

# Briefing Note

**Title:** Update - Alcohol Harm in Wolverhampton **Date:** 09.01.2023

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**Intended Audience:** Internal  Partner organisation  Public  Confidential

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## Purpose

To provide Health and Wellbeing Together with an update of alcohol harm in Wolverhampton with reference to alcohol-specific mortality.

## Background

Alcohol is a legal, socially acceptable substance which is seen as an integral part of daily life and is used to celebrate, commiserate, and socialise. Its ready availability from supermarkets and off licences to sports events, cinemas, coffee shops and bars/pubs creates the impression that alcohol is a normal part of everyday life. In reality, alcohol can be a toxic substance that creates dependence and can cause serious health and social problems.

Nationally, alcohol-specific deaths have risen sharply since the onset of the coronavirus pandemic. In 2021, there were 9,641 deaths (14.8 per 100,000 people) from alcohol-specific causes registered in the UK, the highest number on record and 7.4% higher than 2020 and 27.4% higher than in 2019<sup>1</sup>.

Alcohol-specific deaths only include those health conditions where each death is a direct consequence of alcohol (that is, wholly attributable causes such as alcoholic liver disease). It does not include all deaths that can be attributed to alcohol.

## What does the data tell us?

In Wolverhampton, data shows us residents are drinking at harmful levels as outlined below:

- During 2020, Wolverhampton had the worst alcohol-specific mortality rate in the UK with a rate of 29.3 per 100,000 population (equating to 70 deaths).
- More recently, alcohol-specific mortality data for 2021 indicates 54 deaths have been registered. At this stage we are unable to provide a ranking against other local authorities, until the full ONS (Office for National Statistics) alcohol-specific dataset is released.
- Based on estimated prevalence in Wolverhampton, only one in five people who experience alcohol harm are engaged with alcohol treatment support services. This means there is an

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/alcohol-specificdeathsintheuk/2021registrations>

unmet need of 82% in the population (nearly 2950 individuals), which equates to approximately 650 individuals in treatment for alcohol dependency.

- For those who are engaged in treatment and support, their recovery outcomes are positive, nearly 45% exit treatment successfully and do not re-present (successful completions of alcohol treatment).
- Since 2015, the Wolverhampton treatment completions rate has been consistently higher than the national average. Currently, Wolverhampton are in the top quarter of performance for successful completion of alcohol treatment in the UK and the second in the West Midlands region (behind Dudley).
- A matter of concern relates to the investigation of alcohol-specific mortality data (2018-2020) which shows a significant over-representation of deaths in white males (69.4%) and Asian males (26.3%) compared to the local population (male and female) of 60.6% and 21.2% respectively (2021).
- Looking at data for those in substance misuse treatment shows us there is minimal disproportionality amongst the white British population, however, amongst black and minority ethnic groups there is an under-representation in treatment compared to the local population and is particularly evident in the South Asian population.

### **What does the evidence regarding ethnicity tell us?**

- Research examining alcohol consumption among people from minority ethnic groups has not been approached consistently, with differences in alcohol consumption across different ethnic groups previously attributed to culture and religion.
- More recently it has been suggested that alcohol consumption or abstinence may be one way for individuals to identify with, or reject, societal definitions of their ethnicity.
- A 2019 rapid evidence review<sup>2</sup> conducted for Alcohol Change UK identified higher rates of abstinence from alcohol among people from ethnic minorities. However, there are relatively high rates of higher risk drinking among certain groups, for example older Irish men and men belonging to the Sikh religion.
- The review found that people belonging to ethnic minority groups are less likely to access services and may be less likely to seek help for alcohol use until they have experienced serious health consequences.
- More generally, barriers to seeking help faced by people from ethnic minority groups include low awareness of health implications of excessive drinking, not being aware what support is available, difficulties navigating services and problems not being recognised by professionals, stigma and exclusion, lack of trust in the confidentiality of services, and community shame and stigma, especially among communities where there is a religious restriction on alcohol.

### **What are we doing in response to rising alcohol harm?**

- In July 2022 the local Drug and Alcohol Strategic Partnership was developed and aligned to the publication of the national drug strategy 'From Harm to Hope: a 10-year plan to cut crime and save lives'<sup>3</sup>. This partnership forms a consortium of multi-agency partners working towards the mutual aim of reducing drug and alcohol harm across Wolverhampton.
- The partnership is currently facilitating the production of a joint strategic needs assessment for drugs and alcohol which in turn informs a local delivery plan (interim draft plan on a page

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<sup>2</sup> <https://www.ias.org.uk/wp-content/uploads/2020/12/Ethnic-minorities-and-alcohol.pdf>

<sup>3</sup> From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK ([www.gov.uk](http://www.gov.uk))

attached at Figure 1) and equally, is intended to deliver the strategic priorities identified in 'From Harm to Hope'.

- In response to the ambitions outlined in 'From Harm to Hope', additional government funding has been committed to local authorities during 2022-2025 to reduce substance related crime and death. This additional funding is aimed at increasing the capacity and capability of the specialist substance misuse workforce to ultimately identify and work with an increasing number of individuals at risk of and/or experiencing harm.
- Figure 1 below outlines initial priorities for the drug and alcohol partnership and includes:
  - Improving the quality of screening activity in high-risk groups via frontline services, targeted support services and NHS Health Checks and general patient appointments in GP practices.
  - Rolling out an extensive programme of Identification and Brief Advice (IBA) training for those working with communities most at risk.
  - Improving access to high-quality treatment interventions including the development of specialist alcohol clinics in community settings and the expansion of the specialist alcohol team in secondary care.
  - Launching a supported employment programme in March 2023 specifically for clients engaged in drug and alcohol treatment, building on the excellent work already being undertaken to facilitate clients into employment.
  - Conducting a bespoke piece of work specifically exploring research insights in relation to high-risk communities including the South Asian population.

**Figure 1 – Reducing Alcohol Harm (plan on a page in draft)**

**How are we addressing alcohol harm in the City? (plan on a page)**

<b>What do we want to achieve?</b>	Increase number of brief intervention and advice sessions undertaken	Halt the increase of alcohol- specific mortality rate Long- term: Reduce rate by 11.4 per 100,000 (22 deaths)	Increase number of available treatment places for alcohol by 300 (2022 to 2025)	Double the number of people accessing jobs whilst in treatment	Reduce the number of licensed premises per km in Wolverhampton locality	75% Engagement of those leaving prison with a treatment need within 3 weeks
<b>National and local strategy ambition</b>	Reduce harmful alcohol use	Reduce alcohol-related deaths and broader harm	Increase engagement in alcohol treatment	Improve recovery outcomes	Reduce alcohol supply	Reduce alcohol-related crime and re-offending
<i>Draft</i> <b>Reduce health inequalities in life expectancy</b> <i>Draft</i>						
<b>What is our approach?</b>	Drug and alcohol education in early years, primary and secondary schools  Train primary care and front line services in Identification and Brief Advice (IBA) programme  Organisational approaches to alcohol	Improved screening in high-risk groups  Improved access to community detox, inpatient detox and residential rehabilitation programmes  Timely and appropriate support	Specialist alcohol clinics across community settings  Robust outreach provision  Alcohol Care Team in Secondary Care	Implementation of supported employment programme  Holistic recovery offer through RNY, SUIT peer support and Mutual Aid programme	Outline evidence to show that granting the licence would be detrimental and add to the cumulative impact of harm	In-reach to prison settings  Access to Alcohol Treatment Requirements  Arrest referral and diversionary Schemes
<b>Measure of success</b>	Implementation across number of settings	Increased capacity and capability of a stable specialist workforce	Number in treatment and interventions accessed	Number in paid employment since start of treatment	Number of licences mediated, rejected/revoked	Continuity of care percentage rate