



Bristol Health & Wellbeing Board

Bristol City-wide Alcohol Strategy – up-date from working group	
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Report for Information and assurance	

1. Purpose of this Paper

To update the Health and Wellbeing Board of the strategic planning and actions taken by the Bristol Alcohol Misuse Short-life Working Group to tackle the negative impact of alcohol misuse on individuals, families and communities in Bristol.

2. Context

- 2.1 Alcohol is a complex issue. In recent years the sale of alcohol has shifted from the on-trade to the off-trade, as supermarkets take over dominance of sales and more people choose to drink at home. Alcohol has become more affordable over time and the amount of alcohol being sold has been increasing.
- 2.2 Excessive intake of alcohol has clear effects on crime and health; on communities, children and young people. Levels of alcohol-related harm to the health and wellbeing of individuals, families and communities have risen, and health problems caused by heavy drinking are now being identified in young people.
- 2.3 About 84% of Bristol population aged 16 years and over engage in drinking. Of those, 20.3% drink at increasing levels that risk harm in the long term, and 7.5% drink at higher risk levels that harm themselves and others. Furthermore, 26.3% reported to binge drink, hence are vulnerable to the acute effects of intoxication such as assault, falls and poisoning. The percentage of binge drinkers in Bristol is higher than the regional and national average.
- 2.4 Excessive drinking is a major cause of wide range of diseases and injuries. Alcohol and drug use was identified to be the fifth

leading risk factor of the burden of disease in England. Alcohol consumption was the third leading behavioural risk factor overall, and the leading behavioural cause of injury. About a third of deaths from cirrhosis could categorically be assigned to alcohol as the underlying cause.

- 2.5 In Bristol there were 5,408 persons admitted to hospital due to alcohol-related conditions in 2013/14 where alcohol-related condition was the primary diagnosis or any of the secondary diagnoses with an alcohol-attributable code. Bristol alcohol-related admissions has been consistently higher than the England average, with 1,513 persons per 100,000 population admitted (broad measure) in 2013/14 compared to the England rate of 1,253 admissions per 100,000. The most common reasons for alcohol-related admission episodes in Bristol were cardiovascular disease and mental & behavioural disorders due to use of alcohol.
- 2.6 There were 187 alcohol-related deaths in Bristol in 2014, which corresponds with the rate of 53.2 per 100,000 population (significantly higher than the England rate of 45.5 per 100,000). It is a bigger problem in males where the rate of alcohol-specific mortality was 28.5 deaths per 100,000 men in 2012-14, compared to females with 7.9 deaths per 100,000 women.
- 2.7 Alcohol misuse also places a significant cost burden on society. The estimated cost of alcohol harm to society is £21 billion per year which takes into account the impact alcohol has on health and other public services, the cost of alcohol-related crime and disorder, the impact of alcohol misuse on worklessness and lost productivity, and the estimated social costs as a result of alcohol misuse. The cost of alcohol-related crime itself was estimated at £11 billion.
- 2.8 On the one hand alcohol causes significant harm and contributes to health inequalities; on the other it brings benefits to the community and enhances the economy. Balancing the two facets of alcohol (use and misuse) requires us to work in partnership across the sectors to ensure that the benefits are felt and the harms are minimised.
- 2.9 The Bristol City-wide Alcohol Strategy and Action Plan attempts to address the key points by bringing all partners together and setting out a vision for Bristol. It aims to facilitate the establishment of a safe, sensible and harm-free drinking culture in Bristol, and set a direction of travel to achieve this.

3. Up-date from the Alcohol Misuse Short-life Working Group

3.1 The strategy has been developed and the focus is very much on practical actions that can be taken in partnership. The vision for Bristol is to create safe, sensible and harm-free drinking culture.

3.2 The overarching aim of the strategy is to prevent and reduce the harm caused by alcohol to individuals, families and communities in order to ensure Bristol is a healthy and safe to live work and visit. This can be achieved through partnership working and using the best available evidence of what works.

3.3 Three workstreams have been identified, with senior leads from the CCG, Public Health and Avon and Somerset Constabulary.

3.4 There are three broad aims of the Strategy:

1 Increase individual and collective knowledge about alcohol, and change attitudes towards alcohol consumption. (PREVENTION/CAMPAIGNS)	<i>Alcohol Prevention Workstream</i>
2 Provide early help, interventions and support for people affected by harmful drinking. (ACCESS TO SERVICES AND PATHWAY FOR LIVER DISEASE)	<i>Alcohol Intervention Workstream</i>
3 Create and maintain a safe environment. (REDUCTION OF AVAILABILITY AND ACCESSIBILITY, SAFE NIGHT TIME ECONOMY)	<i>Alcohol Environment Workstream</i>

3.5 Each workstream suggested desired outcomes and proposed an action plan to be pursued. Further detail of the workstreams, the deliverables and actions can be found in Appendix A.

3.6 The draft Strategy was presented and consulted at the Alcohol Misuse Strategy Workshop on July 21st 2016 and the consultation feedback included in the final report.

4. Key risks and Opportunities

There is significant opportunity to make progress on this issue through targeted partnership working. There is also a risk of losing momentum due to the scale of this national challenge. The Health and Wellbeing Board will want to be assured that activity and outcomes on this priority are delivered. The Health and Wellbeing Board will oversee further activities through the Alcohol Misuse Short-life Working Group and the three Strategy workstreams.

6. Implications (Financial and Legal if appropriate)

None arising directly from this report.

7. Recommendations

The Health and Wellbeing Board is asked to note the progress on this priority and seek further assurance at future meetings if required.

8. Appendices

Appendix A: Bristol City-wide Alcohol Strategy 2016-2020