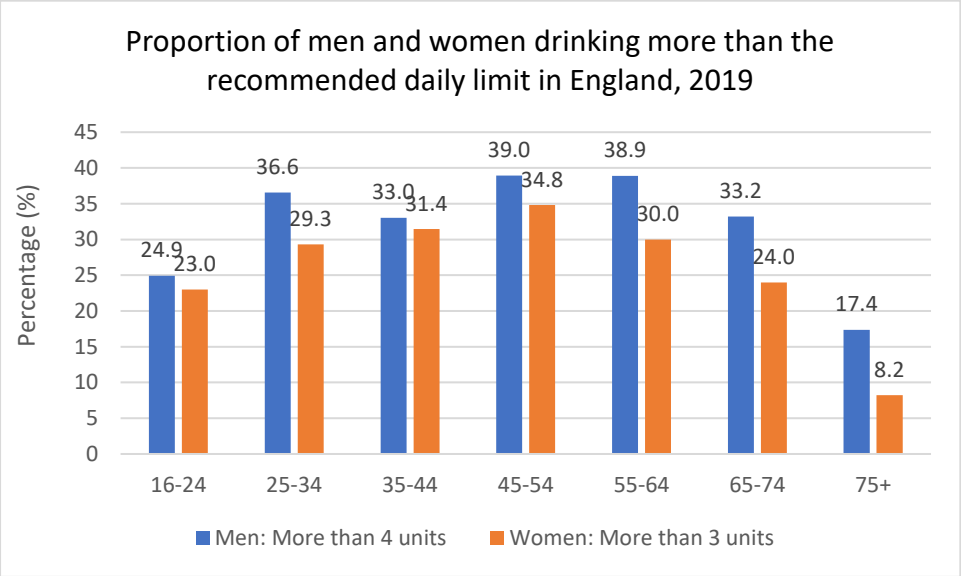


Figure 6 shows men were more likely than women to drink more than the recommended daily limit (33% compared with 27%). Across all age groups, a smaller proportion of women than men drank more than the recommended daily limit. The proportion of all adults who drank more than three units (women) or four units (men) on any day in the last week increased with age from 24% of 16 to 24 year olds to 37% of 45 to 54 year olds and then gradually decreased to 12% of participants aged 75 and over.

Figure 6: Maximum amount drunk on any day in the last week, by age and sex[4]

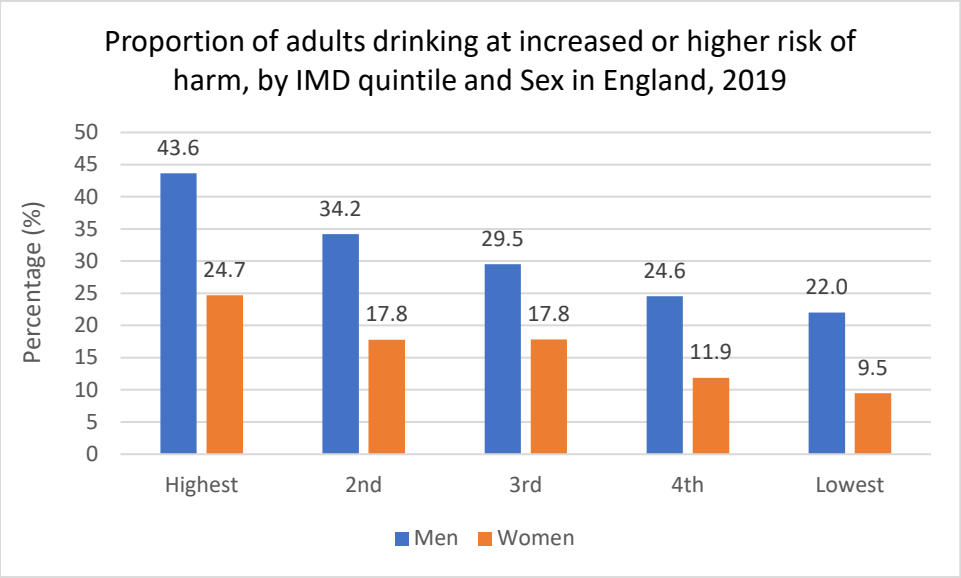


2.2 DEPRIVATION

The Health Survey for England found that the proportion of adults who were non-drinkers was highest in most deprived areas (33%) compared with 10% in the least deprived areas. The proportion of adults drinking at increased or higher risk levels was higher in least deprived areas (35%) than most deprived areas (15%). Almost half (44%) of men in the least deprived areas drank at increasing and higher risk levels, compared with less than a quarter (22%) of men in the most deprived areas. Women followed this pattern too, with 25% of women in the least deprived areas drinking more than 14 units compared with 10% of women in the most deprived areas.

Interestingly, the variation in weekly alcohol consumption by deprivation was accounted for by differences in the proportions of men and women drinking at increasing levels of risk (that is, over 14 units and up to 50 units for men and over 14 units and up to 35 units for women) rather than the higher risk category (over 50 units for men and over 35 units for women). The proportion of men and women drinking at higher levels of risk was similar by IMD quintile.

Figure 7: Proportion of adults drinking at increased or higher risk of harm, by IMD quintile and Sex[4]



It is important to note that the HSE, in common with other surveys, collects information from a sample of the population. Although the sample is designed to represent the whole population as accurately as possible, it is important to be reminded that the statistics presented above are estimates, rather than precise figures and are subject to margin of error.

2.3 ETHNICITY

A UK literature review conducted on behalf of the Joseph Rowntree Foundation found that most minority ethnic groups are more likely to abstain from drinking alcohol compared to people from white backgrounds.[5] Those who do drink generally drink at lower levels. Whilst abstinence is high amongst South Asians; for Pakistani men who do drink, their alcohol consumption is higher compared to other minority ethnic and religious groups. There is some evidence to show increasing levels of alcohol consumption amongst Indian women, Chinese men and young Sikh women.

2.4 THE RELATIONSHIP BETWEEN ALCOHOL AND SOCIOECONOMIC STATUS

It is important to be aware of the existence of the alcohol-harm paradox. This is the observation that people of low socioeconomic status (SES) tend to experience greater alcohol-related harm than those of high SES, even when the amount of alcohol consumption is the same or less than for individuals of high SES. This continues to challenge public health experts. A systematic review has highlighted two potential explanatory mechanisms for this:[6]

1. The differences in the volume and patterns of alcohol consumption between SES groups,

2. An interactive or modifying effect of SES and alcohol consumption

Probst and colleagues found that the greatest difference in harms between low and high SES was for heavy episodic drinking (or risky single occasion drinking), rather than for the quantity of alcohol consumed per month or week. Additionally, they found suggestive evidence for a multiplicative effect between SES and alcohol consumption, which would imply that higher alcohol consumption poses disproportionately greater health risks for individuals with low SES than for those with high SES.[6] However, it should be noted that in the literature reviewed by Probst and colleagues, drinking patterns explained a maximum of 30% of the variability in alcohol harm between socioeconomic groups. This value could partially be explained by an under-reporting of alcohol consumption by participants in the reviewed studies. Nevertheless, it is clear that substantial variability in alcohol-related harms between SES groups cannot be explained by drinking patterns alone.

2.5 ALCOHOL USE DURING PREGNANCY

A number of risks are associated with drinking alcohol during pregnancy, including; increased risk of miscarriage, risk of foetal alcohol syndrome, alcohol related birth defects and increased risk of learning disability.

Women who are pregnant or trying to get pregnant are advised not to drink alcohol.

2.6 INDIVIDUALS WITH A MENTAL HEALTH NEED

The prevalence of co-existing mental health and substance use problems (termed “dual diagnosis”) may affect between 30-70% of those presenting to health and social care settings. There is growing awareness of the serious social, psychological and physical complications of the combined use of substances and mental health problems. Given the multiplicity of social, family and economic problems associated with dual diagnosis, an integrated, multi-agency approach is required.[7]

2.7 HOMELESSNESS

Individuals who are homeless are at greater risk of using substances and having reduced motivation to change their lifestyle. Additionally, their transient nature could reduce their access to health and social care services. In Leicester City, a significantly high proportion of individuals attending the community treatment provider for alcohol (15.5%) have a housing problem.

2.8 ALCOHOL AND CRIME

Higher levels of alcohol-related recorded crimes and violent crimes are likely to be linked to increased drinking and the night-time economy. Alcohol is also a common feature in sexual assaults.

3. THE LEVEL OF NEED IN THE POPULATION

3.1 ALCOHOL CONSUMPTION

3.1.1 IPSOS MORI SURVEY DATA

At Local Authority level, there is a lack of reliable information about alcohol consumption, primarily because of the cost of collecting this data. In order to address the need for local data in a cost effective manner, Public Health England (PHE) commissioned Ipsos MORI to collect data for a sample of local authorities which were chosen to provide coverage of all regions and types of local authority. Leicester City was one of the local authorities included in the sample.

The majority of the data was collected via a postal survey between 29 February and 25 April 2016. In Leicester City, the response rate was 15% (424 responses). The survey found the lowest response rates tended to be areas with high levels of abstention, this was true for Leicester City. Leicester City had the highest rate of abstention of all Local Authorities surveyed at 37.6% (95% CI:33.1%-42.3%). Over a quarter (26.9%, 95% CI:21.8%-32.6%) of all drinkers were in AUDIT category 2 or more - increasing risk, higher risk or possible dependence.[8]

The rates of frequent drinking (amongst those who drink) varied from 8.9% in Peterborough to 21.6% in West Berkshire. In Leicester City 13.5% (95% CI:9.9%-18.2%) of drinkers were drinking four or more days each week. The prevalence of binge drinkers is defined as women drinking more than 6 units and men more than 8 units in a single drinking occasion on a weekly basis or more often. In Leicester City 11.7% (95% CI:8.3%-16.2%) of drinkers were drinking more than 6/8 units of alcohol in a single occasion on a weekly or daily basis. The prevalence of frequent drinkers and regular binge drinkers in the city were ranked in the lowest third of all Local Authorities sampled. The figures highlight wide variation in alcohol behaviour between different local authorities, even local authorities which are geographically close such as Leicester City and Nottinghamshire have different profiles of drinking behaviour[8].

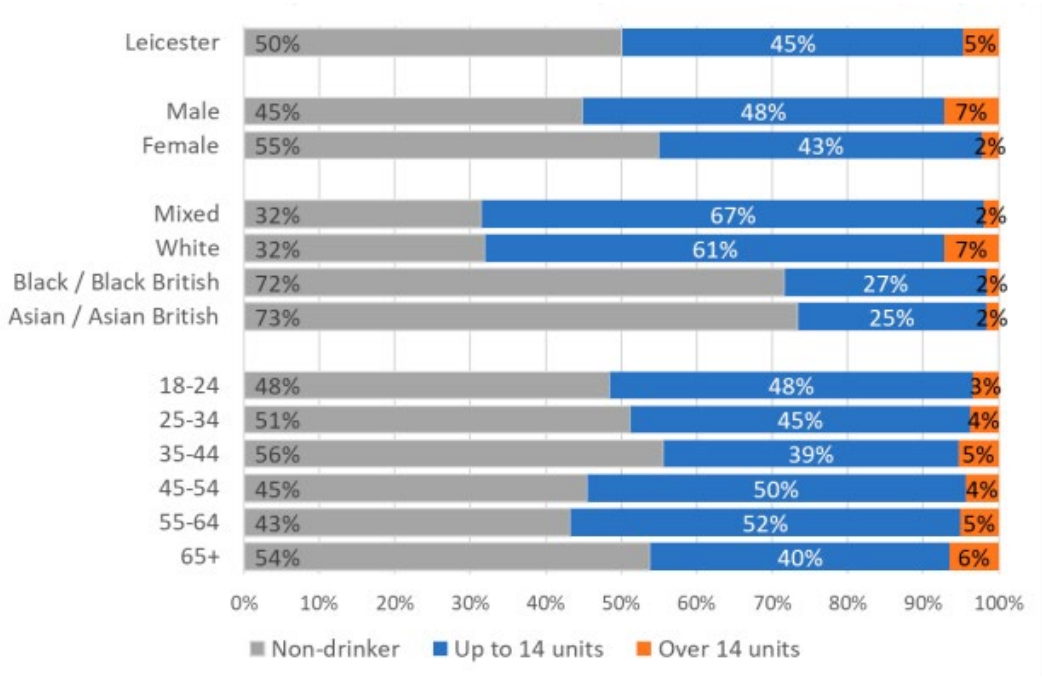
3.1.2 LEICESTER HEALTH AND WELLBEING SURVEY

The Leicester Health and Wellbeing Survey is completed around every three years and gives a snapshot of health and wellbeing issues in the city. The Leicester Health and Wellbeing Survey showed 50% of Leicester's adult population are non-drinkers, 45% drink within the recommended limits and 5% drink at increasing or higher levels (14 units or more). Men are found to have higher levels of drinking than women, with around 7% of men and 2% of women drinking above the recommended 14 weekly units. Generally, levels of drinking over the recommended weekly units of alcohol increased with age, with 6% of over 65 year olds exceeding the recommended alcohol consumption guidelines.[9]

When examined by ethnicity, the highest levels of non-drinkers are found in Asian ethnic groups (73%), followed by Black ethnic groups (72%), and lowest in White groups (32%) and Mixed groups (32%). White population groups have the highest levels of drinking above the recommended weekly levels (7%), with similar levels in Asian, Black and mixed ethnic groups (2%).[9]

A higher proportion of non-drinkers were found in the North and Central areas with lower proportions in the South and West of Leicester. Of those who drink alcohol, residents of Western, Castle, Thurncourt and Stoneygate report highest levels of drinking more than 14 units per week, however these differences are not statistically significant.[9]

Figure 8: Alcohol Consumption data in Leicester City, 2018[9]

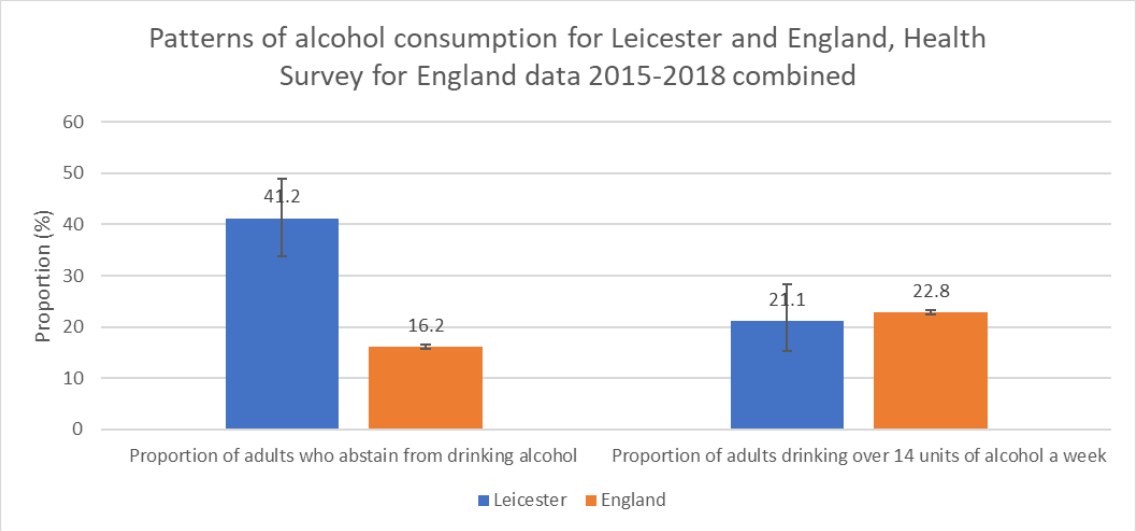


3.1.3 HEALTH SURVEY FOR ENGLAND

The data below gives an indication of potential local need for some form of alcohol intervention and is a weighted estimate from the Health Survey for England (2015-2018 combined). [10]

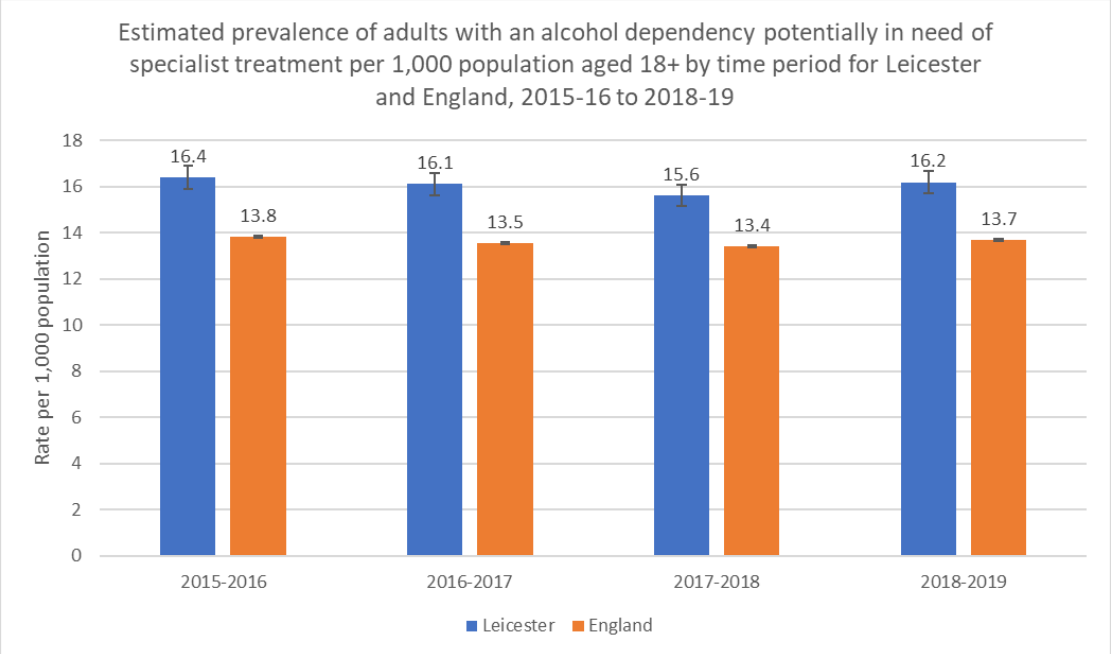
Figure 9 below shows that the proportion of adults who abstain from drinking alcohol in Leicester (41.2%) was significantly higher than the proportion of adults who abstain from drinking alcohol in England overall (16.2%). In Leicester in 2015-2018, the proportion of adults drinking over 14 units of alcohol a week (21.1%) was similar to the national average of 22.8%.

Figure 9: Proportion of adults who abstain from drinking alcohol and proportion of adults drinking over 14 units of alcohol a week for Leicester and England, weighted estimate 2015-2018[31]



As shown in Figure 10, the estimated prevalence of adults with an alcohol dependency in Leicester was significantly higher than the estimated prevalence for England across 2015-16 to 2018-19. The estimated prevalence of adults with an alcohol dependency in Leicester did not change significantly across the four time periods. The prevalence in England decreased significantly year on year between 2015-16 and 2017-18 before increasing significantly in 2018-19.

Figure 10: Estimated prevalence of adults with an alcohol dependency potentially in need of specialist treatment per 1,000 population aged 18+ by time period for Leicester and England, 2015-16 to 2018-19[11]



3.2 HOSPITAL ADMISSIONS

The following sections examine hospital admissions related to alcohol. It is important to recognise that there are several potential limitations of using this source. There are likely to be geographical variations in admission practices and in other factors influencing admission. Inaccuracies in diagnosis and coding and variation in diagnostic and coding practices over time and by place are further potential sources of error. Furthermore, due to the nature of how injuries (for example) may result from alcohol, such as fights, falls etc. patients may be less likely to seek help for treatment and so the counts may be an underestimate.

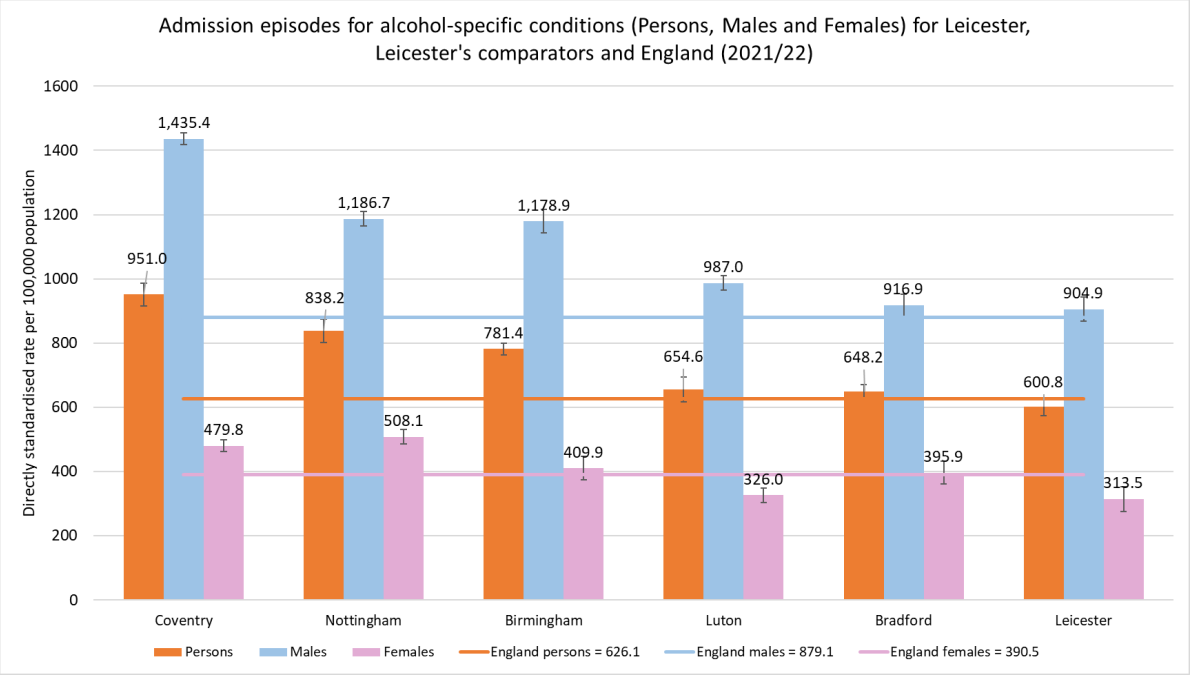
3.2.1 ALCOHOL SPECIFIC HOSPITAL ADMISSIONS

Alcohol-specific admissions are those where the primary diagnosis or any of the secondary diagnoses are wholly attributable to alcohol. These include alcoholic liver disease, mental and behavioural disorders and alcohol poisoning where the condition is caused primarily by alcohol. In Leicester in 2021/22 there were 1,860 admission episodes for alcohol-specific conditions in people of all ages, 1,345 of these were in males and 515 were in females. Note: *Due to revisions in the data used to calculate the most recent rates for this indicator, the most recent data cannot be compared to data from previous time periods.*

Figure 11 shows that the rate of hospital admissions in Leicester in 2021/22 due to alcohol-specific conditions (600.8 per 100,000 population) was not significantly different to the rate in England overall (626.1 per 100,000 population). The rate in males in Leicester in 2021/22 (904.9 per 100,000 population) was not significantly different to the rate in males in England (879.1 per 100,000 population), whilst the rate in females in Leicester (313.5 per 100,000 population) was significantly lower (better) than the rate in females in England (390.5 per 100,000 population). The rate of admission episodes for alcohol-specific conditions in Leicester in 2021/22 was significantly higher (worse) in males (904.9 per 100,000 population) than in females (313.5 per 100,000 population), this pattern was also witnessed across all of Leicester's comparator areas and in the rates in England overall. In 2021/22, Leicester had the lowest rate of admission episodes for alcohol-specific conditions in persons, males and females when compared to it's comparators. The rate in Leicester persons (600.8 per 100,000 population) was significantly lower than that of Coventry (951.0 per 100,000 population), Nottingham (838.2 per 100,000 population) and Birmingham (781.4 per 100,000 population). The rate in Leicester males (904.9 per 100,000 population) was also significantly lower than that of Coventry (1,435.4 per 100,000 population), Nottingham (1,186.7 per 100,000 population) and Birmingham (1,178.9 per 100,000 population), whilst the rate in Leicester females (313.5 per 100,000 population) was significantly lower than the rate in Nottingham (508.1 per 100,000 population), Coventry (478.9 per 100,000 population), Birmingham (409.9 per 100,000 population) and Bradford (395.9 per 100,000 population).

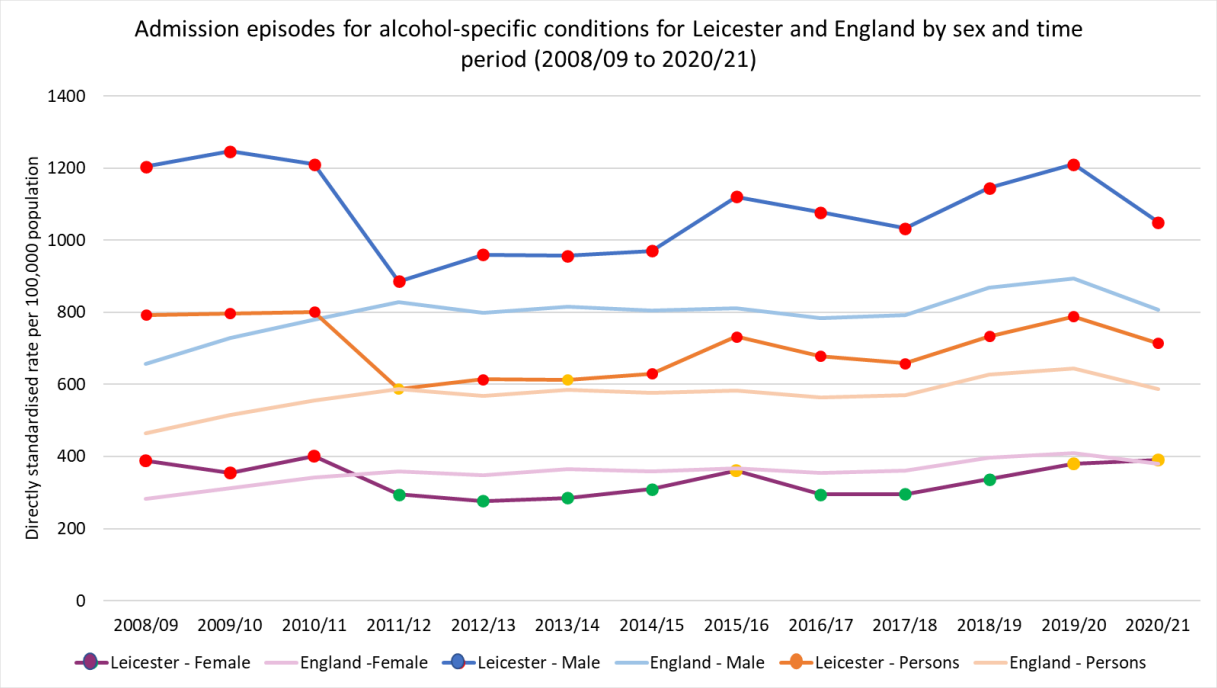
Note: Due to revisions in the data used to calculate the most recent rates for this indicator, the most recent data cannot be compared to data from previous time periods.

Figure 11: Admission episodes for alcohol-specific conditions by sex for Leicester, Leicester's comparators and England (2021/22)[12]



In 2020/21 in Leicester there were 2,050 admission episodes for alcohol-specific conditions, of which 1,475 were in males and 575 were in females. Figure 12 shows that the rate of admission episodes for alcohol-specific conditions in Leicester was significantly higher (worse) than in England between 2008/09 and 2020/21, with the exception of 2011/12 and 2013/14 where the rate in Leicester was not significantly different to the rate in England overall. Between 2008/09 and 2020/21 the rate of admission episodes for alcohol-specific conditions was significantly higher (worse) for men in Leicester compared to men in England overall. Between 2008/09 and 2020/21 the rate of admission episodes for alcohol-specific conditions in females in Leicester was most often significantly lower (better) than the rate in females in England overall, over the previous two time periods (2019/20 and 2020/21) the rate in females in Leicester was not significantly different to the rate in females in England overall. In Leicester and England the rate of hospital admissions due to alcohol-specific conditions is significantly higher in men than in women. Over the last five time periods up to 2020/21 the rate of admissions for alcohol-specific conditions in females in Leicester has shown a significant increasing and worsening trend, there has been no significant change in the rate in males within the same time period.

Figure 12: Admission episodes for alcohol-specific conditions for Leicester and England by sex and time period (2008/09 to 2020/21)[13]



3.2.2 ALCOHOL RELATED HOSPITAL ADMISSIONS

Alcohol-related hospital admissions are admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population and can include admissions for alcohol-related hypertensive diseases and heart failure. There are two measures used to assess this burden: the Narrow and the Broad measure. The narrow definition is a measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition whereas the broad definition is a measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. [14]

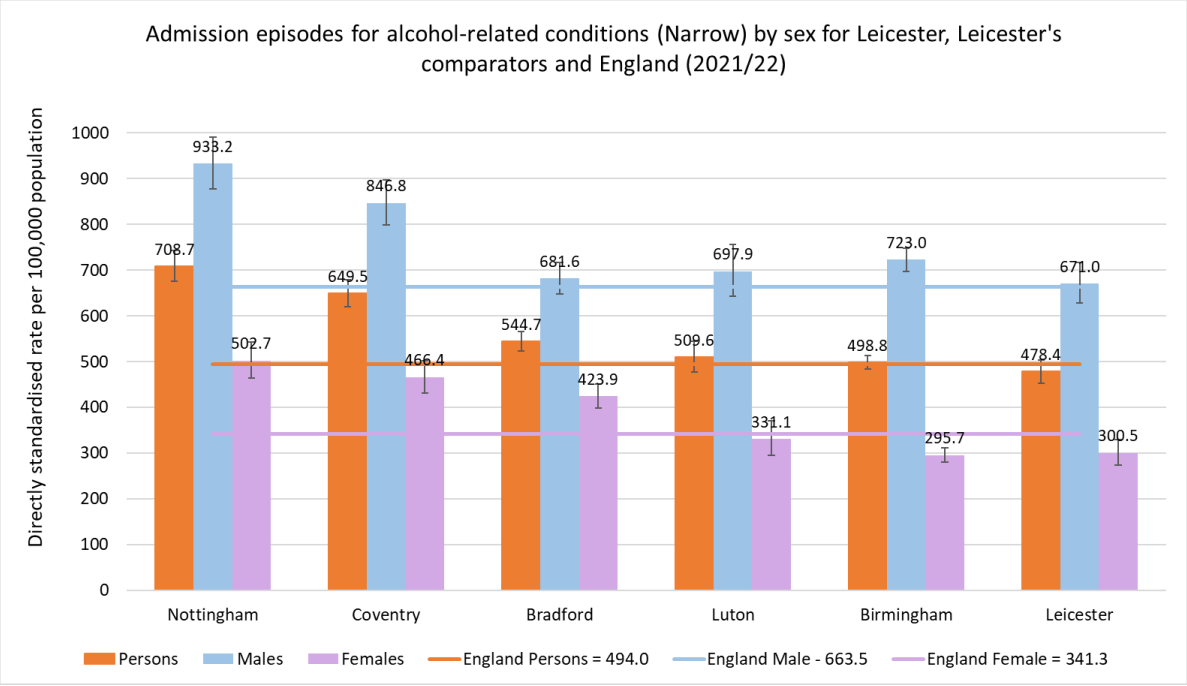
3.2.2.1 Admission episodes for alcohol-related conditions (narrow measure)

In Leicester in 2021/22 there were 1,448 admission episodes for alcohol-related conditions when using the narrow measure, 969 of these were in males and 479 were in females. Figure 13 shows that the rate of hospital admissions in Leicester in 2021/22 due to alcohol-related conditions (narrow method) (478.4 per 100,000 population) was not significantly different to the rate in England overall (494.0 per 100,000 population). The rate in males in Leicester in 2021/22 (671.0 per 100,000 population) was not significantly different to the rate in males in England (663.5 per 100,000 population), whilst the rate in females in Leicester (300.5) was significantly lower (better) than the rate in females in England (341.3

per 100,000 population). The rate of admission episodes for alcohol-related conditions (narrow method) in Leicester in 2021/22 was significantly higher (worse) in males (671.0 per 100,000 population) than in females (300.5 per 100,000 population), this pattern was also witnessed across all of Leicester's comparators and in the rates in England overall. In 2021/22, Leicester had the lowest rate of admission episodes for alcohol-related conditions overall and in males, and the second lowest rate in females when compared to it's comparators. The rate in Leicester (478.4 per 100,000 population) was significantly lower than the rate in Nottingham (708.7 per 100,000 population), Coventry (649.5 per 100,000 population) and Bradford (544.7 per 100,000 population). The rate in Leicester females (300.5 per 100,000 population) was also significantly lower than the rate in Nottingham (502.7 per 100,000 population), Coventry (466.4 per 100,000 population) and Bradford (423.9 per 100,000 population), whilst the rate in Leicester males (671.0 per 100,000 population) was significantly lower than that of Nottingham (933.2 per 100,000 population) and Coventry (846.8 per 100,000 population).

Note: Due to revisions in the data used to calculate the most recent rates for this indicator, the most recent data cannot be compared to data from previous time periods.

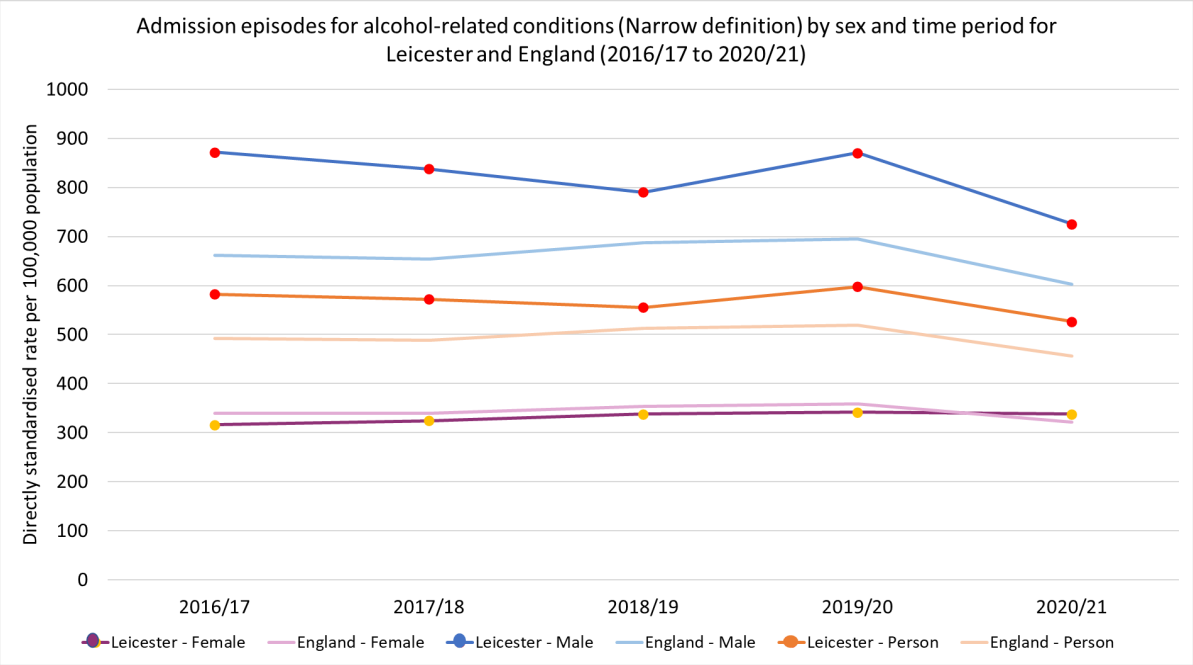
Figure 13: Admission episodes for alcohol-related conditions (narrow method) by sex for Leicester, Leicester's comparators and England (2021/22)[15]



In Leicester in 2020/21 there were 1,501 admission episodes for alcohol-related conditions, of which 1,006 were in males and 495 were in females. In Leicester and England the rate of hospital admissions for alcohol-related conditions (narrow method) is significantly higher (worse) in males than in females. The rate of admission episodes for alcohol-related conditions (narrow definition) in Leicester overall and in Leicester males

has been significantly higher than that of England overall and in males across England since recording of the indicator began in 2016/17, whilst the rate for females in Leicester has not been significantly different to the rate for females in England over the same time period. Over the last five time periods up to 2020/21 the rate of admission episodes for alcohol-related conditions (narrow definition) in males in Leicester has shown a decreasing and improving trend, whilst the rate in females in Leicester has shown no significant change.

Figure 14: Admission episodes for alcohol-related conditions (narrow definition) by sex and time period for Leicester and England (2016/17 to 2020/21)[16]



Admission episodes for alcohol-related conditions (narrow method) by sex and age band have been examined in Figures 15-18.

Figure 15 shows that in 2021/22 in Leicester and in England across all age groups the rate of admission episodes for alcohol-related conditions (narrow method) was significantly higher in males than in females and the rate overall. In 2021/22 in Leicester and England in females, the rate was significantly higher in the 40-64 year age group, whilst in males the rate was significantly higher in those aged 65+ than in any of the other age groups. In 2021/22 Leicester performed similarly to England across all sex and age groups, with the exception of the rate in females aged 65+ where the rate in Leicester (325.4 per 100,000 population) was significantly lower (better) than the rate in the same group in England (414.7 per 100,000 population).

Note: Due to revisions in the data used to calculate the most recent rates for this indicator, the most recent data cannot be compared to data from previous time periods.

Figures 16-18 highlight that when looking at the overall rate, in 2020/21 in Leicester the highest rate of alcohol-related admissions (narrow method) were in those aged 40-64 years, followed by 65 and above and the under 40 age band. Figure 16 shows the trend of rate of admission episodes for alcohol related conditions (narrow method) in under 40 age band has varied compared to the national rate. The latest data shows that the overall rate and the rate for males and females in Leicester was not significantly different to the national average in 2020/21. Figure 17 shows the rate of admission episodes for alcohol related conditions (narrow method) in 40-64 aged band. It shows that the rate in males and the overall rate in Leicester has been significantly higher than the rates in England respectively since recording of the indicator began in 2016/17. The rate in females in Leicester has not performed significantly different to the rate in females in England overall between 2016/17 and 2019/20, with the exception of 2020/21 where the rate in females in Leicester was significantly higher (worse) than the national rate in females. Over the last five time periods up to 2020/21, there has been no significant change in the rate of admission episodes for alcohol-related conditions for 40-64 age band in Leicester in males or females. Figure 18 shows the alcohol-related admissions for 65 years and above. It shows the rate in males in Leicester has declined significantly (improved) over the last five years up to 2020/21, where it performed significantly higher (worse) than the national average in 2016/17 to performing similar to the national average since 2018/19. The trend in females in Leicester has remained stable over the last five years up to 2020/21 and continued to perform similar to the national rate. The overall rate in Leicester has shown a similar trend to that witnessed in males in Leicester, with a similar rate to the national rate since 2017/18.

Figure 15: Admission episodes for alcohol-related conditions (narrow definition) by age and sex for Leicester and England (2021/22)[17]

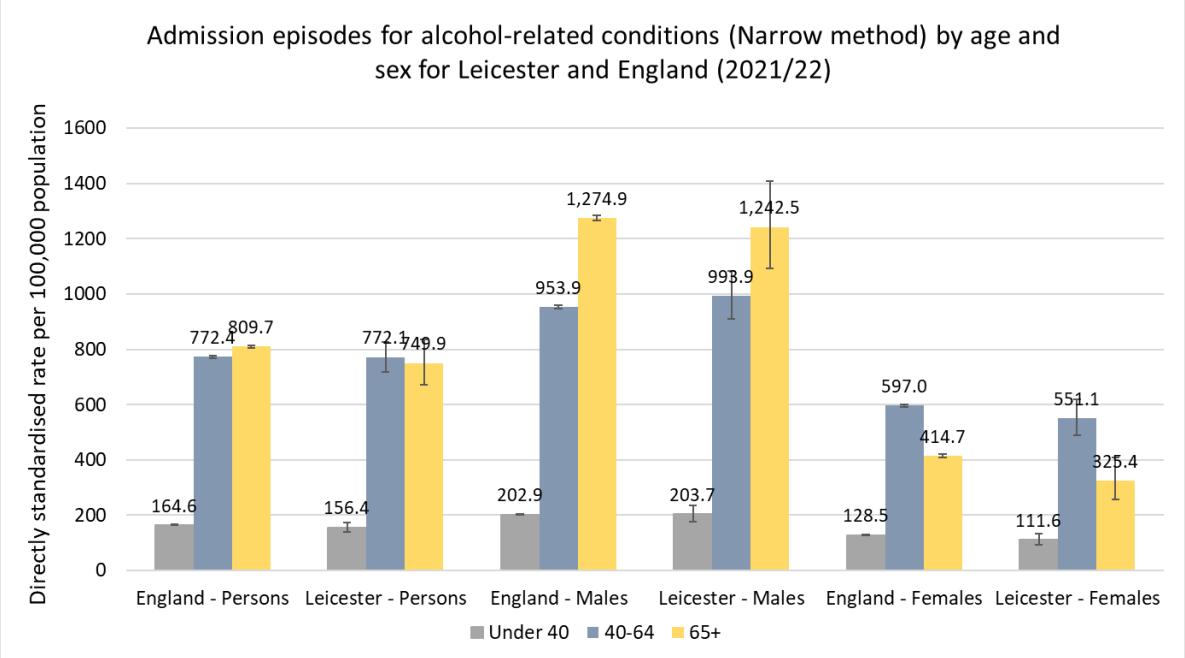


Figure 16: Admission episodes for alcohol-related conditions (narrow definition) in under 40s by sex and time period for Leicester and England (2016/17 to 2020/21)[18]

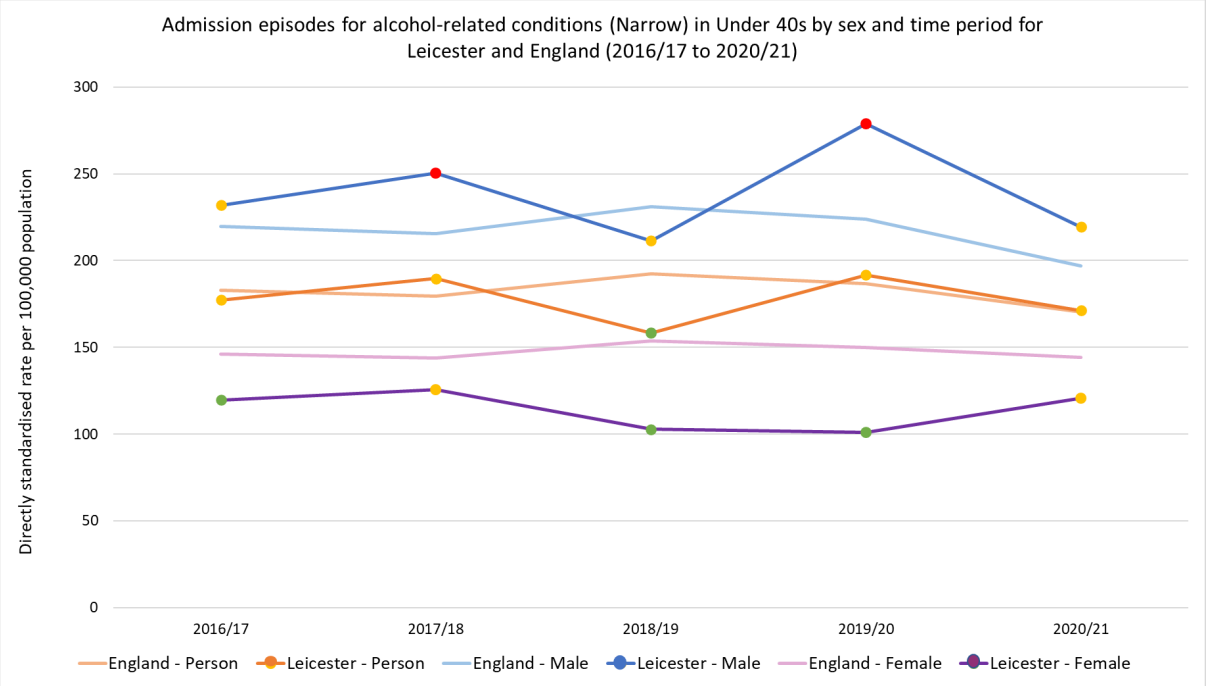


Figure 17: Admission episodes for alcohol-related conditions (narrow definition) in 40-64 year olds by sex and time period for Leicester and England (2016/17 to 2020/21)[19]

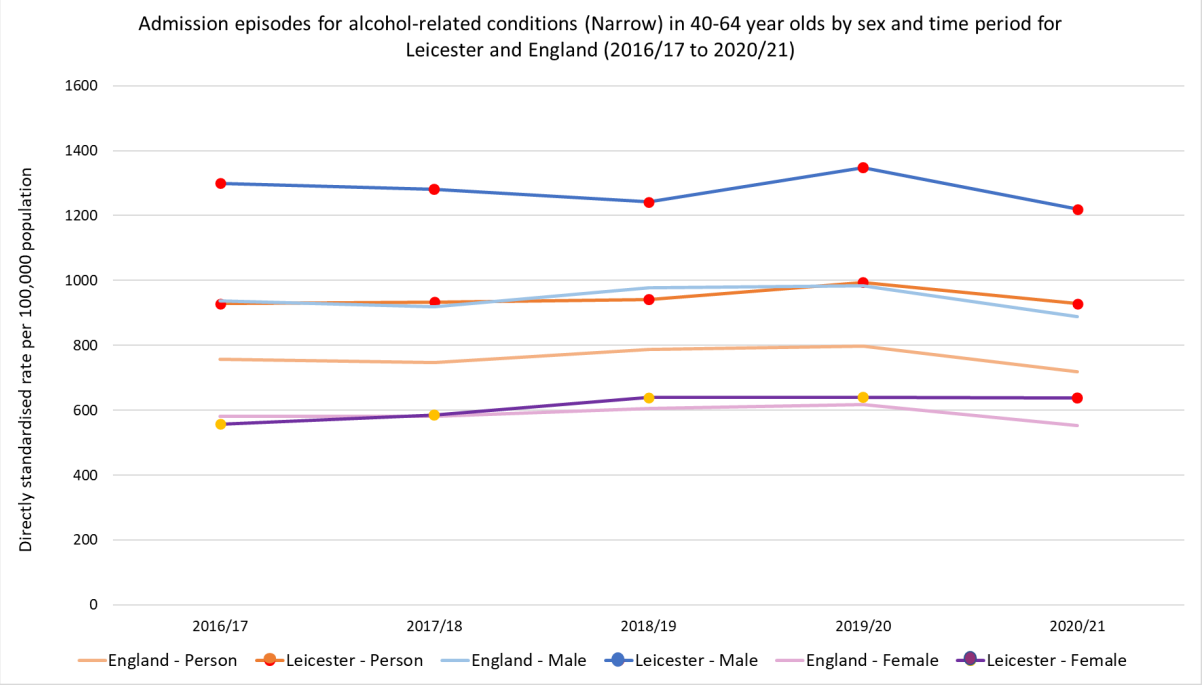
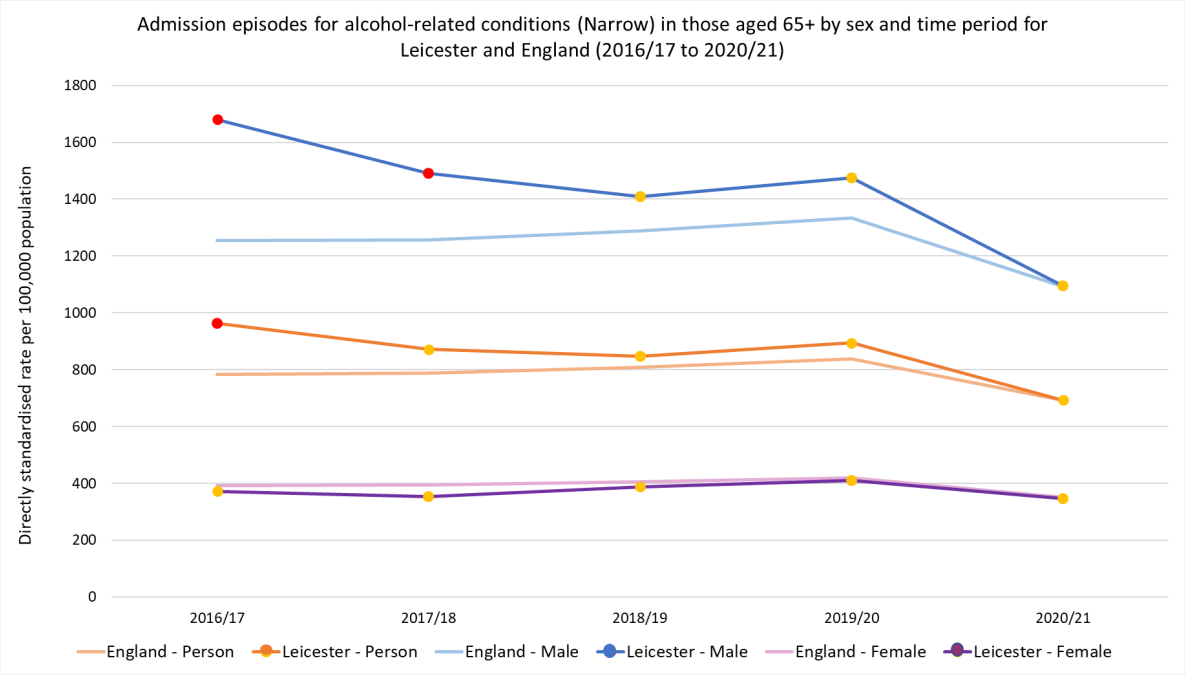
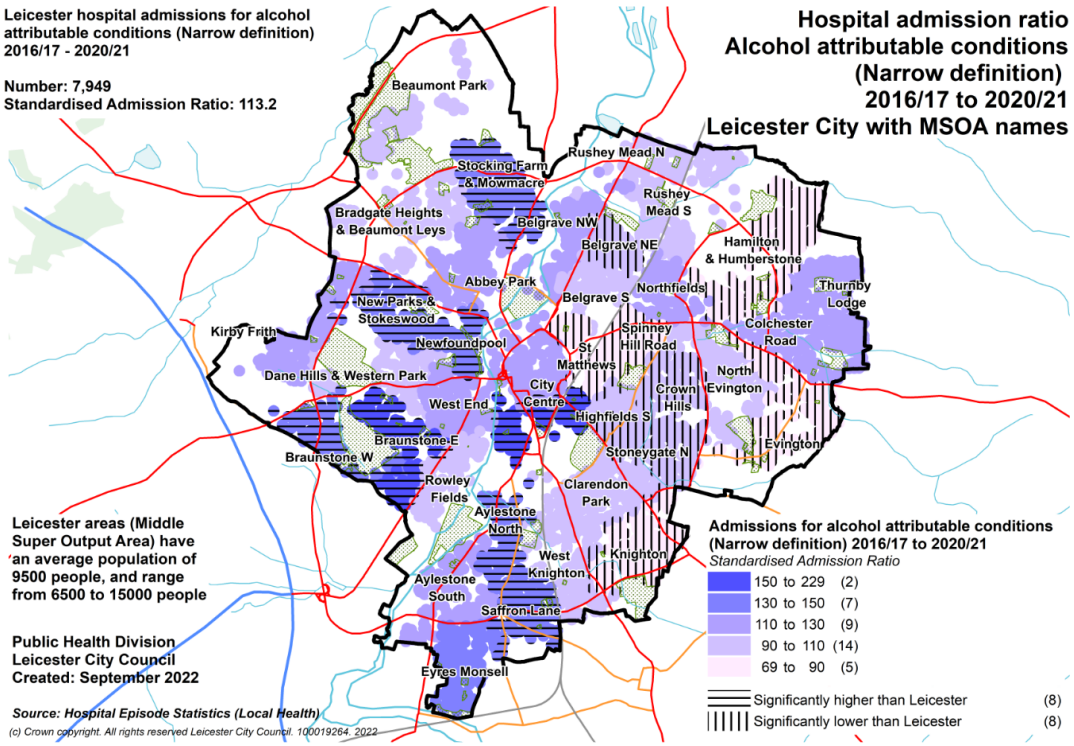


Figure 18: Admission episodes for alcohol-related conditions (narrow definition) in those aged 65+ by sex and time period for Leicester and England (2016/17 to 2020/21)[20]



Between 2016/17 and 2020/21 in Leicester there were 7,949 hospital admissions for alcohol attributable conditions (narrow definition). Figure 19 below shows that eight Middle Layer Super Output Areas (MSOAs) in Leicester have a significantly higher ratio of hospital admissions for alcohol attributable conditions (narrow definition) than Leicester in 2016/17-2020/21 and eight MSOAs have ratios which are significantly lower than the value for Leicester. Of the six locality areas across Leicester, in 2016/17 to 2020/21 the West and North West areas have the largest proportions of MSOAs where the ratio of hospital admissions for alcohol attributable conditions (narrow definition) is significantly higher than that of Leicester (3 out of 7 and 2 out of 5 of their MSOAs respectively), whilst the Central and East locality areas have the largest proportion of MSOAs where the ratio is significantly lower than that of Leicester overall (3 out of 7 and 2 out of 5 of their MSOAs respectively). The highest ratio of hospital admissions for alcohol attributable conditions (narrow definition) in 2016/17-2020/21 in Leicester was in the centre of the city in the Leicester City South MSOA with a ratio of 228.1 which was significantly higher than the value for Leicester overall (113.2). Of the eight MSOAs with ratios of hospital admissions for alcohol attributable conditions (narrow definition) which were significantly lower than the value for Leicester in 2016/17 to 2020/21, Evington (69.7) and Hamilton & Humberstone (74.0) in the East of the city and Knighton (78.5) in the South of the city had the lowest ratios.

Figure 19: Standardised Admission Ratio for alcohol attributable conditions (narrow definition) by MSOA in Leicester, 2016/17 to 2020/21[21]

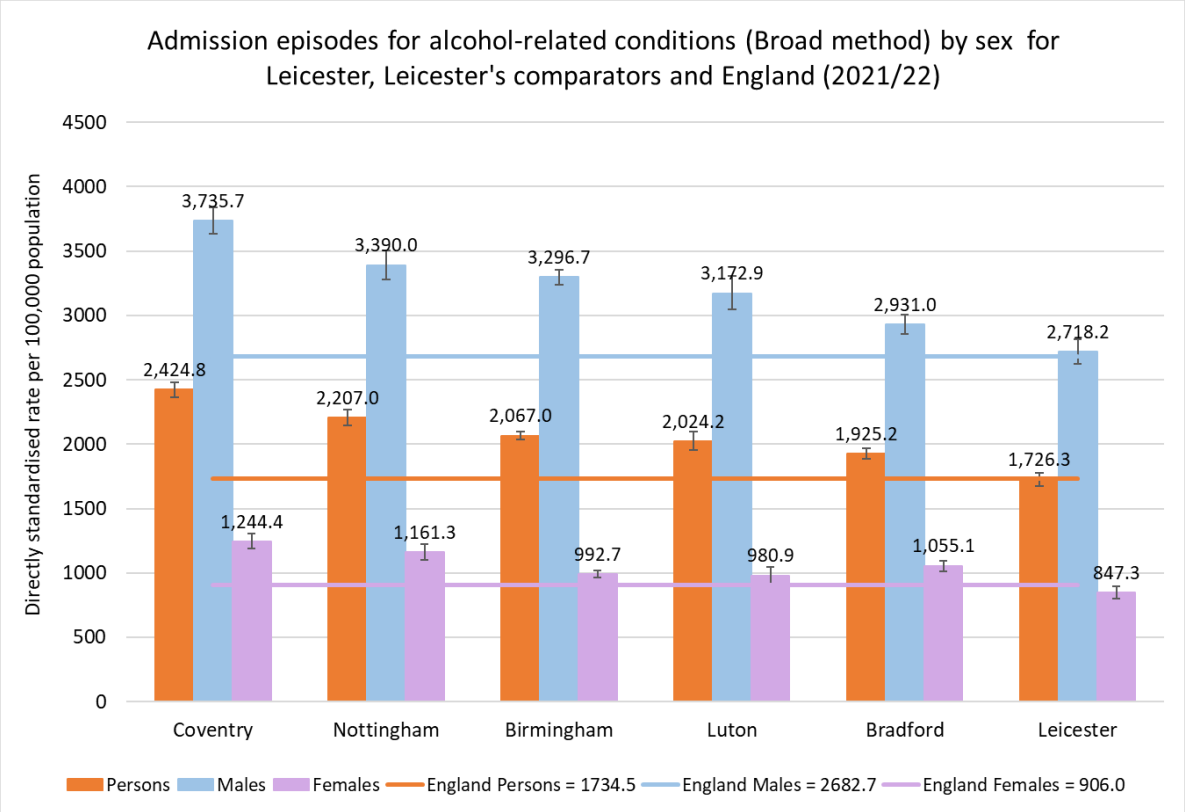


3.2.2.2 Admission episodes for alcohol-related conditions (broad measure)

In Leicester in 2021/22 there were 4,838 admission episodes for alcohol-related conditions when using the broad definition, 3,538 of these were in males and 1,299 were in females. Figure 20 shows that the rate of hospital admissions in Leicester in 2021/22 due to alcohol-related conditions (broad method) (1,726.3 per 100,000 population) was not significantly different to the rate in England overall (1,734.5 per 100,000 population). The rate in males in Leicester in 2021/22 (2,718.2 per 100,000 population) was not significantly different to the rate in males in England (2,682.7 per 100,000 population), whilst the rate in females in Leicester (847.3 per 100,000 population) was significantly lower (better) than the rate in females in England (906.0 per 100,000 population). The rate of admission episodes for alcohol-related conditions in Leicester in 2021/22 was significantly higher (worse) in males (2,718.2 per 100,000 population) than in females (847.3 per 100,000 population), this pattern was also witnessed across all of Leicester's comparator areas and in the rates in England overall. In 2021/22, Leicester had the lowest rate of admission episodes for alcohol-related conditions overall and in males and females when compared to it's comparators. The rate in Leicester overall and in males and females in Leicester was significantly lower than that of all of Leicester's comparator areas in 2021/22.

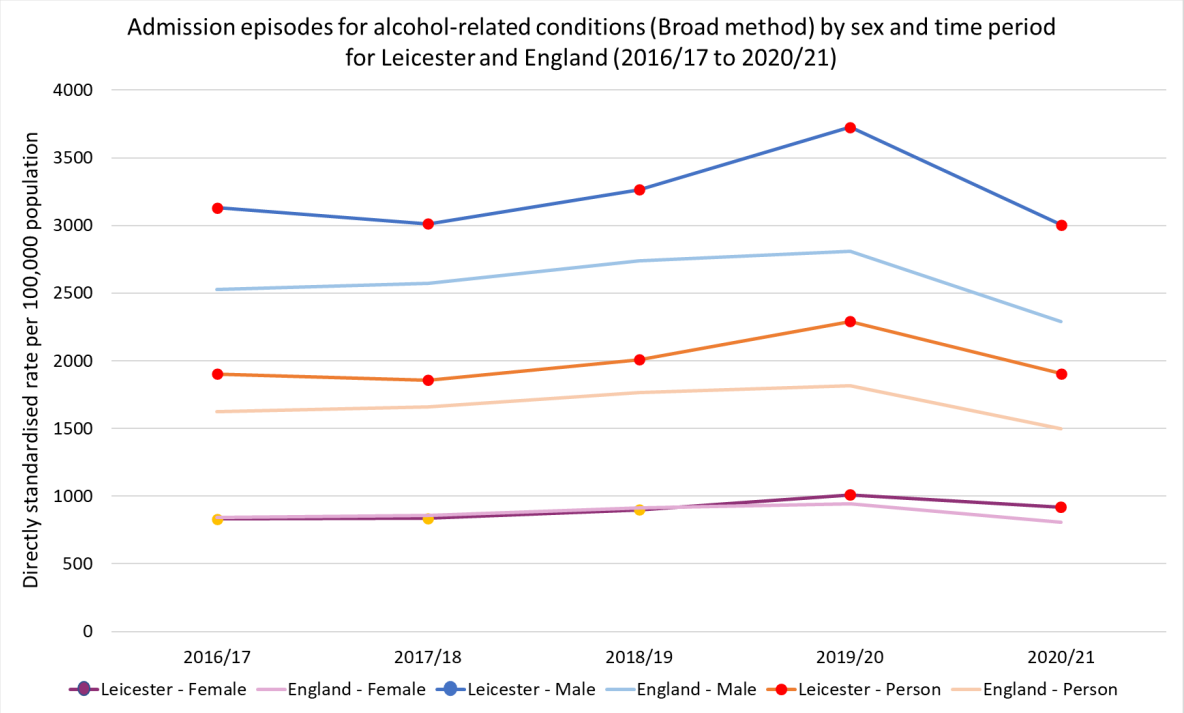
Note: Due to revisions in the data used to calculate the most recent rates for this indicator, the most recent data cannot be compared to data from previous time periods.

Figure 20: Admission episodes for alcohol-related conditions (Broad method) by sex for Leicester, Leicester's comparators and England (2021/22)[22]



In Leicester in 2020/21 there were 5,079 admission episodes for alcohol-related conditions (broad method), of which 3,778 were in males and 1,301 were in females. The rate of hospital admissions for alcohol-related conditions (broad method) is significantly higher (worse) for males than females in Leicester and in England in 2020/21. As shown in Figure 21, the rate of admission episodes for alcohol-related conditions (broad method) overall in Leicester and in males in Leicester has been significantly worse than the rate overall in England and in males in England since recording of the indicator began in 2016/17. Between 2016/17 and 2018/19, the rate of hospital admissions for alcohol-related conditions (broad method) in females in Leicester was not significantly different to the rate in females in England overall, since 2019/20 the rate in females in Leicester has been significantly worse than the value for females in England. Over the last five time periods up to 2020/21, the rate of hospital admissions in females in Leicester has shown an increasing and worsening trend. Following increasing trends between 2017/18 and 2019/20, the rate overall and in males and females decreased between 2019/20 and 2020/21.

Figure 21: Admission episodes for alcohol-related conditions (broad definition) by sex and time period for Leicester and England (2016/17 to 2020/21)[23]

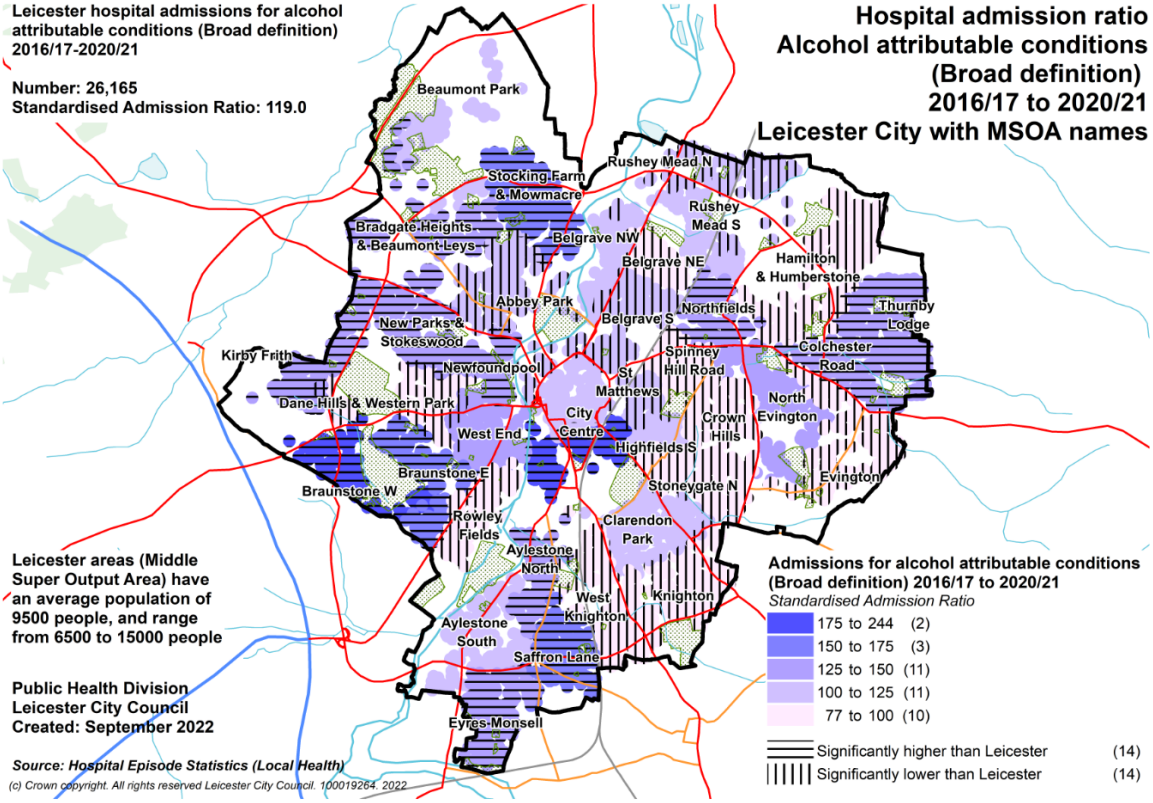


Note: A Standardised Admission Ratio is a measure of how likely a person is to have an admission to hospital compared to the standard population, in this case England. An SAR higher than 100 indicates that the area has a higher than average admission rate, lower than 100 indicators a lower than average admission rate.

In Leicester between 2016/17 and 2020/21, there were 26,165 admission episodes for alcohol attributable conditions (broad definition). Figure 22 below shows that 14 Middle Layer Super Output Areas (MSOAs) in Leicester have a significantly higher ratio of hospital admissions for alcohol attributable conditions (broad definition) than Leicester in 2016/17-2020/21 and 14 MSOAs have ratios which are significantly lower than the value for Leicester. Of the six locality areas across Leicester, in 2016/17 to 2020/21 the North West of the city has the largest proportion of MSOAs where the ratio of admissions for alcohol attributable conditions (broad definitions) is significantly higher than that of Leicester (3 out of its 5 MSOAs), whilst the North of the city has the largest proportion of MSOAs where the ratio is significantly lower than that of Leicester overall (4 out of its 7 MSOAs). The highest ratio of hospital admissions for alcohol attributable conditions (broad definition) in 2016/17-2020/21 in Leicester was in the centre of the city in the Leicester City South MSOA with a Standardised Admission Ratio of 243.4 which was significantly higher than the ratio for Leicester overall (119.0). Of the 14 MSOAs with ratios of hospital admissions for alcohol attributable conditions (broad definition) which were significantly lower than the value for Leicester in 2016/17-2020/21, Evington (77.4) in the East of the city, Knighton

(84.7) in the South of the city and Spinney Hill Road (88.9) in the North of the city had the lowest ratios.

Figure 22: Standardised Admission Ratio for alcohol attributable conditions (broad definition) by MSOA in Leicester, 2016/17 to 2020/21[24]



3.2.2.3 Mental and behavioural disorders due to use of alcohol (narrow measure)

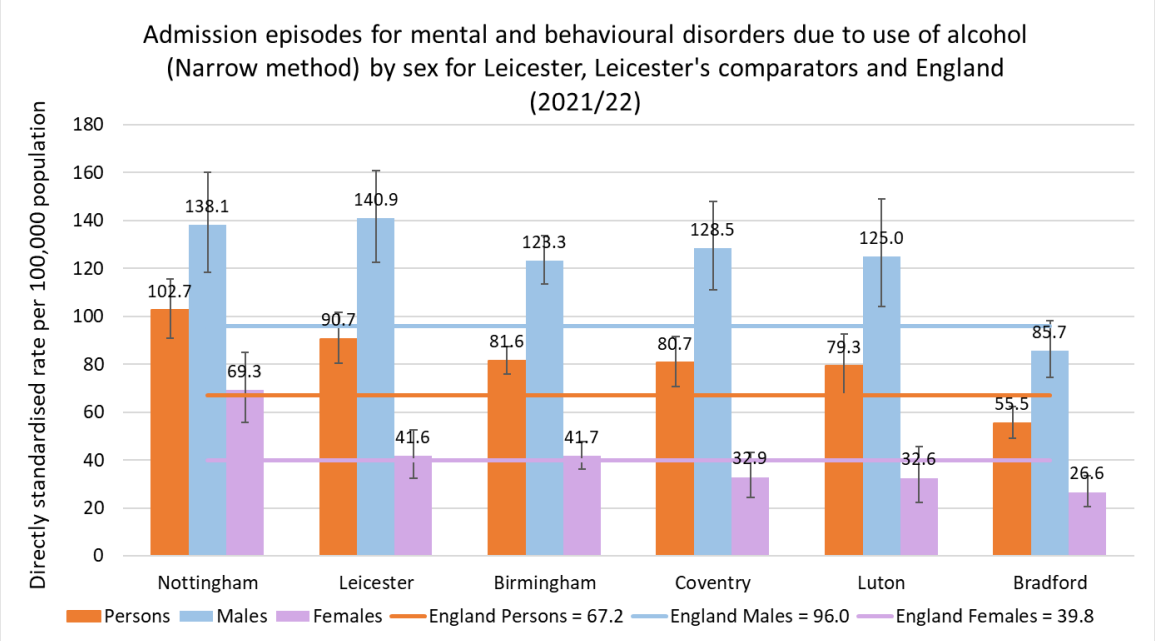
Admission episodes for mental and behavioural disorders due to use of alcohol (narrow method) examines where the primary diagnosis is an alcohol-attributable mental and behavioural disorder due to use of alcohol code (F10). The four character sub-divisions are used to give further detail to the diagnosis and are subdivided by the following: acute intoxication, harmful use, dependence syndrome, withdrawal state, withdrawal state with delirium, psychotic disorder, amnesic syndrome and residual and late-onset psychotic disorder. The diagnoses represent conditions that develop after repeated substance use or that are secondary to heavy consumption.

In Leicester in 2021/22 there were 298 admission episodes for mental and behavioural disorders due to the use of alcohol (narrow method), 225 of these were in males and 73 were in females. Figure 23 shows that the rate of hospital admissions in Leicester in 2021/22 for mental and behavioural disorders due to the use of alcohol (narrow method) (90.7 per 100,000 population) was significantly higher (worse) than the rate in England

overall (67.2 per 100,000 population). The rate in males in Leicester in 2021/22 (140.9 per 100,000 population) was significantly higher than the rate in males in England (96.0 per 100,000 population), whilst the rate in females in Leicester (41.6 per 100,000 population) was not significantly different to the rate in females in England (39.8 per 100,000 population). The rate of admission episodes for mental and behavioural disorders due to use of alcohol (narrow method) in Leicester in 2021/22 was significantly higher (worse) in males (140.9 per 100,000 population) than in females (41.6 per 100,000 population), this pattern was also witnessed across all of Leicester's comparator areas in the rates in England overall. In 2021/22, Leicester had the second highest rate of admission episodes for mental and behavioural disorders due to use of alcohol (narrow method), the highest rate in males and the third highest in females when compared to it's comparator areas. The rate in Leicester overall (90.7 per 100,000 population) and in Leicester males (140.9 per 100,000 population) was significantly higher than that of Bradford overall (55.5 per 100,000 population) and Bradford males respectively (85.7 per 100,000 population). The rate in Leicester females (41.6 per 100,000 population) was significantly lower than in females in Nottingham (69.3 per 100,000 population).

Note: Due to revisions in the data used to calculate the most recent rates for this indicator, the most recent data cannot be compared to data from previous time periods.

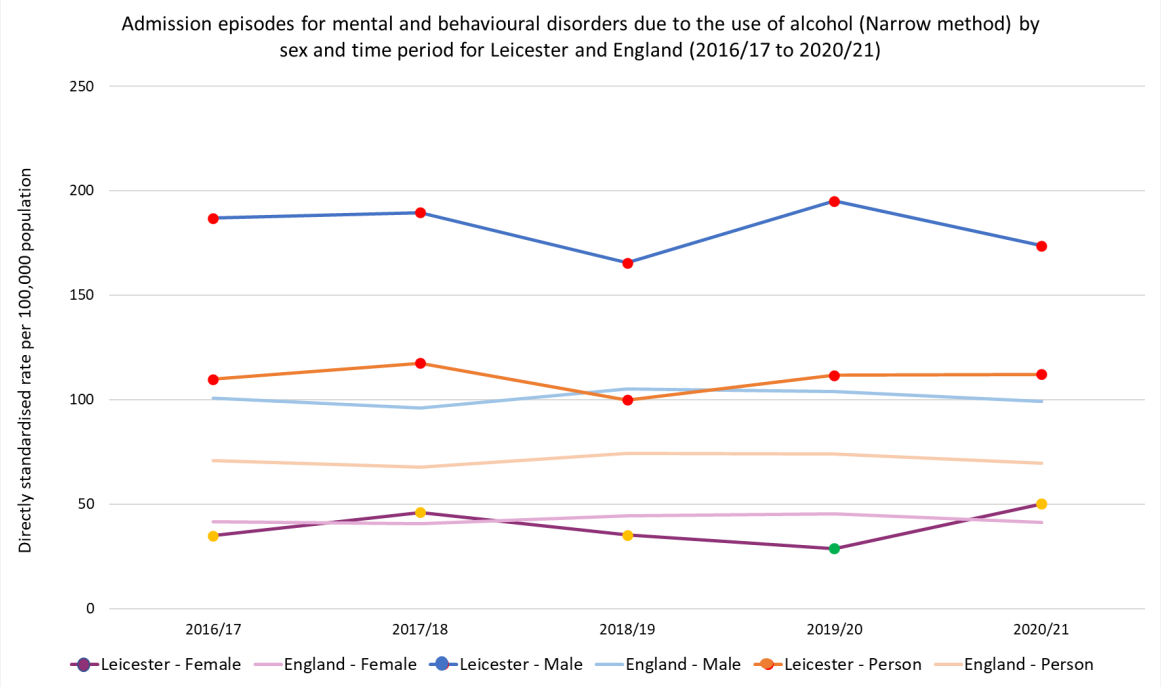
Figure 23: Admission episodes for mental and behavioural disorders due to use of alcohol (narrow definition) by sex for Leicester, Leicester's comparators and England (2021/22)[25]



In 2020/21 in Leicester there were 333 admission episodes for mental and behavioural disorders due to the use of alcohol when using the narrow measure, of which 256 were in males and 77 were in females. As shown in Figure 24, in Leicester and England the rate of admission episodes for mental and behavioural disorders due to the use of alcohol (narrow

method) is significantly higher (worse) in males than in females. The rate in Leicester overall and in Leicester males has been significantly higher than the rate in England overall and in England males respectively since recording of the indicator began in 2016/17. The rate in females in Leicester has not been significantly different to the rate in females in England overall since 2016/17, with the exception of 2019/20 where the rate in females in Leicester was significantly lower (better) than the rate in females in England. Over the last five time periods up to 2020/21 there has been no significant change in the rate of hospital admission episodes for mental and behavioural disorders due to the use of alcohol (narrow method) in Leicester in males or females.

Figure 24: Admission episodes for mental and behavioural disorders due to the use of alcohol (narrow method) by sex and time period for Leicester and England (2016/17 to 2020/21)[26]



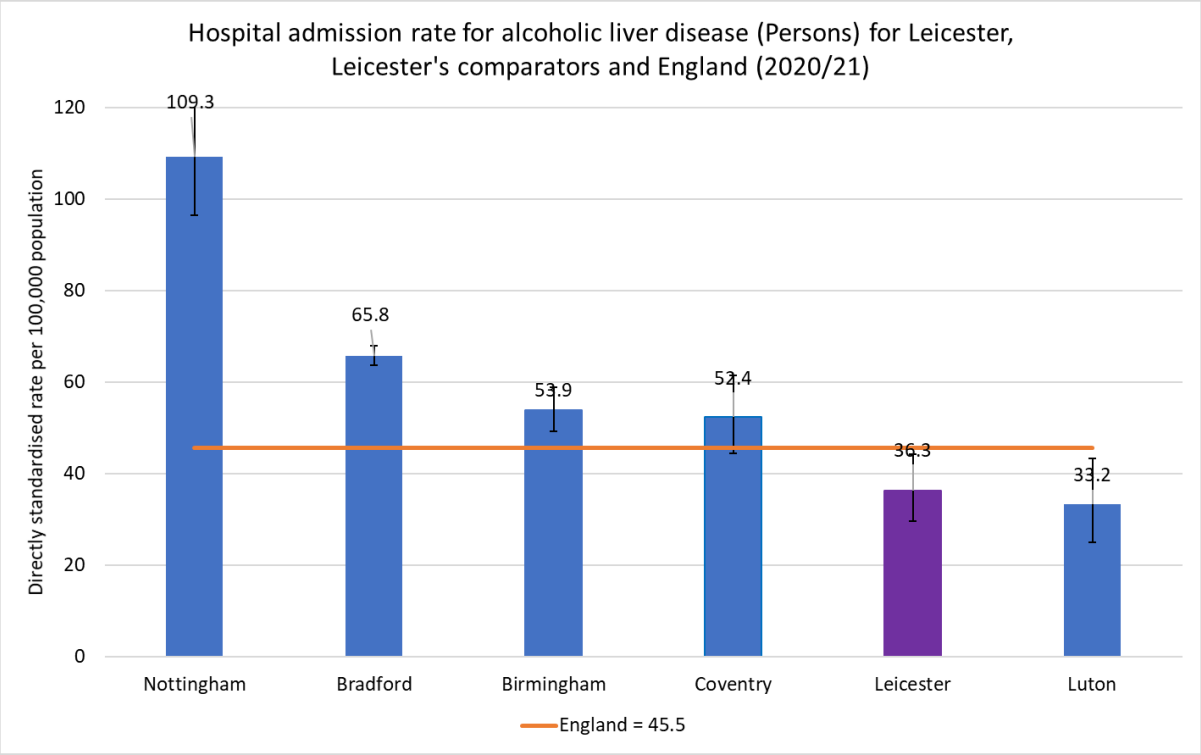
3.2.2.4 Hospital admission episodes for alcoholic liver disease

Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Much of liver disease is influenced by alcohol consumption and obesity prevalence, both of which are amenable to public health interventions. Increasing and higher risk drinkers are between 3-10 times more likely to develop liver cirrhosis compared to non-drinkers.

Figure 25 examines the hospital admission rate for alcoholic liver disease defined as the number of hospital admissions due to alcoholic liver disease with a primary diagnosis of ICD10 code K70 (any 4th digit). In 2020/21 in Leicester there were 100 hospital admissions

for alcoholic liver disease. The figure shows that in 2020/21 the rate in Leicester (36.3 per 100,000 population) was significantly lower (better) than that of England (45.5 per 100,000 population). The rate of hospital admissions or alcoholic liver disease in Leicester in 2020/21 was significantly lower (better) than that of Nottingham (109.3 per 100,000 population), Bradford (65.8), Birmingham (53.9) and Coventry (52.4).

Figure 25: Hospital admission episodes for alcoholic liver disease (Persons) for Leicester, Leicester's comparators and England (2020/21)[27]



In Leicester in 2020/21 there were 70 hospital admissions for alcoholic liver disease in males and 30 in females. Figure 26 shows that in 2020/21 the rate of admission episodes for alcoholic liver disease in Leicester was significantly higher (worse) in males (50.7 per 100,000 population) than in females (22.3 per 100,000 population), this pattern was also witnessed in England overall (males: 61.7 per 100,000 population, females: 30.1 per 100,000 population). There were no significant differences between the rate of hospital admissions for alcoholic liver disease in males or females between Leicester and England. Over the last five time periods the rate of admissions for alcoholic liver disease in England has shown a significant increasing and worsening trend for both males and females. In Leicester, there has been no significant change in the trend of rates in males and females within the same time period. This is particularly interesting as despite the significantly high level of alcohol-related hospital admissions in the local population and this high sustained level of activity particularly for males, this trend is not reflected in alcoholic liver disease admissions.

Figure 26: Hospital admission episodes for alcoholic liver disease for Leicester and England by sex and time period (2010/11 to 2020/21)

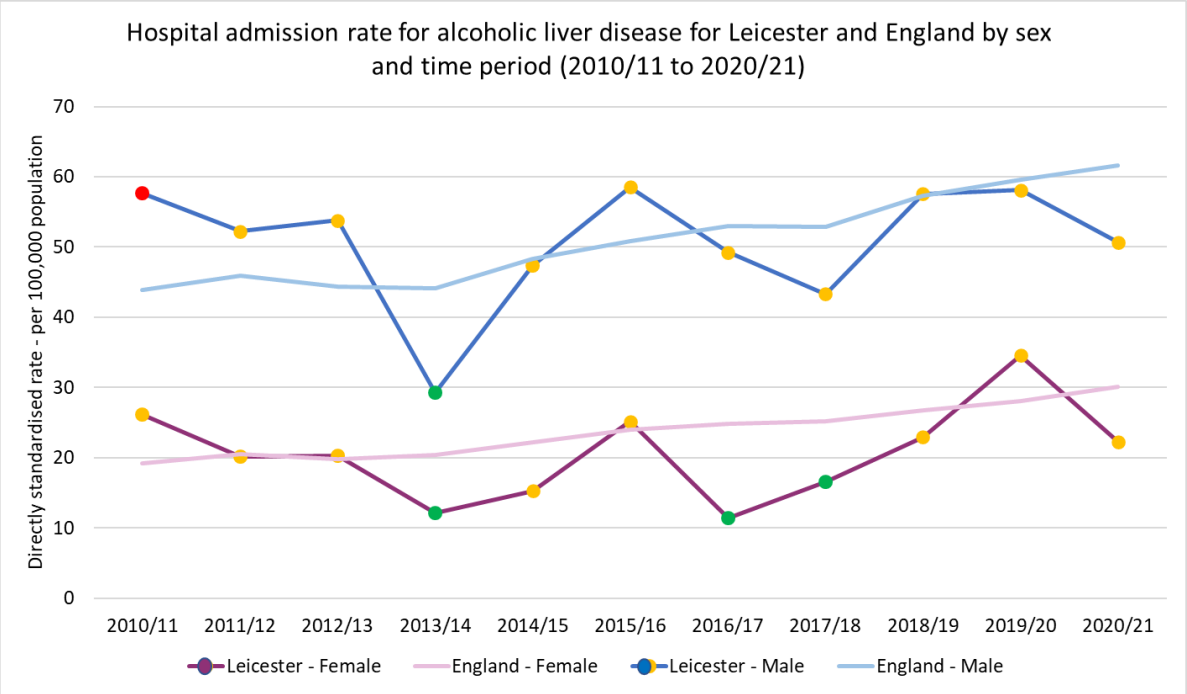
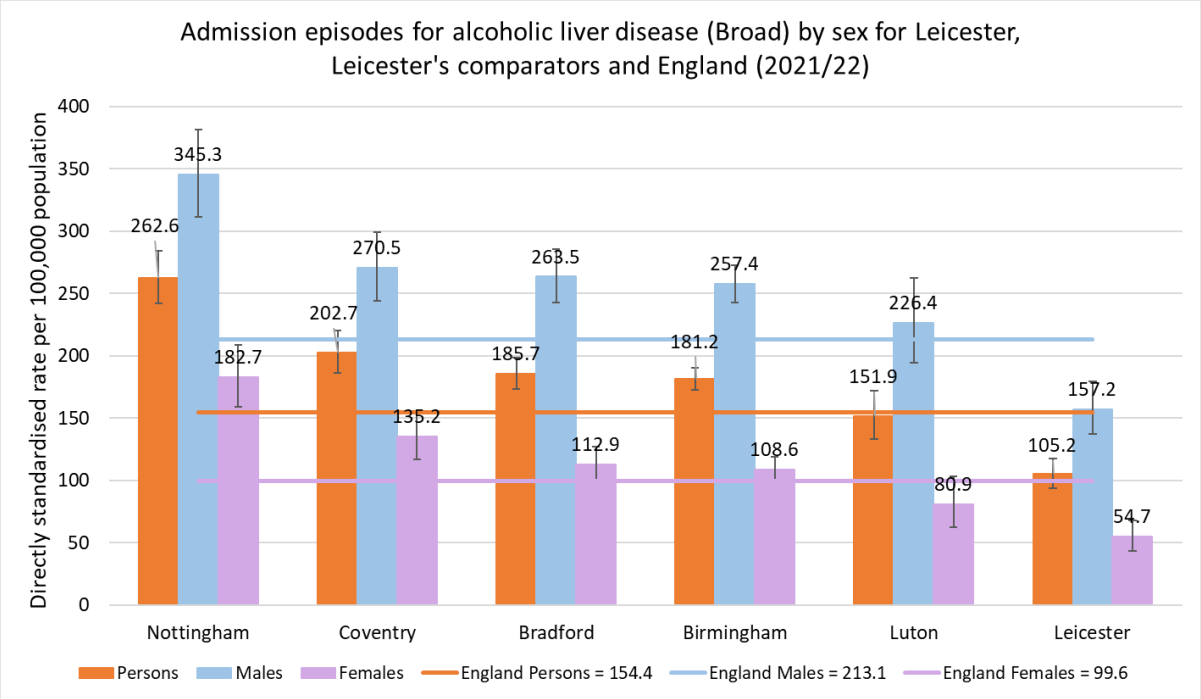


Figure 27 examines admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable alcoholic liver disease code (K70). In Leicester in 2021/22 there were 317 admission episodes for alcoholic liver disease (broad definition), 232 of these were in males and 85 were in females. The rate of hospital admissions in Leicester in 2021/22 for alcoholic liver disease (broad definition) (105.2 per 100,000 population) was significantly lower (better) than the rate in England overall (154.4 per 100,000 population). In Leicester in 2021/22 the rates in males (157.2 per 100,000 population) and females (54.7 per 100,000 population) were also significantly lower (better) than the rates in males and females in England overall (males: 213.1 per 100,000 population, females: 99.6 per 100,000 population). The rate of admission episodes for alcoholic liver disease (broad definition) in Leicester in 2021/22 was significantly higher (worse) in males (157.2 per 100,000 population) than in females (54.7 per 100,000 population), this pattern was also witnessed across all of Leicester's comparators and in the rates in England. In 2021/22, Leicester had the lowest rate of admission episodes for alcoholic liver disease (broad definition) overall and in males and females when compared to it's comparators. In 2021/22 the rate in Leicester was significantly lower than the rate in all of Leicester's comparators, this was also the case for the rate in males in Leicester. The rate in females in Leicester was significantly lower than the rate in females in all of Leicester's comparators with the exception of Luton, where there was no significant difference between the rate in females in Leicester.

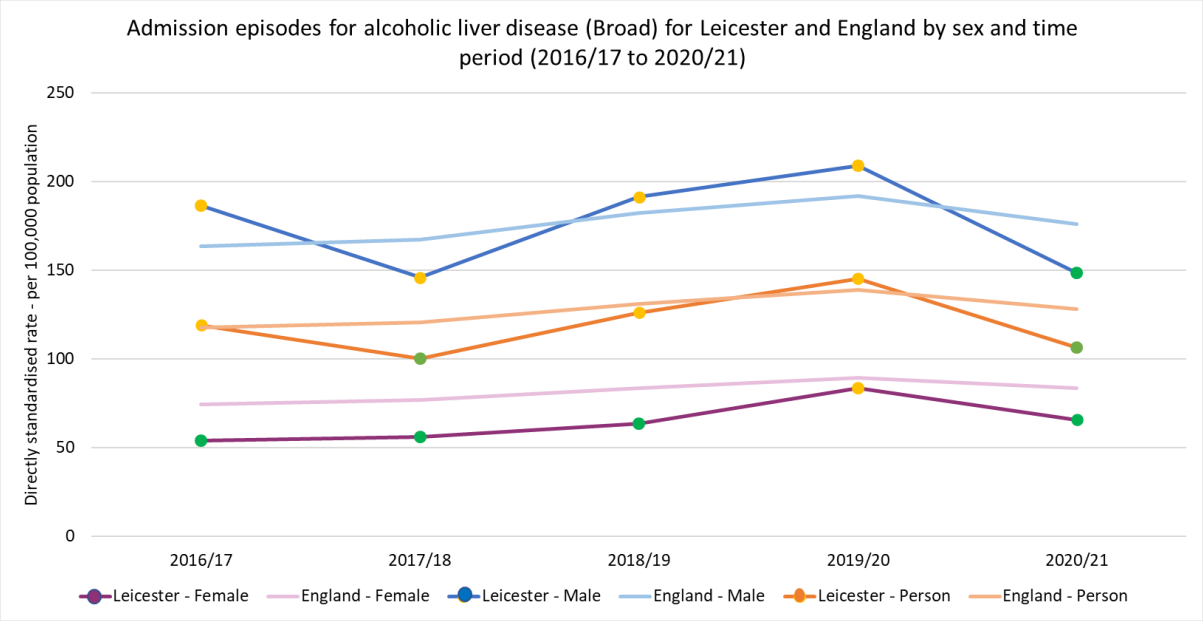
Note: Due to revisions in the data used to calculate the most recent rates for this indicator, the most recent data cannot be compared to data from previous time periods.

Figure 27: Admission episodes for alcoholic liver disease (Broad) by sex for Leicester, Leicester's comparators and England (2021/22)[28]



In 2020/21 in Leicester there were 317 admission episodes for alcoholic liver disease using the broad definition, of these 232 were in males and 85 were in females. Figure 28 shows that the rate in Leicester has fluctuated between 2016/17 and 2020/21. The rate in Leicester was significantly lower (better) than the rate in England in 2017/18 and 2020/21 and was not significantly different to the rate in England in 2016/17, 2018/19 and 2019/20. The rate of admission episodes for alcoholic liver disease (Broad) in males in Leicester decreased between 2016/17 and 2017/18 before showing an increasing trend to a peak in 2019/20, following this peak the rate in males in Leicester decreased significantly in 2020/21 when the rate in Leicester males was significantly lower (better) than the rate in England males. The rate of admission episodes for alcoholic liver disease (Broad) in females in Leicester has been significantly lower (better) than the rate in females in England since recording of the indicator began in 2016/17, with the exception of 2019/20 where the rate in females in Leicester was not significantly different to the rate in females in England. The rate of admission episodes for alcoholic liver disease (Broad) in females in Leicester showed an increasing trend from the lowest rate recorded in 2016/17 to a peak in 2019/20, following this increase the rate in females in Leicester declined in 2020/21.

Figure 28: Admission episodes for alcoholic liver disease (broad) for Leicester and England by sex and time period (2016/17 to 2020/21)[29]



3.3 MORTALITY

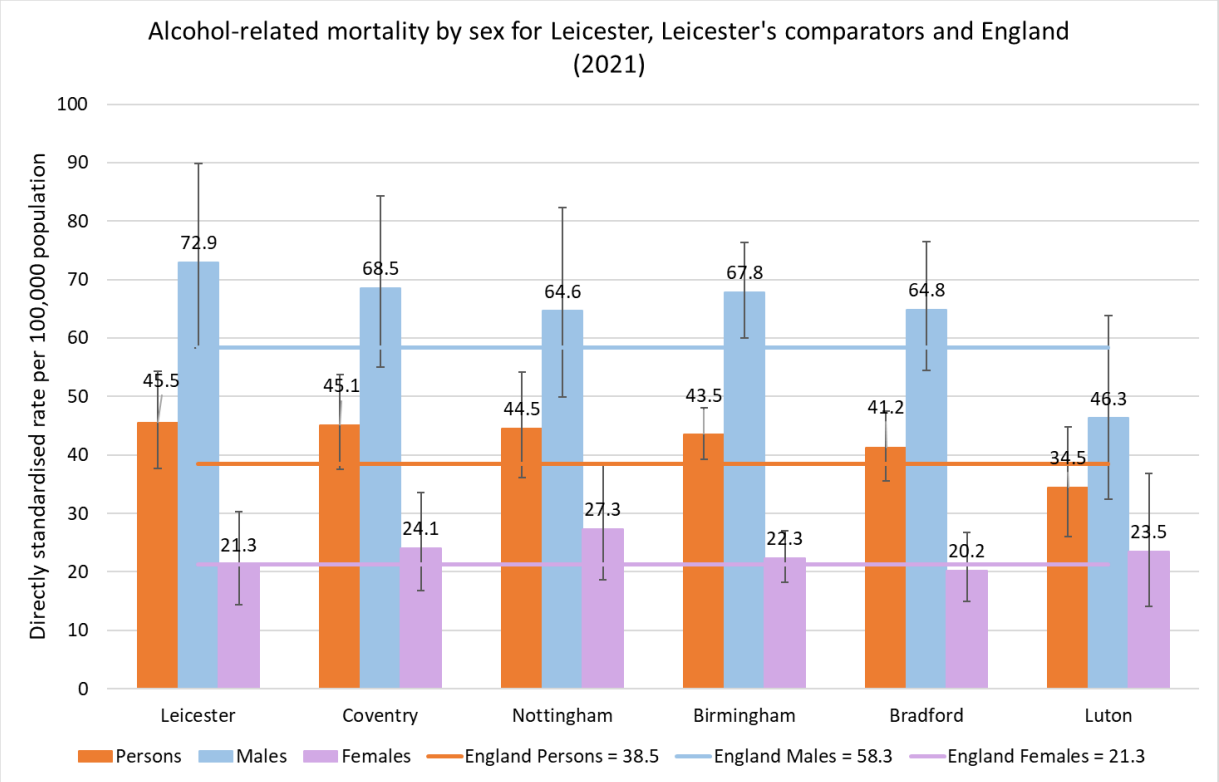
3.3.1 ALCOHOL-RELATED MORTALITY

Deaths from alcohol-related conditions are based on underlying cause of death. Each alcohol related death is assigned an alcohol attributable fraction based on underlying cause of death (and all cause of deaths fields for the conditions: ethanol poisoning, methanol poisoning, toxic effect of alcohol).

In Leicester in 2021 there were 125 deaths from alcohol-related conditions, 94 of these were in males and 31 were in females. Figure 29 shows that the alcohol-related mortality rate in Leicester in 2021 (45.5 per 100,000 population) was not significantly different to the rate in England overall (38.5 per 100,000 population). The rate in males in Leicester in 2021 (72.9 per 100,000 population) was significantly higher (worse) than in males in England (58.3 per 100,000 population), whilst the rate in females in Leicester (21.3 per 100,000 population) was not significantly different to the rate in females in England (21.3 per 100,000 population). The alcohol-related mortality rate in Leicester in 2021 was significantly higher (worse) in males (72.9 per 100,000 population) than in females (21.3 per 100,000 population), this pattern was also witnessed across all of Leicester's comparator areas and in the rates in England. In 2021, Leicester had the highest rate of alcohol-related mortality overall and in males and had the second lowest rate in females when compared to it's comparators. The alcohol-related mortality rates in Leicester overall and in males and females were not significantly different to the rates in Leicester's comparator areas.

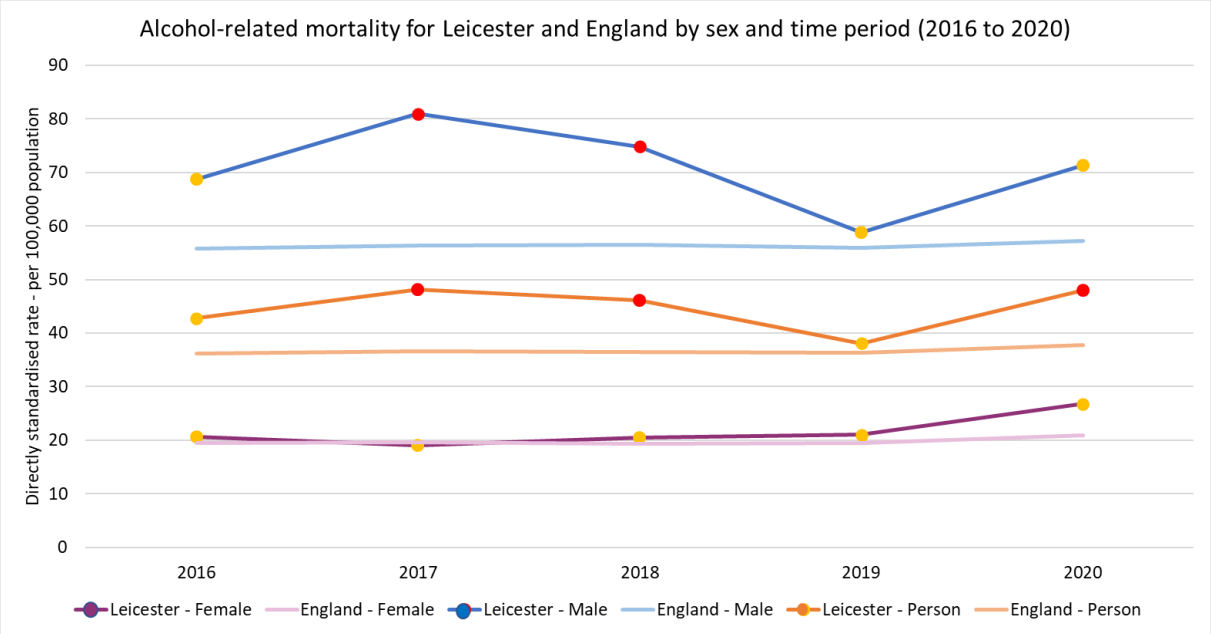
Note: Due to revisions in the data used to calculate the most recent rates for this indicator, the most recent data cannot be compared to data from previous time periods.

Figure 29: Alcohol-related mortality by sex for Leicester, Leicester's comparators and England (2021)[30]



In Leicester in 2020 there were 125 deaths from alcohol-related conditions, 90 of these were in males and 35 were in females. Alcohol-related mortality in Leicester was significantly higher (worse) than the rate in England in 2020, as well as in 2017 and 2018. As shown in Figure 30, rates of alcohol-related mortality are significantly higher in males than in females in Leicester and in England. Since recording of the indicator began in 2016, rates for women have been less than half those for men in both Leicester and England. The alcohol-related mortality rate in females in Leicester has not been significantly different to the rate for females in England since recording of the indicator began. For males, the alcohol-related mortality rate in Leicester has not been significantly different to the rate for England for the previous two years, before which the rate in Leicester was significantly worse than England for two years. Over the last five time periods up to 2020 there has been no significant change in the rate of alcohol-related mortality in males or females in Leicester.

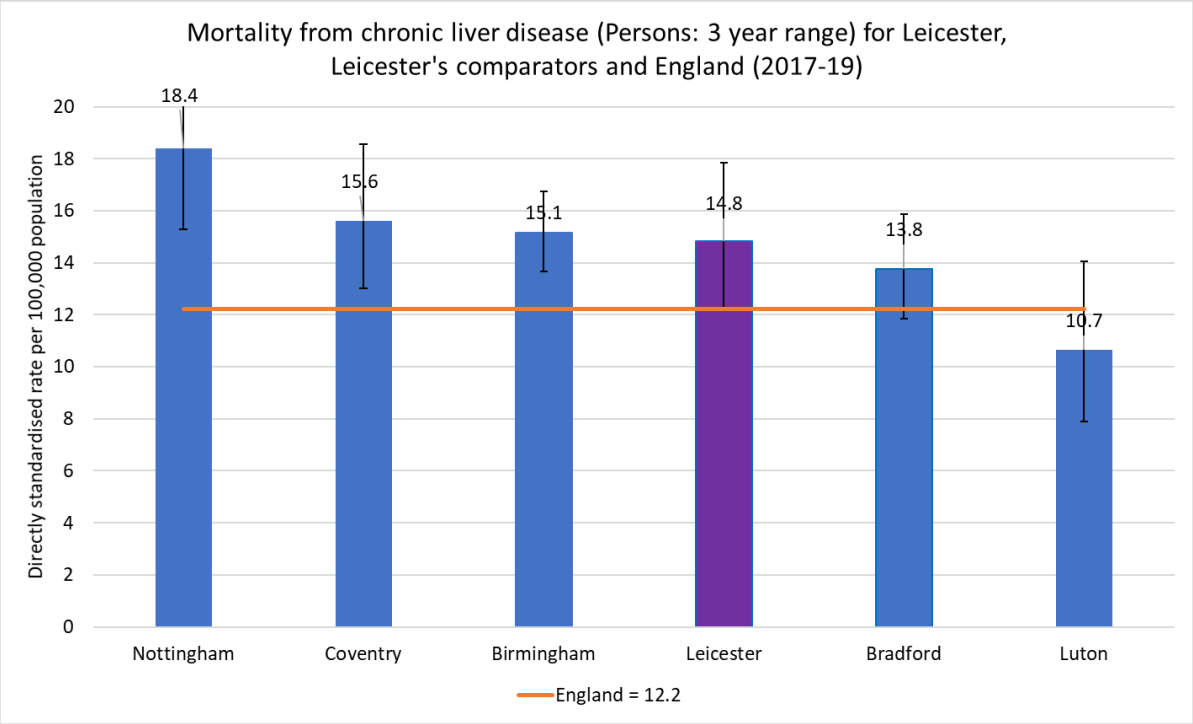
Figure 30: Alcohol-related mortality for Leicester and England by sex and time period (2016 to 2020)[31]



3.3.2 MORTALITY FROM CHRONIC LIVER DISEASE

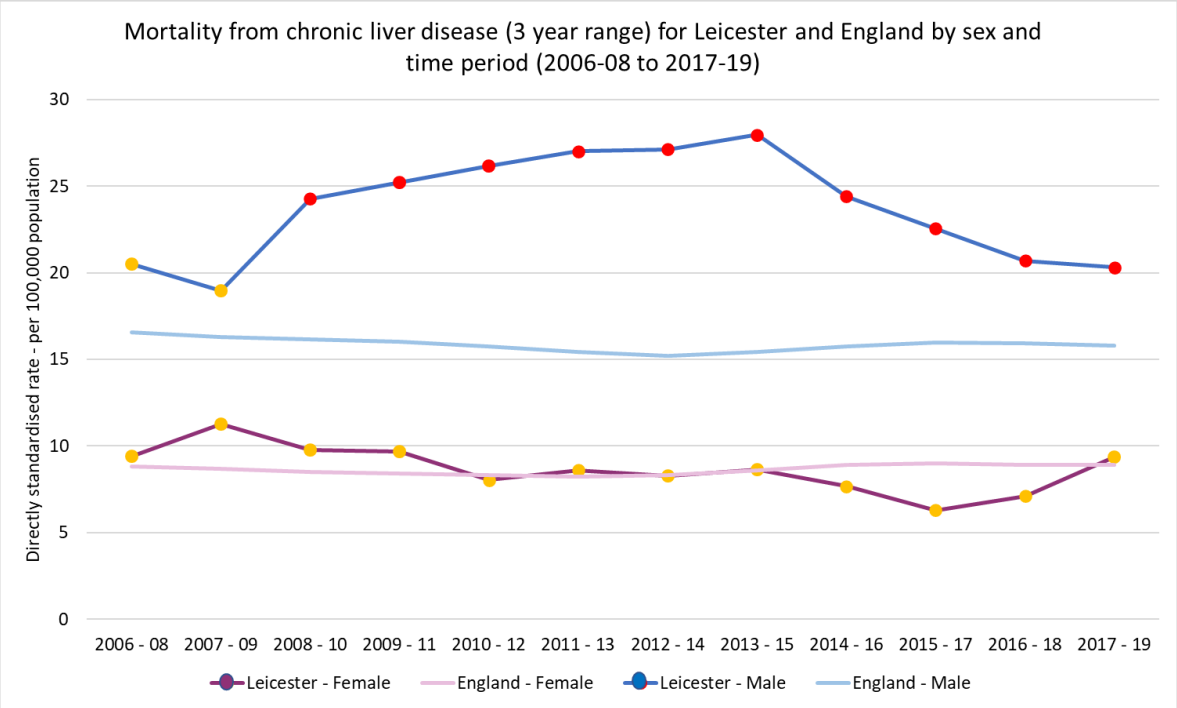
In 2017-19 in Leicester there were 114 deaths from chronic liver disease. The mortality rate from chronic liver disease in Leicester in 2017-19 (14.8 per 100,000 population) was not significantly different to the rate for England overall (12.2 per 100,000 population). As shown in Figure 31, the rate in Leicester was also not significantly different to any of it's comparators in 2017-19.

Figure 31: Mortality from chronic liver disease in Leicester, Leicester's comparators and England (2017-19)[32]



In 2017-19 in Leicester there were 76 deaths from chronic liver disease in males and 38 in females. Figure 32 shows that between 2008-10 and 2017-19 the rate of mortality from chronic liver disease in males in Leicester was significantly higher (worse) than the rate in males in England. The rate of mortality from chronic liver disease in females in Leicester has not been significantly different to the value for England since recording of the indicator began in 2006-08. Between 2006-08 and 2017-19 the rate of mortality from chronic liver disease has been significantly higher in males than in females in both Leicester and England, with the exception of 2007-09 where the rate in males in Leicester was not significantly different to the rate in females in Leicester. Following a decrease between 2006-08 and 2007-09, the rate of mortality from chronic liver disease in males in Leicester showed an increasing trend between 2007-09 and 2013-15. Following this the rate in males in Leicester decreased each time period between 2013-15 and 2017-19. In comparison, the rate in males in England remained fairly consistent. In females in Leicester the rate of mortality from chronic liver disease increased between 2006-08 and 2007-09 before showing a decreasing trend between 2007-09 to 2010-12. Between 2010-12 and 2013-15 the rate remained fairly stable before decreasing between 2013-15 and 2015-17 and then showing an increasing trend more recently since 2015-17.

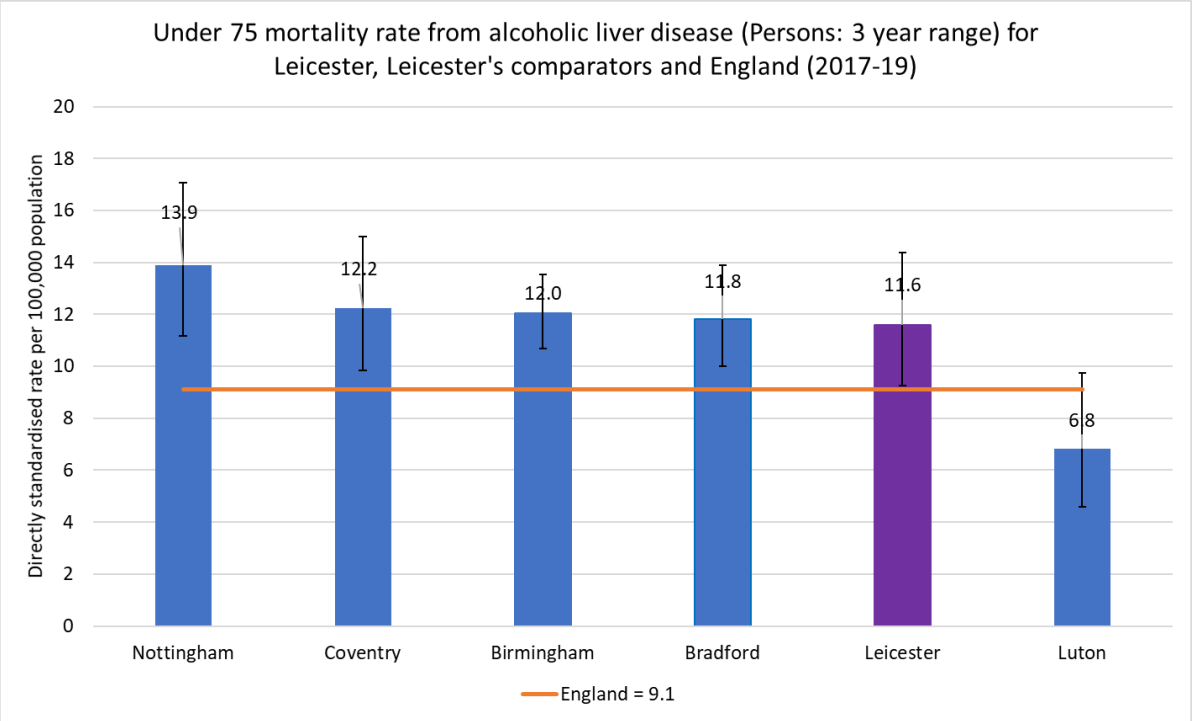
Figure 32: Mortality from chronic liver disease for Leicester and England by sex and time period (2006-08 to 2017-19)[33,34]



3.3.3 MORTALITY FROM ALCOHOLIC LIVER DISEASE

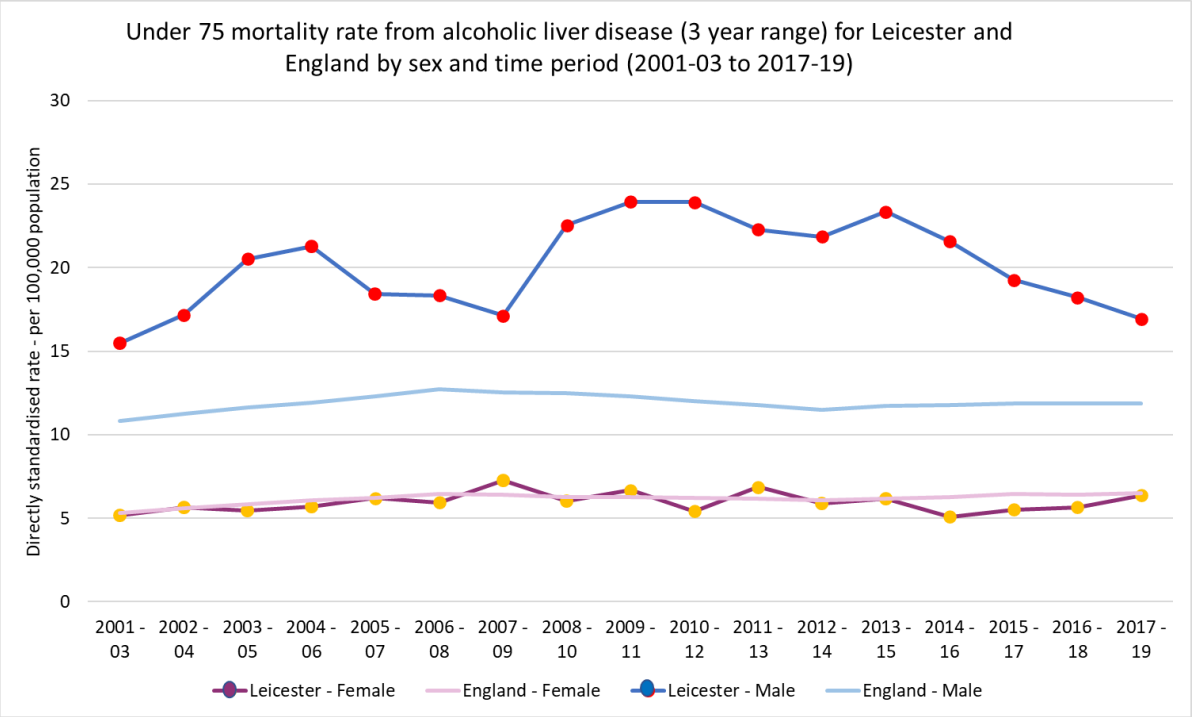
As shown in Figure 33, the under 75 mortality rate from alcoholic liver disease in Leicester in 2017-19 (11.6 per 100,000 population) was significantly higher (worse) than that of England (9.1 per 100,000 population). Leicester had the second lowest rate of it's comparators, although the rate in Leicester was not significantly different to any of it's comparators.

Figure 33: Under 75 mortality rate from alcoholic liver disease (Persons: 3 year range) for Leicester, Leicester's comparators and England (2017-19)[35]



As shown in Figure 34, under 75 mortality rate from alcoholic liver disease has been significantly higher in males than in females in Leicester and in England since recording of this indicator began in 2001-03. The under 75 mortality rate from alcoholic liver disease in females in Leicester has not been significantly different to the rate for females in England since recording of the indicator began. The under 75 mortality rate from alcoholic liver disease in males in Leicester has been significantly higher (worse) than the rate in males in England since 2001-03. Over the last 5 time periods the rate in males in Leicester has decreased year on year from 23.4 per 100,000 population in 2013-15 to 16.9 per 100,000 population in 2017-19. The rate in females in Leicester decreased from 6.2 per 100,000 population in 2013-15 to 5.1 per 100,000 in 2014-16, before increasing year on year to 6.4 per 100,000 in 2017-19.

Figure 34: Under 75 mortality rate from alcoholic liver disease (3 year range) for Leicester and England by sex and time period (2001-03 to 2017-19)[36,37]



3.4 IMPACT OF COVID-19

At a national level before the pandemic, there were already increased alcohol-related hospital admissions and deaths. The pandemic seems to have accelerated these trends. In 2020, the rates of unplanned admissions to hospital for alcohol specific causes decreased by 3.2% compared to 2019, which is related to reduced admissions for mental and behavioural disorders due to alcohol use. In 2020, there was a 20.0% increase in total alcohol specific deaths compared to 2019. This was brought about by increases in deaths from alcoholic liver disease, which accounted for 80.3% of total alcohol specific deaths in 2020 and saw a 20.8% increase between 2019 and 2020. Deaths from mental and behavioural disorders due to alcohol increased by 10.8% (compared to a 1.1% increase between 2018 and 2019), and deaths from alcohol poisoning increased by 15.4% (compared to a decrease of 4.5% between 2018 and 2019).

Although alcohol related cirrhosis can take a decade or more to develop, most deaths occur as a result of acute-on-chronic liver failure due to recent alcohol intake, which is strongly linked to heavy drinking. Liver mortality rates respond rapidly to changes in population level alcohol consumption and particularly to changes in drinking patterns of heavy drinkers, as was seen during this pandemic. Liver mortality rates in England have increased by 43% between 2001 and 2019, so that liver disease is now the second leading disease causing premature death among people of working age.

At a local level, during the pandemic, admissions for alcohol specific and alcohol-related admissions saw a decline, however this is likely related to the 'lockdown effect' where people reported avoiding hospitals to ease pressure on them and as they were concerned hospitals were high-risk settings for catching COVID-19. Annual increases were witnessed in alcohol specific mortality, alcohol related mortality and mortality due to chronic liver disease. Surveillance of data indicators is required to understand the longer-term impact of the pandemic on the drinking levels locally and to understand if commissioned services are equipped to deal with the current and projected level of need.

4. CURRENT SERVICES IN RELATION TO NEED

- **Turning Point** provide substance use treatment services for children, young people and adults. This includes treatment, advice and guidance, recovery support, access to rehab and harm reduction services such as needle exchange and BBV prevention and treatment.

- **Inpatient detox**: The Level is a block contract with Framework Housing Association based in Nottingham. The service provides 10-day detox for drug or alcohol users as part of their recovery journey. Referrals are made by Turning Point and users either go onto residential rehab or receive aftercare in the community. This is a vital step to recovery. Throughout 2020/21 and 2021/22, 63 and 74 service users were admitted to the inpatient detox unit for stabilisation and withdrawal. Although there was an increase in users between 2020/21 and 2021/22, the under-utilisation of bed days is a cause for concern. The latest annual percentage of utilisation stands at 55.4% in 2020/21 and 57.3% in 2021/22. The percentage of service users admitted for alcohol withdrawal has increased (although not significantly) from 51% in 2020/21 to 55% in 2021/22.[38]
- **No.5 Recovery Hub:** This is provided by Inclusion Healthcare. The service provides recovery support for people who are street drinking or using drugs including those with a street lifestyle. The service aims to reduce the harms for those with complex needs and to support them into treatment. The centre has a wet room where those with alcohol dependency issues can drink under supervised conditions to ensure safer drinking and creating an environment to engage them with treatment services. The service also provides health interventions (e.g. flu-jabs), skill-based sessions (e.g. computer skills, nutrition) and on-site access to other services such as DWP. It offers a daily Monday to Friday drop-in service for those on the streets who are struggling with alcohol and other substance use problems. Food is served from 8am in the morning and there are also washing and laundry facilities available.

  There has been a decrease in total attendees to No.5 witnessed from Q4 2020/21. This was expected as the service was co-located with the Y during COVID-19 pandemic. When examined by service user, the reduction in access in 2021/22 was largely due to a reduction in non-street drinkers, whereas the number of street drinkers has remained static. In 2021/22, a decrease in active street drinking clients no longer street drinking was witnessed,

at the same time as an increase of active street drinking clients showing a major reduction in street drinking. Historic data has shown these indicators have tended to show an inverse relationship.

- There is a developing recovery community in Leicester City, in particular through the work of "**Dear Albert"**, which develops mutual aid facilitation through its 'you do the MAFs' (Mutual Aid Facilitation) courses, and more recently through 'SPEAR' that provide welfare advice. This community is independent of treatment services but is commissioned by Turning Point.

- **Hospital Liaison Team for Alcohol** services: This service is delivered by Turning Point and aims to work with patients attending secondary care for urgent and planned care, who are identified as harmful or dependent drinkers or those who attend as a direct result of alcohol related harm. The team provides specialist assessment and intervention, as well as initiating a supportive treatment plan and a referral into community based alcohol treatment services for post discharge specialist support when required. Close management of patients who are identified as "frequent attenders" is also examined.
- **Recovery communities** help support those recovering from drug and alcohol addiction through a range of activities such as therapy, counselling, peer mentoring, employment training and social activities. Alcoholic Anonymous, Narcotics Anonymous and Spinney Hill Drug Alcohol and Recovery support all provide support in the city. Recovery networks are available for certain population groups, for example the Sikh Recovery Network.
- **Unity House** provided by Home Group is an accommodation service that houses up to eleven people in two shared accommodation properties on two sites. It provides one to one support from a dedicated link worker, structured support and activities that are designed to support people to recover from drug and alcohol use or for those who wish to continue their abstinence. In addition, there is also support from Progress House which is based in the community, offering more independence whilst still benefiting from a wider support system.

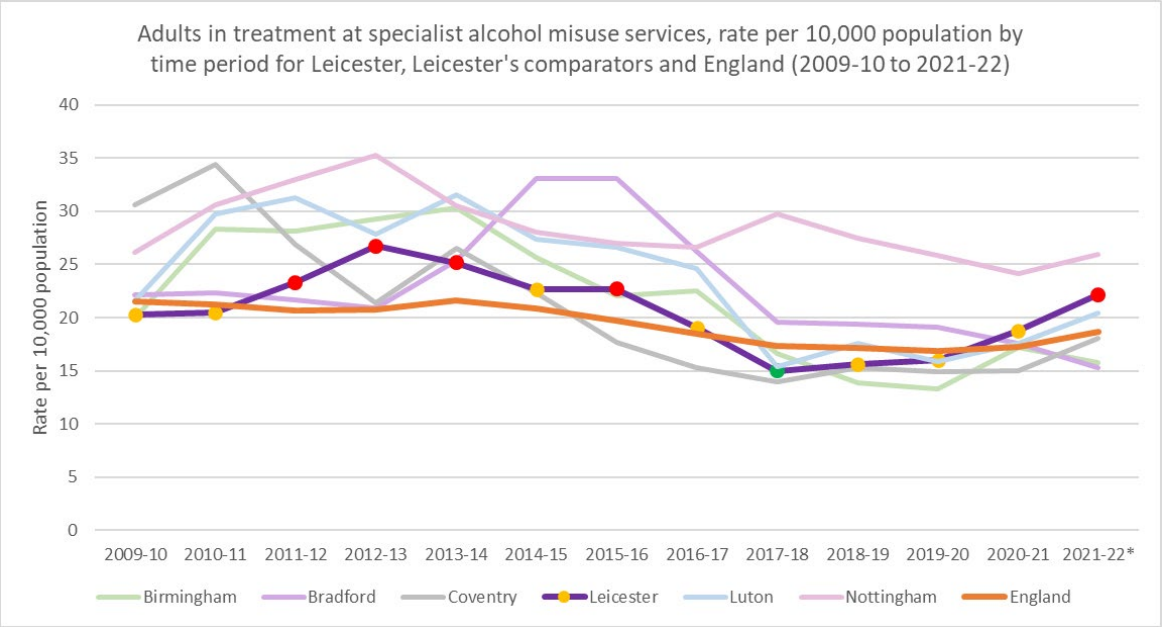
5. SERVICE USER PROFILE

The data below examines information about adults (aged 18+) who are receiving structured alcohol only treatment in Leicester City alongside national and similar area comparisons. The data below covers only those who cited alcohol as their only substance use problem. This data has been taken either directly from the National Drug Treatment Monitoring System (NDTMS) or through the Office for Health Improvement & Disparities Fingertips site.

5.1 NUMBERS IN ALCOHOL ONLY TREATMENT

In Leicester in 2020/21 there were 507 adults in community structured alcohol use treatment services. Provisional data suggests that the number of adults using alcohol use treatment services in Leicester has increased to 618 in 2021/22. Between 2009/10 and 2020/21, the rate of adults using specialist alcohol use treatment services has declined by 7.5% in Leicester and 19.7% in England. When including the provisional figures for 2021/22, the rate in Leicester has increased by 9.2% since 2009/10 and the rate in England has decreased by 13.1%. Figure 35 shows an increasing trend in the rate of adults in treatment at specialist alcohol use treatment services in Leicester since 2017/18, with an increasing trend also witnessed in England since 2019-20. In 2017-18 the rate of adults in alcohol use treatment services in Leicester (15.0 per 10,000 population) was significantly lower (better) than the rate for England (17.3 per 10,000 population). Between 2018-19 and 2020/21 the rate in Leicester was not significantly different to England. The provisional data for 2021/22 suggests that the difference between the rate in England and Leicester has widened due to the faster increase in the rate in Leicester. The suggested rate in Leicester in 2021/22 (22.2 per 10,000 population) was significantly higher (worse) than the rate for England (18.7 per 10,000 population). The figure also reveals similar rates of adults in specialist alcohol use treatment services across Leicester's comparator areas since 2017-18, with the exception of Nottingham which has had a significantly higher rate than Leicester since 2009-10. Leicester City has the second highest rate of adults in specialist alcohol use treatment services when compared to it's comparators in both 2020/21 (18.8 per 10,000 population) and the provisional data for 2021/22 (22.2 per 10,000 population).

Figure 35: Rate of adults in treatment at specialist alcohol use services in Leicester, Leicester's comparators and England by time period (2009-10 to 2021-22)



5.2 AGE

Table 2 shows the count and proportion of adults in alcohol only treatment by age group in Leicester and England in 2021/22. Leicester has a significantly larger proportion of 35-39 year olds in alcohol only treatment (16.8%) compared to England overall (12.9%). The Leicester adult alcohol use treatment population age breakdown has been compared to the Census 2021 Leicester 18+ general population estimate, more details of which can be found in Appendix 1. The alcohol use treatment population in Leicester in 2021-22 had a significantly larger proportion of its population aged between 35-39, 40-44, 45-49, 50-54 and 55-59 years old than the Census 2021 Leicester 18+ general population estimate. The proportion of adults aged under 25, 25-29 and 65 and above in Leicester's alcohol use treatment population in 2021-22 was significantly smaller than the proportion of the population in these age bands in the Census 2021 Leicester 18+ general population estimate.

Table 2: Adults in alcohol only treatment for Leicester and England, 2021-22

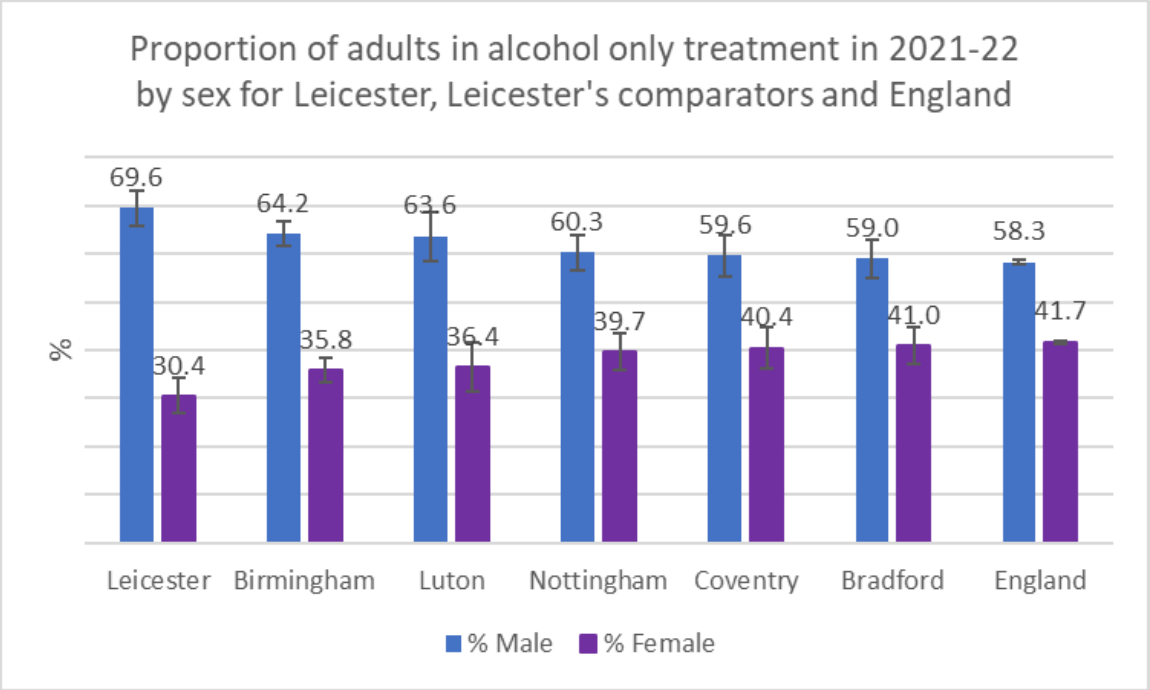
	Leicester		England	
Age group	Count	%	Count	%
Under 25	27	4.4%	2751	3.3%
25-29	44	7.1%	4667	5.6%
30-34	60	9.7%	8424	10.1%
35-39	104	16.8%	10751	12.9%
40-44	100	16.2%	11523	13.8%
45-49	77	12.5%	12179	14.6%
50-54	75	12.1%	12200	14.6%
55-59	59	9.5%	9827	11.8%
60-64	43	7.0%	6167	7.4%
65 and above	29	4.7%	5093	6.1%
Total	618	100.0%	83582	100.0%

Significantly lower than national
Significantly higher than national
No significant difference to national

5.3 SEX

In Leicester, Leicester's comparators and England, a significantly larger proportion of the adults in alcohol only treatment in 2021-22 were male than were female. In 2021-22 Leicester's adult alcohol only treatment population consisted of the largest proportion of males and the smallest proportion of females when compared to it's comparators and England. In Leicester, a significantly larger proportion of the adults in alcohol only treatment were male (69.6%) than in England (58.3%), Nottingham (60.3%), Coventry (59.6%) and Bradford (59.0%), with Leicester having a significantly smaller proportion of adults in alcohol only treatment that were female than these comparators. Below, the Leicester adult alcohol use treatment population sex breakdown has been compared to the Census 2021 Leicester 18+ general population estimate. A significantly larger proportion of the Leicester 2021-22 adult alcohol use treatment population was male (69.6%) than in the Census 2021 Leicester 18+ general population estimate (48.8%) and a significantly smaller proportion of the Leicester 2021-22 adult alcohol only treatment population was female (30.4%) than in the Census 2021 Leicester 18+ general population estimate (51.2%).

Figure 36: Proportion of adults in alcohol only treatment in 2021-22 by sex in Leicester, Leicester's comparators and England



5.4 ETHNICITY

As shown in Table 3, a significantly larger proportion of Leicester's adult alcohol only treatment population in 2021-22 were of an Asian (19.1%), Black (4.7%) or Mixed (3.6%) ethnic group than in England's treatment population (3.3%, 2.4% and 1.8% respectively). The proportion of adults in alcohol only treatment from a white ethnic background in Leicester (71.4%) was significantly lower than the proportion in England (89.5%). When compared to the Census 2021 all-ages population estimates, a significantly larger proportion of Leicester's adult alcohol only treatment population in 2021-22 were White (71.4%) than in the general Leicester population (40.9%). A significantly smaller proportion of Leicester's adult alcohol only treatment population in 2021-22 were Asian (19.1%) or Black (4.7%) than were Asian or Black in the general population in Leicester (43.4% and 7.8% respectively).

This is reflective of the ethnic diversity in Leicester and when looking at the proportion of the alcohol only treatment population in 2021-22 and the general population which are of a White, Asian or Black ethnic background in Leicester, this was similar to that in England. There was no significant difference between the proportion of Leicester's adult alcohol only treatment population in 2021-22 that were of a Mixed ethnic background (3.6%) and the proportion of the general population in Leicester that were of a Mixed ethnic background (3.8%). At a national level there was a significantly lower proportion of those of Mixed ethnic background in alcohol only treatment in 2021-22 (1.8%) than in the general population (3.0%). This suggests at local level alcohol treatment clients are over-represented by individuals from a white ethnicity and under-represented from individuals

from Asian or Black backgrounds. Please note, adjustments have not been made for confounders, such as deprivation or abstinence. It is important that work is undertaken with the specialist treatment provider to ensure treatment services are meeting the needs of Leicester's diverse population and increasing uptake from ethnic minority groups. A table of the Census 2021 Leicester population estimate by ethnic breakdown is provided in Appendix 2 at the end of this document.

Table 3: Adults in alcohol only treatment in 2021-22 in Leicester and England by ethnic group

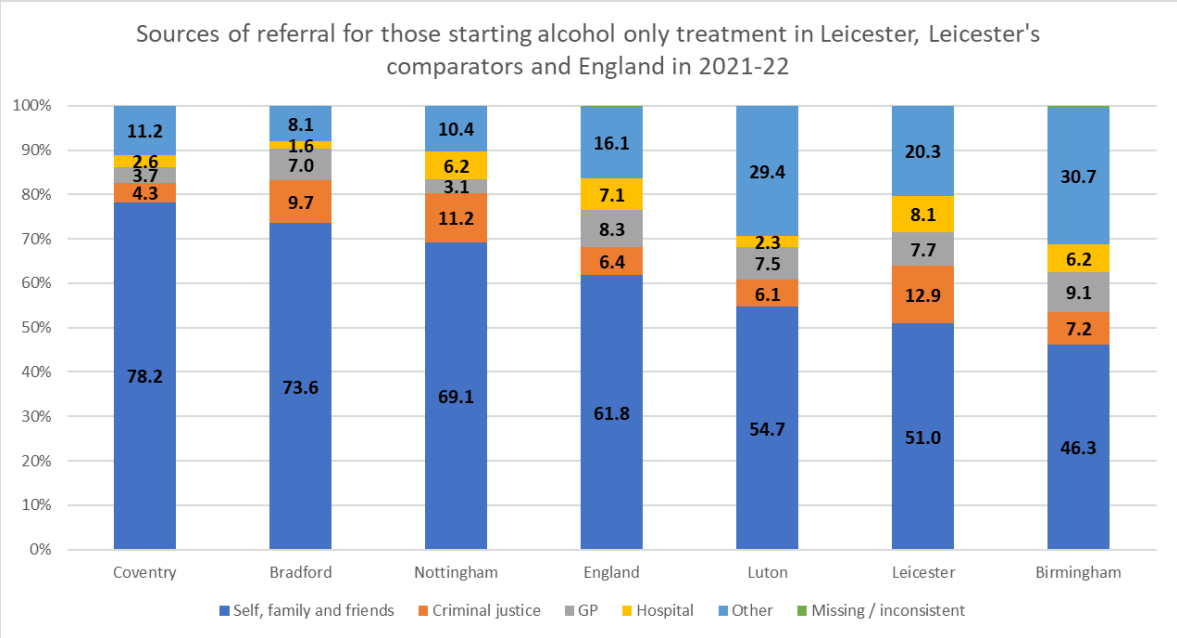
	Leicester		England	
Ethnic Group	Count	%	Count	%
White	441	71.4%	74797	89.5%
Asian	118	19.1%	2796	3.3%
Black	29	4.7%	1981	2.4%
Mixed	22	3.6%	1478	1.8%
Not stated	0	0.0%	1251	1.5%
Missing / inconsistent	0	0.0%	704	0.8%
Other	8	1.3%	547	0.7%
Chinese	0	0.0%	28	0.0%
Total	618	100.0%	83582	100.0%

Significantly lower than national
Significantly higher than national
No significant difference to national

5.5 SOURCE OF REFERRAL

The majority of referrals for those starting alcohol only treatment in Leicester, Leicester's comparators and England in 2021-22 came from the individual themselves, their family and their friends, with the exception of Birmingham where 46.3% of referrals came from this source. In Leicester in 2021-22, the proportion of referrals from the individual themselves, their family and their friends (51.0%) was significantly lower than the proportion from this referral source in England (61.8%), Nottingham (69.1%), Bradford (73.6%) and Coventry (78.2%). In 2021-22 Leicester had the largest proportion of referrals from the criminal justice system for alcohol only treatment of it's comparators. The proportion of referrals from the criminal justice system for alcohol only treatment in Leicester in 2021-22 (12.9%) was significantly higher than the proportion from this referral source in England (6.4%), Birmingham (7.2%) and Coventry (4.3%). Leicester had the largest proportion of referrals from the hospital for alcohol only treatment of it's comparators in 2021-22, although the proportion in Leicester was only significantly different to that of Bradford (1.6%), Luton (2.3%) and Coventry (2.6%) where the proportion in Leicester was significantly higher.

Figure 37: Proportion of referrals by source for new alcohol only treatment journeys in Leicester, Leicester's comparators and England in 2021-22



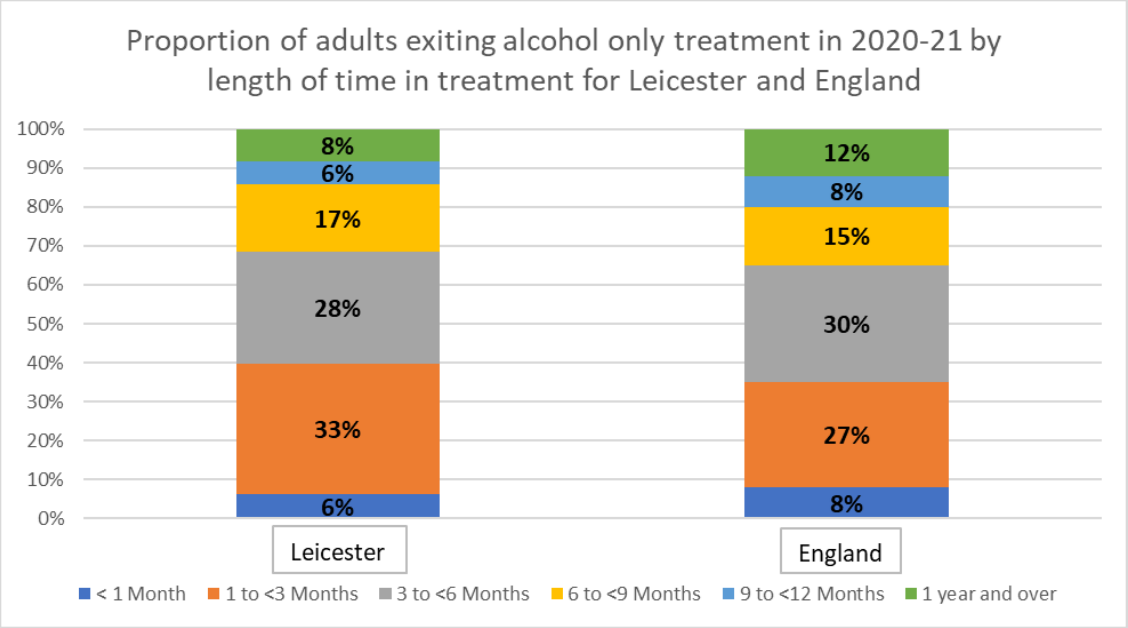
5.6 LENGTH OF TIME IN TREATMENT

According to the NICE Clinical Guideline CG115 mildly dependent and some higher risk drinkers should receive a treatment intervention lasting three months, those with moderate and severe dependence should usually receive treatment for a minimum of six months while those with higher or complex needs may need longer in specialist treatment. The optimum time in treatment will be discussed and agreed based on individual assessment of adult need.

Retaining adults for their full course of treatment is important in order to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of adults in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.

In both Leicester and England the majority of adults exiting alcohol only treatment in 2020-21 had been in treatment for between 1 to 6 months (61% and 57% respectively). A small proportion of adults exiting alcohol only treatment in 2020-21 in Leicester and England had been in treatment for more than a year (8% and 12% respectively). There were no significant differences between Leicester and England in the proportion of adults exiting treatment in 2020-21 who had been in treatment for any of the length of time groups. On average adults exiting alcohol only treatment in 2020-21 in Leicester spent one month less in treatment than those in England overall, with an average of 164 days in Leicester and 192 days in England spent in alcohol only treatment on exit in 2020-21.

Figure 38: Length of time in treatment for adults exiting alcohol only treatment in Leicester and England, 2020-21



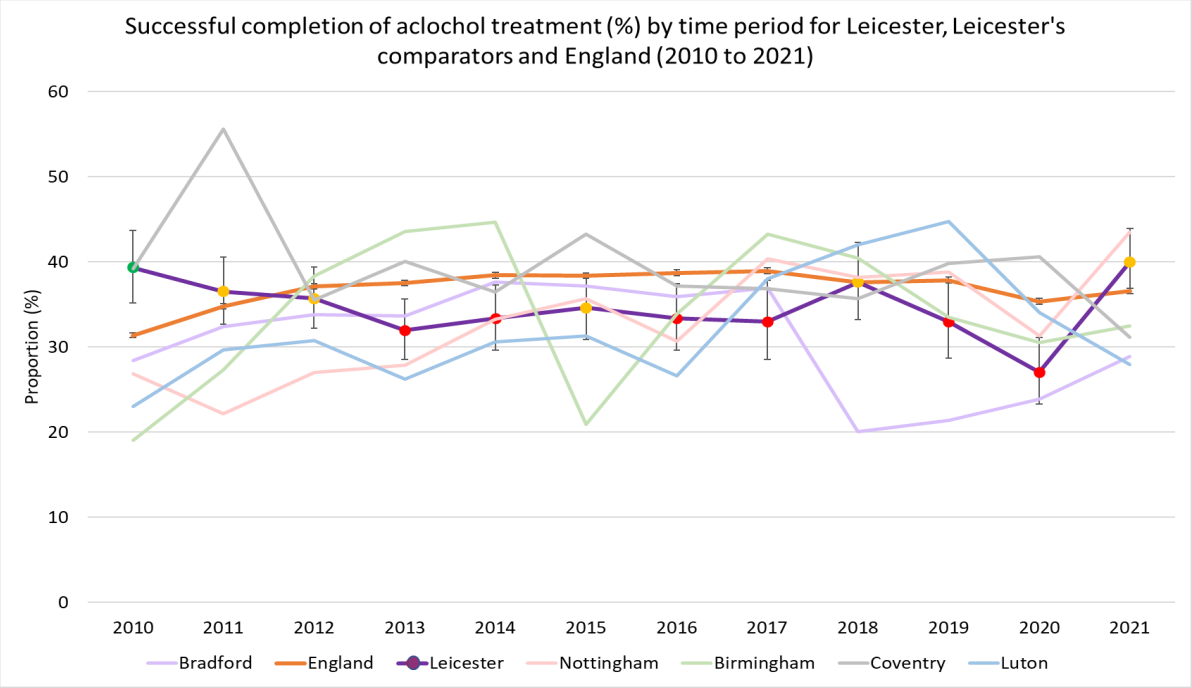
5.7 SUCCESSFUL COMPLETIONS

Successful completion of treatment and unplanned exists are regular Key Performance Indicators for individuals who have accessed treatment. Discharge after short-term treatment is currently used as a measure of success, however we must be aware that relapsing and remitting are part of the condition. The data below relates to adults completing their period of treatment in 2020-21 and shows whether they completed successfully and did not return within 6 months. The following data gives an indication of how well the current system is working in treating those who are receiving structured treatment. A high proportion of successful completions and a low number of re-presentations to treatment indicate that treatment services are responding well to the needs of those in treatment.

As shown in Figure 39, since 2013 the proportion of individuals who successfully completed alcohol treatment in Leicester has been significantly lower (worse) than the proportion in England, with the exception of 2015, 2018 and the most recent period of 2021 where the proportion in Leicester was not significantly different to that in England overall. In 2021 Leicester had the second highest rate of successful completion of alcohol treatment (40.0%) when compared to it's five comparators and England, with only Nottingham (43.5%) having a higher rate. The rate of successful completion of alcohol treatment in Leicester in 2021 (40.0%) was significantly higher than that of Birmingham (32.5%), Coventry (31.2%), Bradford (28.9%) and Luton (27.9%). Over the last five time periods there has been no significant change in the proportion of individuals who successfully completed alcohol

treatment in Leicester, although in 2021 the proportion had increased to it's highest since recording of this indicator began in 2010.

Figure 39: Successful completion of alcohol treatment (%) by time period for Leicester, Leicester's comparators and England (2010 to 2021)[39]



A smaller proportion of adults left alcohol only treatment in 2020-21 in Leicester (57%) than in England overall (60%), although this difference was not statistically significant. Of the 507 adults in alcohol only treatment in 2020-21 in Leicester, 31% left successfully which is significantly lower than the proportion that left successfully in England overall (37%). In Leicester in 2020-21, 54% of adults leaving treatment were leaving treatment successfully, although lower than the proportion leaving treatment successfully as a proportion of all exits in England (62%) this difference was not significant.

Table 4: Number and proportion of adults completing their period of alcohol only treatment in 2020-21 by completion category for Leicester and England

	Total in treatment	Total leaving treatment	% of treatment population leaving treatment	Total leaving treatment successfully	% leaving treatment successfully, of those in treatment	% leaving treatment successfully, of all exits
Leicester	507	288	57%	156	31%	54%
England	76,740	45,879	60%	28,349	37%	62%

Significantly lower than national
Significantly higher than national
No significant difference to national

6. PROJECTED SERVICES USE AND OUTCOMES

According to the ONS 2018 population projections[40], the population size of Leicester City is expected to grow over the next 20 years. If we estimate the future need with regards to alcohol-related hospital admissions and mortality using these population projections alone, we can expect to see an increase in the rate of admission episodes for alcohol-related conditions from 478.4 per 100,000 population in 2021/22 to 514.5 per 100,000 population by 2041/42 and an increase in the rate of alcohol-related mortality from 45.5 per 100,000 population in 2021 to 48.9 per 100,000 population in 2041.

Note: Due to the lack of consensus on the current prevalence of risky alcohol consumption in Leicester, an estimated projection for this indicator has not been calculated.

Table 5: Projected number of admission episodes for alcohol-related conditions (narrow method) in Leicester (based on 2021/22 rate)

	Actual 2021/22	Estimated 2031/32	Estimated 2041/42
Count	1,448	1,510	1,557
Rate per 100,000 population	478.4	498.8	514.5

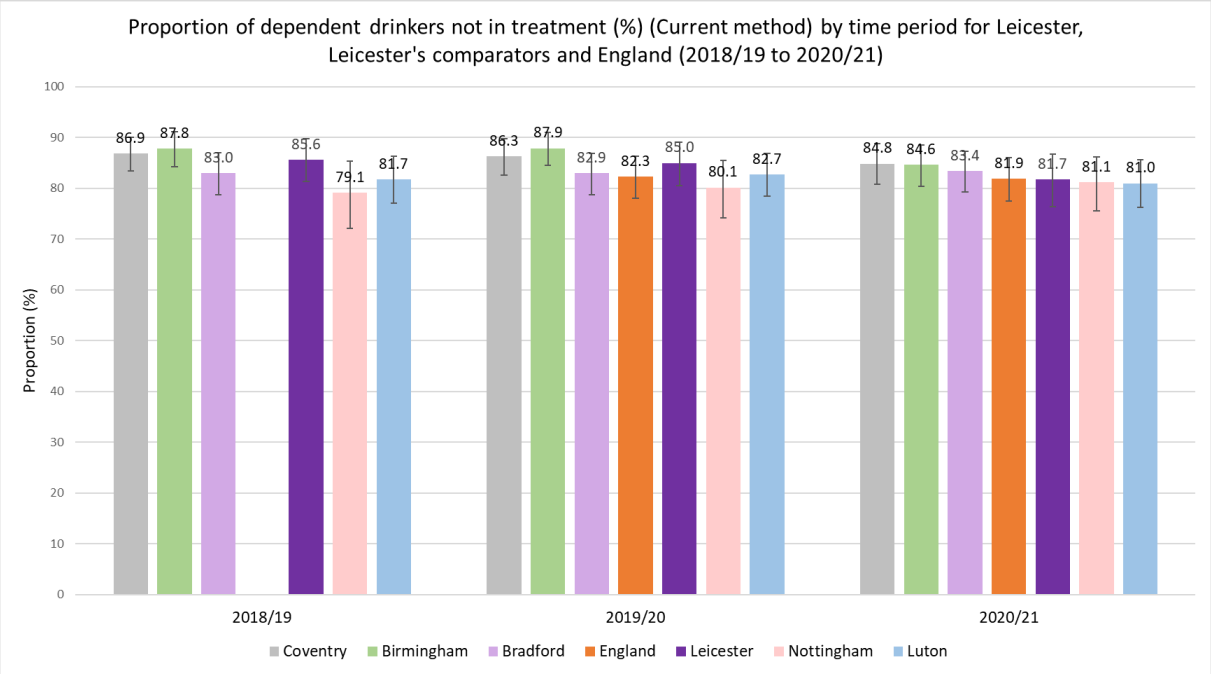
Table 6: Projected number of alcohol-related deaths in Leicester (based on 2021 rate)

	Actual 2021	Estimated 2031	Estimated 2041
Count	125	130	134
Rate per 100,000 population	45.5	47.4	48.9

7. UNMET NEED AND GAPS

As shown in Figure 40, the proportion of dependent drinkers not in treatment in Leicester in 2019/20 (85.0%, 3,649 individuals) and 2020/21 (81.7%, 3,509 individuals) was not significantly different to the proportion for England (82.3% and 81.9% respectively). In 2018/19, 2019/20 and 2020/21, Leicester had the third lowest proportion of dependent drinkers not in treatment when compared to its five comparators. There were no significant differences between Leicester and its comparators for any of the three time periods.

Figure 40: Proportion of dependent drinkers not in treatment (%) (Current method) by time period for Leicester, Leicester's comparators and England (2018/19 to 2020/21)[41]



8. KEY FINDINGS

- It is difficult to ascertain the number of residents drinking at risky or harmful levels as disparity in the prevalence of reported alcohol consumption exists and the local effect of the COVID-19 pandemic is still unknown. The Leicester Health and Wellbeing Survey (LHWS) reported 5% of the population were drinking at higher levels whereas the Health Survey for England (HSE) found 21% of adults drinking above 14 units a week. This suggests the estimated burden from higher risk drinking affects between 16,500 to 77,000 Leicester residents. Due to the large sample size and methodological reviews, the HSE is likely to be more reliable and therefore the population engaging in higher risk drinking is likely to be at the upper limit.

- Furthermore, the LHWS highlighted 45% of the male adult population and 55% of the female adult population are non-drinkers in Leicester.
- The rate of alcohol specific admissions and alcohol related conditions (narrow method) in Leicester in 2021/22 were not significantly different to the rate in England, whilst additional indicators such as those measuring hospital admissions for mental and behavioural disorders due to the use of alcohol were significantly worse in Leicester than in England in 2021/22. This is concerning as these indicators do not take into account the local drinking behaviour when identifying the population at risk (denominator), therefore due to the high levels of absenteeism in the City, the rates presented are likely to be a substantial underestimate. The high levels of hospital admissions supports the priority of the Leicester City Alcohol Harm Reduction Strategy

2022-27 to encourage a culture of responsible drinking and reduce the impact of associated harm.

- Examining small area geography analysis for alcohol-related admissions suggests the highest demand is from students (Leicester City South MSOA) and “most deprived” “white” areas of the city such as Braunstone and Saffron Lane. Hospital admissions for alcohol related conditions reveal the highest rates are from males across all age bands. When examined by age, the 40-64 age group was the most prevalent followed by 65+ and under 40s.
- Clients in alcohol only treatment were significantly more likely to be male and aged 35-39 years than compared to the national treatment profile. When ethnicity is examined, a significantly higher proportion of Asian and Mixed ethnicities accessed alcohol only treatment compared to nationally. This is likely to reflect the high ethnic mix in the Leicester population.

9. RECOMMENDATIONS FOR CONSIDERATION BY COMMISSIONERS

- Across health and social care (primary and secondary care), the system should ensure all frontline staff are embracing Every Contact Count (MECC) principle whereby conversations about drug and alcohol use are discussed at every healthcare contact.
- Identify support pathways for individuals drinking at harmful levels but not requiring treatment, including the role of the Council’s live well healthy lifestyle service and digital interventions.
- There should be an integrated, multi-agency approach to address the treatment, root causes and wider determinants of health of a substance user’s care.
- A combination of interventions are needed to reduce alcohol-related harm to the benefit of society as a whole. This should include the utilisation of a population management approach to implement targeted interventions, for example offering Information and Brief Advice (IBA) and specialist treatment to:
  - higher risk drinkers in Leicester City South, Braunstone in the West and Saffron Lane in the South of the city
  - areas where evidence infers abstinence is the lowest (e.g. least deprived areas)
- Alcohol consumption has increased during the pandemic. At a population level, public health should explore utilising the community health champions to reduce stigma and challenge social norms of population groups (including religious organisations and young people) relating to self-medicating and experimenting with substances and alcohol.
- Prevention work should continue to focus on reducing ill health and deaths from alcohol.
- It is clear that substance use has complex biological and social determinants. It is important that prevention programmes are evidence based and target these determinants, as well as adverse experiences.

- The system requires effective information sharing and governance arrangements as alcohol users often require support from multiple services.
- Work should be prioritised across the system to reduce the high rates of admissions from mental and behaviour disorders due to alcohol in Leicester. Mental health and substance use needs should be addressed in both alcohol and mental health services.
- Throughout the COVID-19 pandemic, despite the number of referrals declining, the number of clients in treatment for alcohol only treatment increased due to an increase in conversion rates (as telephone assessments commenced). The specialist treatment provider should look at alternative and innovative ways to increase referrals and conversions into treatment.
- NICE Clinical Guideline CG115 recommends varying lengths of alcohol treatment from three months onwards depending on need. In Leicester, the majority of adults exiting alcohol only treatment in 2020-21 had been in treatment for between 1 to 6 months, and on average adults exiting alcohol only treatment in Leicester spent one month less in treatment than those in England overall. Further investigation is needed to understand the causes and barriers to shorter treatment lengths and successful treatment rates locally.
- The impact of the COVID-19 pandemic has been difficult to distinguish due to data availability. Undertake a system mapping exercise of post-pandemic need of both alcohol and substance use and services to inform knowledge on behaviour and future commissioning.

10. KEY CONTACTS:

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12. APPENDIX

Appendix 1: Leicester adults aged 18+ Census 2021 Rounded Population Estimate by Age

	Leicester	
Age group	Count	%
Under 25	47320	17.0%
25-29	27300	9.8%
30-34	27600	9.9%
35-39	27200	9.8%
40-44	24700	8.9%
45-49	22600	8.1%
50-54	21900	7.9%
55-59	19500	7.0%
60-64	17300	6.2%
65 and above	43500	15.6%
Total	278920	100.0%

*Note: 18 and 19 year old population estimated based on 15-19 year age band divided by 5 and multiplied by 2

Appendix 2: Leicester Census 2021 Population Estimate by Broad Ethnic Group

	Leicester	
Ethnic group	Count	%
Asian/Asian British	159977	43.4%
White	150657	40.9%
Black/Black British	28766	7.8%
Other ethnic group	15272	4.1%
Mixed	13899	3.8%
Total	368571	100.0%