

# **Southampton Strategic Assessment (JSNA)**

## **Alcohol page content**

*Last update October 2024*

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## 1. Alcohol use overview



If you are worried about your, or someone else's use of alcohol help is at hand. Please follow this link for details of the advice, help and support available - [Drug and alcohol advice](#)

Alcohol use can cause serious physical and psychological harm to the individual as well as friends, families and communities of those affected. In Southampton, it is estimated that 5,355 people have a dependency on alcohol and may potentially need specialist treatment.

Alcohol use is the biggest risk factor for death, ill-health, and disability among 15 to 49-year-olds in the UK and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 200 medical conditions, including:

- mouth, throat, stomach, liver and breast cancers
- high blood pressure
- cirrhosis of the liver
- depression

More information can be found in the alcohol dashboard below and in the resources section.

[Alcohol dashboard](#)

## 2. Alcohol Use

It is estimated that 29.4 per 1,000 adults 18+ in Southampton are alcohol dependent in 2019-2020. This is higher, but not significantly, than the England average of 13.7 per 1,000.

Health Survey for England 2022 results estimate 48% of adults aged 16+ drink alcohol at least once a week nationally. Applying this percentage to Southampton's population aged 16+, this equates to 106,200 adults within the city in 2023. It is thought that across England, 24% of adults 16+ drink over 14 units of alcohol a week, a level considered as increasing or higher risk. When broken down by age group, this is highest in those aged 55 to 64 (30%). Applying these percentages to the Southampton population suggests that 51,800 adults drink more than 14 units of alcohol a week and 8,200 adults aged 55 to 64.

In England, 19% of adults are thought to abstain from alcohol of which there could be a multitude of reasons as to why an individual chooses to abstain. Women are more likely to abstain from alcohol (22%) than men (16%). The estimated maximum alcohol consumption of drinking more than 6 units by women or 8 units by men on any day over the previous week is 17% of the adult population.

Across England, men are more likely to drink alcohol at increasing or higher risk levels (with those aged 55 to 74 years being heaviest drinking age group amongst both men and women). Alcohol consumption at an increased or higher risk level is more prevalent in least deprived areas compared to the most deprived (25% vs 17%), with those in the most deprived areas had the highest proportion of non-drinkers at 31% compared to the least deprived areas (15%). Other available data shows the average weekly expenditure on alcohol (brought home) in 2022/23 was £8.20.

In the latest [Smoking, Drinking and Drug use among Young People in England](#) survey of secondary school pupils (aged 11 to 15 year olds) across England, 15% of 11 year olds had consumed alcohol at some point and this had increased to 62% by the age of 15, four times higher. The survey asked also about drinking over the previous 4 weeks and 10% of 15 year olds had drunk alcohol (but not been drunk) and 19% had been drunk.

The most common way of obtaining alcohol was from a parent or guardian (61% of those who had obtained alcohol in the last 4 weeks). Home was a common source; 37% of pupils had taken it from home and 13% had stolen it from home. Of those 11-15 year olds who are current drinkers, 73% usually drink at home with this percentage usually being higher in ages 11-12 year olds (78%) than 15 year olds (70%). 15 year olds are more likely to drink at parties with friends (51%) or somewhere outside (19%). Similar to that found amongst adults, the consumption of alcohol amongst children increased with family affluence. The proportion of children who drank alcohol in the last week increased with the number of drinkers that they live with. By deprivation level, the 20% least deprived areas were more likely to have drunk alcohol in the last week (9%), just over double compared to the 20% most deprived areas (4%).

More information can be found in the alcohol dashboard below and in the resources section.

[Alcohol dashboard](#)

### 3. Alcohol hospital admissions

Alcohol-related hospital admissions can be used as a measure to indicate the burden of excessive alcohol consumption on the health of a population. Three hospital admissions measures can be used: alcohol-specific, alcohol-related (narrow) and alcohol-related (broad):

- **Alcohol-specific** hospital admissions are where the primary or any of the secondary diagnoses are wholly attributable to alcohol
- **Alcohol-related** admissions are those which can partly be attributed to alcohol
  - *The broad definition* encompasses admissions where the primary or secondary diagnoses is an alcohol-related condition
  - *The narrow definition* only includes admissions where the primary diagnosis is alcohol-related

The broad measure can be more sensitive to changes in coding practice over time, the narrow definition can understate the role of alcohol in the admission. More information can be found in the [Local Alcohol Profiles for England](#).

Southampton is shown to have a higher rate of alcohol-specific and alcohol-related (broad) hospital admissions than England. Alcohol affects many illnesses and treatments. University Hospital of Southampton (UHS) asks all Southampton inpatients about alcohol so they can provide the right care. This is good practice which is not common in other hospitals yet. It means our numbers are higher because UHS is thorough in identifying and recording alcohol use. In other areas of the country, alcohol is likely to contribute to as many hospital admissions, but may be less likely to be consistently identified and/or recorded so their reported numbers are lower.

Men are twice as likely as women in Southampton to be admitted to hospital for alcohol-specific health issues, increasing to three times for broadly categorised alcohol-related issues.

For 2022/23, Southampton's alcohol-specific hospital admission for persons across all ages is a rate of 1,981 per 100,000, a decrease of 21.2% from 2,512 per 100,000 in 2021/22. Although females continue to have less alcohol-specific admissions than males, from 2021/22 to 2022/23 male admissions decreased at a faster rate than females. Despite the decreases in admissions, Southampton remains the highest ONS and CIPFA comparator as well as significantly higher than England (580.6 per 100,000).

When focusing on alcohol-specific admissions for those under 18, the rate continues to increase. In 2020/21 to 2022/23, Southampton had a rate of 141 per 100,000 admissions, the highest rate since 2014/15 to 2016/17. Unlike admissions for all ages, females have the highest rate for admissions than males. Data suggests female admissions are driving this increase as alcohol specific admissions for females increased 14.8% from 90 per 100,000 in 2019/20 to 2021/22 to 103 per 100,000 in 2020/21 to 2022/23. Whilst the male admission rate decreased 14.2% from 46 to 39 in 2020/21 to 2022/23.

At sub-city level, Bevois ward has the highest rate of alcohol-specific admissions for all ages of 3,731 per 100,000, significantly higher than the Southampton average of 2,170 in 2020/21 to 2022/23. Bitterne Park ward has the lowest rate of admissions (1,630 per 100,000). North and Central locality has a significantly higher rate than Southampton of 2,386 per 100,000, likely a reflection of younger population profile of the residents in this area, including large student areas. By England deprivation quintiles, the 4<sup>th</sup> quintile has the lowest rate of alcohol-specific admissions of 1,445 per 100,000 closely followed by the statically similar 20% least deprived quintile with a rate of 1,461. The number of admissions in the 20% most deprived area (2,835 per 100, 000) is 1.9 times higher than the 20% least deprived.

Across England, alcohol related hospital admissions increase with age, peaking at 40 to 64 years for narrow admissions. In Southampton, under the age of forty, the gap between male and female hospital admissions for alcohol-related conditions (narrow) has increased by 54.5% since 2021/22, with a rate of 257 (males) vs 179 (females) in 2022/23 (1.4 times higher). This difference increases with age, males aged 65+ are three times more likely as their female counterparts to be admitted to hospital for alcohol-related conditions (narrow).

Of the six indicators: cardiovascular disease, liver disease, unintentional injuries, intentional self-poisoning, mental and behaviour disorders (narrow and broad), in 2022/23, Southampton's rates are significantly worse than England in all of them, except for unintentional injuries. The Southampton unintentional injuries admission rate is statistically similar (with small numbers and wide confidence intervals) to the England rate. In 2022/23, Southampton's rate of admission episodes for mental and behaviour disorders related to alcohol (broad) was just over 4x higher than the national average and double that of Bristol, the second highest comparator. For men alone, this was at a rate of 2,278 admissions per 100,000 people falling to 891 for women although both rates have decreased since 2021/22. It is thought that this indicator would see a greater impact because of the changes in methods to code admissions since 2018/19.

More information can be found in the alcohol dashboard below and in the resources section.

[Alcohol dashboard](#)

#### 4. Mortality and years of life lost

Over the last five years mortality rates, both those attributed specifically and those related to alcohol, have been steadily increasing in Southampton and in 2022 stood at at 20 alcohol-specific deaths per 100,000 people and alcohol-related deaths 50 per 100,000 persons. Alcohol-related mortality is 3 times higher for males than females with 77 deaths per 100,000 and 25 deaths per 100,000 respectively in 2022.

In England, 2 out of 3 (66%), alcohol-specific deaths were male and 3 out of 4. Deaths by age are available for the United Kingdom showing 77% of alcohol-specific deaths were of people aged 40 to 69, with the number of deaths increasing with age, peaking at those aged 50 to 59, before decreasing at older ages. The main cause in the UK of alcoholic-specific deaths was alcoholic liver disease (76%). The proportion of alcohol-specific deaths were also shown to increase with deprivation. More information can be found on the [ONS Alcohol-specific deaths in the UK](#) and [NHS England Digital - Statistics on Public Health](#).

In 2022, Southampton women lost 584 years (per 100,000 females) of potential years of life lost due to alcohol - which is statistically similar to England (536 per 100,000). The rate for Southampton males was nearly 3 times this at 1,625 per 100,000, as well as being significantly higher than the rate for England (1,211 per 100,000).

More information can be found in the alcohol dashboard below and in the resources section.

[Alcohol dashboard](#)

#### 5. Care, treatment and policy

In Southampton, for those who wish to seek specialist alcohol treatment, a three week or less waiting time is achieved for 99.5% of people (2022/23), an increase from 67.8% in 2013/14, and significantly higher than the England average of 97.6% (2022/23). Despite this, it is thought that 88.9% of Southampton adults who are dependent on alcohol are not in contact with alcohol treatment services. In 2022/23, there were a total of 475 adults aged 18+ in treatment at specialist alcohol services, a crude rate of 2.3 people per 1,000 adults 18+ in Southampton, higher than the England average of 1.9. In Southampton, 34.7% of people aged 18 and over that left 'structured alcohol treatment and did not seek more treatment for 6 months', compared with 35.8% across England. Of new presentations in specialist alcohol services, 74% were self or family and friend's referral, 16% were referrals from health services and social care and 6% from the criminal justice system.

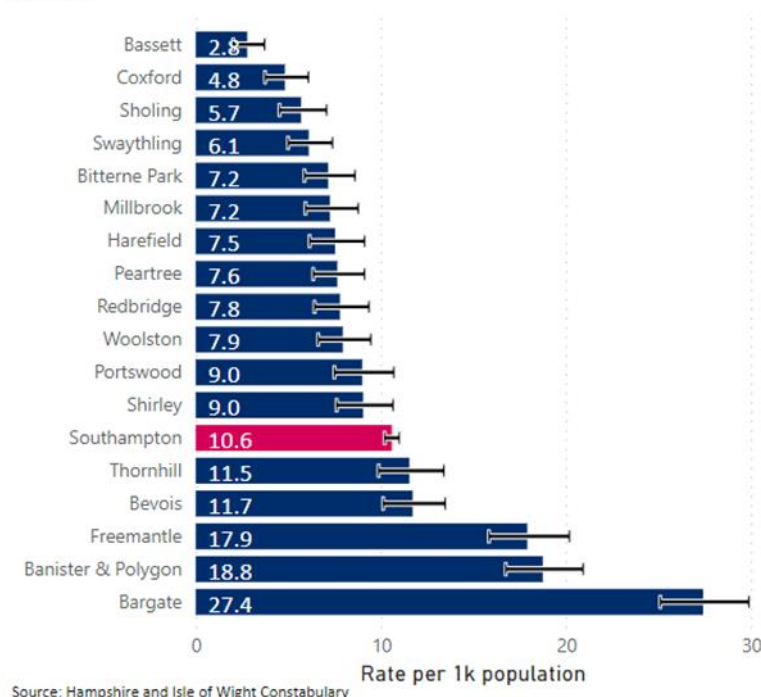
More information can be found in the alcohol dashboard below and in the resources section.

[Alcohol dashboard](#)

## 6. Alcohol related crime

The consumption of alcohol is related to criminal activity because its effects on the body reduce self-control, which leads to an increased likelihood that individuals under the influence of alcohol may engage in anti-social or criminal behaviour.

All Crime (Alcohol Affected) (rate per 1k population) - Southampton wards 2022/23





It is estimated that alcohol is associated with one million crimes in the UK each year ([Institute for Alcohol Studies](#)). There were 2,795 alcohol affected crimes in Southampton over the last year, which is a -10.8% decline compared to the previous year, but +6.9% higher than the pre-pandemic baseline (2019/20). The majority (68.4%) of alcohol affected crimes in Southampton continue to be violent crimes. Alcohol affected crime is strongly linked to the night-time economy (NTE). Bargate ward had the highest rate of alcohol affected crime in Southampton; whilst Banister & Polygon and Freemantle also show significantly higher rates than the city average. These wards are where large portions of the night-time economy in Southampton are located. Peak times for alcohol affected crime are late on weekends, which is when engagement with the NTE is highest. For more information on crime in Southampton, see the [Safe City Strategic Assessment](#) page.

In 2019, the Home Office announced that 18 police force areas (PFAs) would receive funding to establish (or build upon existing) Violence Reduction Units (VRUs) as part of the Serious Violence Fund. In 2022, a further 2 PFAs received funding to establish VRUs. The aim of VRUs is to lead and coordinate a preventative, whole-system approach to violence reduction, which comprises: multi-agency working data sharing and analysis engaging young people and communities commissioning (and delivering) evidence-based interventions. The Hampshire VRU Hospital admissions for violent summary report was produced to provide an information summary of violence related emergency hospital admissions recorded in Hospital Episode Statistics (HES) for each VRU in England. It should be noted that this report is only a partial picture of admissions related to violence and does not include data from Accident & Emergency.

Of all violence related emergency hospital admissions (including sexual violence) in 2020/21 to 2022/23, 27.5% were alcohol related in Southampton. This was higher in males (29.0%) than females (22.7%). The highest age group was ages 50 to 59 with 44.4% of violence admissions being alcohol related, followed by ages 40-49 with 35.3%. By England deprivation, the 4<sup>th</sup> quintile has the highest percentage of alcohol related violence admissions (33.3%) followed by the 20% most deprived areas of the city (31.0%).



## 7. Resources

### 7.1 Alcohol dashboard

This dashboard shows key alcohol related data for Southampton, England and other comparator cities. Data in this dashboard has been compiled from a range of publicly available sources including the Office for Health Improvement and Disparities (OHID).

[Alcohol dashboard](#)

### 7.2 Tobacco, Alcohol and Drugs Strategy (TAD)

This data set is the key performance indicators for the Southampton City Council Tobacco, Alcohol and Drugs Strategy 2023-2028. The strategy is available from the Key strategies, plans and policies link below. The related TAD dashboard is also available below.

[Tobacco, Alcohol and Drugs Strategy \(TAD\) dashboard](#)

### 7.3 Drugs dashboard

This dashboard shows key drug related data for Southampton, England and other comparator cities. Data in this dashboard has been compiled from a range of publicly available sources including the Office for Health Improvement and Disparities (OHID).

[Drugs dashboard](#)

### 7.4 Community safety dashboard

Dashboard combining a variety of community safety and crime related data to provide intelligence on community safety in Southampton from publicly available data sources.

[Community safety dashboard](#)

### 7.5 Using a telephone line to deliver Extended Brief Interventions to support people with alcohol use disorders

The Alcohol Telephone Line provides a short-term, open-access confidential service for people who are worried about their drinking. This provides an Extended Brief Intervention for people who need more support than that offered by universal services, such as GP practices, but who do not need the multiple therapies or pharmacotherapy for alcohol dependency, known nationally as Structured Treatment. The specialist Substance Use Disorder Service runs a separate, free telephone line. It can

be accessed directly, without a referral. The poster available below presents the results of the service between October 2020 and December 2022.

SCC Public Health Poster - [Using a telephone line to deliver Extended Brief Interventions to support people with alcohol use disorders](#)

## 7.6 Data sources

- OHID Fingertips – [Local Alcohol Profiles for England \(LAPE\)](#)
- OHID - [Adult substance misuse treatment statistics](#)
- ONS - [Alcohol-specific deaths in the UK](#)
- NHS Digital – [Smoking, drinking and drug use among young people in England, 2023](#)
- NHS Digital - [Statistics on Public Health \(2023\)](#)
- Institute of Alcohol Studies – [Alcohol Knowledge Centre](#)

## 7.7 More information and support

If you are worried about your, or someone else's use of drugs, help is at hand. Please follow this link for details of the advice, help and support available - [Drug and alcohol advice](#)