

Southampton Strategic Assessment (JSNA)

Alcohol page content

Last update December 2023

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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

Please be aware that the webpage has been updated with the most recent figures, however this will not be reflected on the Alcohol Dashboard due to a delay in Mid-Year Estimate updates. Once the data has been released the dashboard will be updated.

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

[Alcohol dashboard](#)

2. Alcohol Use

It is thought that in Southampton, 41,807 individuals (20.6% of people over 18) drink over 14 units of alcohol a week, a level considered as high risk, lower but statistically similar to the national average (22.8%). It is estimated that 2.7% of adults locally are dependent drinkers, nearly double the national rate of 1.4%.

Much of the night-time economy is surrounding the consumption of alcohol and yet in Southampton 14.9% of the population are thought to abstain from alcohol, of which there could be a multitude of reasons as to why an individual chooses to abstain. This is a similar proportion to the 14.5% of individuals who reported to have binge-drunk on their heaviest day (drinking more than 6 units by women or 8 units by men).

Nationally men are more likely to drink alcohol at increasing or higher risk levels (with those aged 40 to 64 years being heaviest drinking age group amongst both men and women). Those in the most deprived areas had the highest proportion of non-drinkers at 28.9%. Alcohol consumption at an

increased or higher risk level is more prevalent in more deprived areas. The average weekly expenditure on alcohol in 2017/18 was £8.70.

In the 2021, [Smoking, Drinking and Drug use among Young People in England \(SDD\)](#) survey, of secondary school pupils (aged 11 to 15 year olds). Across England, 13% of 11 year olds had consumed alcohol and this had increased to 65% by the age of 15, five times higher. The survey asked about the previous 4 weeks and 17% of 15 year olds had drunk alcohol (but not been drunk) and 21% had been drunk.

The most common way of obtaining alcohol was from a parent or guardian (75% of those who had obtained alcohol in the last 4 weeks). 50% of pupils had taken it from home and 19% had stolen it from home. 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.

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 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.

Despite increasing alcohol-specific hospital admissions across all ages, when looking specifically at those aged under 18, Southampton admissions have fallen over the last 10 years, reducing the rate from 102.5 to 61.7 admissions per 100,000 people aged under 18, in 2018/19 - 2020/21. This remains statistically worse than the national average of 29.3 per 100,000 people.

Nationally, 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) is relatively similar, 273.2 (males) vs 223.0 (females) in 2021/22. This difference increases with age, men aged 65+ are just under three times as 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), Southampton performs significantly worse than England and the South East region in all of them, with the exception of unintentional injuries which is lower but statistically similar rate. Notably, in 2021/22, Southampton had just over 5x higher rate of admission episodes for mental and behaviour disorders related to alcohol (broad) than the national average and over double that of Liverpool, the second highest comparator. For men alone, this was at a rate of 3,210.0 admissions per 100,000 people falling to 1097.2 for women. It is thought that this indicator would see a greater impact because of the changes in methods to code admissions.

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 currently stand at 17.3 alcohol-specific deaths per 100,000 people (2017-2019) and 48.2 per 100,000 persons, alcohol-related deaths (2021). Alcohol-related mortality is 3 times higher for males than females with 73.9 deaths per 100,000 and 24.9 deaths per 100,000 respectively in 2021.

Nationally, 78% 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 (80%) of alcoholic-specific deaths was alcoholic liver disease. 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 Southampton, in 2020, the number of potential years of life lost to alcohol for women stands at 579.2 years per 100,000 females. This is less than half of that estimated for men at 1,325.0 per 100,000 for males. This is similar to national patterns with 499.6 and 1,116.0 respectively.

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

[Alcohol dashboard](#)

5. Care, treatment and policy

For those who wish to seek specialist alcohol treatment, a three week or less waiting time is achieved for 98.8% of people (2020/21), an increase from 81.6% in 2014/15, and higher than the national average of 98.0% (2020/21). Despite this, it is thought that 91.0% of adults who are dependent on alcohol are not in contact with alcohol treatment services. In 2020/21, 1.3 people per 1,000 adults in Southampton are in treatment at a specialist alcohol services, below the national average of 1.7. Almost half the number in 2013/14 (2.5 per 1,000 persons) and 2.2 per 1,000 nationally. This contrasts the observed increasing trend in hospital admissions. In Southampton, 31.6% of people aged 18 and over that left 'structured alcohol treatment and did not seek more treatment for 6 months', compared with 35.3% nationally.

Nationally, those seeking treatment are aged 45 to 49 years old and heavy drinkers (drinking more than 14 units per week), are aged being between the ages of 55 to 64 years. The top three referral methods for treatment are: self-referral (64%), health and social care (21%) and the criminal justice system (6%). Although self-referral is the most common referral method for drug treatment (other than alcohol), likely due to the legality of alcohol, the last two methods are in reversed positions. Similar to other drug users accessing treatment, deaths during treatment have risen from 1% to 1.4%. More information on [adult substance use disorder](#) is available from the Office for Health Improvement and Disparities (OHID).

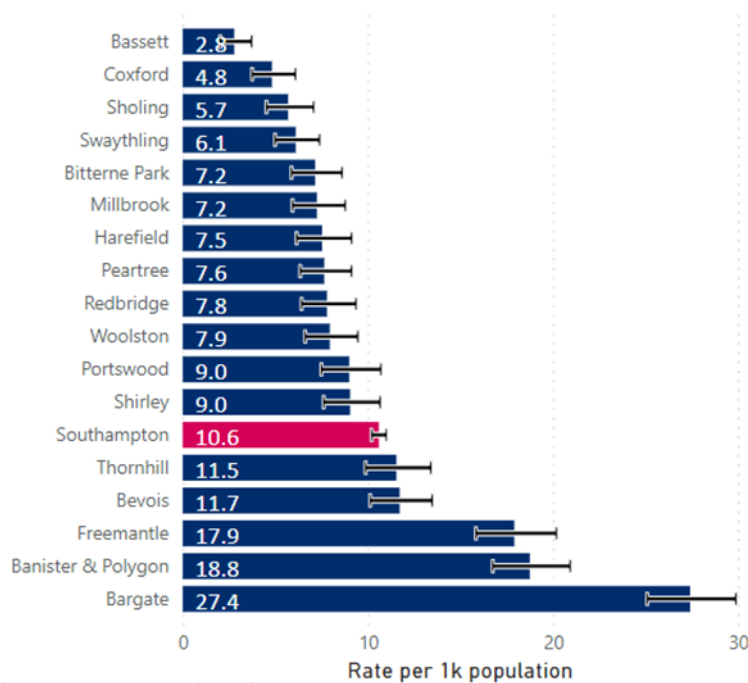
More information can be found in the alcohol dashboard below and in the resources section.

[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.

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 \(2021 to 2022\)](#)
- ONS - [Alcohol-specific deaths in the UK](#)
- NHS Digital - [Statistics on alcohol \(2021\)](#)
- NHS Digital - [Statistics on alcohol \(2020\)](#)
- 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](#)