

# Reducing alcohol harm in York

## Introduction

York has higher than national rates of alcohol-related hospital admissions, and concerning rates of alcohol-related mortality, which are obviously only the tip of the iceberg of alcohol-related harm. Although we recognise that alcohol harms can be most effectively reduced across the population by action around pricing, availability and marketing of alcohol, we are also committed to supporting York residents to realise the benefits of reducing their alcohol consumption to low risk levels, recognising that this can be made more difficult by the widespread availability of cheap, heavily marketed alcohol in the UK.

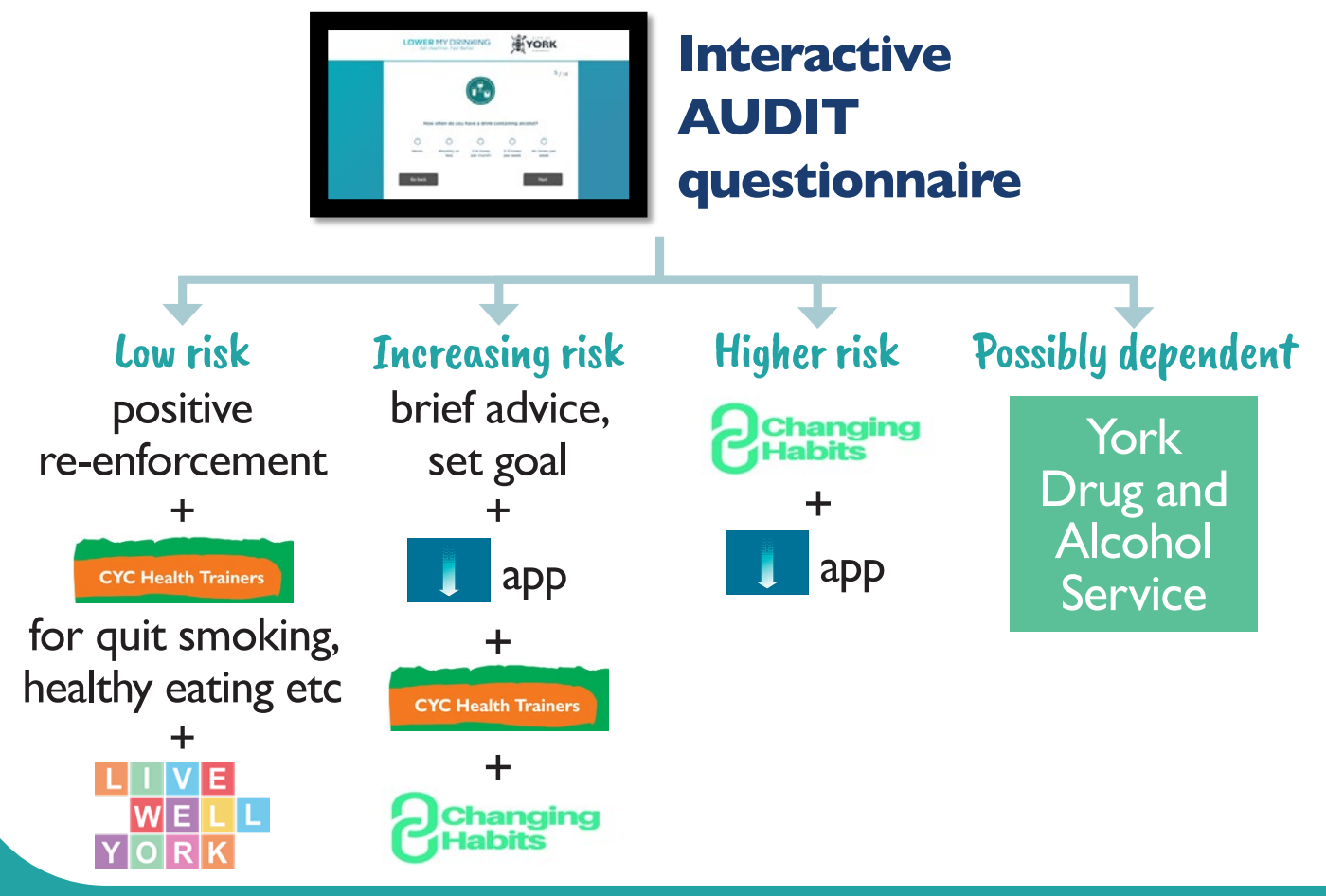


**21.4% York adults are drinking above 14 units / week = over 37,000 people**  
(Health Survey for England 2015-18)

## Digital approaches

### What did we do?

We launched Lower My Drinking, a digital alcohol identification brief advice intervention – or more simply, York’s alcohol quiz and advice tool, to help residents reflect on how much they’re drinking and get tailored advice. The Lower My Drinking website and phone app has been promoted via partners, social media, press releases, bus stop posters and in early 2023, through a **city-wide text campaign from local GP practices**.



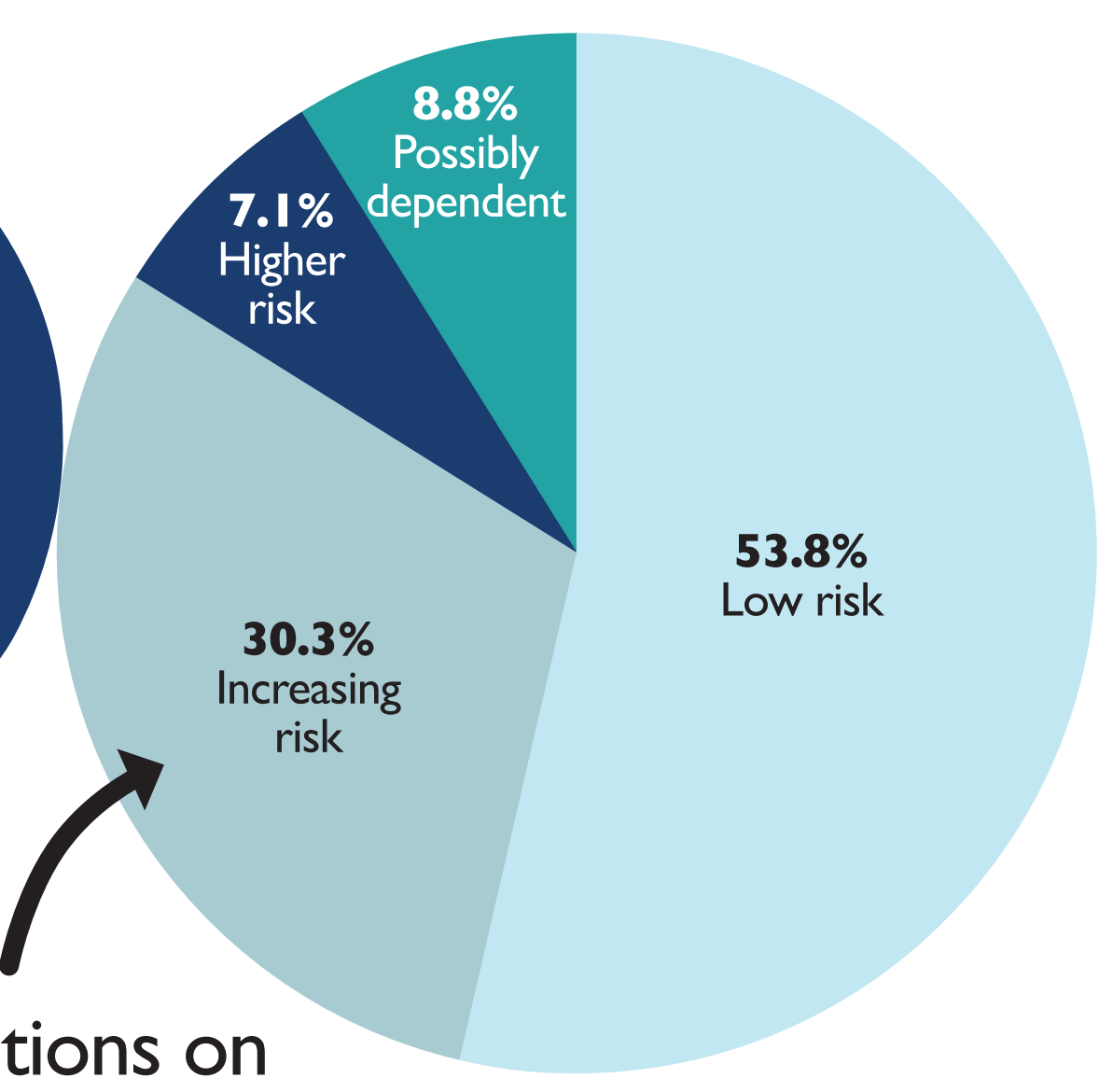
## New Year text campaign outcomes

- **6,152 AUDIT questionnaire completions** across January-February – as a crude proportion of people texted, a 4.4% response rate. Previously, completions averaged 149 per month.
- **68 Lower My Drinking app downloads** across January and February, up from three to four downloads per month previously.
- **15 self-referrals/enquiries** in Jan-March 2023 to relevant services cited Lower My Drinking. This is likely to be an underestimate of the true impact on service access.

Local GP practices sent over **140,000 texts** to adult patients to increase engagement with Lower My Drinking.



Alcohol risk levels identified by AUDIT questionnaire completions on LowerMyDrinking.com (as of end of February 2023)



## What did we learn?

- A widespread text message campaign from GP practices to patients **was an effective way to increase engagement with a digital alcohol identification brief advice tool**. Though the response rate of approximately four percent might be considered relatively low, the GP texts yielded a much higher response than other types of non-direct promotion.
- It engaged some of the target population, with almost half of quiz completions showing drinking above low risk levels.
- An overarching agreement with local GP practices to facilitate delivery of mass communications would be helpful.
- For large-scale population-wide campaigns, the GP text message wording should communicate that the messages are not targeted to limit complaints.

## Prototyping a new support service

### What did we do?

In response to an identified gap in support provision, the Changing Habits service was designed:

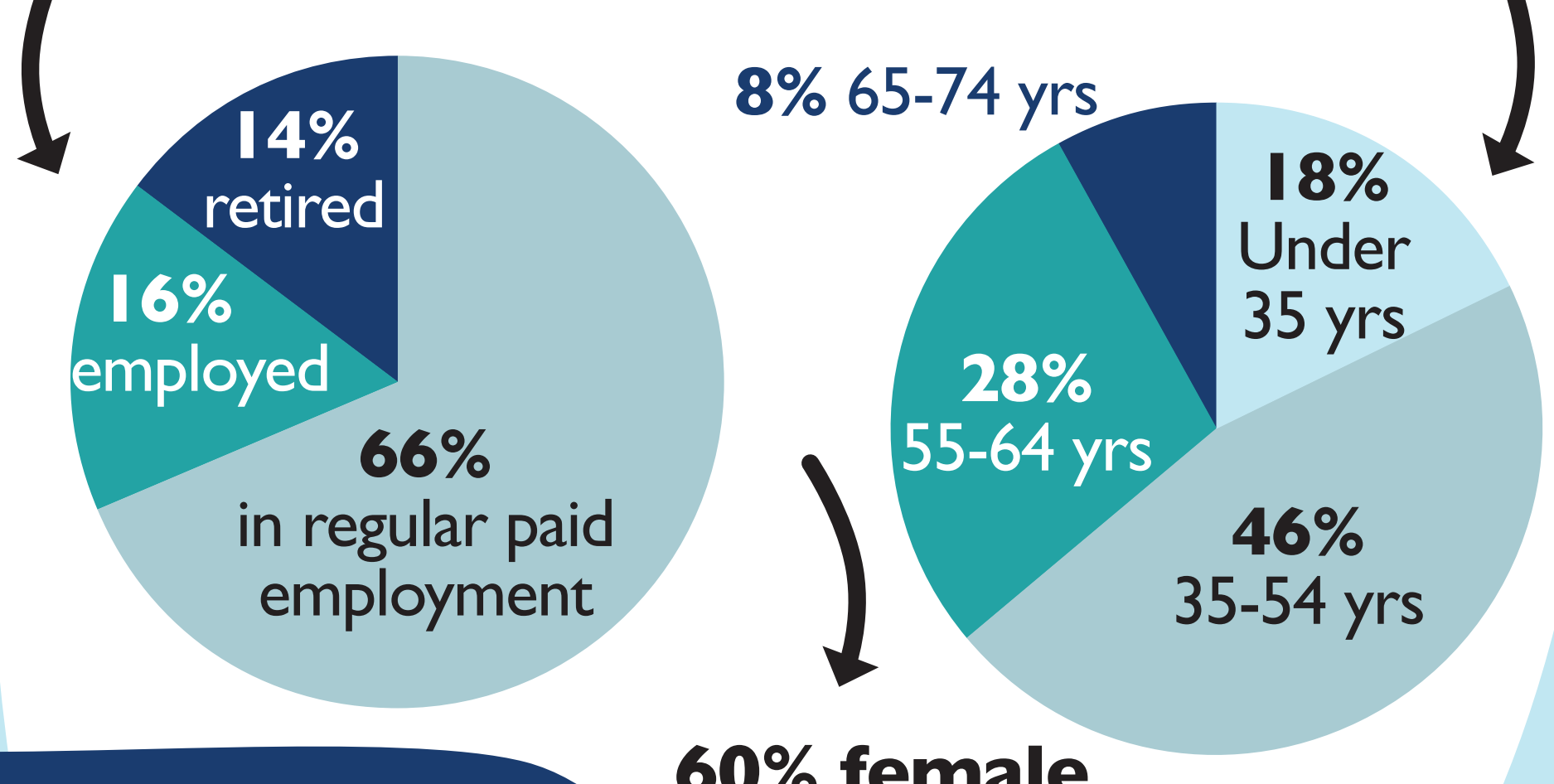
- Flexible, tailored support for people drinking at ‘increasing risk’ or ‘higher risk’ levels where Health Trainer behavioural change coaching isn’t enough but specialist treatment isn’t needed
- Based in GP practices and other venues across the city
- Up to eight one-to-one sessions developed on Acceptance Commitment Therapy principles.

### Impact

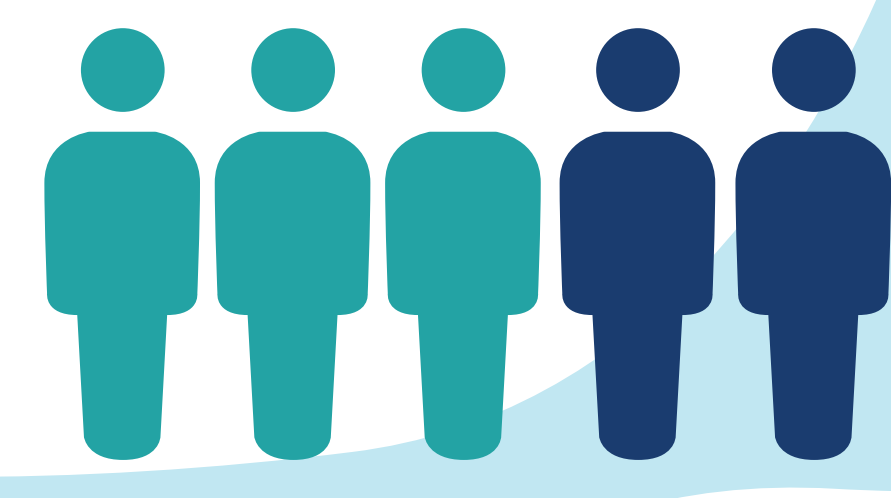
The Changing Habits service has been well received by individuals receiving the support and completing the programme, but low referral numbers have limited its initial impact and our ability to rigorously assess its impact on alcohol consumption as planned. (The primary outcome of interest was difference between alcohol consumption at assessment and at end of intervention.)

*“It was a flexible program. Stevie-Lee is an amazing person, she makes you feel like you are an amazing person, she is not judgemental. I’ve not finished my issues with alcohol but I have been given tools to work on it.”*

**In the service’s first year 50 people** accessed at least one support session (65 were offered Changing Habits support following assessment)



**60% female**



## What did we learn?

- Self-referrals should be welcomed alongside professional referrals.
- Further work is needed to increase awareness of the service.
- Clients appreciated the non-judgmental, flexible/personalised support.
- There were benefits to being integrated into the specialist treatment and recovery service (lots of introductions to and from the wider service), though the independent brand is helpful and communications should be differentiated to ensure relevance.
- Primary care room availability was a challenge; **only 33%** of 2022 appointments were held in GP practices.
- Targeted GP texts did not prove to be an effective way of engaging people in self-referring.



*“My drinking habit of 25+ years has changed completely and for the better!”*

*“Emma was fantastic. She listened ... and helped me navigate the issues I have found in life to cause drinking.”*

## Brief Conversations about Alcohol Training

### What did we do?

We have developed a modular training package that offers a locally relevant introduction to skills and information for alcohol identification brief advice (‘IBA’) conversations. The training is offered flexibly to suit different needs.

### We deliver sessions that cover:

- Why conversations about alcohol are needed
- Reminder of alcohol guidelines, alcohol units
- The AUDIT questionnaire and York’s Lower My Drinking website
- Motivational interviewing techniques
- Relevant York support services for individuals and their families.

### Successes June 2022 – Sept 2023:

- Approx. **530 people** trained in **47 sessions** (30 covered all modules)
- **65%** people responding to the feedback questionnaire have never had training relating to alcohol before
- Reaching diverse sectors, including: primary care, Emergency Department, midwives, social workers, housing support, sexual health service, mental health services, social prescribers, voluntary groups, cardiac rehab nurses, health visitors, domestic abuse services
- As of Sept 2023, **18%** people who completed LowerMyDrinking ‘quiz’ heard about it from a health / support professional

*“It’s a really useful and easy to follow presentation. It engages the attendees continuously asking questions. There were people with different levels of experience and very different job roles, but it was apparent we all learned new information from this so it’s helpful for all levels. Anna was passionate and informative.”*

Participant feedback April 2023

## What did we learn?

- Offering choice of in-person/online and team-specific/open sessions works well.
- One hour monthly webinars suit a wide range of local professionals and are helpful for inducting new staff in timely manner.
- Long term impact evaluation is challenging.

With special thanks to...

Emma Rizkallah and Stevie-Lee Croft-Hall for their dedication to their clients - and the Everyone involved in the Lower My Drinking text campaign | York Better Care Fund | Changing Habits data quality | Adrian Hall | Debbie Manson | **Anna Brown and Ruth Hine, City of York Council – 2023**