

**Report to:**

**LEVELLING-UP SCRUTINY COMMITTEE**

**Relevant Officers:**

Judith Mills, Consultant In Public Health and Kerry Burrow,  
Public Health Practitioner

**Date of meeting:**

24 January 2024

## **ALCOHOL SERVICES AND STIGMA/ALCOHOL DEATHS AND COVID**

### **1.0 Purpose of the report**

To report on the stigma of accessing treatment and impact of increased alcohol consumption during lockdown.

### **2.0 Recommendation(s)**

2.1 To consider the report, identifying any issues for further scrutiny and challenging service performance.

### **3.0 Reason for recommendation(s)**

3.1 Is the recommendation contrary to a plan or strategy approved by the Council? No

3.2 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 No alternative options have been identified.

4.1 N/A

### **5.0 Council priority**

5.1 The relevant Council priority is:

- 'Communities: Creating stronger communities and increasing resilience'

### **6.0 Stigma**

**In the open consultation from OHID – UK Clinical Guidelines for Alcohol Treatment: Core Elements of Alcohol Treatment from October 23 - Stigma is addressed as follows:-**  
'Services and practitioners should work to reduce stigma.

People with alcohol problems experience stigma in society and in some healthcare and support services. Research consistently identifies stigma as a major barrier to help-seeking and

treatment engagement for people with alcohol problems (Kilian and others 2021). The World Health Organization [European framework for action on alcohol 2022 to 2025](#) (PDF, 2.2MB) includes a priority action for healthcare services to reduce social stigma and discrimination that prevent people from accessing alcohol treatment. Services and practitioners should address policies, practices and attitudes that can contribute to experiences of stigma, ensuring people feel respected, heard, and not judged or treated differently because of their alcohol use. Physical and mental health services and social care services should not exclude people from care that they need on the basis that they have an alcohol problem.

Language used to describe people with alcohol problems can also be stigmatising. Preferred language and terminology around alcohol use can vary between individuals and over time. It is useful for services to regularly review the language they use, by speaking to people with lived experience to understand what language they find stigmatising and what are their preferred terms.

Practitioners should be aware that people's experiences of stigma and discrimination may mean that they minimise their alcohol problem.'

The Lighthouse Alcohol service will adhere to these guidelines both now and when they are implemented formally after consultation. The Lighthouse also provides a trauma informed service and trauma informed training for all partners to support the addressing of alcohol and stigma.

### **Delphi – Summary of the Lighthouse and how they are addressing stigma through the separation of the alcohol service**

The Horizon service was split into separate Drug and Alcohol focused services in January 2023, with the Alcohol Team now branded and marketed as 'The Lighthouse'.

The branding was co-produced with the client base and includes innovative new ways to engage with the service, including a QR code referral system which allows a quick, confidential and simple way to self-refer.

Data from our service audits suggests that less women access our services, possibly due to the stigma around treatment for substances and links to removal of children. To address this, we have created a women's specific area on our website and ensured that a member of our family team is assigned full time to The Lighthouse and alcohol clients.

Women, older drinkers and LGBTQ+ are priority groups for the service to target, and 2024 will see further work with Fylde Coast Women's Aid and Renaissance LGBTQ+ service. Along with more targeted work in the community and engagement of older drinkers and with focus on getting people into treatment earlier.

Audits highlighted a high rate of non-attendance following referral from partner agencies within the alcohol team specifically, potentially due to stigma. To address this issue, the service

has delivered brief intervention training sessions to Adult Social Services, The Police and 3<sup>rd</sup> Sector organisations around how to raise the subject of alcohol and the support that The Lighthouse can offer, in an attempt to improve the levels of motivations on referral. This will be offered out to other partners in 2024.

As noted earlier we have also recognised the need for more outreach provision, implementing sessions in community centres and GP surgeries to support those clients that are unable to attend the main town centre office, or may not want to due to Stigma.

**Strategic priority in the new Draft Alcohol Strategy - Stop stigma to improve access to services when people need it and to maintain recovery.**

**What** - We will reduce the stigma faced by people fighting alcohol dependency and along their recovery journey

**Why** - So that more people ask for help, particularly early help, increasing the numbers in treatment and helping people to achieve a sustained recovery

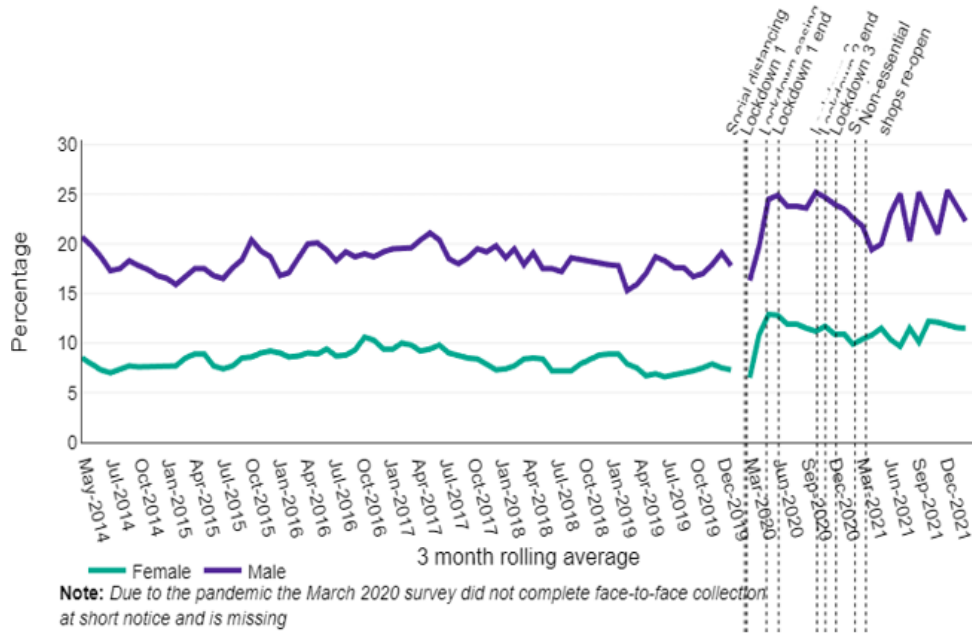
**How** – Through our action plan we will

- Have a trauma informed practice approach to interventions grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development
- Development of a Blackpool Trauma Informed Charter Mark for all organisations
- Do market research, community surveys, and potentially do population wide campaigns based on results
- Explore the possibility of a campaign to encourage more women and other priority groups to access services without fear of judgement

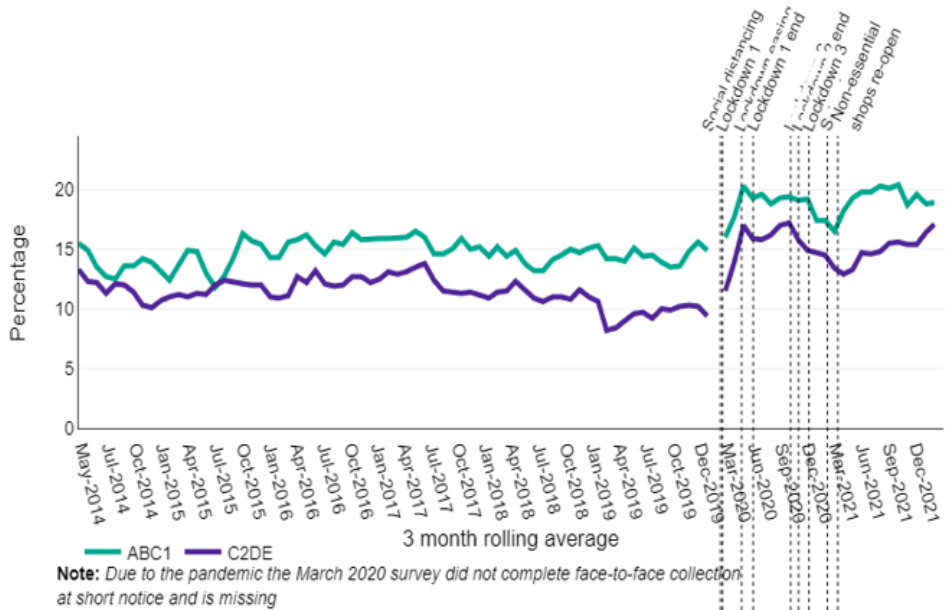
## **7.0 Alcohol and COVID-19**

The following graphs come from OHID, Wider Impacts of COVID-19 on Health (WICH) monitoring tool, Behavioural risk factors (<https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/#>) and show the prevalence in higher risk drinking in England in both sex and class over Covid.

## Prevalence of increasing and higher-risk drinking (AUDIT) in England by sex



## Prevalence of increasing and higher-risk drinking (AUDIT) in England by social class



Although we have no local data on alcohol consumption national data shows that individuals who already consumed medium/high levels of alcohol tended to increase during Covid and **we are still unsure about how this will play out over the next few years, but will be monitoring carefully**. Some individual's drinking patterns may not have returned to normal and may need support from Alcohol services.

Recent studies from the University of Sheffield and Institute of Alcohol Studies show the impact of pandemic-related changes in alcohol consumption on health outcomes and estimate increases in alcohol-related harm even if drinking patterns return to pre-pandemic levels. These impacts are not evenly distributed across the population, with heavier drinkers and those in deprived areas expected to be disproportionately affected.<sup>1</sup>

The term low risk drinking implies that no level of alcohol consumption is completely safe. Furthermore, the context can determine the level of risk, for example drinking and driving, in conjunction with medication or where there is pre-existing chronic illness.

Low risk is not regularly exceeding 14 units per week, spread evenly over the week. This level of consumption represents a low risk of long term or short-term health harm for a healthy adult.

Increasing risk means drinking in a way that raises the risk of ill health from drinking alcohol. For both men and women, this means regularly drinking more than the low risk guideline of 14 units per week and up to 35 units for women and 50 units for men.

Higher risk drinking for women is regularly drinking more than 35 units per week and for men regularly drinking more than 50 units per week. People in this group are likely to already be experiencing health damage from their alcohol use, even if it is not yet evident.

Binge drinking really means drinking enough on a single occasion to get drunk (The technical definition of binge drinking is drinking 6+ units (women) or 8+ units (men) in a single session)

7.1 Does the information submitted include any exempt information? No

## **8.0 List of appendices**

8.1 None

## **9.0 Financial considerations**

9.1 None

## **10.0 Legal considerations**

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<sup>1</sup> Institute of Alcohol Studies, [The COVID Hangover: Addressing long-term health impacts of changes in alcohol consumption during the pandemic](#), July 2022

10.1 None

**11.0 Risk management considerations**

11.1 None

**12.0 Equalities considerations and the impact of this decision for our children and young people**

12.1 None

**13.0 Sustainability, climate change and environmental considerations**

13.1 None

**14.0 Internal/external consultation undertaken**

14.1 None

**15.0 Background papers**

15.1 None