



Alcohol Harm and Misuse

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Acronyms

- **AA** - Alcoholics Anonymous
- **ACE** - Adverse Childhood Experience
- **APMS** - Adult Psychiatric Morbidity Survey
- **CCG** - Clinical Commissioning Group
- **CGL** - Change Grow Live
- **CIN** - Children in Need
- **CLA** - Children Looked After
- **CRC** - Community Rehabilitation Company
- **CSE** - Child Sexual Exploitation
- **CSEW** – Crime Survey for England and Wales
- **DToA** - Drug Test on Arrest
- **FASD** - Foetal Alcohol Spectrum Disorder
- **HPFT** - Hertfordshire Partnership Foundation Trust
- **JSNA** – Joint Strategic Needs Assessment
- **NDTMS** - National Drug Treatment Monitoring System
- **NEET** - Not in Employment, Education or Training
- **NICE** - National Institute for Health and Clinical Excellence
- **PSHE** - Personal, social and health education
- **PTSD** - Post-traumatic Stress Disorder
- **RTA** - Road Traffic Act

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1.0 Purpose

- The purpose of this Joint Strategic Needs Assessment (JSNA) to analyse the current scale of alcohol harm and misuse in Hertfordshire by identifying health needs of those affected by alcohol misuse and assessing whether current services are adequately meeting those needs.
- The scope of this JSNA as agreed by the Drugs and Alcohol JSNA Working Group will incorporate the following:
 - Population needs for alcohol treatment
 - Health inequalities for alcohol misuse
 - Capacity of alcohol services to meet treatment needs and early help needs, including through structured and unstructured interventions
 - Alcohol use among children and young people
 - Links with offending and criminal justice
 - Impact of COVID-19 on alcohol use and support services
- This JSNA makes several recommendations based on the available evidence and guidance examined throughout this document. These recommendations are intended to inform strategic planning and local service provision in reducing health inequalities and improving health outcomes for this cohort.

2.0 Background

Introduction

- Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a large disease, social and economic burden in societies.
- Alcohol misuse is now the leading risk factor for ill-health, early mortality and disability among those aged 15 to 49 in England, and the fifth leading risk factor for ill-health across all age groups.¹
- Alcohol has a significant impact on society, in part through the pressure it places on public services. In England, alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.²
- Alcohol sales have increased by 42% over the last 40 years, which has been driven by increased consumption among women, a shift to higher strength products and increased affordability of alcohol.¹ The Alcohol Affordability Index showed that alcohol was 74% more affordable in 2019 compared to the 1980s in England.³
- Reducing health inequalities around alcohol use is one of the priorities contained within the [NHS Long Term Plan](#) and aims to strengthen the NHS contribution to prevention and health inequalities, which includes reducing alcohol-related harm and other related behaviours, such as smoking and obesity.⁴

Alcohol and health

- Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure; liver cirrhosis; cardiovascular disease, and several mental health conditions, including depression. In addition to long-term or chronic illness, alcohol is frequently related to acute health consequences, such as poisoning, accidents and injury (e.g. drink driving).¹
- Alcohol consumption is a contributing factor to deaths in the UK from a diverse range of conditions associated with alcohol misuse. Overall, rates of alcohol-specific deaths in the UK have remained stable in recent years, with no statistically significant differences in the year-on year rates since 2012.⁵
- In England in 2018/19, there were almost 348,000 hospital admissions for alcohol-specific conditions where the primary diagnosis was alcohol-related. Nationally, the rate of alcohol-specific admissions has increased significantly from a rate of 515 to 644 per 100,000 population over the last ten years since 2009/10.⁶
- Many alcohol users experience concurrent problems with their mental health:
 - Research shows that mental health problems are experienced by the majority (86%) of alcohol users in community substance misuse treatment.⁷

- Alcohol use is a common factor linked to suicide deaths, with a history of alcohol misuse being recorded in 45% of all suicides in people experiencing mental health problems between 2008 and 2018.⁸
- There is a strong relationship between smoking and drinking, with current smokers much more likely to drink alcohol frequently than non-smokers. This association has been evidenced for both adults and young people.^{9,10}
- Alcohol use during pregnancy can have adverse effects which can result in long-term harm to the baby:
 - Drinking during pregnancy is the direct cause of foetal alcohol spectrum disorder (FASD).¹¹ FASD is the most common non-genetic cause of learning disability in the UK and research suggests that at least 1% of the UK population is affected by FASD, equating to 7,000 babies born per year.¹²
 - Alcohol use during pregnancy can result in other long-term harm to the baby and adverse pregnancy outcomes including stillbirth, spontaneous abortion, premature birth, intrauterine growth retardation and low birthweight.¹¹

Drinking behaviours

- National estimates of alcohol use estimate that approximately 23% of adults are drinking at high or medium risk levels of alcohol-related harm (above 14 units per week), with 19% drinking at medium risk levels and 4% drinking at high risk levels.¹³
- Around a quarter (24%) of adults in England regularly drink over the Chief Medical Officer's low-risk guidelines¹, and 27% of drinkers in Great Britain binge drink on their heaviest drinking days (over 8 units for men and over 6 units for women).¹⁴
- The risk of alcohol-related harm increases with the amount consumed on a regular basis. The latest NHS Health Survey for England (2019) found that 4 in 5 people (80%) reported drinking alcohol in the past year and over half (54%) reported drinking in the last week, with 10% drinking on five or more days.¹³

Support and treatment

- Nationally, the number of people in specialist treatment for alcohol misuse has declined over recent years. In 2019/20 in England, there were almost 75,000 people in alcohol misuse treatment services, a reduction of 19% since 2013/14.¹⁵
- Despite high numbers of dependent drinkers in the UK, Public Health England estimated in 2019/20 that only 18% of dependent drinkers are receiving treatment for their alcohol misuse.¹⁵
- The national profile of alcohol users in specialist treatment services in 2019/20 showed that alcohol clients had a range of complex needs including disability, housing problems, unemployment, mental health and caring responsibilities.¹⁵
- Alcohol-only treatment has the highest successful completion rate compared to other substances. In 2019/20, 59% of people completed alcohol-only treatment,

whereas this proportion was lower for those receiving treatment for non-opiates, non-opiate and alcohol, and opiates only.¹⁶

- Deaths of people in alcohol-only treatment decreased by 7% in 2019/20 compared to the previous year. Similarly, deaths also decreased in people in treatment for non-opiates and alcohol by 6%.¹⁷
- Alcohol-related prescriptions have increased by 27% since 2008 but have declined slightly in the last few years. In 2018, there were 170,000 alcohol-related prescription items dispensed in England, with the majority of prescriptions for Acamprosate Calcium, followed by Disulfiram and Nalmefene.³
- Research indicates that there are very few designated services for older substance misusers in the UK and only 7% of older people who need treatment access them. With an aging population projected to increase by 36% in Hertfordshire over the next 20 years, this is an important service gap that needs to be addressed to ensure that older people are accessing appropriate support for substance misuse.^{18,19}

Crime and community safety

- Alcohol consumption has wider detrimental impacts on society, including harm caused to third-parties, crime and anti-social behaviour.¹³
- Strong links have been evidenced between alcohol misuse and the perpetration of domestic abuse, violence and sexual assault offences:
 - Alcohol is a risk factor for the occurrence and severity of domestic violence because it has direct effects on physical and cognitive performances, reducing self-control, impairing judgment and reducing the ability to recognise signs of danger.²⁰ Research shows that around 25-50% of domestic abuse is committed where the offender is under the influence of alcohol.²¹
 - Evidence suggests that there is a link between alcohol misuse and sexual assault. The Crime Survey for England and Wales (CSEW) in 2018 found that 38% of sexual assault victims reported that the offender(s) was under the influence of alcohol.²²
- The latest CSEW indicated that 40% of all violent incidents from April 2018 to March 2020 were alcohol related. Alcohol related incidents were more frequent in the evening or night-time (6pm- 6am) than the daytime (59% compared to 18% in the daytime).²³
- In 2018/19, 11% of people who witnessed anti-social behaviour in their local area reported that the incident was alcohol related. Furthermore, 12% of people said that there is a very or fairly big problem in their area with people being drunk or rowdy in public places.²⁴

Children, young people and families

- Young people are at greater risk of alcohol-related harm than adults. As the brain keeps developing into the mid-twenties, drinking alcohol as a teenager can greatly

increase the risk of damage to the developing brain and can lead to problems with alcohol later in life.²⁵

- While adults represent the majority of problematic drinkers in the UK, a large proportion of children and young people misuse alcohol:
 - In 2018, the proportion of 15 year olds who reported usually drinking at least a few times a year was 66%, with 14% reporting that they usually drink at least weekly.²⁶
 - A high prevalence of co-occurring alcohol dependence and mental ill health has been observed in children and young people in alcohol treatment.²⁷
 - There have been long-term increases in alcohol-related hospital admissions among young people over the last three decades²⁸; however despite this increase, hospital admissions for alcohol-specific conditions in under 18s have been continuously decreasing since 2006/7.⁶
- There were over 14,000 young people in contact with alcohol and drug services in 2019/20, a 3% reduction on the previous year and a 42% reduction since 2008/9. Cannabis remains the most common substance that young people enter treatment for, although 42% of young people in treatment had problems with alcohol.²⁹
- In England, there are around 200,000 children living with an alcohol dependent parent or carer. The impact of this dependency on the lives of children can be significant and is often a major factor in causing or exacerbating parental conflict and violence, which can lead to a range of poor outcomes for children including damaging their education, employment and health.³⁰
- Research shows that problem alcohol use can reduce parenting capacity and is a major factor in cases of child maltreatment. In 2019/20, Department for Education (DfE) statistics on the characteristics of children in need found that parental alcohol use was a factor in around 16% of child in need cases.³¹
- A report into Maternal Deaths and Morbidity in the UK and Ireland in 2017-2019 found that out of 62 women who died by suicide during pregnancy or up to one year following pregnancy, 2 had a primary diagnosis of substance misuse and 58 further women died in relation to substance misuse.

Impact of COVID-19

- The COVID-19 pandemic has impacted on alcohol consumption and drinking behaviour across the UK. This included a direct impact on mental health and isolation, leading many people to turn to alcohol as a coping mechanism; changes in drinking habits, largely influenced by closures of pubs and restaurants; increases in domestic violence calls, for which alcohol is a significant risk factor; and the detrimental impact on the economy, employment and education outcomes.³²
- More detail on how COVID-19 impacted alcohol consumption, harm and availability are summarised in the [Causes and Risk Factors](#) section.

3.0 Causes and Risk Factors

Sex

- Research into alcohol consumption in adults in the UK shows that men are more likely than women to:^{33,14}
 - Have consumed alcohol in the last 12 months (21% of men compared to 14% of women)
 - Have consumed alcohol on 5 or more days in the previous week (17% of men compared to 9% of women)
 - Drink at levels which put them at increased risk of alcohol-related harm (25% of men compared to 11% of women)
 - Binge drink (consume more than 6 units of alcohol in a single session)
- In 2019/20, the rate of hospital admissions for alcohol-specific conditions were over twice as high for males than females across all age groups (894 per 100,000 population for males compared to 409 per 100,000 population for females).³⁴ However, the rate of admissions for under 18s has been significantly higher among females (37 per 100,000 population for females compared to 25 per 100,000 population for males).³⁵
- Males represent a larger proportion of people in structured alcohol treatment. The National Drug Treatment Monitoring System (NDTMS) in 2019/20 shows:³⁶
 - Males represented 60% of adults in alcohol-only treatment in England, compared to 40% of females.
 - Males represented 73% of adults in treatment for alcohol and non-opiates, compared to 27% of females.
 - Males represented 56% of all young people under 18 in treatment for alcohol (as a primary or secondary substance), compared to 44% of young females.
- A national NHS survey in 2018 found that the prevalence of young people ever having an alcoholic drink was similar for boys and girls, but girls were more likely than boys to have reported having an alcoholic drink in the last week (11% of girls compared to 9% of boys). Boys were more likely to have drunk beer, lager or cider, whereas girls were more likely than boys to have drunk spirits, alcopops or wine.²⁶

Age

- Research by the Office for National Statistics in 2017 found that the age group with the highest proportion of people that reported drinking in the past week was 45-64 (64.6%), with the lowest proportion being 16-24 (47.9%). However, those aged 16-24 were most likely to 'binge drink' when they did drink alcohol.¹⁴
- According to the NDTMS in 2019/20 in England³⁶:
 - Adults aged 30-49 represented over half (51%) of adults in alcohol-only treatment, whereas adults aged 50+ represented 40% and adults aged 18-29 represented 9%.

- The most common single age group for adults in treatment for alcohol-only was 45-49 years and the median age was 46, higher than those in treatment for drugs.
- The number of adults in alcohol-only treatment has continued to increase over the last five years across all age groups.
- For younger people under 18 in alcohol-only treatment,
- Although working age adults represent the vast majority of problematic drinkers in the UK, there are specific risks that young people and older adults are more exposed that may increase their risk of alcohol misuse (see [Children and Young People](#) and [Older Adults](#)).

Ethnicity

- Alcohol consumption is generally higher among White adults than other ethnic groups, with around 61% of White adults reporting that they have drunk alcohol in the last week compared to 31% of other ethnic groups.¹⁴
- NDTMS adult treatment data for England in 2019/20 shows the proportion of adults in treatment for alcohol-only by ethnic group:³⁶
 - White (92.4%)
 - Asian/Asian British (3.3%)
 - Black/African/Caribbean/Black British (2.2%)
 - Mixed/Multiple (1.4%)
 - Other ethnic group (0.6%)

The ethnicity profile for adults in treatment for alcohol and non-opiates was similar overall with a slightly lower proportion of White adults (89.5%) and a slightly higher proportion of Black/African/Caribbean/Black British (3.9%) and Mixed/Multiple (3.1%) adults.³⁶

- While alcohol drinking rates are lower for UK ethnic minority groups, racial discrimination can expose ethnic minorities to unique stressors that elevate the risk of harmful drinking. Studies have found racism to be less prevalent in areas of high ethnic density (the concentration of ethnic minorities in an area) and that alcohol use is less common in these areas due to decreased experience of racism and increased sociocultural norms.³⁷

Genetics

- Strong evidence suggests that alcohol dependence is, at least in part, influenced by genetic factors. Researchers have identified numerous genes as affecting risk for dependence on alcohol and other drugs which include genes involved in alcohol metabolism, as well as in the transmission of nerve cell signals and modulation of nerve cell activity (i.e., γ -aminobutyric acid [GABA] and acetylcholinergic neurotransmission).³⁸

Sexual orientation

- Alcohol use is often viewed as a coping mechanism for LGBT+ and transgender populations in response to social stressors, such as stigma and experiences of discrimination.³⁹
- While research on the links between sexual orientation and alcohol misuse is limited, some studies have found alcohol consumption to be notably higher among LGBT+ communities. Findings from the 2018 Stonewall report show that:¹⁴
 - 1 in 6 (16%) LGBT people drank alcohol almost every day in the last year.⁴⁰ In comparison, 1 in 10 adults (10%) in the general population report drinking alcohol on five or more days during the week.
 - Frequency of alcohol consumption appears to increase with age. A third (33%) of LGBT people aged 65+ reported drinking alcohol almost every day, compared to just 7% of LGBT people aged 18-24.
 - 1 in 5 LGBT men (20%) drank alcohol almost every day over the last year compared to 13% of LGBT women and 11% of non-binary people.
- There is evidence that LGB adults may have higher rates of smoking, alcohol use, and substance use than heterosexual adults. Most research in this area has been conducted among women, with much less being known about gay and bisexual men. Limited research among transgender adults indicates that substance use is a concern for this population.⁴¹

Marital status

- Marital status is strongly associated with alcohol consumption, problem drinking and, in particular, risk for alcohol use disorder. Direct causal effects of marriage on risk for alcohol use disorder could arise as a result of the incompatibility between alcohol use disorder and the social and psychological obligations associated with marriage.⁴²
- A 2016 longitudinal study found a strong association between marital status and risk for onset of alcohol use disorder, with married men and women having, respectively, a 60% and 71% lower risk for onset of alcohol use disorder compared with single individuals.⁴²
- Data from the latest Opinions and Lifestyles Survey (2017) showed that married, cohabiting and widowed/divorced/separated adults were more likely than single adults to have reported drinking on at least five days in the last week (11-12% of married, cohabiting and widowed/divorced/separated adults compared to 9% of single adults).⁴³

Religion and belief

- In England, people with a religious understanding of life are less likely to be a hazardous drinker than those who are neither religious nor spiritual (OR = 0.81, 95% CI 0.69–0.96).⁴⁴

- Of all adults in treatment in England for alcohol in 2019/20, more than half (54%) reported having no religion, 28% were Christian, 1% were Muslim, 1% were Hindu and 1% were Sikh.¹⁷
- Qualitative research has identified sources of tension between generations among some religious groups. Young people from minority ethnic groups with strong religious ties that forbid drinking, or that are less tolerant of drinking among women, may hide their drinking for fear of repercussions and bringing shame on their families. This is evident among some young people belonging to the Muslim, Sikh and Hindu religions.⁴⁵
- There is increasing evidence that religion and spirituality are highly resourceful for alcohol addiction recovery and prevention. Individuals who subscribe to a religion that prohibits the use of alcohol have demonstrated lower rates of alcohol misuse. However, some religious traditions are assumed to promote alcohol consumption and religion may be a barrier in accessing support for alcohol-related problems, as addiction is highly stigmatised by some religious communities.⁴⁶

Disability

- Over a quarter (28%) of adults presenting to alcohol treatment services in 2019/20 had a recorded disability (excluding mental health conditions). The most common disabilities in alcohol clients were behaviour and emotional (16%) and mobility and gross motor disabilities (7%).¹⁶
- Overall, the evidence indicates that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities drink alcohol, there is an increased risk that they will develop a problem. Research also suggests that children with learning disabilities are more likely to experiment at an early age with alcohol.⁴⁷
- People with learning disabilities have an increased risk of substance misuse if they have borderline to mild learning disabilities; are young and male; or have mental health problems; have experienced negative life events or psychological trauma, such as bereavement or abuse; or are isolated or lonely.⁴⁷

Mental health and illness

- It is very common for people to experience co-occurring problems with their mental health and alcohol use. Alcohol is often used as a 'coping mechanism' for people to manage stress, anxiety, depression, trauma and other mental health problems; however, excessive drinking can contribute to the worsening of mental health symptoms and a heightened risk of other health problems, including early death.^{48,49}
- Findings from the US National Comorbidity Survey showed a significantly higher prevalence of substance use disorders among individuals with mental illness compared to the general population. Among individuals with any mental illness, over half (51%) were reported as having a co-morbid substance use disorder, and the odds of having a substance use disorder were more than twice as high among individuals with a mental illness.⁵⁰

- Research shows that mental health problems are experienced by the majority of alcohol users in structured treatment. Six in ten (60%) adults in alcohol treatment in 2019/20 were assessed as having a mental health treatment need. Of this cohort, 80% were receiving mental health treatment, most commonly through their GP (61%) or the community mental health team/other mental health service (16%).¹⁷
- Over a third (37%) of young people under 18 who started drug and/or alcohol treatment in 2019/20 had a recorded mental health treatment need. A higher proportion of girls reported a need for mental health treatment than boys (49% compared to 30%). Of those reporting a mental health treatment need, 68% were receiving some form of mental health treatment.⁵¹
- Alcohol misuse is a common factor in suicide. Almost half (45%) of mental health patients in England that have died by suicide have a history of alcohol misuse.⁵²
- Evidence shows that people with co-occurring alcohol misuse and mental health conditions are often excluded from treatment and support services. It is not uncommon for mental health services to exclude people because of co-occurring alcohol/drug use, a particular problem for those diagnosed with serious mental illness, who may also be excluded from alcohol and drug services due to the severity of their mental illness.⁵³

For more information, please see [Mental Health JSNAs](#).

Adverse Childhood Experiences

- Adverse Childhood Experiences (ACEs) have been identified as one of the strongest predictors of harmful behaviours in later life and can increase the risk of a range of harmful behaviours, including alcohol misuse and binge drinking.⁵⁴
- A 2016 study by Liverpool John Moores University of adults across Hertfordshire, Luton and Northamptonshire found that (after controlling for socio-demographic factors):⁵⁴
 - The prevalence of binge drinking was twice as high for individuals who had 4 or more ACEs compared to individuals who had experienced no ACEs during childhood (10% with 4+ ACEs compared to 5% with no ACEs).
 - The prevalence of high-risk drinking was 1.6 times higher for individuals reporting 4 or more ACEs compared to individuals who had experienced no ACEs during childhood (27% with 4+ ACEs compared to 18% with no ACEs).
 - It was estimated that eliminating ACEs could lead to a 21.7% reduction in the prevalence of adult that binge drink.
- Early-childhood trauma is strongly associated with alcohol dependence in later life. People with early-life trauma may use alcohol to help cope with trauma-related symptoms. People with both a history of early childhood trauma and co-occurring alcohol dependence have a more severe clinical profile, as well as worse treatment outcomes when compared with those with either early trauma or alcohol dependence alone.⁵⁵

- Of all young people that started substance misuse treatment in England in 2019/20:⁵¹
 - 22% were affected by others' substance misuse
 - 10% were looked-after children
 - 21% were affected by domestic abuse
 - 4% were being sexually exploited
- History of childhood abuse has been associated with alcohol misuse. Analysis of the Adult Psychiatric Morbidity Survey Alcohol highlighted that 38% of people who had experienced extensive physical and sexual abuse had a problematic pattern of alcohol consumption.⁵⁶

Deprivation and income

- Affluent populations tend to report higher levels of alcohol consumption than more deprived groups. However, alcohol health harms are much more pronounced in areas of high deprivation (known as the alcohol harm paradox), which is often due to greater combined health challenges including smoking, excess weight and unhealthy lifestyle.^{3,57}
- Almost half (45%) of adults in treatment for alcohol-only in 2019/20 were living in the 30% most deprived areas in England.¹⁶
- There is an evidenced positive correlation between personal income and alcohol consumption. The 2018 Health Survey for England showed that 79% of people with a personal income of £40,000+ reported drinking alcohol in the last week. This prevalence reduces with each income band down to just 47% of people with a personal income of less than £10,000. People earning £40,000+ were also twice as likely to report drinking on at least 5 days within the last week.⁴³
- The 2018 Health Survey for England showed that 70% of people in managerial/professional occupations reported drinking alcohol in the last week, compared to 51% of routine/manual occupations. People in managerial/professional occupations were also more likely than people in routine/manual occupations to have drunk on 5 or more days in the last week (11% compared to 7%).⁴³
- Of all young people presenting to substance misuse treatment in 2019/20, the majority (84%) were in education or employment; however, 15% were not in employment, education or training (NEET) and 2% were persistent absentees or excluded from school.²⁹

Housing and homelessness

- Alcohol misuse is both a cause and effect of homelessness. Previous research shows people who are both homeless and have addictions face further difficulties in both finding housing and overcoming their substance use due to both stigma associated with homelessness and substance misuse and low levels of social support.⁵⁸
- A study by Liverpool John Moores University in Merseyside found that death of loved ones and relationship breakdowns are often a factor leading to homelessness and/or

high levels of alcohol. This is partly because they cause a further loss of support networks which are important in avoiding and overcoming homelessness.⁵⁸

- In 2019/20, one in ten (10%) adults in treatment for alcohol-only had a housing problem, with 3% having an urgent housing problem. The proportion of alcohol clients with housing issues was lower than for clients in treatment for drug misuse.⁵⁹
- A tenth (10%) of registered deaths of people who were experiencing homelessness in 2019 were alcohol-specific. This number of deaths among homeless people has generally been consistent since 2013.⁶⁰
- During 2013-2015, 27% of 14,922 people at first contact with Crisis UK who were either experiencing homelessness, at risk of homelessness or had a history of homelessness, reported having problematic use of drugs and/or alcohol.⁶¹
- Of all young people under 18 starting substance misuse treatment in 2019/20, 7% were living in care at the time of entry.⁵¹

Parental substance misuse

- Most parents and carers who drink alcohol or use drugs do so in moderation, which doesn't present an increased risk of harm to their children. However, parents and carers who misuse alcohol can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs, resulting in their children being at risk of harm.⁶²
- Parental drinking can impact upon children's later likelihood of drinking. Children of substance abusing parents are more than twice as likely to have an alcohol use disorder themselves by young adulthood as compared to their peers.^{63,64}
- Children whose parents are alcoholics are also 4 times more likely to misuse alcohol than children whose parents are do not. They also have a higher risk of marrying an individual who misuses alcohol or abusive spouse.
- An evidence review found the following conclusions about potential risk factors in the caregiving contexts of children whose parents abuse substances versus children whose parents do not:⁶³
 - Substance abusing mothers typically show less warmth, responsiveness, and physical and verbal engagement as well as harsher and more over-involved interaction styles with their children than non-substance abusing mothers.
 - Limited research on substance abusing fathers and young children suggests that they display less sensitivity, engagement, and effective discipline with their children than do non-substance abusing fathers.
 - Parental substance abuse is associated with greater risk for child maltreatment and multiple child maltreatment allegations.
 - Children of substance abusing parents who have a secure relationship with a non-substance abusing parent show higher rates of positive adjustment compared to those who do not.

Lifestyle

- There is an evidenced link between smoking and alcohol consumption:
 - Data from the latest Opinions and Lifestyles Survey (2017) showed that light, moderate and heavy smokers are more likely than non-smokers to have reported drinking on at least five days in the last week (12-20% of smokers compared to 9% of non-smokers).⁴³
 - Of all adults in treatment for alcohol-only in 2019/20, almost half (45% of males and 43% of females) were smoking at the start of treatment. This proportion is also higher for adults that are in treatment for use of non-opiates and alcohol (64% of males and 65% of females).¹⁶
- Adults that frequently attend public drinking venues (e.g. pubs, bars and nightclubs) may be at increased risk of alcohol-related harm including drunkenness, aggression, sexual assault, public disorder, unintentional injury, drink driving and road traffic accidents.⁶⁵

Caring responsibilities

- Caregivers who are experiencing emotional and social burden associated with their care giving role are at risk of 'addictive behaviours', including alcohol and drug misuse. Caregivers also tend to report worse physical health (including insomnia, headache, and weight loss) and higher rates of depression and anxiety than non-caregivers.⁶⁶
- A 2010 study found that caregivers whose social interactions with friends and family were obstructed by their caregiving role resulted in increased drinking behaviours. Similarly they found this to be the case when the caregiver is harbouring ill feelings towards the person that they are caring for.⁶⁶

Military experience

- There is a well-established association between post-traumatic stress disorder (PTSD) and substance misuse. Hazardous alcohol use or dependence is the most common comorbidity in males with PTSD, and the estimated prevalence of alcohol use disorders in individuals with PTSD is higher than that of the general population.⁶⁷
- A UK study found that 39 % of individuals with a substance use disorder (including alcohol) met the diagnostic criteria for current PTSD and 52% for lifetime PTSD.⁶⁸

Availability of alcohol

- A study from the Sheffield Alcohol Research Group highlighted how availability of alcohol in England has changed from 2003 to 2013. The key findings include:
 - The average English postcode has 31 outlets selling alcohol within 1km of its centre
 - Alcohol is more available in the on-trade (e.g. pubs and restaurants where alcohol is sold for consumption on the premises) than the off-trade (e.g.

shops where alcohol is sold for consumption elsewhere) based on numbers of licensed premises

- The most deprived 20% of postcodes in England have around 3 times as many outlets selling alcohol within walking distance of their centre as the least deprived 20%
- Some studies have found an association between higher levels of licensing activity in local authorities and greater reductions in alcohol-related hospital admissions and crime.
- Long-term trends in the affordability of alcohol show that alcohol has become 74% more affordable since 1987. In the last ten years, the price of alcohol decreased by 5% relative to retail prices, whilst disposable income has increased by 7%. As a result, alcohol has become 13% more affordable in the last ten years.³
- The COVID-19 pandemic led to a shift from drinking in public venues to drinking at home. More detail on the impact of the pandemic on the availability of alcohol can be seen in [Impact of COVID-19](#) section.

Impact of COVID-19

- The COVID-19 pandemic has impacted on alcohol consumption and drinking behaviour across the UK. This included a direct impact on mental health and isolation, leading many people to turn to alcohol as a coping mechanism; changes in drinking habits, largely influenced by closures of pubs and restaurants; increases in domestic violence calls, for which alcohol is a significant risk factor; and the detrimental impact on the economy, employment and education outcomes.³²
- Alcohol Change UK commissioned a survey in 2020 to examine the effect that COVID-19 has had on alcohol use and mental health. Findings from the survey showed:⁶⁹
 - Almost one in three drinkers (29%) have been drinking at increasing or high risk levels over the past six months (over 14 units per week).
 - Over half of drinkers (53%) said they have drunk alcohol for a mental health reason – such as feeling anxious, stressed, worried or bored – at least once in the past six months.
 - Anxiety, stress or worry were the most common reasons given for drinking, with four in ten (41%) drinkers reporting this as a reason for drinking at least once in the past six months.
 - The impact of the pandemic was greatest on young people, people from BAME backgrounds and parents of under 18s. Survey findings showed:
 - 63% of people aged 18-34 reported drinking for a mental health reason in the past six months, which was higher than all other age groups
 - 68% of BAME respondents reported drinking for a mental health reason in the past six months, compared to just 41% of White British respondents.
 - 59% of respondents with children under 18 in their household reported drinking for a mental health reason in the past six months, compared to just 32% of those with children over 18 and 42% with no children.

- In 2020 (during the pandemic), rates of unplanned admissions to hospital for alcohol-specific causes decreased by 3.2% compared to 2019 (before the pandemic). This is likely related to reduced admissions for mental and behavioural disorders due to alcohol use. Unplanned admissions for alcoholic liver disease were the only alcohol specific unplanned admissions to increase between 2019 and 2020.⁷⁰
- There were rapid decreases in the rate of alcohol specific admissions that coincided with the start of the pandemic (around February 2020); however, this finding is not unique to alcohol. All unplanned admissions, irrespective of their cause, sharply decreased at the start of the pandemic, which likely relates to people avoiding hospitals to ease pressure on the NHS and were viewed hospitals as high-risk settings for contracting COVID-19.⁷⁰
- A survey of almost 37,000 people in England found after adjusting for other variables, there was an 80% increase in high-risk drinking prevalence among all socio-demographic groups during the first lockdown.⁷¹ Alcohol reduction attempts also increased, but only in those who were from the higher social grades.⁷¹
- Lockdown restrictions led to changes in the availability of alcohol, most notably the 31-week closure of on-trade premises (e.g. pubs and restaurants). Despite these closures, the volume of duty-paid wine and spirits increased in 2020/21 compared to the previous year (+8.9% and +7.3% respectively), while cider and beer decreased (-16.7% and -14.0% respectively). This pattern is likely because beer and cider are more often bought in on-trade settings, so are more affected by on-trade closures.⁷⁰
- Alcohol is strongly associated with domestic abuse and an early feature in the first COVID-19 lockdown was a significant increase in calls to domestic violence charities. While a causal relationship cannot be reliably established, the evidenced association suggests that a large proportion of domestic violence would have been committed under influence of alcohol.^{21,72}
- People who are heavily dependent on alcohol, rely on public services (often emergency services) and have several other difficulties, such as mental health issues or homelessness, may be particularly at risk during the pandemic. They may disregard social distancing measures to access alcohol, be vulnerable to exploitation if they rely on others for alcohol access, and may experience serious unplanned withdrawals if they have difficulties accessing alcohol.⁷³

Specific population groups

Children and young people

- While alcohol misuse can present health risks and cause careless behaviour in all age groups, it is even more dangerous for young people. Alcohol can interfere with young people's development and can make them vulnerable to long-term damage, including some cancers, sexual problems, mental health problems, liver cirrhosis and heart disease.

- The latest NHS survey of drinking and drug use among young people in 2018 showed that 38% of pupils reported drinking alcohol at least a few times a year. Findings also showed:²⁶
 - The most common place that young people report obtaining alcohol is from parents/guardians (71%), given by friends (49%) or taken from home (48%).
 - The most common place that young people report drinking alcohol is in their own home (66%), at someone else's home (41%) or at parties (40%).
 - The majority of current drinkers drank with parents (66%) or friends (58%).
- Alcohol is the second most common for young people under 18 being in substance misuse treatment and accounts for 42% of all young in treatment in 2019/20. The number of young people in alcohol treatment (with or without other substances) has decreased significantly by 63% over the last ten years.⁵¹
- Young people are at particular risk of being reckless and engaging in risky behaviours after alcohol consumption because alcohol reduces their inhibitions and ability to recognise acceptable behaviour:⁷⁴
 - 1 in 5 girls (and 1 in 10 boys) aged 14-15 goes further than they wanted to in a sexual experience after drinking alcohol. In the most serious cases, alcohol could lead to them becoming the victim of a sexual assault.
 - 1 in 10 boys and around 1 in 8 girls aged 15-16 have unsafe sex without use of contraception after drinking alcohol. This puts them at risk of sexual infections and unwanted pregnancy.
 - 4 in 10 secondary school-age children have been involved in some form of violence because of alcohol. Young people that get drunk at least once a month are also twice as likely to commit a criminal offence.

Older adults

- Alcohol misuse poses several higher risks for older adults, including:
 - negative effect on mood, sleep, pain and general health functioning;
 - risk of harmful interactions with prescription medication;
 - risk of cognitive deterioration due to use of alcohol;
 - combination with age-related difficulties (e.g. physical illness, bereavement, social isolation);
 - greater risk of injury, memory problems, disease and other alcohol-related conditions.
- Although rates of alcohol dependence among older adults are significantly smaller than the rates of at-risk use, there has been an overall increase in alcohol consumption levels in the over 50s population and around three quarters have no awareness of recommended alcohol guidelines.⁷⁵
- Over the last ten years, the number of adults in treatment for alcohol has decreased across the 18-29 and 30-49 age groups, whereas the number of adults aged 50+ has increased significantly by 23% up to 2019/20.⁵⁹
- Alcohol was the most common substance that adults over 55 were in structured treatment for in 2019/20, whereas drugs were the most common substances in all other age groups.¹⁶

Pregnant women

- Alcohol use during pregnancy has been established as a risk factor for adverse pregnancy outcomes including stillbirth, spontaneous abortion, premature birth, intrauterine growth retardation and low birthweight.¹¹
- Approximately 41% of pregnant women are estimated to use alcohol in pregnancy¹¹, however alcohol usage is only recorded for 60% of women at antenatal booking.⁷⁶
- A 2017 study estimated that 1 in every 67 women who consume alcohol during pregnancy would deliver a child with Foetal Alcohol Spectrum Disorder (FASD) (FAS).¹¹

Prison population

- A significant proportion of those who end up in the criminal justice system have an alcohol problem. A prevalence study of alcohol use disorders among offenders found that 63% of men and 57% of women were identified as having an alcohol use disorder, with over a third scoring within the possibly dependent range.⁷⁷
- A high prevalence of alcohol use has been evidenced among people in prison by the 2009 Bradley report. Prisoners with addiction issues are also at increased risk of self-harm and suicide.⁷⁸

Early help population

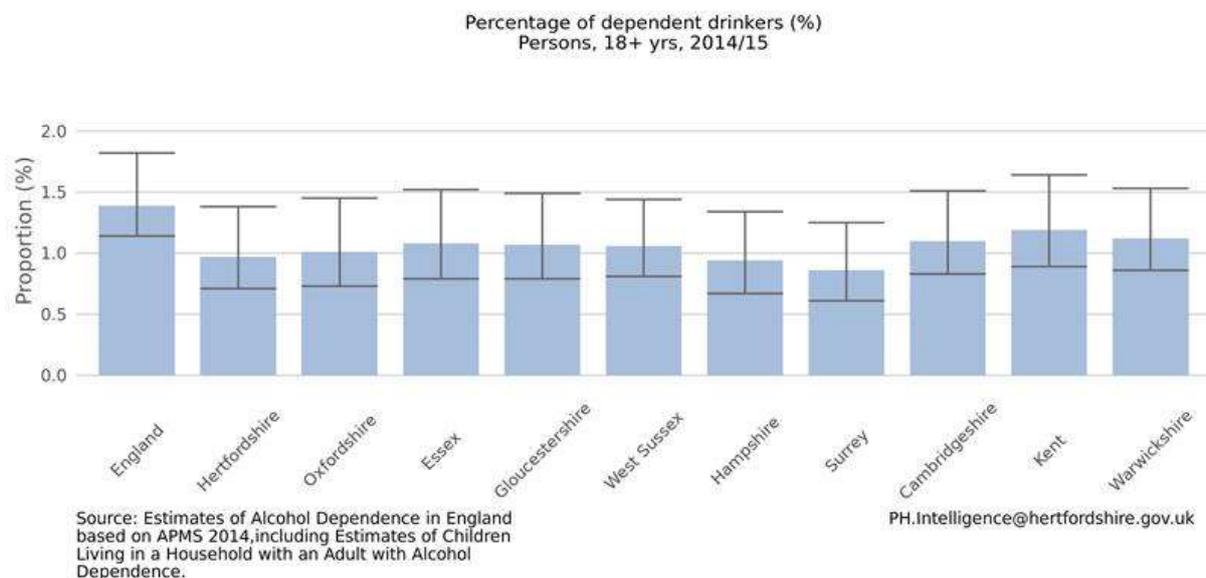
- The early help population refers to adults that are drinking at harmful or hazardous levels but do not meet the threshold for treatment. This population share similar risk factors to other alcohol users, but these may be less prevalent than in dependent drinkers. See [Alcohol Early Help JSNA Briefing](#) for more detail on the alcohol early help population.

4.0 What do the statistics show?

This section explores a variety of local data related to alcohol consumption and related harm. Most of the data in this section refers to adults unless otherwise specified; however, there is some data that applies specifically to children and young people under 18 in the [Children and Young People](#) section.

Prevalence and consumption

Prevalence of alcohol dependence



- The most reliable alcohol prevalence data are the national modelled alcohol dependence estimates, based on the Adult Psychiatric Morbidity Survey (APMS). The latest estimates from 2014/15 show that 0.97% of adults in Hertfordshire were dependent on alcohol and potentially in need of specialist treatment. This proportion was statistically similar to the proportion in England (1.39%) and to all nine comparator areas.
- When applied to the 2018 mid-year population estimates, this equates to approximately 8,723 dependent drinkers in Hertfordshire.

Dependent drinkers not in treatment

- In 2019/20, Public Health England estimated that approximately 81.9% of alcohol dependent adults in Hertfordshire are not in contact with alcohol treatment services. This proportion has increased from 79.8% in 2018/19 (although not significantly) and is statistically similar to the proportion of unmet need for England (82.3%).

Alcohol screening

- The alcohol use disorders identification test (consumption) (AUDIT C) is administered as part of the NHS Health Check offered to those aged 40-74. The tool asks 3 questions about frequency and amount of drinking. Scores of 5+ indicate increased risk of alcohol harm, and clinicians are advised to give brief advice on alcohol reduction to individuals scoring at these levels.
- Similarly, the Fast Alcohol Screening Test (FAST) is a quick test used by health and social care professionals, including emergency departments. FAST consists of four questions and scores of 3+ indicate increased risk of alcohol-related harm.

Table 1: Alcohol screening conducted through NHS Health Checks (2019/20 to 2020/21).

Screening type	2019/20 (n)	2019/20 (%)	2020/21 (n)	2020/21 (%)
Audit C: Score 5+	4,017	18.5%	695	12.7%
Audit C: Lower Risk (less than 5)	11,134	51.3%	2,369	43.4%
FAST: Lower Risk (less than 3)	393	1.8%	257	4.7%
FAST: Score 3+	32	0.2%	24	0.4%
Alcohol Screen Not Recorded	6,113	28.2%	2,120	38.8%
Total NHS Health Checks	21,689	100.0%	5,465	100.0%

Source: Hertfordshire County Council.

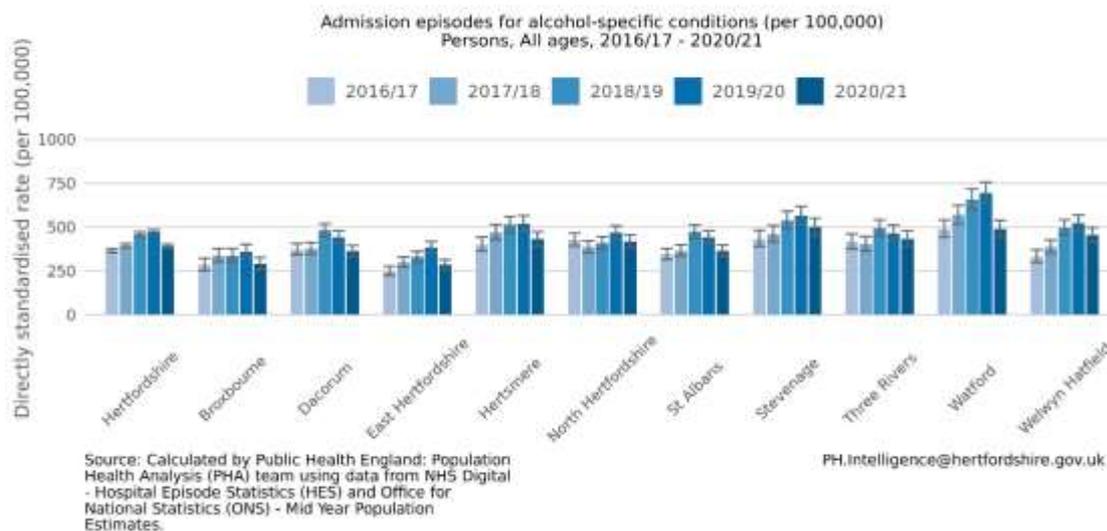
- In 2020/21, there were 5,465 NHS Health Checks conducted, of which 56.1% (n=3,064) received an AUDIT-C alcohol screen and 5.1% (n=281) received a FAST alcohol screen. The proportion of adults not receiving an alcohol screen increased from 28.2% in 2019/20 to 38.8% in 2020/21. *Please note that substantially fewer NHS Health Checks were conducted in 2020/21 due to the impact of COVID-19, so these figures should be interpreted with caution.*
- Of the 3,064 adults that received an AUDIT-C alcohol screen in 2020/21, nearly a quarter (22.7%, n=695) received a score of 5 or more, indicating a high risk of alcohol-related harm. This is a decrease from 26.5% in 2019/20.
- Of the 281 adults that received a FAST alcohol screen in 2020/21, 9.3% (n=24) received a score of 3 or more, indicating a high risk of alcohol-related harm. This is an increase from 7.5% in 2019/20.

Foetal Alcohol Spectrum Disorder (FASD)

- In Hertfordshire, high prevalence of FASD is often not reflected in a formal diagnosis of this syndrome. Between 2012 and 2016, there were 43 children assessed for FASD in the neurodevelopmental clinic in Hertfordshire. Of these, 28 (65%) were diagnosed with FASD. It was also suggested that 50% of children with FASD also had a diagnosis of ADHD, suggesting a high comorbidity between the two disorders.
- In Hertfordshire, requests for individual funding to the CCG are low. Between 2014 and 2017, there were Individual Funding Requests for 43 children to be assessed for FASD in Hertfordshire and 88.4% of those assessed were Children Looked After. Of the 43 children, 19 were diagnosed with FASD, 8 had a probable diagnosis, 7 were not confirmed, 5 were too young for diagnosis and 4 were not diagnosed.

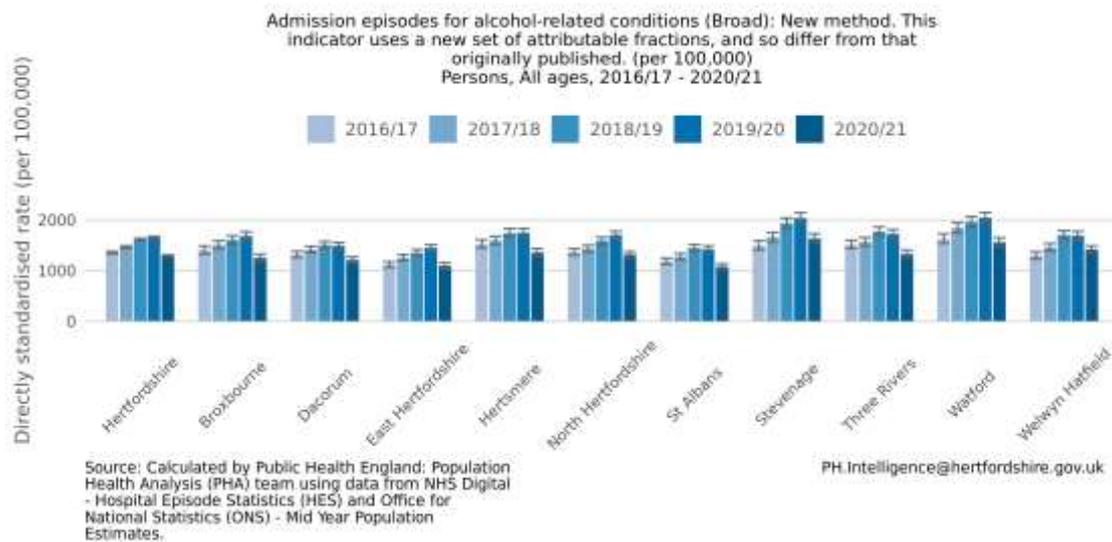
Hospital admissions

Hospital admissions for alcohol-specific conditions



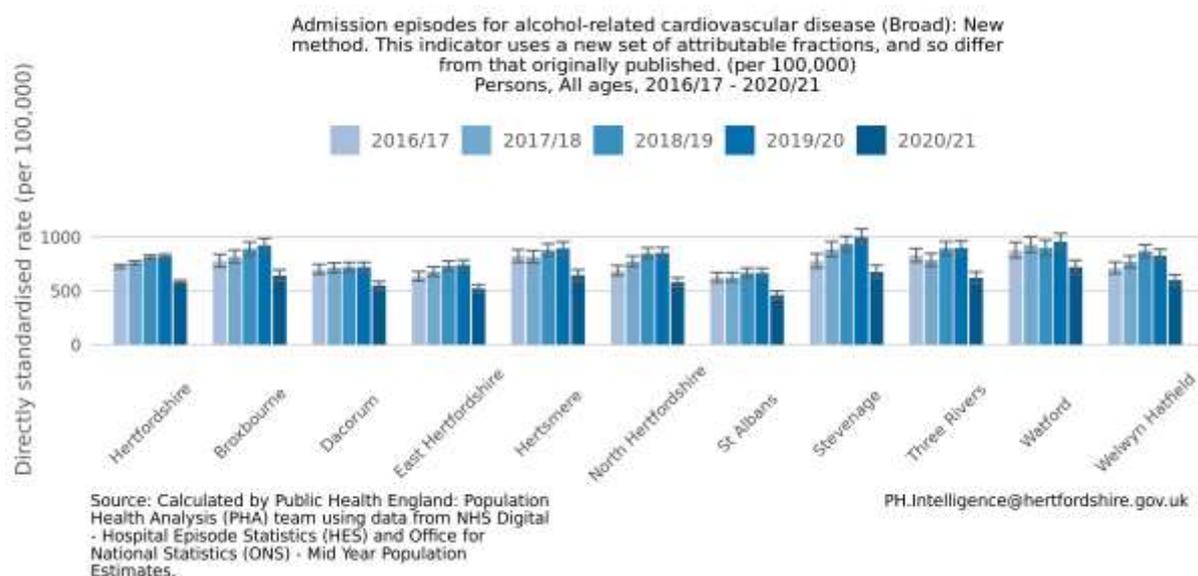
- Alcohol-specific conditions are where the primary diagnosis or any of the secondary diagnoses at admission are wholly attributable to alcohol. In 2020/21, the directly standardised rate of admission episodes for alcohol-specific conditions in Hertfordshire was 391.91 per 100,000. The Hertfordshire rate was significantly lower than England (586.58 per 100,000).
- Rates of alcohol-specific admissions were significantly lower than the Hertfordshire average in Broxbourne and East Hertfordshire and significantly higher in Watford, Welwyn Hatfield, and Stevenage. All other districts were in line with the Hertfordshire average.
- Admissions for alcohol-specific conditions in Hertfordshire are increasing. Between 2016/17 and 2020/21, the directly standardised rate (per 100,000) in Hertfordshire significantly increased from 366.7 to 391.9.

Hospital admissions for alcohol-related conditions



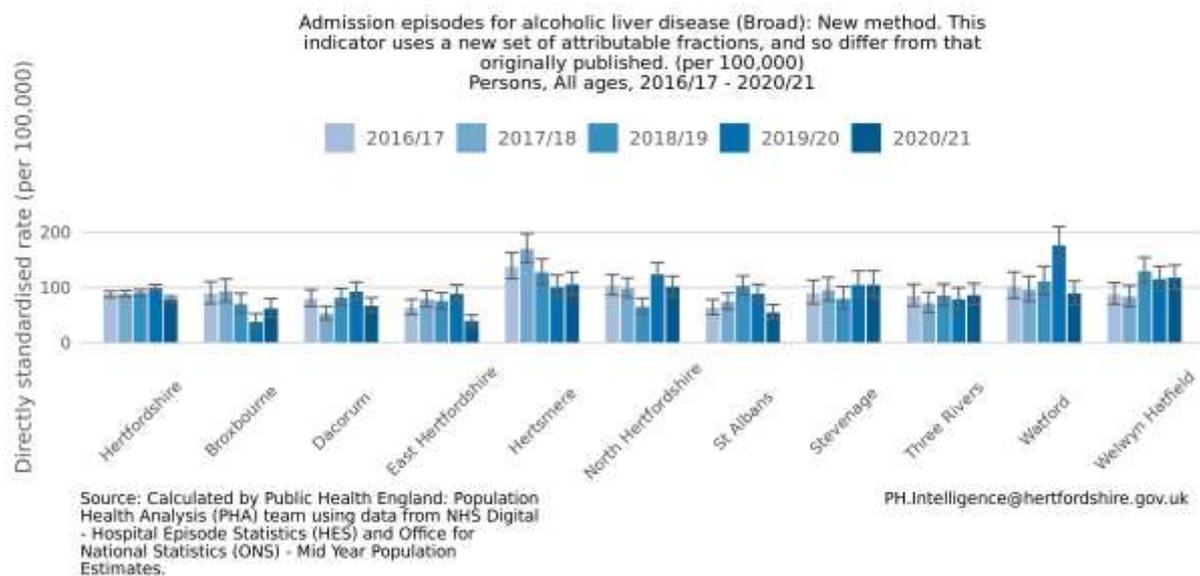
- Alcohol-related conditions are defined as conditions where the primary diagnosis is an alcohol-related condition, or the secondary diagnosis is an alcohol-attributable external cause. In 2020/21, the directly standardised rate of admission episodes for alcohol-related conditions (per 100,000) in Hertfordshire was 1289.3. This directly standardised rate was lower than England (1499.8) and this difference was statistically significant.
- Rates of alcohol-related admissions were lower than the Hertfordshire average in St Albans and East Hertfordshire, and higher in Watford, Welwyn Hatfield, and Stevenage.
- Between 2016/17 and 2020/21, the directly standardised rate (per 100,000) in Hertfordshire significantly decreased from 1353.8 per 100,000 to 1289.3.

Hospital admissions for alcohol-related cardiovascular disease



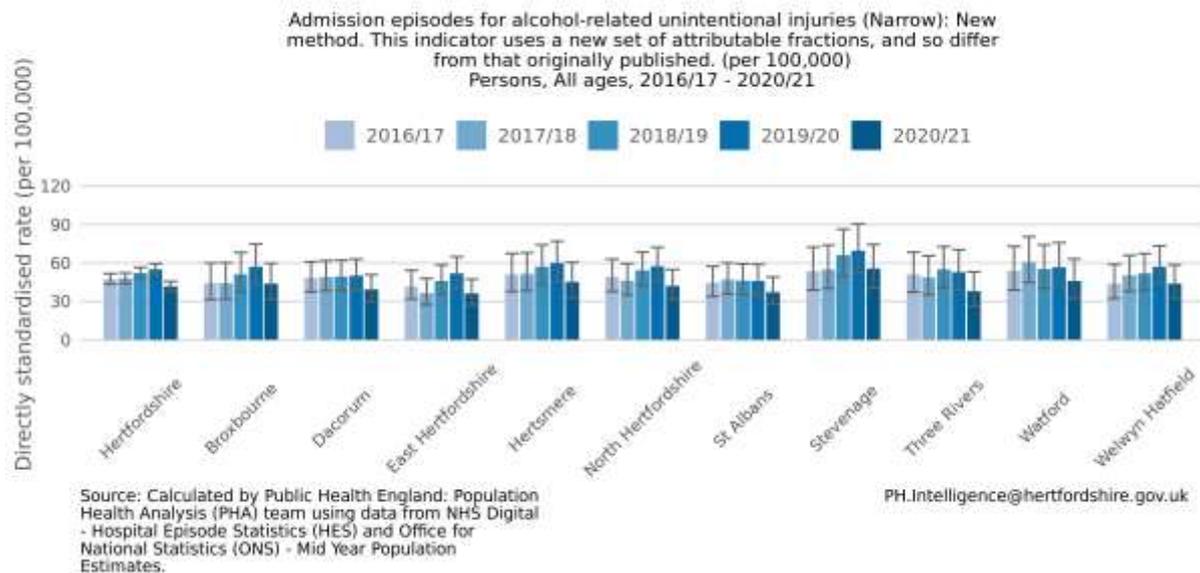
- In 2020/21, the directly standardised rate of admissions (per 100,000) for alcohol-related cardiovascular disease for all ages in Hertfordshire was 586.4. This was lower than England (613.4) and this difference was statistically significant.
- Rates of admission were significantly lower than the Hertfordshire average in St Albans and East Hertfordshire. Rates of admission were significantly higher than the Hertfordshire average in Watford and Stevenage.
- Hertfordshire had higher rates of admission than 6 of its comparator areas (Buckinghamshire, Gloucestershire, Hampshire, Kent, Oxfordshire, and West Sussex).
- Hospital admissions for alcohol-related cardiovascular disease are decreasing. Between 2016/17 and 2020/21, the directly standardised rate (per 100,000) in Hertfordshire decreased from 728.9 to 586.4 and this was statistically significant.

Admissions for alcoholic liver disease



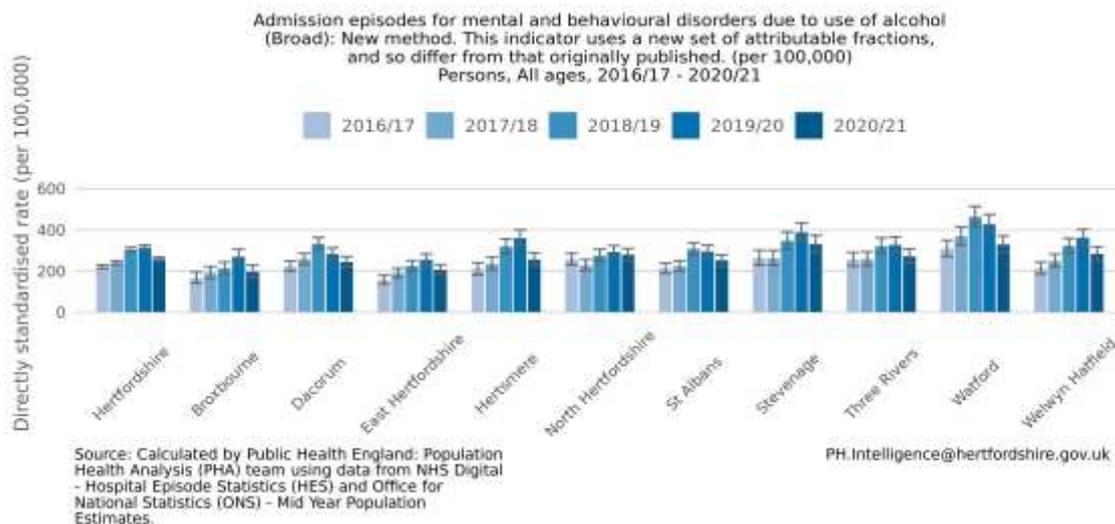
- In 2020/21, the directly standardised rate of admissions (per 100,000) for alcoholic liver disease in Hertfordshire was 78.9. This was lower than England (128.3) and this difference was statistically significant.
- Rates of admission were significantly lower than the Hertfordshire average in St Albans and East Hertfordshire and significantly higher in Hertsmere and Welwyn Hatfield.
- Between 2016/17 and 2020/21, the rate of admissions (per 100,000) for alcoholic liver disease in Hertfordshire did not statistically significantly increase or decrease.

Hospital admissions for alcohol-related unintentional injuries



- In 2020/21, the directly standardised rate (per 100,000) of hospital admission episodes for alcohol-related unintentional injuries in Hertfordshire was 41.7. This was statistically similar to England (43.7). Rates of admissions in all districts were statistically similar to the Hertfordshire average.
- Rates of admissions for alcohol-related unintentional injury in Hertfordshire have remained stable between 2016/17 and 2020/21.

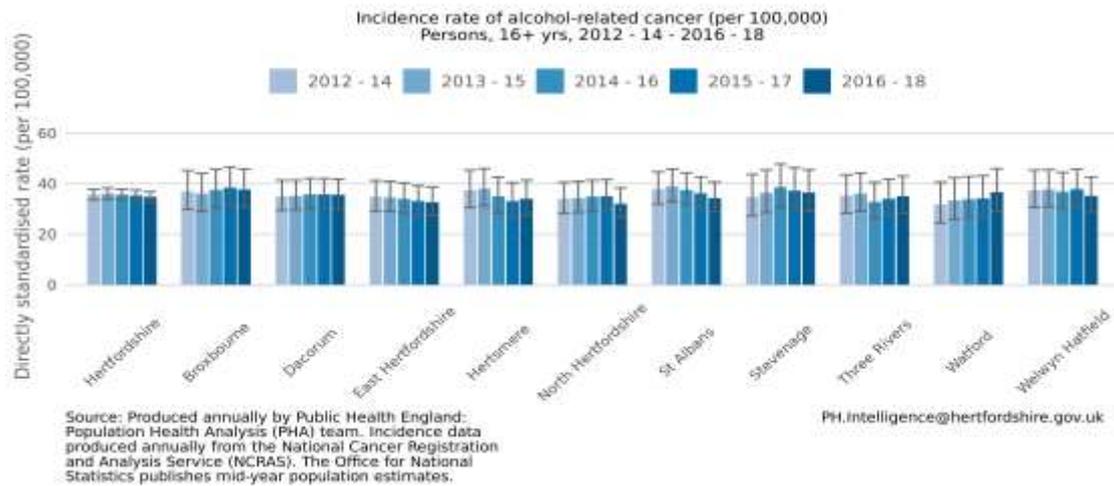
Hospital admissions for mental and behavioural disorders due to alcohol



- In 2020/21, the directly standardised rate (per 100,000) of admission episodes for mental and behavioural disorders due to use of alcohol in Hertfordshire was 259.1. This was statistically significantly lower than England (378.6).
- Rates of admission were significantly lower than the Hertfordshire average in Broxbourne and East Hertfordshire. Rates of admission were significantly higher than the Hertfordshire average in Watford and Stevenage.

- Between 2016/17 and 2020/21, the directly standardised rate (per 100,000) in Hertfordshire increased from 221.2 to 259.1 and this was statistically significant.

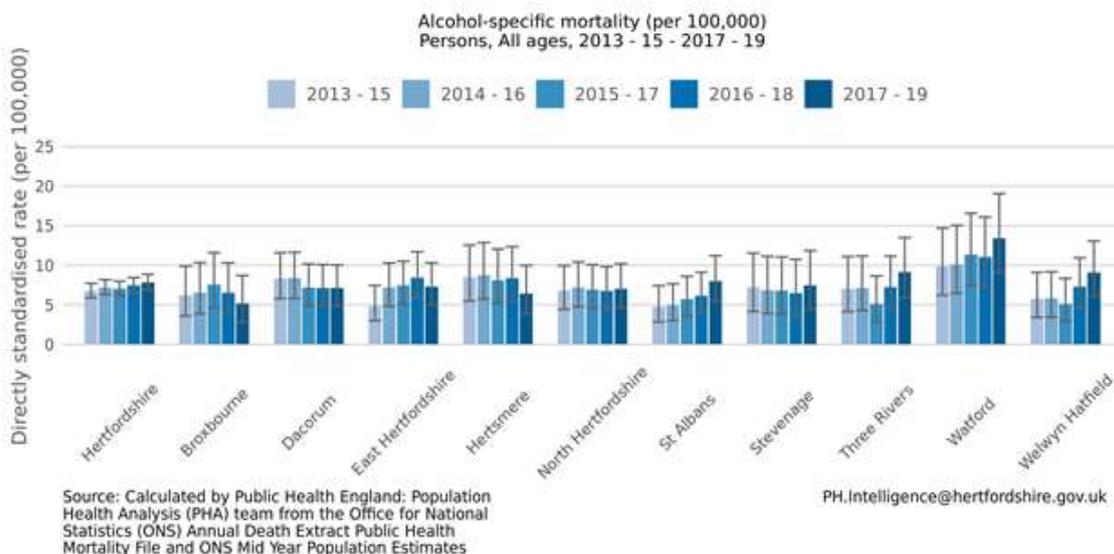
Incidence of alcohol-related cancer



- The most recent data for alcohol-related cancer incidence (per 100,000) is from 2016-18, showing an incidence rate in Hertfordshire of 34.7. This directly standardised rate was lower than England (37.8) and this difference was statistically significant.
- Hertfordshire has the lowest rate of alcohol-related cancer compared to the following comparator areas: Cambridgeshire, Essex, Gloucestershire, Hampshire, Kent, Oxfordshire, Surrey, Warwickshire, and West Sussex.
- Between 2012 - 14 and 2016 - 18, the directly standardised rate in Hertfordshire did not statistically significantly increase or decrease.

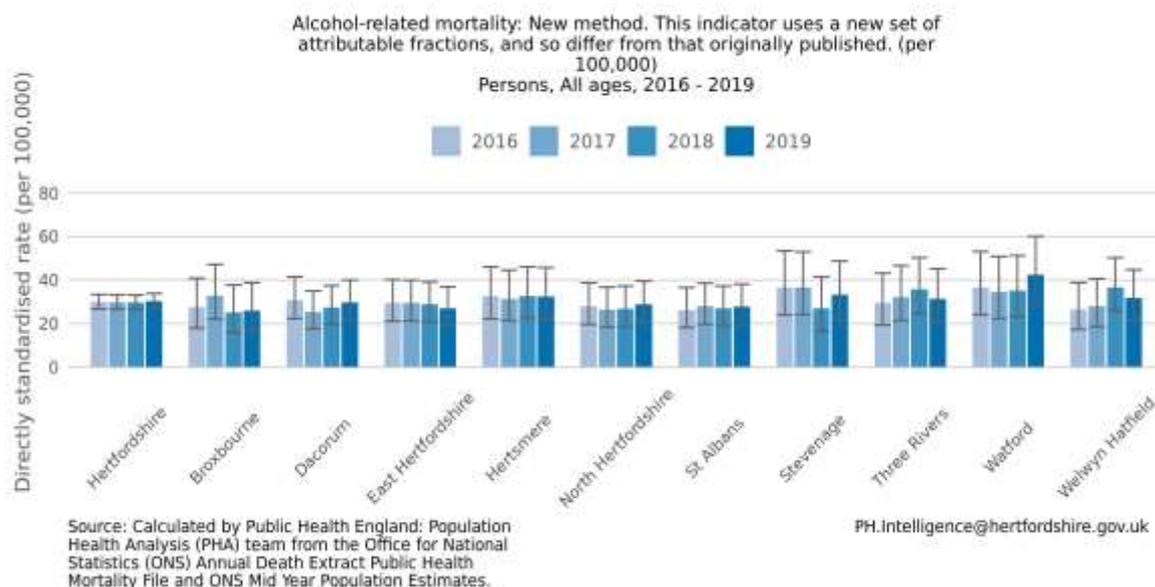
Alcohol-related deaths

Alcohol-specific mortality



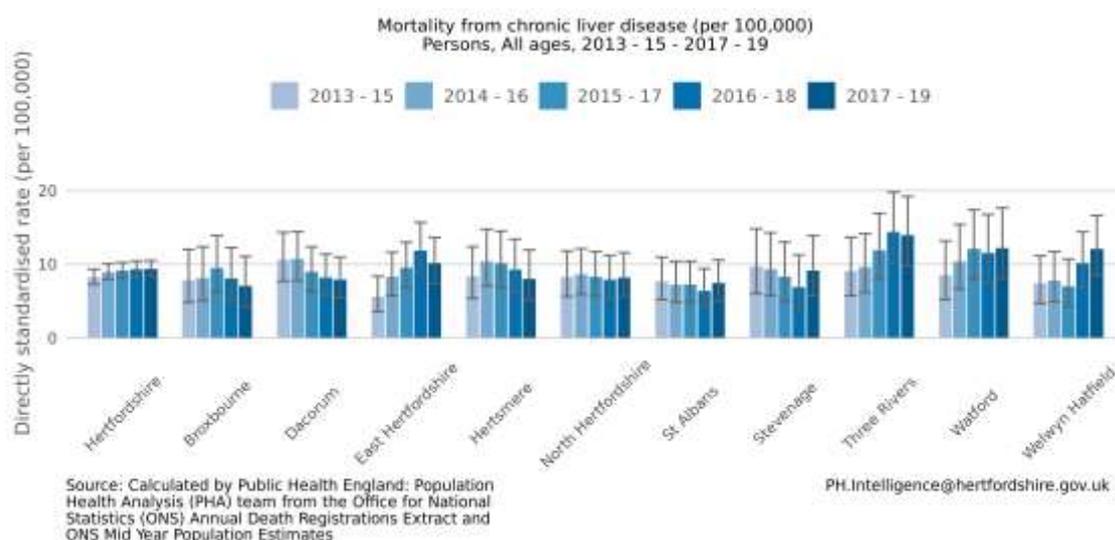
- In 2017-19 the directly standardised rate (per 100,000) of alcohol-specific mortality in Hertfordshire was 7.84. This is defined as deaths from alcohol-specific conditions. This rate was lower than England (10.9) and this difference was statistically significant.
- Rates of alcohol-specific mortality were significantly higher in Watford than the Hertfordshire average. All other districts had statistically similar rates of alcohol-specific mortality to the Hertfordshire average.
- Between 2013-15 and 2017-19, the directly standardised rate of alcohol-specific mortality in Hertfordshire did not statistically significantly increase or decrease.

Alcohol-related mortality



- In 2019, the directly standardised rate (per 100,000) of deaths from alcohol-related conditions in Hertfordshire was 30.4. This rate was statistically significantly lower than England (35.7).
- All districts were in line with the Hertfordshire average for alcohol-related mortality.
- Between 2016 and 2019, the directly standardised rate in Hertfordshire did not statistically significantly increase or decrease.

Mortality from chronic liver disease



- In 2017-19, the directly standardised rate of mortality from chronic liver disease (per 100,000) in Hertfordshire was 9.38. This was lower than England (12.02) and this difference was statistically significant. Between 2013-15 and 2017-19, the directly standardised rate in Hertfordshire remained statistically similar.
- Rates of mortality from chronic liver disease were statistically similar across all Hertfordshire districts. Mortality rates were also statistically similar to rates in all 9 comparator areas for which data were available (Cambridgeshire, Essex, Gloucestershire, Hampshire, Kent, Oxfordshire, Surrey, Warwickshire, West Sussex).

Deaths by suicide

- The [Hertfordshire Suicide Audit 2017-19](#) summarised the findings from 270 suicides from the Hertfordshire Coroner Service inquest concluding from 1 January 2017 to 31 December 2019. Of these suicides, 74.8% were by men and 42.2% were aged 30-49.

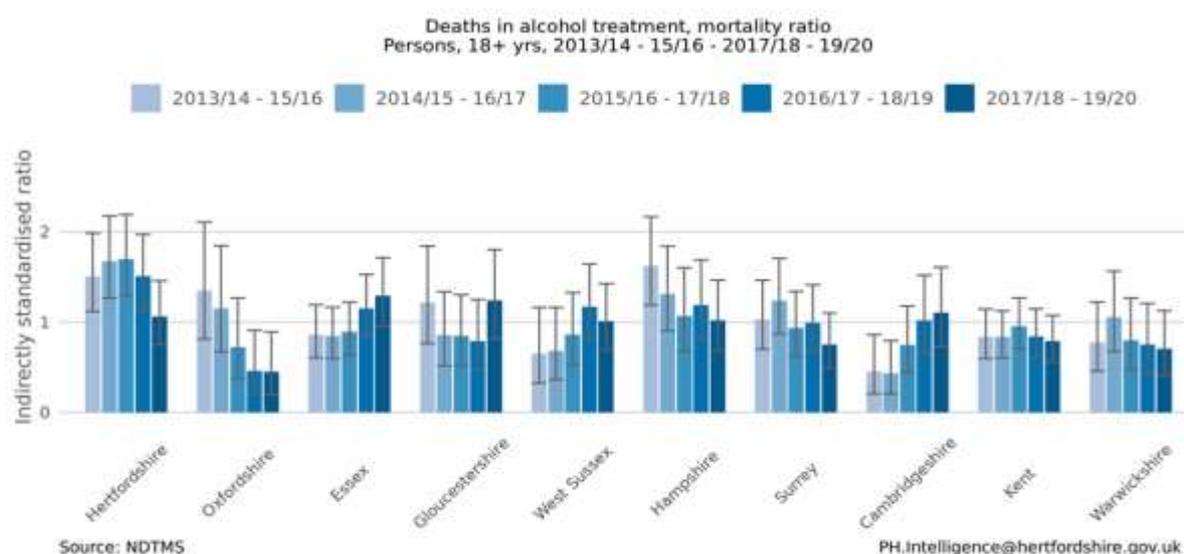
Alcohol use at the time of death

- Alcohol, of varying levels of concentration, was found to be present at the time of death in 38.9% of all suicides.
- Self-poisoning by drugs, alcohol or other substances was the second most common method of suicide (17.8%). Of the 48 suicides that occurred by poisoning, alcohol and/or recreational drugs were present in 8 suicides.

Substance misuse as a risk factor

- **Drug and/or alcohol problems** were the third most common risk factor listed in the coroners' report occurring in 37.4% of suicides (101 suicides), following mental ill health problems (80.7%) and family/relationship problems (50.0%). This risk factor was more common among males (40.6%) than females (27.9%).
- Additionally, 14.4% of people who died by suicide were **known to a drug or alcohol service** (39 suicides) including 14.7% of females and 14.4% of males.

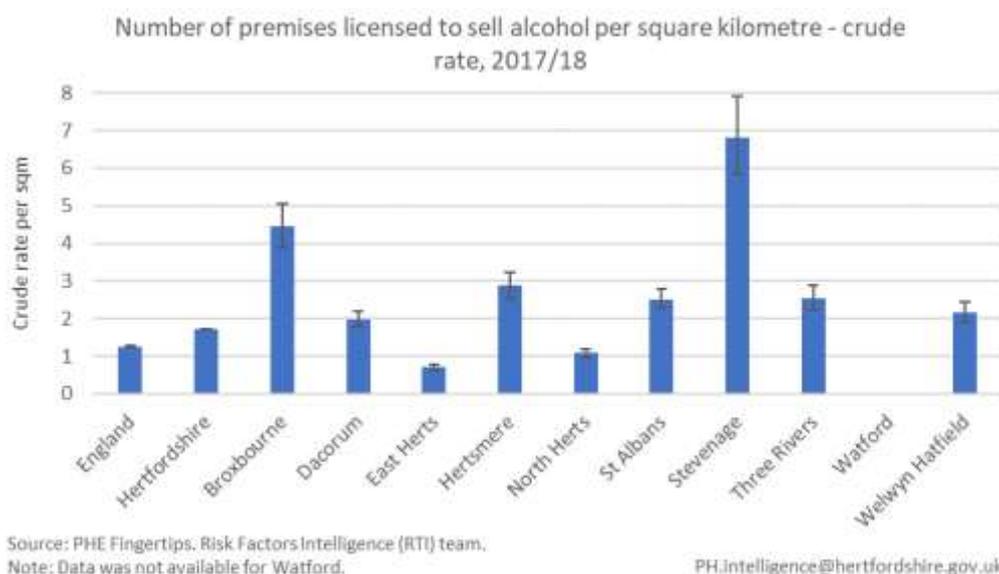
Deaths in alcohol treatment



- In the latest reporting period (2017/18-19/20), the indirectly standardised mortality ratio for deaths in alcohol treatment in Hertfordshire was 1.06. This equates to a total of 38 deaths, which is a reduction from 53 deaths during the previous period (2016/17-18/19) and the lowest number of deaths in the last five years.
- The mortality ratio for deaths in alcohol treatment in Hertfordshire was statistically similar to England and all comparator areas and is a decrease from the previous period (2016/17-18/19) where the mortality ratio was significantly higher than England.
- Over the last five rolling periods since 2013/14-15/16, the indirectly standardised mortality ratio in Hertfordshire remained statistically similar.

Availability and trade

Number of premises licensed to sell alcohol



- In 2017/18, Hertfordshire had an average of 1.7 licensed premises per square kilometre. This was significantly higher than the national average of 1.3 licensed premises per square kilometre.
- In 2017/18, at least 7 out of 10 districts had a significantly higher rate of premises licensed to sell alcohol per square kilometre than England. Stevenage had a significantly higher than all other districts (n=6.8), followed by Broxbourne (n=4.5) and Hertsmere (n=2.9). No data was available for Watford.

Volume of alcohol sold through the on and off trade

- In 2014, Public Health England purchased one year of alcohol sales data (on and off trade) to inform alcohol policies across the country. During this year, Hertfordshire sold over 4 million litres of pure alcohol, which equates to an average of 5.5 litres of pure alcohol sold per adult:
 - Wine sales averaged at 2.03 litres per adult, which was statistically similar to England.
 - Beer sales averaged at 1.12 litres per adults, which was significantly lower than England.
 - Spirit sales averaged at 1.09 litres per adult, which was significantly lower than England.
- Please note alcohol sales data does not include online sales delivered to Hertfordshire addresses. This is particularly important to consider as there has been an increase in companies delivering alcohol to home addresses, particularly since the start of the COVID-19 pandemic.

Alcohol treatment and intervention

This section summarises some key data regarding drug misuse from the National Drug Treatment Monitoring System ([NDTMS](#)).

Adults in specialist alcohol treatment

- According to NDTMS, there were 3,623 adults in substance misuse treatment in Hertfordshire in 2020/21, an increase of 12% compared to the previous year (2019/20). Of all adults in treatment in 2020/21:
 - 42% (n=1,522) were in treatment for **opiates** (7% increase)
 - 33% (n=1,179) were in treatment for **alcohol only** (13% increase)
 - 17% (n=600) were in treatment for **non-opiates and alcohol** (14% increase)
 - 9% (n=322) were in treatment for **non-opiates only** (31% increase)

Characteristics of adults in alcohol treatment

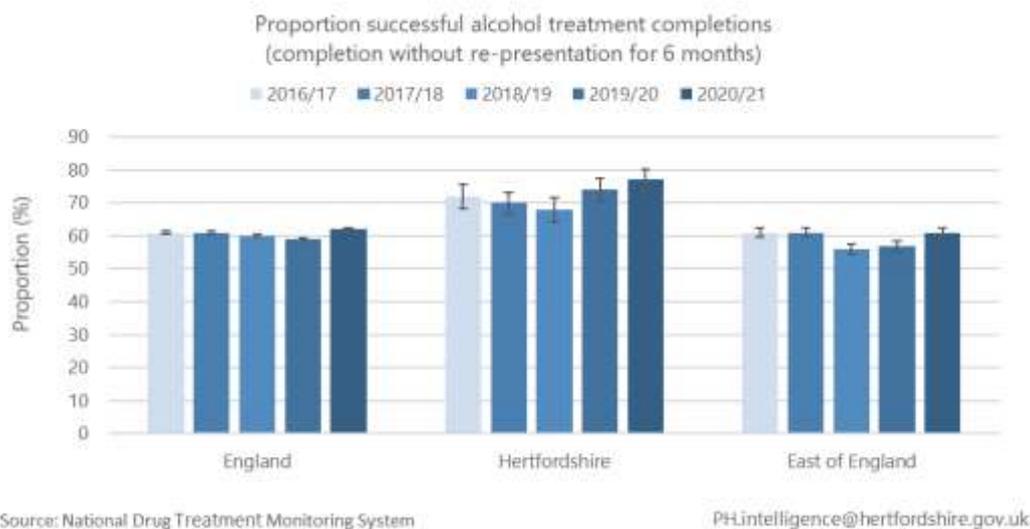
- Data on client characteristics is not currently available for the latest year (2020/21), therefore client characteristics are based on 2019/20 adult treatment data:
 - **Sex:** 57% were male and 43% were female.
 - **Age:** The most common age group was 30-49, accounting for over half (51%) of all alcohol clients. A further 41% were aged 50+ and 9% were aged 18-29.

- **Ethnicity:** 94% were White and 6% were from ethnic minority groups (2% Black, 2% Asian and 2% Mixed).
- **Housing:** 10% had a housing problem.
- **Employment:** 35% were unemployed or economically inactive.
- **Caring responsibilities:** 25% of alcohol clients were parents living with children, and 16% were parents not living with children.

Proportion waiting more than 3 weeks for alcohol treatment

- In 2019/20, the proportion of people waiting more than 3 weeks for alcohol treatment in Hertfordshire was 0.16%. This proportion was significantly lower than for England (1.81%). Between 2015/16 and 2019/20, the proportion in Hertfordshire remained statistically similar.

Successful completions of adults in alcohol treatment

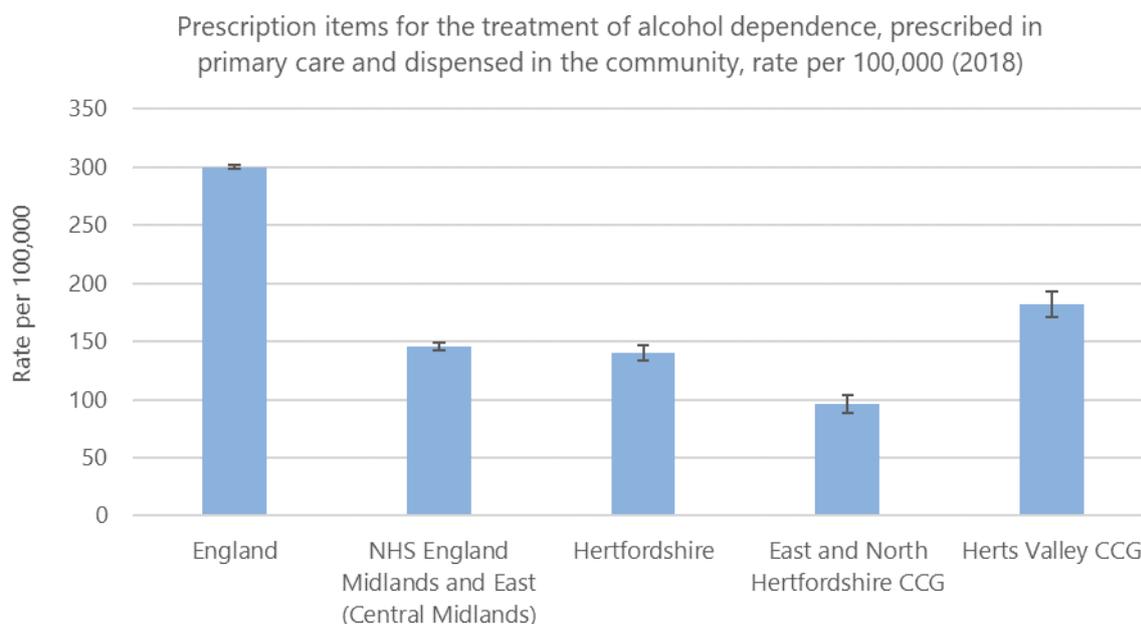


- In 2020/21, the proportion of adults successfully completing alcohol treatment (i.e., not re-presenting within 6 months) was 77%. This percentage has significantly increased over the last two years since 2018/19.
- Successful completion rates among alcohol clients were higher than non-opiate clients (73%) and non-opiate and alcohol clients (72%), and significantly more than opiate clients (35%).
- Successful completion rates among alcohol clients were higher for females (79%) compared to males (75%).

Estimated proportion of alcohol users not in treatment

- PHE estimates indicate that approximately 82% of dependent drinkers aged 15-64 were not in treatment in Hertfordshire in 2019/20.
- The estimated proportion of dependent drinkers with a treatment need that are not receiving treatment has increased from 80% in 2019/20 but has remained relatively stable across the last five years. Estimates are not yet available for the latest reporting year (2020/21).

Dispensing of alcohol-related prescriptions



Source: NHS Digital

PH.intelligence@hertfordshire.gov.uk

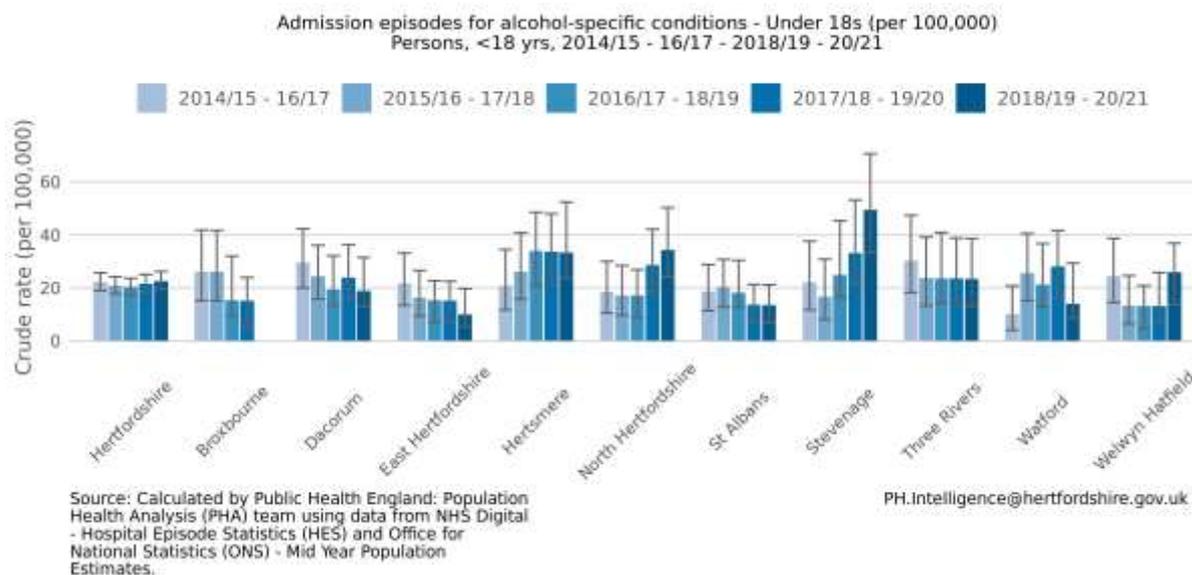
- In 2018, prescriptions for the treatment of alcohol dependence (per 100,000 population) prescribed in primary care and dispensed in the community in Hertfordshire was 140. This was significantly lower than for England (300) but statistically similar to NHS England Midlands and East (146). East and North Hertfordshire CCG was significantly lower (88), and Herts Valley CCG significantly higher (182) than the Hertfordshire average.

Brief interventions

- Brief interventions usually aim to reduce alcohol consumption and related harm in hazardous and harmful drinkers who are not actively seeking help for alcohol problems. Interventions usually take the form of a conversation with a primary care provider and may include feedback on the person's alcohol use and advice on how to reduce consumption.
- In 2018/19, there were a total of 689 alcohol and/or drug users that received brief interventions in hospital settings in Hertfordshire (Watford and Lister Hospital). Of these individuals, 87% (n=598) received Information and Brief Advice and 13% (n=91) received an Extended Brief Intervention.

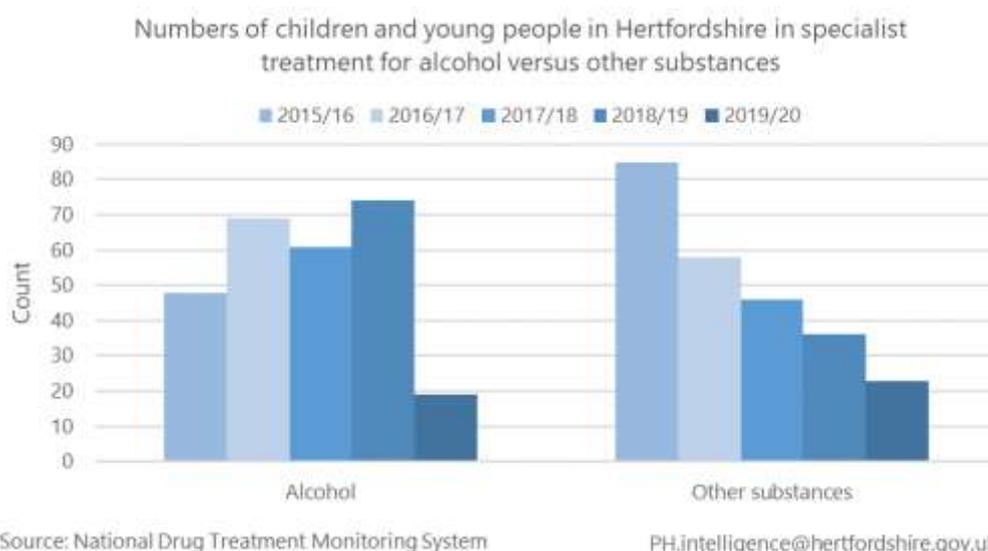
Children and young people

Alcohol-specific admissions to hospital in under 18s



- In 2018/19 - 20/21, the crude rate of admission episodes for alcohol-specific conditions (per 100,000) in Hertfordshire was 22.6. This was lower than England (29.3) and this difference was statistically significant.
- Hertfordshire had lower rates of admissions than 6 comparator areas (Gloucestershire, Hampshire, Oxfordshire, Surrey, Warwickshire, West Sussex) and was statistically similar to 4 comparator areas (Buckinghamshire, Cambridgeshire, Essex, Kent).
- Rates of admissions were higher than the Hertfordshire average in just one district, Stevenage. Some district areas did not have data available for 2018/19 - 20/21.
- Between 2014/15 - 16/17 and 2018/19 - 20/21, the crude rate in Hertfordshire did not statistically significantly increase or decrease.

Young people under 18 in treatment for substance misuse

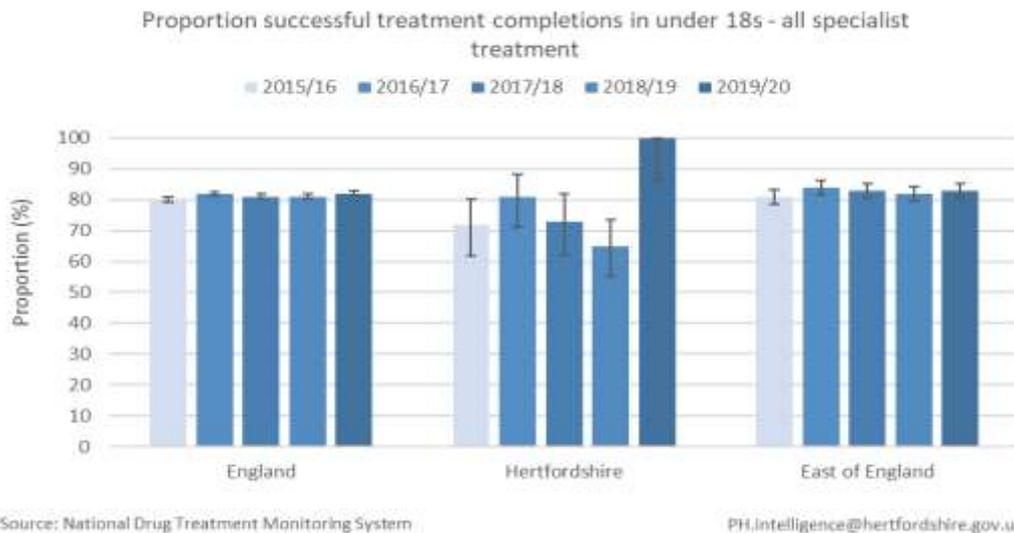


- In 2019/20, there were 42 children and young people in Hertfordshire receiving specialist substance misuse treatment. This number has reduced year-on-year by 79.7% over the last ten years, from 207 in 2009/10 to 42 in 2019/20.
- Of the 42 young people in treatment in 2019/20, 19 children and young people (45%) were receiving support for alcohol misuse. This was a lower proportion than in the three preceding years, but not statistically significant.
- Alcohol represented 45% of all young people in treatment and was the second most common substance used by young people, after cannabis (93%).

Characteristics of young people in drug treatment

- The following summarises the key characteristics of children and young people in drug treatment services in Hertfordshire in 2019/20:
 - **Sex:** Males accounted for over two-thirds (69%) of all young people in treatment, compared to 31% females.
 - **Age:** The most common age group was 16-17 years, which accounted for over half (57%) of all young people in treatment, followed by 14-15 years (37%) and under 14s (12%). The proportion of under 14s in treatment increased significantly in 2019/20 compared to previous years.
 - **Accommodation status:** The majority of young people in treatment were living with parents/carers (85%). A further 6% were living in care and another 6% were living in independent settled accommodation.
 - **Education/employment:** Less than half (45%) of young people in treatment were in mainstream education. Over a quarter (27%) were not in education, employment or training (NEET) and 18% were in alternative education.
- More information and data on characteristics of young people in drug treatment in Hertfordshire can be found on [NDTMS](#).

Young people completing treatment successfully

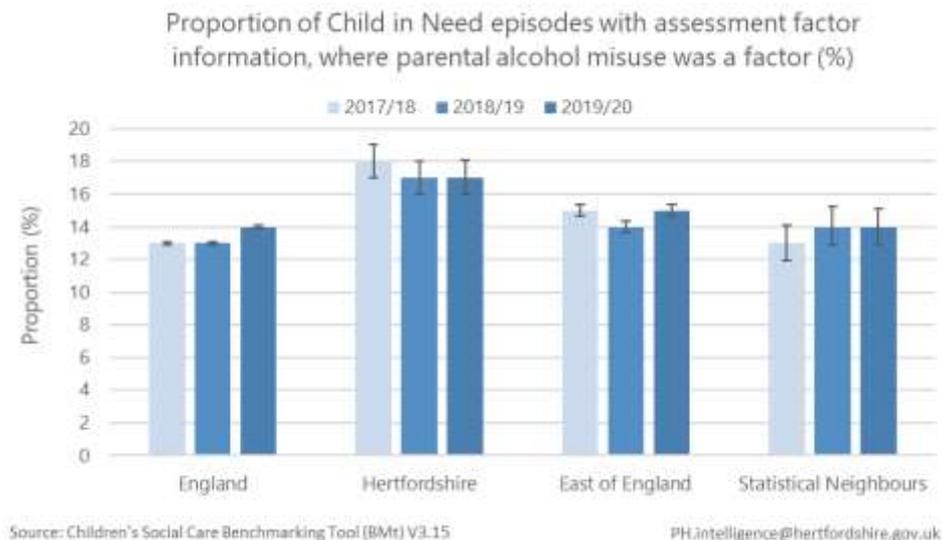


- In 2019/20, 100% of treatment exits for under 18s from specialist treatment (all substances) in Hertfordshire were successful. This was significantly higher than for both England (82%) and East of England (83%). However, it is important to note that this proportion is significantly higher than in previous years and is based on a smaller number of exits (n=25) than in previous years (n>50).

Children in Need (CIN) assessments

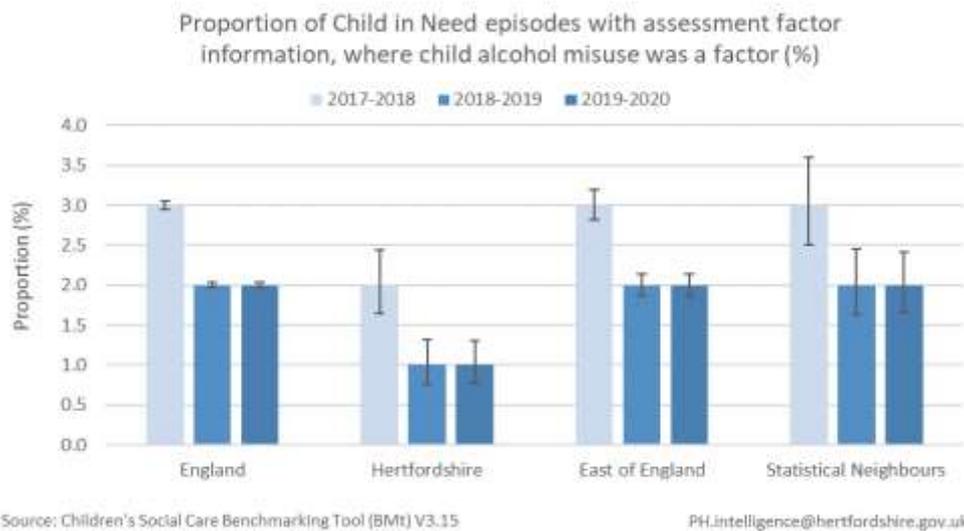
- The purpose of a CIN assessment is to gather information and evidence about a child's developmental needs and the parents' capacity to meet these needs within the context of the family and community. This information can be subjective due to being based on the opinion of the social worker assessing the case, therefore care should be taken when drawing comparisons using this information.

Children in Need (CIN) episodes with parental alcohol misuse



- In 2019/20, parental alcohol misuse was a factor in 17% of Child in Need episodes in Hertfordshire for which assessment factor information was available. This was significantly higher than the proportion in England (14%), East of England (15%) or Hertfordshire’s Children’s Services statistical neighbours (14%).
- Between 2018/18 and 2019/20 in Hertfordshire, the proportion of Child in Need episodes in which parental alcohol misuse was a factor did not significantly increase or decrease.

Children in Need (CIN) episodes with child alcohol misuse



- In 2019/20, child alcohol misuse was a factor in 1% of CIN episodes for which assessment factor information was available. This was significantly lower than for England (2%), East of England (2%) and Hertfordshire’s statistical neighbours (2%).
- Between 2017/18 and 2019/20, the proportion of CIN episodes in Hertfordshire in which child alcohol misuse was a factor significantly decreased from 2% to 1%.

Children Looked-After

- Local data on children looked-after (CLA) with substance misuse issues is collected through the SSDA903 return to the Department for Education, using data collated by Children’s Services. Historically it is believed that there may have been some under reporting in this area meaning historical comparisons may not have been possible. This data has been purposely excluded from this JSNA to prevent misinterpretation of the data. However, this caveat has been highlighted as a gap in knowledge within the [Limitations](#) of this document.

Young People’s Health and Wellbeing Survey (2021)

- The Young People’s Health and Wellbeing Survey 2021 received responses from young people aged 10-20 in Hertfordshire about the frequency and amount of alcohol consumption, binge drinking and whether they would like to reduce their drinking.

- In Hertfordshire overall, 74% of young people reported never consuming alcohol, 12% reported drinking monthly or less, 10% 2-4 times a month, 2% 2-3 times per week and 1% 4 or more times a week.
- Young people were asked how many alcoholic drinks they consume on a typical drinking day. For 72% of students, this question was not applicable as they did not drink or they did not respond. Of those who responded, the most common response was 1 or 2 drinks (67%). Around one in five (18%) reported drinking 3-4 drinks, 9% reported drinking 5-6 drinks, 3% 7-8 drinks and 3% 9-10 drinks.
- Around 11% reported engaging in binge drinking (drinking 6 or more drinks), with approximately 7% of all young people binge drinking less than monthly, 3% monthly and around 1% either daily, almost daily or weekly.
- When asked if they would like to reduce their drinking, of those who responded to the question, most young people (64%) said they would like to keep drinking alcohol. Over one in five (22%) said they would like to reduce the amount they drink but not stop, and 14% said they would like to stop.
- There were some significant differences noted between different population groups:
 - Female students were significantly more likely than male students to want to keep drinking alcohol (17% vs 14%).
 - Young people with a mental health problem reported drinking at higher frequencies than those without a mental health problem including drinking 2-4 times a month (20% vs 9%), 2-3 times a week (4% vs 2%) and 4 or more times a week (4% vs less than 1%). These differences were statistically significant.
 - Young people who reported their gender as Other were significantly more likely to report drinking 4+ times a week (6%) than males or females (less than 1%) and to drink daily or almost daily (6%) than males or females (less than 1%).
 - Older age groups were more likely to report drinking alcohol, with the proportion of young people who never consumed alcohol decreasing significantly with each school year from 95% in Year 7 to 27% in Year 13.
 - Young people from Chinese (8%), Any Other (3%) and Black (2%) backgrounds were significantly more likely to drink alcohol 4 or more times a week than All students (1%).
- More information on the survey findings can be found [here](#).

Hospital Youth Work Project

- The Hospital Youth Work project has been delivered at Lister Hospital and Watford General Hospital since February 2020. The project aims to address causes of poor mental health in young people, signpost to local services and support young people experiencing emotional/social issues.
- In the 18 months since the project launched, 627 young people have been seen. When a young person is referred to the team, up to three intervention areas can be

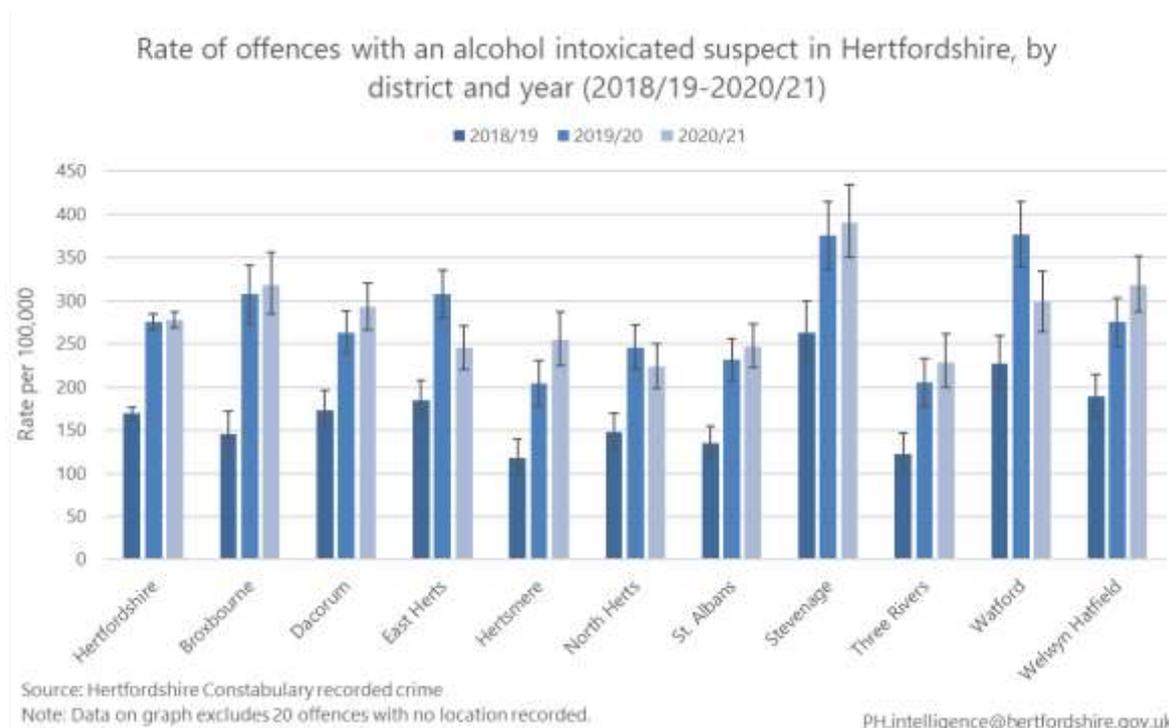
selected. Of all interventions during this time, 5% of intervention areas involved alcohol, 5% involved overdose and 4% involved substances.

Transgender engagement with drugs and alcohol services

- In 2013, the [Hertfordshire Transgender Health Needs Assessment](#) included a survey of 22 people identifying as transgender. Fifteen percent of participants answering the question (3/20) reported using a drug or alcohol service in Hertfordshire. Reports were generally positive, however, staff sensitivity was raised as an issue in some situations. It was felt that professionals tended to consider drug use as the core problem and that the underlying issues were less important.

Alcohol-related crime and offenders

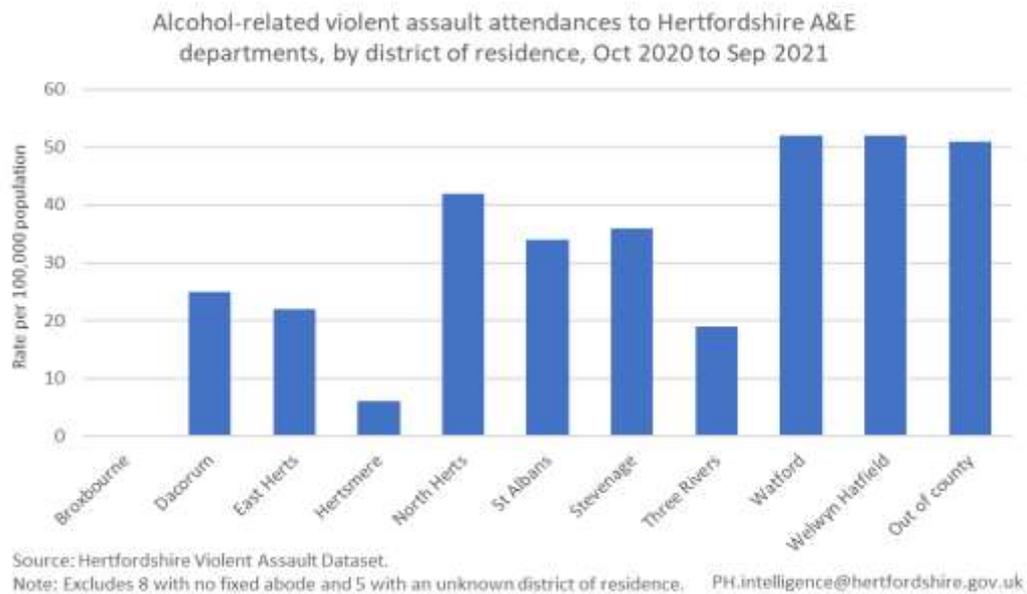
Alcohol-related crime



- Hertfordshire Constabulary can record an ‘alcohol’ flag on a crime where the suspect or victim was known to be under the influence of alcohol during the crime. During the latest 3-year period (2018/19 to 2020/21), Hertfordshire Constabulary recorded 8,646 offences with an alcohol intoxicated suspect (3.9% of all crime) and 4,368 offences with an alcohol intoxicated victim (2.0% of all crime). However, please note that alcohol flags are known to be under-recorded, therefore true extent of alcohol-related crime in Hertfordshire is expected to be higher.
- There was a statistically significant increase in the number of offences with alcohol intoxicated suspects recorded across all Hertfordshire districts from 2018/19 to 2019/20. From 2019/20 to 2020/21, all districts remained statistically similar with the exception of East Hertfordshire and Watford which significantly decreased.

- The most common offences with an alcohol intoxicated suspect recorded were assault without injury (29.4%), assault with injury (25.4%) and causing harassment, alarm or distress (7.9%). The most common offences with an alcohol intoxicated victim recorded were assault with injury (43.4%), assault without injury (29.1%) and rape of a female (4.6%).

Alcohol-related violent assaults



- The Violent Assault Dataset was introduced in Hertfordshire in September 2020 for accident and emergency (A&E) departments to collect information on adults and children attending Hertfordshire A&E departments for alcohol-related assaults. Since recording started in September 2020, there have been a total of 448 presentations to Hertfordshire A&E departments for violent assaults, of which 39.5% (n=139) were known or suspected to be related to alcohol.
- Watford, Welwyn Hatfield and Out of County residents had the highest number of A&E attendances for alcohol-related assaults.

Domestic abuse

- Police-recorded domestic abuse offences can be 'flagged' as drug-related where the victim or perpetrator is believed to have an aggravating factor of drugs. The Domestic Abuse Needs Assessment 2018 found that between 1 January 2016 and 31 December 2017, almost one quarter (24.4%) of domestic abuse offences in Hertfordshire had an 'alcohol flag' recorded; however, this figure is expected to be underestimated due to reliability on alcohol testing.
- Of all domestic abuse perpetrators in Hertfordshire managed by BENCH Community Rehabilitation Company (CRC) during the last three financial years (2018/19 to 2020/21), almost one fifth (18.7%, n=95) had an assessed alcohol need.
- See also the [Violence Against Women and Girls JSNA 2021](#) and [Domestic Abuse JSNA 2018](#) for more information and data on domestic abuse in Hertfordshire.

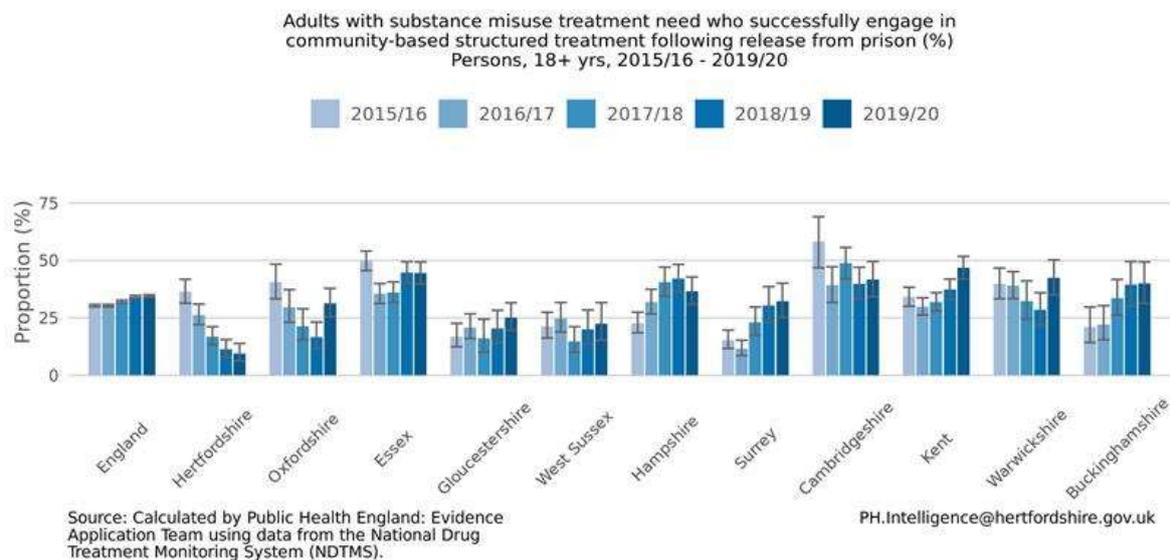
Alcohol-related road traffic collisions

- During the period 1 June 2018 to 31 May 2019, there were 957 intoxicated Road Traffic Act (RTA) offences recorded by Hertfordshire Police. Of these:
 - 83% (n=793) were against males and 17% (n=161) were against females.
 - The most common age was 21-40, which accounted for 64.7% of all individuals involved in RTA offences. Of all offenders, 7.7% (n=73) were aged 15-20.
 - Where ethnicity was recorded, there was a higher rate of non-White offenders than White offenders (0.78 compared to 0.41 per 1,000 population).

Offenders with substance misuse needs

- Hertfordshire Probation Service had a total caseload of 2,084 on 15 November 2021, of which 1,925 offenders had assessment details recorded and 159 have been excluded as they could not be matched with the OASys assessment system.
- Of the **1,925** offenders with assessment details recorded, **65%** (n=1,249) had drug and/or alcohol needs recorded. The proportion of offenders with drug and/or alcohol needs was highest for those that had committed offences of **drink driving** (88%), **domestic burglary** (87%) or **robbery** (78%) and lowest for those that had committed **sexual offences against a child** (29%), **fraud/forgery** (39%) and **handling stolen goods** (40%).

Offenders with substance misuse treatment needs who successfully engage in treatment



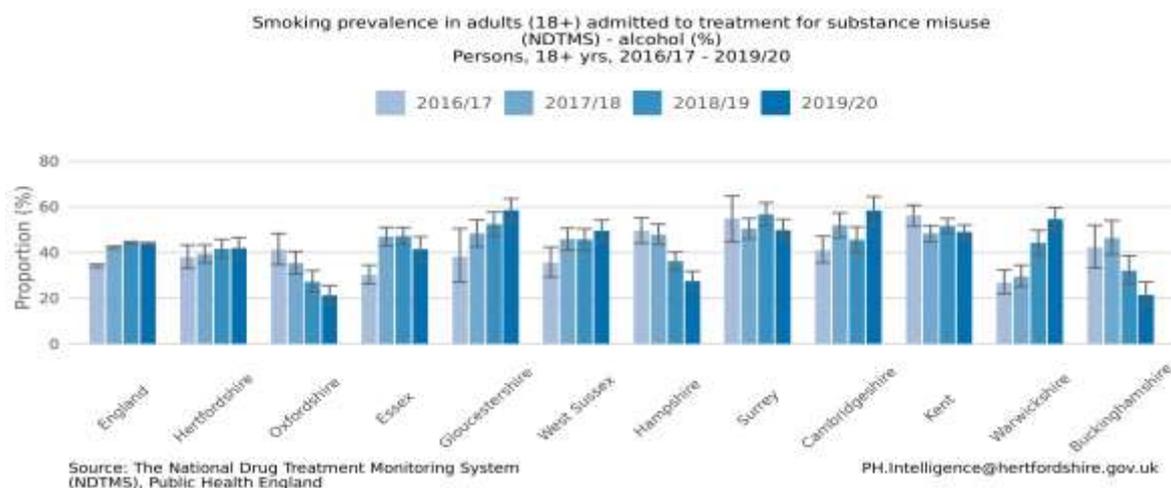
- In 2019/20 the proportion of adults with substance misuse treatment need who successfully engaged in structured treatment following release from prison in Hertfordshire was 9.4%, which was significantly lower than England (34.5%).
- The proportion of adults successfully engaging with treatment following release from prison was lower in Hertfordshire than in all other comparator areas

(Buckinghamshire, Cambridgeshire, Essex, Gloucestershire, Hampshire, Kent, Oxfordshire, Surrey, Warwickshire, West Sussex).

- Between 2015/16 and 2019/20, the proportion of adults successfully engaging with treatment following release from prison in Hertfordshire decreased from 36.4% to 9.4% and this was statistically significant.

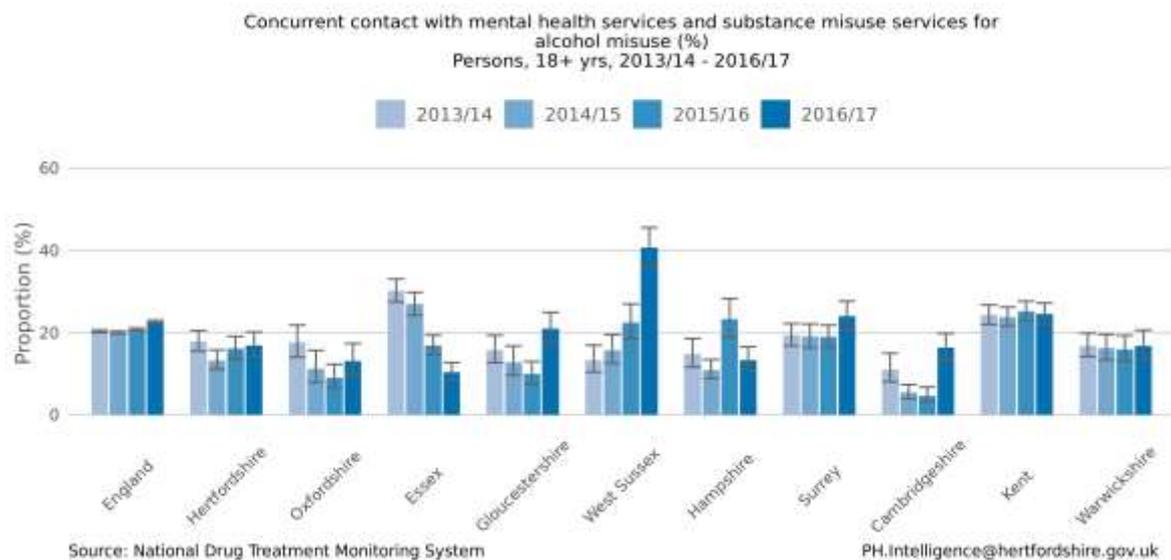
Health inequalities and complex needs

Smoking prevalence in adults admitted to specialist alcohol treatment



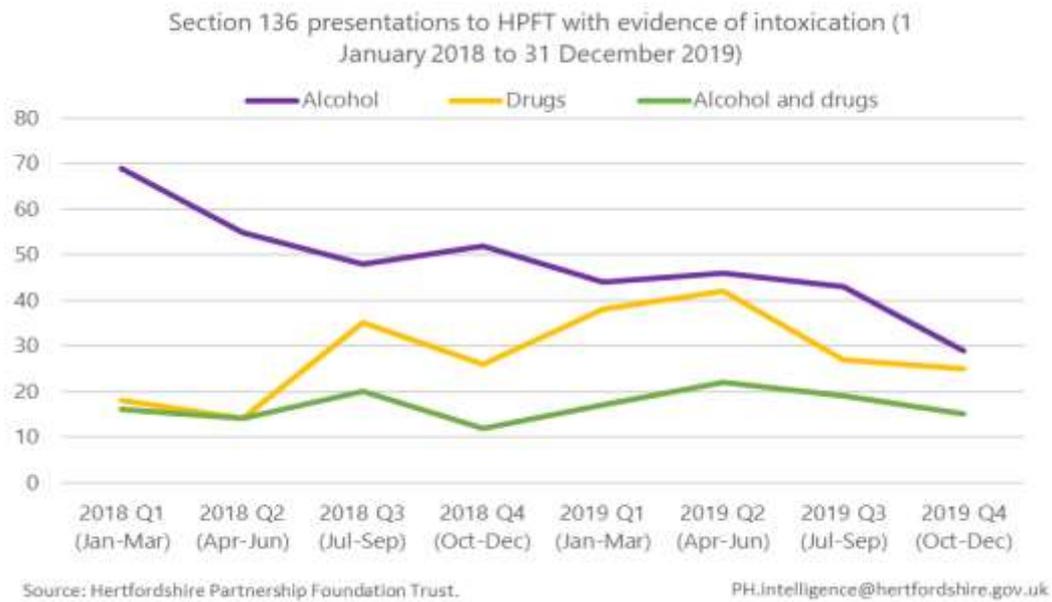
- In 2019/20, the prevalence of smoking in adults admitted to treatment for alcohol misuse in Hertfordshire was 41.9%, statistically similar to England (43.87%).
- Hertfordshire had higher prevalence of smoking amongst those admitted to specialist alcohol treatment than 3 comparator areas (Buckinghamshire, Hampshire, Oxfordshire), lower prevalence than 3 comparator areas (Cambridgeshire, Gloucestershire, Warwickshire), and was statistically similar 4 areas (Essex, Kent, Surrey, West Sussex).
- Between 2016/17 and 2019/20, the proportion in Hertfordshire did not statistically significantly increase or decrease.

Concurrent contact with mental health services



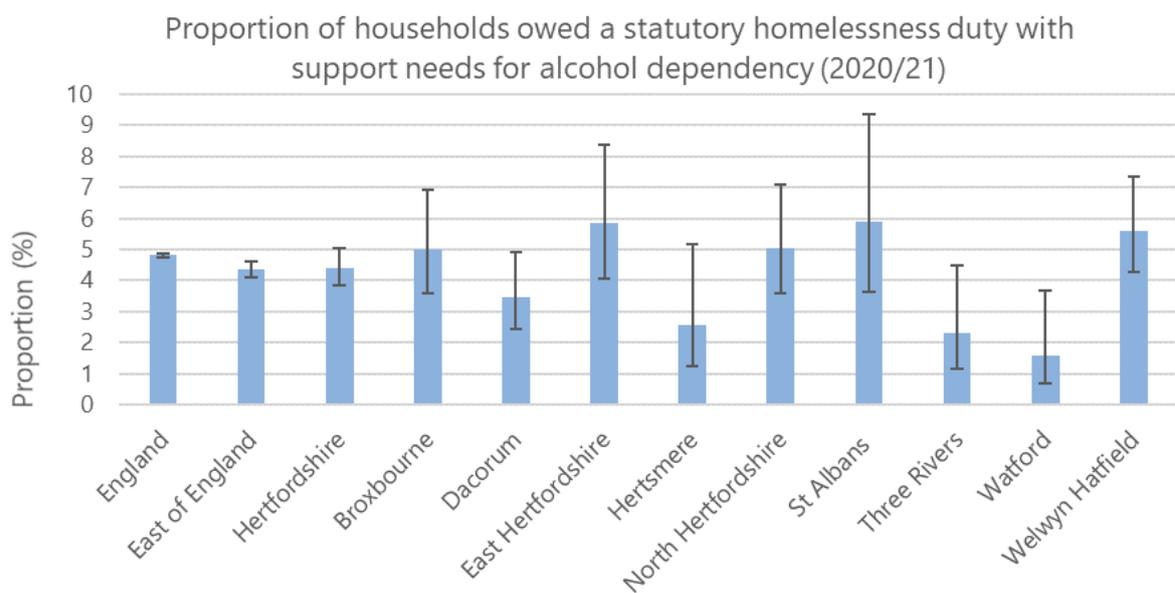
- In 2016/17, the proportion of adults in concurrent contact with mental health services when admitted to specialist treatment for alcohol misuse in Hertfordshire was 16.92%. This proportion was significantly lower than England (22.67%).
- Hertfordshire had higher rates of concurrent mental health service use than one comparator area (Essex), a lower rate than 3 comparator areas (Kent, Surrey, West Sussex); and was statistically similar to 5 comparator areas (Cambridgeshire, Gloucestershire, Hampshire, Oxfordshire, Warwickshire).
- Between 2013/14 and 2016/17, the proportion of adults in concurrent contact with mental health services when admitted to specialist treatment for alcohol misuse in Hertfordshire did not statistically significantly increase or decrease.
- In 2019, Hertfordshire Healthwatch published '[Dual Diagnosis: Raising Concerns Related to Mental Health and Substance Misuse](#)' which identified the main challenges for adults using services with a dual diagnosis in Hertfordshire and to monitor improvements to the services. Some main themes that were highlighted included concerns that people were falling between mental health and drug and alcohol services; that some service users were excluded from mental health services; that people were discharged prematurely or not receiving intervention early enough; and that provision across the county differed. It was also noted that there were some difficulties accessing services through the Single Point of Access.

Section 136 presentations with evidence of drug intoxication



- Section 136 of the Mental Health Act 1983 provides police officers in England and Wales with the authority to remove individuals who appear to be suffering from a mental disorder and to be in immediate need of care and control to a place of safety for appropriate assessment by a psychiatrist or mental health professional.
- During the two years between 1 January 2018 and 31 December 2019, 367 people presented to HPFT with evidence of intoxication from alcohol and/or drugs, which was a decrease of 3.2% (n=12) from 2018. Whilst there was a reduction in alcohol-related presentations (-27.7%), there was a significant increase in presentations for drugs (+42.0%) and concurrent drugs and alcohol (+17.7%).

Statutory homelessness households with alcohol dependency needs



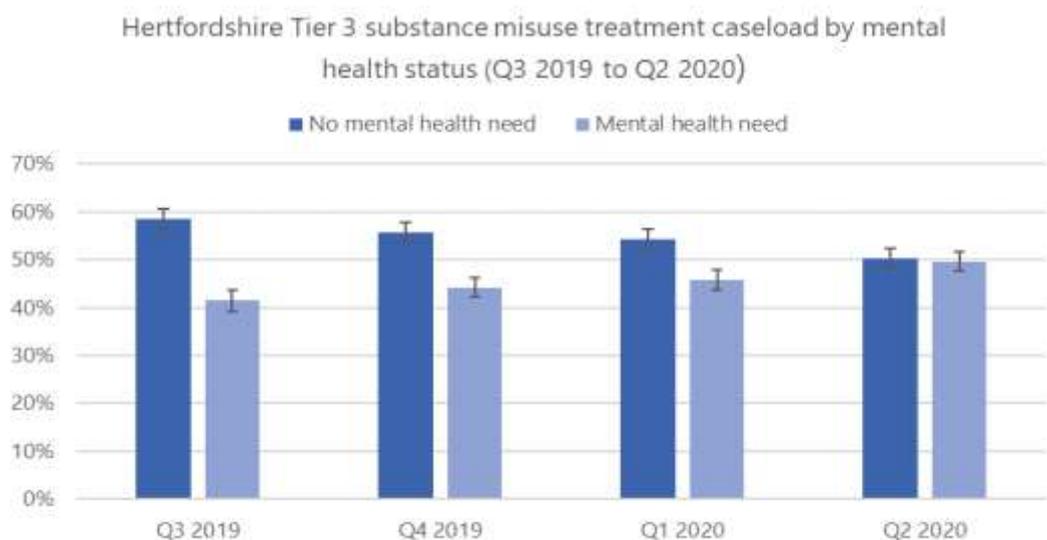
- In 2020/21, 4.4% of households assessed to be owed a statutory housing duty had support needs relating to alcohol dependency. This was statistically similar to both the England (4.8%) and East of England (4.4%) proportions. Watford had a significantly lower proportion of alcohol dependency needs (1.6%). Stevenage was not included, as no data were provided.

Alcohol misuse among veterans

- In [‘Improving Healthcare Access for Veterans’](#), Healthwatch Hertfordshire published findings from their research that was conducted between June and December 2020 into the healthcare needs and service engagement of local veterans. Part of the research included a local online questionnaire which received 87 veteran responses. 11% of the veterans reported drinking more than 14 units of alcohol per week and 11% reported that they have accessed smoking and alcohol services.

Impact of COVID-19

Trends in CGL referrals with mental health needs during COVID-19



Source: CGL Spectrum

PH.intelligence@hertfordshire.gov.uk

- During the start of the COVID-19 pandemic in February 2020, there was an increase in the proportion of referrals to CGL Tier 3 substance misuse treatment with a mental health need. This increase was statistically significant between Quarter 4 2019 and Quarter 2 2020 (44.2% to 49.6%).
- There were 1,423 adults starting Tier 3 treatment during this period, of which 66.0% (n=939) had a mental health need. Of these adults with a mental health need, 56.9% were receiving support from a non-statutory organisation, 18.6% were receiving support from a statutory organisation and 24.5% were receiving no support.

Changes to drug and alcohol services

- Voluntary organisations and Hertfordshire Partnership Foundation Trust (HPFT) were surveyed by Hertfordshire commissioners in September 2020:

- Drug and alcohol services reported increased calls at the start of COVID-19 related to concerns about existing therapy.
- There was a slight reduction in new referrals since the COVID-19 pandemic began, but there was an increase in referrals for alcohol and dual diagnoses (typically where individuals have a severe mental health problem and substance misuse issue).
- HPFT reported a slight increase in suicide and alcohol-related deaths in service users.

For more information, please see [Mental Health and Wellbeing in Adults JSNA](#)

5.0 Local services and interventions

Overarching strategies

- Hertfordshire's Drugs and Alcohol Strategy (2019-2024) addresses prevention and early help, care and support, and enforcement and community safety.⁷⁹ Specifically, it aims to reduce the harms associated with the misuse of drugs and alcohol by prioritising: (a) evidence-based, cost effective interventions, (b) care and support, and (c) reducing demand for all people within Hertfordshire. The associated delivery plan has clear action points to meet these aims and is reviewed annually to consider emerging needs and local trends.
- [Hertfordshire Public Health Service Strategy 2017-2021](#) identifies drug and alcohol misuse as a priority for both young people and adults. For young people, it prioritises schools as a place for raising awareness of the harms caused by drug/alcohol misuse and signposting them to appropriate specialist services. It recognises that a whole family approach is required to address the wider effects of drug/alcohol misuse for both adults and young people.
- [Hertfordshire Health and Wellbeing Strategy 2016-2020](#) identifies reducing harm from drug and alcohol use as a priority for adults and promoting healthy lifestyles as a priority for children and young people.
- [Hertfordshire Serious Violence Strategy](#) is a whole system approach striving to reduce the harm caused by serious violence in Hertfordshire, from prevention to enforcement, with a focus on early intervention. The strategy brings together numerous countywide boards, including the Drug and Alcohol Strategic Board. Among their five priority outcomes is preventing young people from becoming involved in gangs and supporting people already involved in gangs and county lines activity.
- [Hertfordshire Domestic Abuse Strategy \(2022-25\)](#) (in consultation) recognises the harmful use of alcohol as a risk factor for intimate partner violence and focuses its strategy on change and challenge. It seeks to support change by developing a unified offer of support with clear pathways for those identified as using abusive behaviour in intimate and family relationships, and challenge perpetrators by strengthening the criminal justice response.

Strategies for children and young people

- [Hertfordshire County Council's Plan for Children and Young People 2018-2021](#) includes a priority on reducing violent activity which is closely related to the supply of drugs in Hertfordshire, and child criminal or sexual exploitation and support victims.

Strategies for adults

- Hertfordshire's **Public Health Policy for alcohol licensing** highlights the licensing of premises for the sale of alcohol as a key control measure within the broader Hertfordshire Strategic Plan for Alcohol.⁸⁰ The Licensing Act empowers local authorities (District Councils) to regulate the availability of alcohol by controlling the numbers and types of alcohol outlets, opening hours and conditions of sale, under the wider authority of the Director of Public Health.

Services

Services for adults, children and young people

- [CGL Spectrum](#) offers evidence-based interventions, as well as social and psychological support for those with drug and alcohol problems, and support for carers. Interventions are delivered in hub sites in Stevenage, Hatfield, Hertford and Watford and community access points across the county. Specialist inpatient detoxification and residential rehabilitation are delivered by a range of national programmes and can be accessed through the All-Age Drug and Alcohol Treatment Service. The following teams are located within CGL:
 - **Criminal Justice Team:** A team of recovery workers who see clients on court orders in the community, plus a dedicated team who see clients in custody through the Drug Test on Arrest (DTOA) process (see [Drugs JSNA](#)).
 - **Hospital Liaison Team:** consists of a nurse and recovery worker based in Watford and Lister Hospitals who see people that present at hospital with a drug or alcohol problem.
 - **Family Safeguarding Team:** provide a multi-disciplinary approach to child protection by working with adults to create sustained change for their families. Regarding drug misuse, Change Grow Live (CGL) workers in the FST work with parents who use drugs and/or alcohol and have children on a plan.
 - **Family and Young People Team:** consists of Resilience Team CGL workers who work with children and young people up to the age of 24 years with a drug or alcohol problem and Hidden Harm workers who work with children and young people up to the age of 17 who have a parent with a substance use problem. The team also provide stalls and targeted workshops to schools and other partner agencies.
- [Carers in Herts](#) is funded by Hertfordshire County Council and the Hertfordshire CCGs specifically to provide support to people caring for anyone of any age who misuses drugs or alcohol or has a physical or mental illness, learning disability, or dementia. They also provide bereavement support for up to three years after the death of the person they cared for.
- [Turning Point](#) supports people with a range of mental health and emotional conditions, dual diagnosis (co-existing severe mental illness and substance misuse) and other complex needs for people aged 14 years and over to recover and help them live independently.

- [Druglink](#) is a substance misuse charity that provide training and education to prevent substance misuse. They also provide a recovery and housing service which supports people already affected by substance misuse (and close associates). Once in recovery, they help service users to develop skills and confidence to enable them to find work experience and follow the path of reintegration back to a community. They also provide affordable counselling for adults in Hertfordshire.
- [Alcoholics Anonymous \(AA\)](#) is a free self-help fellowship with meeting groups found in towns and villages across the UK. There are three broader AA intergroups covering Hertfordshire: the North Herts/North Beds Intergroup, the East Herts/West Essex Intergroup, and the Lea Valley Intergroup.
- [Healthy Hubs](#) are available in all 10 districts within Hertfordshire. These are one stop shops for residents to access a variety of health services with a focus on prevention. Support on offer could include reducing drug use and dependency as well as helping with stopping smoking, maintaining a healthy weight or ways to improving mental health.
- [Herts Viewpoint](#) is a user involvement charity for people to share their personal experiences on drugs, alcohol and mental health in order to influence positive change. They also provide training on the impact of substance misuse, represent service users and host specialist workshops. Reduction in funding for confidence building courses and pre peer mentoring – reduction in income, service users drug and alcohol services, training sources
- [Resolve North Herts and Welwyn Garden City](#) provides psychosocial drug and alcohol support including group therapy, day programmes and one-to-one counselling through face-to-face, Zoom and telephone. They also provide support for family, friends and carers. The ReStart Homeless Team provide temporary housing solutions for rough sleepers and individuals facing homelessness. The team have also began delivering a Primary Addiction Therapy programme which is a 6-week introductory course for drug and alcohol clients who are harder to access or resistant to change.

Services for adults

- [The Living Room](#) offers an abstinence-based rehabilitation treatment for adults aged 18 years or over addicted to drugs including alcohol. This includes structured, peer-led group work, group counselling and personalised counselling for individuals with addictions and people affected by addiction. Therapy is available for Hertfordshire residents from centres in Stevenage, St Albans and Watford, or online via Zoom through the Hertfordshire Hub.
- [Emerging Futures](#) deliver countywide housing-related support provision to encourage and support adults aged 18 year and over at risk of homelessness with complex needs such as substance misuse as well as for those who are at various stages of recovery, including beds for those who have achieved abstinence and for those who are still using substances. Emerging Futures are co-located with CGL Spectrum and have secured housing provision in Hatfield with a view of securing further provision near CGL hubs in Watford, Stevenage and Hertford. [Online referrals for Emerging Futures](#) can be made through the website.

- [Recover Team](#) is a Hertfordshire charity, based in Welwyn Garden City, supporting the recovery of marginalised, vulnerable adults who have completed treatment (or are stable) for drug and alcohol addictions or mental health issues. Facing the challenges of unemployment and financial hardship and often estranged from family and friends, adults can become isolated and vulnerable and at risk of lapsing back into addiction. Recover offers experience, apprenticeships and qualifications in furniture up-cycling to facilitate long-term, sustainable change to people's lives.
- Herts Mind Network run the [Community Support Service](#) which covers Watford, Three Rivers, Hertsmere and Broxbourne. This supports people with mental health as a primary need and includes needs around includes drugs and alcohol. This is holistic, trauma informed outreach support.
- The [No More Service](#) offers intensive support to address the causes and consequences of substance use or offending behaviour, such as housing or homelessness, finances, health and wellbeing. The No More Service is based in Stevenage Borough Council but supports clients across North Hertfordshire and Welwyn Hatfield.
- The [Probation Service](#) is a statutory criminal justice service that manages and works with offenders to reduce offending and supports individuals across multiple aspects as they reintegrate into the community. This includes:
 - Providing pre-sentence advice to **courts** to enable successful sentence commencement and delivery in the community.
 - **Supervision of community sentences** and those on license following release from prison, with consideration of individual vulnerabilities such as substance misuse and domestic abuse provision for victims and perpetrators
 - Using **evidence-based interventions** that meet the needs of offenders on Probation
 - Ensuring **quality support for victims of crime** and working collaboratively to ensure that victims voices are heard
 - Continuing to **work in partnership with local prisons** to reduce crime
- Please note, previously the Probation Service was responsible for managing high-risk criminal offenders and Community Rehabilitation Companies (CRCs) supervised low to medium-risk offenders; however, in June 2021 the service reunified, bringing together Probation Services and CRCs under the same service.

Services for children and young people

- [CGL spectrum \(Families and Young People\)](#) offers treatment for under 18's with a drug problem and is separate from the adult provision of CGL Spectrum.
- Within schools, several services and resources are available to help address drug and alcohol misuse and mental health related risk factors:
 - The Personal, social and health education (PSHE) association provide educational resources to schools.

- Mental health related factors including risk taking behaviour, self-harm and suicide are covered in the Youth Mental Health First Aid which is commissioned for schools.
- The [Hertfordshire School Nurse service](#) also provides advice, information and support to children and young people aged 11- 19 on a range of issues to improve their health. This also includes direct 1-1 support to young people on substance misuse and referrals onto more specialist services as needed.
- The Spectrum Families and Young Person service also provides:
 - One-to-one support from a recovery worker
 - Advice and support around drugs and alcohol, including steroids and novel psychoactive substances (i.e. Spice)
 - Access to counselling and signposting to mental health support
 - Help for young people affected by someone else's drug or alcohol use
- [No More Service Youth](#) in Stevenage adopts a holistic approach to address the causes and consequences of substance misuse and offending behaviour in people aged 11 – 21 years. Clients are offered appointments, including daily or weekly office appointments, joint home visits or telephone contact.
- [Herts Young Homeless](#) has a variety of services open to all 16 – 24 year olds who are homeless or threatened with homelessness. This includes support with issues of drug and alcohol dependency.
- [Crucial Crew](#) aims to enable Year 6 students to develop lifeskills to keep safe which includes learning about safe medicine use and child exploitation online prevention.
- The [Multi-Agency Child Exploitation \(MACE\) Panel](#) provides multi-agency risk management and partnership oversight of cases involving young people vulnerable and/or at high risk of criminal or sexual exploitation, or identified as vulnerable to exploitation due to missing episodes or other behaviours. The panel review risks that may increase an individual's risk of exploitation, including substance misuse, and agree partnership actions required to safeguard the individual. The panel involves two groups:
 - **MACE 1:** Responsible for identifying and reviewing cases of known exploitation, and individuals identified as vulnerable due to missing episodes or other behaviours which identify them at risk.
 - **MACE 2:** Responsible for considering strategic options necessary to tackle child exploitation threats through analysing trends, patterns and identifying hotspots to inform partnership activity, commissioning decisions and delivery of interventions. Please note that from November 2021, MACE 2 has been absorbed into the Vulnerable Adolescent Strategic Group (VASG) to provide a holistic oversight of young people at high risk of exploitation in Hertfordshire.

Interventions

Substance misuse treatment

- Substance misuse treatment helps people give up or moderate their substance misuse. The quicker a person gets treatment the more likely it is that they will stay in treatment and that it will be effective. Not all treatments are effective as background social factors such as living in poverty, having no job, being homeless, and having limited social support can make it difficult for problem users to change their substance misuse.⁸¹
- Although individual therapy is the most used form of treatment for substance use disorders, there is increasing knowledge that supports the use of group therapy.⁸² Two comprehensive meta-analyses have shown that group counselling is equally or more effective in achieving drug abstinence compared with individual counselling.^{83,84} Furthermore, a recent review of 12 step mutual help groups across 6 clinical trials found that, although facilitating involvement in mutual help groups is more challenging in patients with drug than alcohol use disorder, participation in such groups is associated with lower substance use over time.⁸⁵
- Early interventions need to be tailored to an individual's level of risk and should seek to create positive change, develop communication and problem-solving skills, and address wider risk factors around offending.⁸⁶
- According to a National Institute for Health and Clinical Excellence (NICE) assessment methadone and buprenorphine treatment results in⁸⁷:
 - More people retained in treatment.
 - Lower rates of illicit opioid use
 - Fewer self-reported adverse events.
 - People being 4x less likely to die.
 - Decreased criminal activity.
 - Treatment was cost effective.

Brief interventions

- Brief interventions aim to reduce alcohol consumption and related harm in hazardous and harmful drinkers who are not actively seeking help for alcohol problems. Interventions usually take the form of a conversation with a primary care provider and may include feedback on the person's alcohol use and advice on how to reduce consumption.
- An [Alcohol Early Help Briefing](#) was created by Hertfordshire's County Community Safety Unit and the Public Health Evidence and Intelligence team which outlines information on effective interventions and treatment for alcohol misuse. In summary, the briefing noted:
 - Brief interventions were effective in reducing alcohol consumption compared to minimal or no intervention.^{88,89}
 - In young adults, brief interventions lost effectiveness over time, suggesting 'booster sessions' may be beneficial to maximise effectiveness.⁸⁸

- Brief interventions delivered at a distance from emergency departments (e.g. during a follow-up appointment) may be more effective than within the hours following admission to emergency services.⁹⁰
- Alcohol screening in custody could provide an effective opportunity to identify people who may benefit from brief interventions.⁹¹
- Online interventions can offer flexibility to service users and can have positive outcomes on alcohol use on a short-term basis, though more longitudinal data on long-term outcomes is required.^{92,93}
- The NHS, in partnership with Public Health England, developed an [e-learning programme](#) which aims to teach professionals across a range of settings how to effectively engage with non-dependent alcohol misusing patients. There are separate courses for staff working in primary care, community pharmacy, dental and hospital settings.

Self-help interventions

- Evidence shows that online self-help interventions generally have positive outcomes on alcohol use behaviours on a short-term basis, including a reduction in associated risky behaviours such as gambling. However, there is a need for longitudinal evaluation of online interventions to understand their long-term outcomes on alcohol use.^{92,93} (see also [Gambling-related harms JSNA briefing](#)).
- Previous studies have found that online interventions are most effective where users are offered a freedom of choice as to goals of decreasing use or abstinence from alcohol. Imposing abstinence may actually discourage users from seeking assistance with their problematic drinking. Most online interventions are based on cognitive-behavioural or motivational approaches, which are evidenced to be effective treatments for managing addiction.^{92,93}
- Evidence shows that BME community-based projects and targeted interventions can have successful outcomes on problematic alcohol use when the interventions are based on appropriate principles and presenting culturally appropriate messages in suitable media (for example, the concept of ‘sensible drinking’ has little relevance to a non-drinking culture).
- Evidence shows that a large proportion of problematic alcohol and/or drug users not in treatment are employed and well-educated, therefore the flexibility of online self-help interventions may be more appealing to fit into busy work and life schedules.⁹²
- Younger adults are more receptive to technological advances because of their active and regular internet use, so online interventions, either online or through a mobile application, can be attractive for first time consultations and can act as a stepping stone towards other more intensive intervention opportunities.⁹²
- [Breaking Free](#) is a free online treatment and recovery programme that helps people to recognise and address the psychological and lifestyle issues that are driving their use of alcohol and/or drugs. The programme is currently used by CGL Spectrum and gives people a comprehensive toolkit of evidence-based coping strategies that will support their long-term recovery.

Alcohol Care Teams

- Alcohol care teams (ACTs) provide specialist expertise and interventions for alcohol dependent patients and those presenting with acute intoxication or other alcohol-related complications, attending A&E or admitted as inpatients across most departments of the acute hospital.
- A NICE evidence-based case study describes how ACTs have been shown to significantly reduce avoidable hospital bed days and readmissions. The 7 days per week service in Royal Bolton Hospital saved 2,000 bed days in its first year, and modelling suggests that an ACT in every non-specialist acute hospital will save 254,000 bed days and 78,000 admissions per year by year three.⁹⁴
- The NHS Long Term Plan recommends that hospitals that would most benefit from an optimally effective ACT should use the CCG health inequalities funding supplement to provide a service that can deliver the maximum benefits to patients and return on investment.⁹⁵

Reducing alcohol-related deaths

- Evidence shows that joined-up thinking is needed to reduce harm caused by alcohol, not only in terms of policy but also in the treatment and management of the health issues that stem from harmful alcohol consumption.⁹⁶
- Stigma, difficulties in changing health behaviours, limited awareness of the harms of alcohol, and siloed care can make management of alcohol-related conditions difficult. Integrated care is one step towards surmounting these barriers; from initiatives for liver transplantation in patients with advanced cirrhosis, for whom multidisciplinary care has been provided successfully.⁹⁶ See also [Integrated Health and Wellbeing System JSNA Briefing](#).
- Improving mental health is crucial in preventing suicide deaths where alcohol is a contributing factor. The [Hertfordshire Suicide Strategy 2020-25](#) identifies six priority actions from the national [Suicide Prevention Strategy](#). These include:
 1. Reducing the risk of suicide in key high-risk groups
 2. Tailoring approaches to improve mental health in specific groups
 3. Reducing access to the means of suicide
 4. Providing better information and support to those bereaved or affected by suicide
 5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
 6. Supporting research, data collection and monitoring

Additionally, the [Mental Health and Wellbeing in Adults JSNA](#) and the [Mental Health and Wellbeing in Children and Young People JSNA](#) make several recommendations for improving mental health and wellbeing at a local level.

Co-existing mental illness and substance misuse

- [NICE](#) made several recommendations to improve services for people aged 14+ who have been diagnosed as with co-existing severe mental illness and substance misuse. Broadly, the guidelines recommend:
 - For first contact services should identify and provide support to those with co-existing mental illness and substance misuse, including consideration for multiple needs, physical health conditions and safeguarding.
 - For secondary care mental health services to ensure that people with severe mental illness are not excluded from support services.
 - Ensuring a multi-agency approach to address physical health, social care, housing, and other support needs.
 - Partnership working between specialist services, health, social care and other support services and commissioners.
 - Improving service delivery to make health, social care and other support services more inclusive and meet the needs of users.
 - Maintaining contact between services and people with co-existing severe mental illness and substance misuse who use them.
- Making Every Contact Count (MECC) is an approach in which people's existing interactions with services are seen as opportunities to change behaviour and support people to make positive changes to their health and wellbeing. In Public Health England's '[Better care for people with co-occurring mental health and alcohol/drug use conditions](#)', one of the key principles is a having a 'no wrong door' policy where alcohol and drug, mental health and other service providers have an open door policy for those with co-occurring conditions to make every contact count.
- Some web-based programs delivered online have been associated with reductions in alcohol use and successful outcomes on mental health. Self-help programs based on the SHADE (Self-Help for Alcohol and Depression) framework have been evidenced as cost-effective interventions for younger adults with co-existing alcohol use and mental health issues.⁹⁷
- See also [Mental Health and Wellbeing in Adults JSNA](#) and the [Mental Health and Wellbeing in Children and Young People JSNA](#).

Older adults

- Drinking among older people is strongly linked to social engagement, as well as difficulties such as social isolation, illness or bereavement. A systematic review in 2018 found that approaches to reducing alcohol use in older people need to avoid paradoxical harm, with a need for approaches that reduce harm from drinking alcohol but retain the benefit of socialising in order to be effective. Strategies that emphasise the life experience of older people to drink wisely could be effective in achieving this.⁹⁸
- Most older adults who misuse alcohol do not require formal specialised treatment. Rather, older adults with problematic drinking benefit more from screening and brief interventions in healthcare settings to address the risks involved with their drinking.⁹⁹

- Research has found that guiding older people to break down and translate their drinking into units and exploring potential health effects of their intake, assists in giving older adults the motivation to make calculated changes in their drinking to reduce risks. This includes challenging social, routine and moral justifications for risky alcohol use.⁹⁹

Children and young people

- The [Hertfordshire Young People's Substance Misuse Review \(2015\)](#) included a review of literature focused on drugs, alcohol and tobacco in relation to young people and the enforcement, universal education, targeted prevention and specialist treatment of misuse of these substances. The literature review found that¹⁰⁰:
 - **Universal prevention** should focus on integrating various components such as life skills, motivational work, resilience, emotional regulation, coping strategies, social norms (e.g. challenging beliefs around alcohol/drug consumption) and social competence to be most effective. Activities should be interactive and dynamic involving activities such as role plays or active discussion.
 - **Targeted prevention** is more effective than universal prevention for those in higher risk groups. Culturally sensitive programmes should be delivered to BAME communities.
 - **Treatment** should be tailored to the individual and could include motivational interviewing, cognitive behavioural therapy or multi-systemic therapy depending on the young person's preference. Using multiple components and engaging with wider influences such as the young person's family and school where possible is beneficial.
- The [Alcohol Health Alliance](#) published a report in 2021 which examined the role that alcohol marketing plays in contributing to alcohol harm and what can be done to reduce it. The report recommends that more comprehensive restrictions should be introduced to limit young people's exposure to alcohol marketing.

Family interventions

- In May 2021, [Public Health England](#) produced an operational guidance document outlining how services can work together to support families affected by parental alcohol and drug problems. The document identified several important requirements for local areas to work together to support families:
 - **Senior leadership**, including strong partnerships, to develop a whole-system response to parental substance misuse.
 - **Capable and confident frontline staff** to ask about, identify and appropriately refer substance misusing parents and children to support services.
 - **Understanding prevalence and unmet support needs**, including complex needs, to offer appropriate support and address gaps in services.
 - **Collaborative assessment, information sharing and clear pathways** between systems and services to ensure families receive appropriate support early.
 - **Therapeutic services for children and whole family approaches** including observing parenting skills, parent-child and parent-parent interactions, and attachment to give them confidence to disclose support needs.

- **Reducing stigma and barriers to engagement** to encourage children and parents to accept help and talk openly about issues in the family.
 - **Reducing parental conflict**, including domestic abuse, with consideration for integrating interventions to address issues together.
 - **Need for appropriate and timely information sharing** between local agencies to identify and support families.
- Additionally, PHE produced a [cost-benefit analysis tool](#) to support local areas to estimate the social and economic costs avoided by supporting families experiencing substance misuse problems.
 - [Hertfordshire's Safeguarding Children Partnership Procedures Manual](#) makes several recommendations for interventions to protect children of parents who misuse drugs or alcohol:
 - If a professional is aware that a pregnant woman or her partner is involved in substance misuse, they need to refer this to Children's Services immediately. Midwives should follow Hospital Trust guidelines with clinical care and pathways to include additional screenings in an intravenous drug user.
 - If a parent/carer disengages from substance misuse appointments or is non-compliant with treatment, the impact of this on the child must be assessed. Where there is on-going risk to the child, this should be referred to Children's Services.
 - Agencies should refer to the [Hertfordshire Continuum of Need document](#) to identify the level of intervention required and to work proactively with children and their families to prevent escalation and statutory intervention where this may not be necessary.

6.0 Limitations

- **Availability of trend and comparative data:** Wherever possible, data have been presented for a five-year period, and compared with national, regional and similar local authority comparators; however, trend and comparator data were not available for all indicators. Where this is the case, key findings based on within-Hertfordshire geographic and demographic data are presented.
- **Missing data:** Some datasets were missing data for specific districts. For example, there were no data on premises licensed to sell alcohol for Watford and no data on statutory homelessness households with alcohol dependency needs for Stevenage.
- **Prevalence estimates:** Data on prevalence of dependent drinking should be interpreted with caution. The Public Health England estimates included within this report are based on the Adult Psychiatric Morbidity Survey (APMS) 2014, which are then applied to population estimates. This survey uses self-reported behaviours, meaning there may be some underreporting of undesirable behaviours, such as problematic drinking.
- **Alcohol-related deaths:** Local data currently available on alcohol-related deaths provides limited context to the circumstances leading up to the death. The new Drug and Alcohol Deaths Audit process that commenced in 2021 in Hertfordshire with the Coroner's Office should help to develop local understanding of alcohol-related deaths and contextual information surrounding the death, such as whether they were in substance misuse treatment or had concurrent mental health issues.
- **Alcohol screening:** The data indicates that the use of the AUDIT-C and FAST alcohol screening tools in Hertfordshire declined significantly in 2020/21 due to reduced NHS Health Checks during the COVID-19 pandemic, therefore it is difficult to determine how trends in assessed levels of alcohol harm have changed during the pandemic.
- **Alcohol-related crime:** The alcohol-related crime data included within this JSNA is based on police-recorded crime where the victim or perpetrator of the crime has an 'alcohol flag' assigned to indicate that they were under the influence of alcohol at the time of the crime. The data indicates that a low proportion of crimes in the last three years had an alcohol flag recorded (3.9% of suspects and 2.0% of victims); however, these proportions are expected to be higher, suggesting there may be potential underuse of the flag.
- **Children looked after:** Data on children on missing from care due to substance misuse were excluded from this JSNA as the quality of reporting for this indicator was reported to be low. However, this data quality issue has been acknowledged and considered within the recommendations of this JSNA.
- **Impact of COVID-19 on prevalence of dependent drinking:** The date of collection of data on dependent drinking (2014/15) means they do not take into account more recent trends in dependent drinking, particularly as a result of the COVID-19 pandemic. Although there was not Hertfordshire specific data available for this dataset, nationally, there was an increase in high-risk drinking during the first lockdown.⁷¹
- **Impact of COVID-19 on other indicators:** The impact of COVID-19 on the reported indicators will not be evident in all of the data presented in this JSNA.

7.0 Recommendations

Partnership working

- For organisations to take a whole system, co-ordinated approach to tackling alcohol misuse across all life stages and stages of prevention, including drinking in pregnancy. This should include consideration for safeguarding, treatment, data/information sharing, education, offender management and support for wider vulnerabilities.
- Ensure that alcohol-related strategies correspond with other relevant work areas, including [Alcohol Early Help](#), [Serious Violence](#) and strategies addressing underlying risk factors of alcohol misuse (e.g. homelessness, unemployment), to ensure a consistent and co-ordinated approach for reducing alcohol-related harm.

Awareness and communications

- Undertake a communications campaign to raise awareness of safe levels of drinking among adults, with consideration for targeting specific messaging towards key risk groups (e.g. men, older adults, pregnant women and younger women).
- Promote the use of digital and self-help tools for those at earlier levels of problematic alcohol use, particularly for working professionals and younger people.
- Develop a blended digital and/or face-to-face offer for alcohol-related care and support, building on learning about digital delivery during the COVID-19 pandemic.

Early help and identification

- Current provision on alcohol brief interventions and Making Every Contact Count (MECC) training provision should be reviewed, including a needs analysis in different settings, to ensure the correct level of training is being provided across the system.
- Review the information and skills required across the workforce (working with both adults and young people) to enable signposting to appropriate support for alcohol misuse and drinking in pregnancy.
- Develop training to help frontline staff become more confident in identifying and appropriately referring parents and children to alcohol support services.
- Community and primary healthcare providers should consistently use the AUDIT-C screening tool in NHS Health Checks, as well as opportunistic screening, and continue to take steps to restore take-up of NHS Health Checks after the decrease during the pandemic as a key opportunity to identify problematic drinking.
- Consider extending the use of the AUDIT-C screening tool to antenatal care settings to increase intervention opportunities with expectant mothers.

Treatment

- Review local capacity of specialist substance misuse services to identify any gaps in service provision and address increasing unmet need.

- Review the links between specialist substance misuse services and wider preventative services (including smoking cessation, housing, employment, mental health and family support to ensure referral pathways are clear and there is appropriate joined-up working).
- Monitor the impact of the new Prison Link worker on engagement with substance misuse treatment in adults released from prison.
- Review the forthcoming findings of the Public Health Evidence and Intelligence evaluation of telecoms support and consider expanding this intervention.

Reducing alcohol-related hospital admissions and deaths

- Review whether Alcohol Care Teams should be commissioned in local hospitals to address increasing hospital admissions, as recommended in the NHS Long Term Plan for hospitals with the highest rates of alcohol dependence-related admissions.
- Adopt a population health management approach to identify frequent hospital attenders for reasons related to alcohol, to ensure that adequate support is in place for this group.
- Share findings from the new Drug and Alcohol Deaths Audit and the annual Suicide Audit with key partners to develop understanding of local trends and risk factors involved in alcohol-related deaths.

Mental health

- Monitor the impact of the Joint Working Protocol for Dual Diagnosis on access to mental health services for people with drug and alcohol problems (including trauma therapy).
- Explore ways to improve detection of mental illness and outcomes in people who are in treatment for drug or alcohol misuse, as recommended in the [Mental Health and Wellbeing in Adults JSNA](#).
- Continue to monitor the impact of the COVID-19 pandemic on mental health and impact on drug consumption to understand future trends and service demands.

Crime and community safety

- For Hertfordshire Constabulary to promote the use of the 'alcohol contributory factor' flag to improve local recording and intelligence of alcohol-related crime.
- Explore and map night-time economy data from multiple sources, including A&E and recorded crime, to identify hotspots in alcohol-related violence and provide to district councils to enable them to review local interventions in those areas.

Children and young people

- Ensure findings on alcohol use from the Hertfordshire Young People's Health and Wellbeing Survey are shared with schools, including through the Hertfordshire Schools' bulletin and pastoral leads groups, and to ensure this is reflected in the content of Personal, Social, Health and Economic (PSHE) education.

- Explore the role of schools (including school nurses) in providing advice and support in relation to alcohol use and ensure wider support pathways are in place.
- Consider the potential for addressing alcohol-related issues within the Just Talk mental health project, including social media campaigns targeted at groups identified as engaging in higher frequency and intensity of drinking.
- Develop opportunities for services to ask about and identify problematic drinking in young people across a range of settings (e.g. youth services, sexual health centres, social prescribing and pharmacies) using the MECC approach.
- Improve training and awareness amongst children's social care staff of CGL services for young people.
- Improve local data recording of substance misuse issues experienced by Children Looked After, including at Initial and Review Health Assessments, to understand vulnerabilities with this particular group.

Find out more

Hertfordshire strategies and resources

[Hertfordshire Public Health Service Strategy 2017-2021](#)

[Hertfordshire Health and Wellbeing Strategy 2016-2020](#)

[Hertfordshire Serious Violence Strategy](#)

[Hertfordshire Domestic Abuse Strategy \(2022-25\)](#) (in consultation)

[Hertfordshire County Council's Plan for Children and Young People 2018-2021](#)

[Hertfordshire Suicide Strategy 2020-25](#)

Hertfordshire services

[Change Grow Live \(CGL\) Spectrum](#)

[Carers in Herts](#)

[Turning Point](#)

[Druglink](#)

[Alcoholics Anonymous \(AA\)](#)

[Healthy Hubs](#)

[Herts Viewpoint](#)

[Resolve North Herts and Welwyn Garden City](#)

Adults

[The Living Room](#)

[Emerging Futures](#)

[Recover Team](#)

[Herts Mind Network's Community Support Service](#)

[No More Service](#)

[Probation Service](#)

Children and young people

[CGL spectrum \(Families and Young People\)](#)

[Hertfordshire School Nurse service](#)

[No More Service Youth](#)

[Herts Young Homeless](#)

[Crucial Crew](#)

[Multi-Agency Child Exploitation \(MACE\) Panel](#)

Intervention and prevention

[Hertfordshire Young People's Substance Misuse Review \(2015\)](#)

[Hertfordshire's Safeguarding Children Partnership Procedures Manual](#)

[Hertfordshire Continuum of Need document](#)

Hertfordshire research

[Hertfordshire Suicide Audit 2017-19](#)

[National Drug Treatment Monitoring System](#)

[Dual Diagnosis: Raising Concerns Related to Mental Health and Substance Misuse |](#)

[Healthwatch Hertfordshire](#)

[Improving Healthcare Access-for Veterans | Healthwatch Hertfordshire](#)

Relevant JSNAs

[Mental Health and Wellbeing in Adults JSNA](#)

[Mental Health and Wellbeing in Children and Young People JSNA](#)

[Alcohol Early Help JSNA Briefing](#)

[Hertfordshire Transgender Health Needs Assessment](#)

[Violence Against Women and Girls JSNA](#)

[Domestic Abuse JSNA](#)

[Serious Violence JSNA](#)

[Gambling JSNA LiteBite](#)

[Integrated Health and Wellbeing System JSNA Briefing](#)

National guidelines and resources

[NHS Long Term Plan](#)

[National Suicide Prevention Strategy](#)

[Better care for people with co-occurring mental health and alcohol/drug use conditions |](#)

[Public Health England](#)

[NICE guidelines for co-existing severe mental illness and substance misuse](#)

[Alcohol Health Alliance](#)

[Parents with alcohol and drug problems | Public Health England](#)

Appendix A: Information for Equality Impact Assessments



Hertfordshire JSNA

Information for Equality Impact Assessments

Alcohol JSNA

Part A: Protected characteristics (protected under the Equality Act 2010)

Age

- Research by the Office for National Statistics in 2017 found that the age group with the highest proportion of people that reported drinking in the past week was 45–64-year-olds (64.6%), and the lowest proportion 16–24-year-olds (47.9%). However, those aged 16-to-24 were most likely to ‘binge drink’ when they did drink alcohol.¹⁴
- Although working age adults represent the vast majority of problematic drinkers in the UK, young people are at greater risk of alcohol-related harm than adults. As the brain keeps developing into the mid-twenties, drinking alcohol as a teenager can greatly increase the risk of damage to the developing brain and can lead to problems with alcohol later in life.²⁵
- In 2018, the proportion of 15 year olds who reported usually drinking at least a few times a year was 66%, with 14% reporting that they usually drink at least weekly.²⁶
- There have been long-term increases in alcohol-related hospital admissions among young people over the last three decades²⁸; however despite this increase, hospital admissions for alcohol-specific conditions in under 18s have been continuously decreasing since 2006/7.⁶
- The Young People’s Health and Wellbeing Survey 2021 reported that overall in Hertfordshire, 74% of young people reported never consuming alcohol, 12% reported drinking monthly or less, 10% 2-4 times a month, 2% 2-3 times per week and 1% 4 or more times a week.
- Alcohol is the second most common for young people under 18 being in substance misuse treatment and accounts for 42% of all young in treatment in 2019/20.²⁹
- Young people are at particular risk of being reckless and engaging in risky behaviours after alcohol consumption because alcohol reduces their inhibitions and ability to recognise acceptable behaviour. 4 in 10 secondary school-age children have been

involved in some form of violence because of alcohol. Young people that get drunk at least once a month are also twice as likely to commit a criminal offence.⁷⁴

Disability

- Over a quarter (28%) of adults presenting to alcohol treatment services in 2019/20 had a recorded disability (excluding mental health conditions). The most common disabilities in alcohol clients were behaviour and emotional (16%) and mobility and gross motor disabilities (7%).¹⁶
 - Overall, the evidence indicates that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities do drink alcohol, there's an increased risk that they will develop a problem with it. Research also suggests that children with learning disabilities are more likely to experiment at an early age with potentially harmful levels of alcohol.⁴⁷
 - People with learning disabilities have an increased risk of substance misuse if they have borderline to mild learning disabilities; are young and male; or have mental health problems; have experienced negative life events or psychological trauma, such as bereavement or abuse; or are isolated or lonely.⁴⁷
-

Gender identity and reassignment

- In 2013, the [Hertfordshire Transgender Health Needs Assessment](#) included a survey of 22 people identifying as transgender. Fifteen percent of participants answering the question (3/20) reported using a drug or alcohol service in Hertfordshire. Reports were generally positive, however, staff sensitivity was raised as an issue in some situations. It was felt that professionals tended to consider drug use as the core problem and that the underlying issues were less important.
 - According to the Young People's Health and Wellbeing Survey 2021 young people who reported their gender as 'Other' were significantly more likely to report drinking 4+ times a week (6%) than males or females (less than 1%) and to drink daily or almost daily (6%) than males or females (less than 1%).
-

Marriage and civil partnership

- Marital status is strongly associated with alcohol consumption, problem drinking and, in particular, risk for alcohol use disorder. Direct causal effects of marriage on risk for alcohol use disorder could arise as a result of the incompatibility between alcohol use disorder and the social and psychological obligations associated with marriage.⁴²

- A 2016 longitudinal study found a strong association between marital status and risk for onset of alcohol use disorder, with married men and women having, respectively, a 60% and 71% lower risk for onset of alcohol use disorder compared with single individuals.⁴²
 - Data from the latest Opinions and Lifestyles Survey (2017) showed that married, cohabiting and widowed/divorced/separated adults were more likely than single adults to have reported drinking on at least five days in the last week (11-12% of married, cohabiting and widowed/divorced/separated adults compared to 9% of single adults).⁴³
-

Pregnancy and maternity

- Alcohol use during pregnancy has been established as a risk factor for adverse pregnancy outcomes including stillbirth, spontaneous abortion, premature birth, intrauterine growth retardation and low birthweight.¹¹
 - Approximately 41% of pregnant women are estimated to use alcohol in pregnancy¹¹, however alcohol usage is only recorded for 60% of women at antenatal booking.⁷⁶
 - A 2017 study estimated that 1 in every 67 women who consume alcohol during pregnancy would deliver a child with Foetal Alcohol Spectrum Disorder (FASD).¹¹
-

Race

- According to the Young People's Health and Wellbeing Survey 2021, in Hertfordshire Young people from Chinese (8%), Any Other (3%) and Black (2%) backgrounds were significantly more likely to drink alcohol 4 or more times a week than All students (1%).
 - Alcohol consumption is generally higher among White adults than other ethnic groups, with around 61% of White adults reporting that they have drunk alcohol in the last week compared to 31% of other ethnic groups.¹⁴
 - NDTMS adult treatment data for England in 2019/20 shows the proportion of adults in treatment for alcohol-only by ethnic group:³⁶
 - White (92.4%)
 - Asian/Asian British (3.3%)
 - Black/African/Caribbean/Black British (2.2%)
 - Mixed/Multiple (1.4%)
 - Other ethnic group (0.6%)
 - While alcohol drinking rates are lower for UK ethnic minority groups, racial discrimination can expose ethnic minorities to unique stressors that elevate the risk of harmful drinking. Studies have found racism to be less prevalent in areas of high ethnic density (the concentration of ethnic minorities in an area) and that alcohol use is less common in these areas due to decreased experience of racism and increased sociocultural norms.³⁷
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Religion or belief

- In England, people with a religious understanding of life are less likely to be a hazardous drinker than those who are neither religious nor spiritual (OR = 0.81, 95% CI 0.69–0.96).⁴⁴
 - Of all adults in treatment in England for alcohol in 2019/20, more than half (54%) reported having no religion, 28% were Christian, 1% were Muslim, 1% were Hindu and 1% were Sikh.¹⁷
 - Qualitative research has identified sources of tension between generations among some religious groups. Young people from minority ethnic groups with strong religious ties that forbid drinking, or that are less tolerant of drinking among women, may hide their drinking for fear of repercussions and bringing shame on their families. This is evident among some young people belonging to the Muslim, Sikh and Hindu religions.⁴⁵
 - There is increasing evidence that religion and spirituality are highly resourceful for alcohol addiction recovery and prevention. Individuals who subscribe to a religion that prohibits the use of alcohol have demonstrated lower rates of alcohol misuse. However, some religious traditions are assumed to promote alcohol consumption and religion may be a barrier in accessing support for alcohol-related problems, as addiction is highly stigmatised by some religious communities.⁴⁶
-

Sex

- Research into alcohol consumption in adults in the UK shows that men are more likely than women to:^{33,14}
 - Have consumed alcohol in the last 12 months (21% of men compared to 14% of women)
 - Have consumed alcohol on 5 or more days in the previous week (17% of men compared to 9% of women)
 - Drink at levels which put them at increased risk of alcohol-related harm (25% of men compared to 11% of women)
 - Binge drink (consume more than 6 units of alcohol in a single session)
- In 2020/21, the rate of hospital admissions for alcohol-specific conditions were over twice as high for males than females across all age groups (537 per 100,000 population for males compared to 258 per 100,000 population for females).^{101,102} However, the rate of hospital admission for alcohol-specific conditions in under 18s has been significantly higher among females (30 per 100,000 population for females compared to 15.5 per 100,000 population for males).^{103,104}
- Males represent a larger proportion of people in structured alcohol treatment. According to the National Drug Treatment Monitoring System (NDTMS) in 2019/20 in England:³⁶
 - Males represented 60% of adults in alcohol-only treatment, compared to 40% of females.

- Males represented 73% of adults in treatment for alcohol and non-opiates, compared to 27% of females.
- Males represented 56% of all young people under 18 in treatment for alcohol (either as a primary or secondary substance), compared to 44% of young females.

Specifically, in Hertfordshire:

- Males accounted for over two-thirds (69%) of all young people and children in drug treatment services in Hertfordshire, compared to 31% females (2019/20).
- According to the YPHWS 2021, Female students were significantly more likely than male students to want to keep drinking alcohol (17% vs 14%).
- Successful completion rates among alcohol clients in alcohol treatment were higher for females (79%) compared to males (75%).

Sexual orientation

- Despite limited research, some studies have found alcohol consumption to be notably higher among LGBT+ communities. Findings from the 2018 Stonewall report show that:¹⁴
 - 1 in 6 (16%) LGBT people drank alcohol almost every day in the last year.⁴⁰ In comparison, 1 in 10 adults (10%) in the general population report drinking alcohol on five or more days during the week.
 - Frequency of alcohol consumption appears to increase with age. A third (33%) of LGBT people aged 65+ reported drinking alcohol almost every day, compared to just 7% of LGBT people aged 18-24.
 - 1 in 5 LGBT men (20%) drank alcohol almost every day over the last year compared to 13% of LGBT women and 11% of non-binary people.
- Most research in this area has been conducted among women, with much less being known about gay and bisexual men. Limited research among transgender adults indicates that substance use is a concern for this population.⁴¹

Part B: Other Categories

Military personnel and armed forces veterans

- In '[Improving Healthcare Access for Veterans](#)', Healthwatch Hertfordshire published findings from their research that was conducted between June and December 2020 into the healthcare needs and service engagement of local veterans. Part of the research included a local online questionnaire which received 87 veteran responses. 11% of the veterans reported drinking more than 14 units of alcohol per week and 11% reported that they have accessed smoking and alcohol services.

Carers

- In England, there are around 200,000 children living with an alcohol dependent parent or carer. This is often a major factor in causing or exacerbating parental conflict and violence, which can lead to a range of poor outcomes for children including damaging their education, employment and health.³⁰
- A 2010 study found that caregivers whose social interactions with friends and family were obstructed by their caregiving role resulted in increased drinking behaviours. Similarly they found this to be the case when the caregiver is harbouring ill feelings towards the person that they are caring for.⁶⁶

Mental Illness/Poor Mental Health

See also [Disability](#).

- Alcohol misuse is a common factor in deaths by suicide. Almost half (45%) of mental health patients in England that have died suicide have a recorded history of alcohol misuse.⁵²
- Research shows that mental health problems are experienced by the majority of alcohol users in structured treatment. Six in ten (60%) adults in alcohol treatment in 2019/20 were assessed as having a mental health treatment need. Of this cohort, 80% were receiving mental health treatment, most commonly through their GP (61%) or the community mental health team/other mental health service (16%).¹⁷
- Over a third (37%) of young people under 18 who started drug and/or alcohol treatment in 2019/20 had a recorded mental health treatment need. A higher proportion of girls reported a need for mental health treatment than boys (49% compared to 30%). Of those reporting a mental health treatment need, 68% were receiving some form of mental health treatment.⁵¹
- In 2016/17, 16.92% of adults were in concurrent contact with mental health services when admitted to specialist treatment for alcohol misuse in Hertfordshire which was significantly lower than the proportion in England (22.67%).
- People with co-occurring alcohol misuse and mental health conditions are often excluded from treatment and support services.⁵³
- The YPHWS 2021 showed that in Hertfordshire young people with a mental health problem reported drinking at higher frequencies than those without a mental health problem including drinking 2-4 times a month (20% vs 9%), 2-3 times a week (4% vs 2%) and 4 or more times a week (4% vs less than 1%).
- A 2019 publication by Hertfordshire Healthwatch '[Dual Diagnosis: Raising Concerns Related to Mental Health and Substance Misuse](#)' highlighted concerns of people falling between mental health and drug and alcohol services; that some service users were excluded from mental health services; that people were discharged prematurely or not receiving intervention early enough; and that provision across the county differed.

Impact of COVID-19

- There was a statistically significant increase in the proportion of referrals to CGL Tier 3 substance misuse treatment with a mental health need between Quarter 4 2019 and Quarter 2 2020 (44.2% to 49.6%).
- Alcohol Change UK commissioned a survey in 2020 to examine the effect that COVID-19 has had on alcohol use and mental health which showed that almost one in three drinkers (29%) have been drinking at increasing or high-risk levels over the past six months (over 14 units per week). This impact was greatest on young people, people from BAME backgrounds and parents of under 18s.⁶⁹
- Voluntary organisations and Hertfordshire Partnership Foundation Trust (HPFT) were surveyed by Hertfordshire commissioners in September 2020:
 - Drug and alcohol services reported increased calls at the start of COVID-19 related to concerns about existing therapy.
 - There was a slight reduction in new referrals since the COVID-19 pandemic began, but there was an increase in referrals for alcohol and dual diagnoses (typically where individuals have a severe mental health problem and substance misuse issue).
 - HPFT reported a slight increase in suicide and alcohol-related deaths in service users.
- Unplanned admissions for alcoholic liver disease were the only alcohol specific unplanned admissions to increase between 2019 and 2020.⁷⁰
- A survey of almost 37,000 people in England found after adjusting for other variables, there was an 80% increase in high-risk drinking prevalence among all socio-demographic groups during the first lockdown.⁷¹ Alcohol reduction attempts also increased, but only in those who were from the higher social grades.⁷¹
- Lockdown restrictions led to changes in the availability of alcohol, most notably the 31-week closure of on-trade premises (e.g. pubs and restaurants). Despite these closures, the volume of duty-paid wine and spirits increased in 2020/21 compared to the previous year (+8.9% and +7.3% respectively), while cider and beer decreased (-16.7% and -14.0% respectively). This pattern is likely because beer and cider are more often bought in on-trade settings, so are more affected by on-trade closures.⁷⁰
- People who are heavily dependent on alcohol, rely on public services (often emergency services) and have several other difficulties, such as mental health issues or homelessness, may be particularly at risk during the pandemic. They may disregard social distancing measures to access alcohol, be vulnerable to exploitation if they rely on others for alcohol access, and may experience serious unplanned withdrawals if they have difficulties accessing alcohol.⁷³

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