

Kingston JSNA 2023: Themed Sections: Alcohol

In adulthood, excess alcohol consumption, alongside smoking and excess weight, is a key risk factor for ill health and death. Alcohol is cited as third in the top 5 risk factors for ill health in Kingston for those aged 20-69 years¹.

Like other London boroughs, Kingston has a high density of alcohol selling premises. While the level is similar to other London boroughs, compared to England as a whole, like many other London boroughs, Kingston is in the top 10% of local authorities with the highest density of alcohol selling premises nationally².

Link to obesity / gaps in knowledge

Obesity is a multi-factorial condition and it is therefore difficult to assess the independent relationship with alcohol consumption. However, evidence taken as a whole suggests that alcohol may be a risk factor for obesity in some individuals, especially when consumed in large quantities³. Alcoholic drinks are frequently high in calories and their regular consumption can lead to weight gain. A three-year survey for the Department for Health and Food Standards Agency found that alcohol accounted for nearly 9% of energy intake for drinkers aged 19 to 64 and nearly 7% of that of over-65s in England⁴. However, there is no data in relation to any potential link between alcohol use and obesity in Kingston.

Geographical hotspots

Hospital admissions for alcohol attributable conditions (Broad definition) from 2016/17-2020/21 suggests higher rates coming from those living in Norbiton and Berrylands wards. Norbiton ward includes the Cambridge Road estate area with the highest deprivation in the borough; Berrylands ward includes the Alpha Road Estate area. These figures are higher than expected, given the age profile, when compared to the national picture.

Additional data

Kingston's [Substance Misuse Needs Assessment](#) carried out in 2022 suggested residents are less likely to abstain from⁵ alcohol (13.8%) than the rest of England (16.2%), although fewer (17.5%) are drinking over 14 units per week compared with the rest of England (22.8%) (2015-2018, via LAPE, PHE).

It also highlighted Kingston had the third highest rate of hospital admissions for alcohol related conditions in the under 40s age group and the highest rate in London for admissions by intentional self poisoning by alcohol (2021/22 data).

Kingston's Better Mental Health Joint Strategic Needs Assessment 2022 noted that the proportion of those receiving alcohol treatment in Kingston (76%) is slightly less than the national proportion (80%)⁶ and recommended improving joint working between Substance (drug or alcohol) Misuse and Mental Health services to strengthen delivery, treatment pathways, inter-agency working, and workforce skills/development.

¹ Global Burden of Disease Survey; 2019. Source: <https://www.healthdata.org/gbd>.

² Source: Public Health England: Risk Factors Intelligence (RFI) team (from published Home Office data) (2017/18). Accessed via OHID Fingertips: [Local Authority Health Profiles - OHID](#)

³ Traversy G and Chaput J-P, Alcohol Consumption and Obesity: An Update, Current Obesity Report 2015; 4(1): 122–130.

⁴ Department of Health & Food Standards Agency (2011) National Diet and Nutrition Survey: link.

⁵ [PHE Alcohol Commissioning Support Pack 2023-23](#)

⁶ Public Health England, Adults - drugs commissioning support pack 2020-21: Key Data Planning for drug prevention, treatment and recovery in adults. Public Health England, Adults - alcohol commissioning support pack 2020-21: Key Data Planning for drug prevention, treatment and recovery in adults.

In terms of alcohol and links with suicide, the National Confidential Inquiry Report 2021 (2017 data) into Suicide and Safety in Mental Health report on Suicide by middle-aged men⁷ found that 36% (nationally) reported a problem with alcohol misuse; this was particularly common for men who were unemployed, bereaved, and had a history of violence or self-harm.

Support in relation to alcohol:

Providing access to in-patient detoxification helps to reduce the need for emergency hospital admissions through the offer of planned, structured treatment. This intervention is essential for some individuals for whom community based treatment services are not appropriate.

All GP practices are commissioned to carry out alcohol Identification and Brief Advice (IBA) interventions and referrals into specialists treatment where appropriate.

Key residents groups for particular attention

Kingston's 2022 Needs Assessment suggested the following ethnic cohorts may be under-represented in specialist alcohol treatment: Other White & Other Asian (anecdotally thought to be South Korean and Tamil community). Treatment services have been tasked with targeting these communities to increase their access to support.

Impact of COVID-19 on alcohol consumption and deaths in treatment

National alcohol consumption surveys have suggested that respondents were more likely to report their alcohol consumption increasing during the pandemic compared to previous years⁸. For example, between March 2020 and March 2021, there was a 58.6% increase in the proportion of respondents drinking at increasing risk and higher risk levels. These drinking patterns could have shifted individuals into higher risk categories of drinking where it is impacting on their lives, and they are now in need of support.

Nationally, in 2020/21, there was an 44% increase in the number of adults recorded as having died whilst receiving treatment for alcohol⁹. It is likely that changes to alcohol and drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to this increase.

Kingston has a drug and alcohol related death review panel to review those that have died whilst in treatment. This informs service improvements in response to any learning.

Recommendations

- There is a strong evidence base for local population-wide prevention interventions for alcohol. Kingston's Public Health team facilitate the following interventions, which we recommend continue to be prioritised and disseminated out:
 - exercising full licensing powers to manage the availability and accessibility of alcohol, and
 - rolling out Alcohol Identification and Brief Advice (Alcohol IBA) training to key partners (such as Adult Social Care, GPs, Housing and Voluntary Sector agencies) to help individuals reduce their alcohol consumption and reduce the risks of ill health and deaths.
- There is a need to use existing and new channels of communication and engagement to maximise the benefit of existing alcohol harm prevention and treatment services (particularly the e-drink check tool and Kingston Wellbeing Service), to residents in Kingston. This will include developing messages for different target populations to channel people to existing

⁷ <https://sites.manchester.ac.uk/ncish/reports/suicide-by-middle-aged-men/>

⁸ Gov.uk, 'Monitoring alcohol consumption and harm during the COVID-19 pandemic: summary'; published July 2021; link.

⁹ Gov.uk, 'Adult substance misuse treatment statistics 2020 to 2021: report', November 2021, link.

services. Also to collaborate with the signposted services to assess changes in access or contacts resulting from any campaigns.

- Hospital based Alcohol Care Teams (ACT) also have a strong evidence base. They identify inpatients and A&E attendees with alcohol problems and provide specialist care. These services save money by reducing length of stay, re-admissions, A&E attendances, and ambulance callouts. Kingston is one of the few London boroughs that does not have an ACT in its hospital as the threshold for need is not felt high enough. A new review and business case to develop this service is scheduled for 2023 and it is recommended that this business case is considered.
- Protect funding that invests in substance misuse harm reduction and treatment. [Part Two of Dame Carol Black's independent review](#) of England's drug & alcohol systems highlights the strong Return on Investment (ROI) for continued substance misuse funding (without disinvestment) by the Local Authority. Evidence suggests that for: *Every £1 currently spent on harm reduction and treatment gives a combined health and justice return on investment of £4*. Failure to invest will inevitably lead to increased future pressures on the criminal justice system, health services, employment services and the welfare system.
- The requirement for areas to establish a 'Combating Drugs Partnership' has been set out in the current [Drug Strategy](#) published in 2021. In Kingston this is known as the Strategic Partnership for Alcohol and Drugs (SPAD). It is recommended that the SPAD ensures that there is collective leadership across all relevant partners to establish, promote and embed a clear vision to reduce drug and alcohol related harm in Kingston and ensure there is a clear strategy and delivery model owned by all key agencies.
- There is a need for further exploration of the potential link between obesity and alcohol use in Kingston.
- Implement the recommendations relating to alcohol in the Substance Misuse Needs Assessment including: Strengthening partnership with schools and Addressing Co-occurring/ Dual diagnosis