



STARTING IN A FEW MINUTES AT 15:30

The power of asking: Supporting families around alcohol use

16 October 2025

#iHVInsights

www.ihv.org.uk



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Welcome



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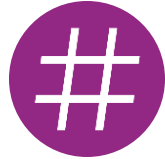
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The Institute of Health Visiting is a charity and centre of excellence for health visiting. Its core purpose is:
To improve outcomes for children and families and reduce health inequalities through strengthened health visiting services

#iHVInsights

The power of asking: Supporting families around alcohol use

Agenda



Welcome

- Vicky Gilroy - Director of Innovation and Research, iHV

Guest Speakers

- Professor Lesley Smith - Professor of Women's Public Health, University of Hull
- Jayne Walker - Senior Lecturer / Deputy Head of School for the School of Health Care, University of Hull

Q&A with Speakers

Close and Evaluation

Next speaker



Professor Lesley Smith

Professor of Women's Public Health, University of Hull



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Alcohol: promoting health and preventing harm

Lesley Smith

Professor of Women's Public Health

Centre for Addiction and Mental Health Research

University of Hull

Outline

- What is the problem with alcohol?
- How much are people drinking and why?
- What can be done to reduce alcohol-related harm and improve population health?



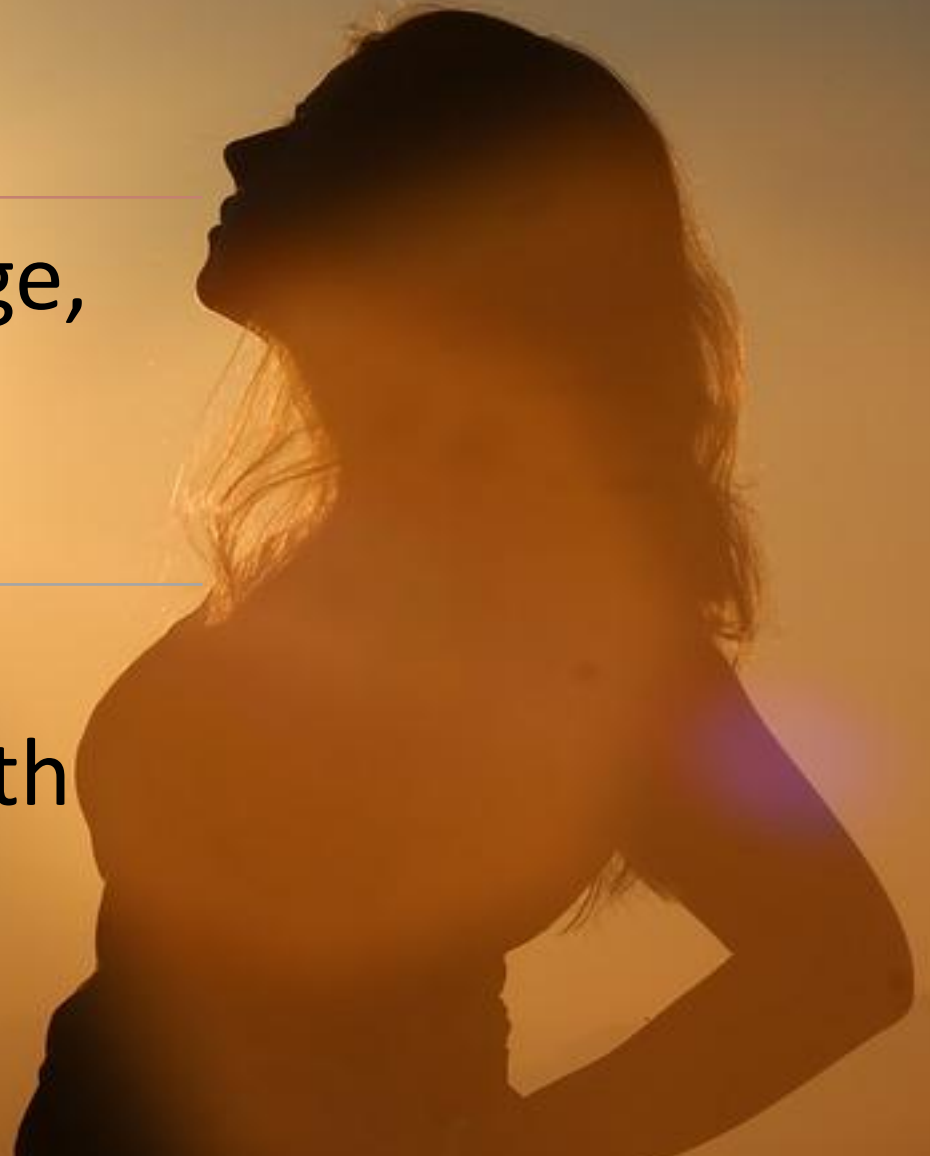
What is the problem with alcohol?



Drinking during pregnancy can lead to long-term harm to the baby

Increases the risk of miscarriage, premature birth and low birthweight

Dose response relationship - heavier drinking associated with greater harms



Foetal Alcohol Spectrum Disorders (FASD)



A neurodevelopmental disorder resulting from alcohol exposure during pregnancy



A spectrum of physical, cognitive, emotional and behavioural characteristics



Impact on motor skills, language, learning, memory, attention, emotional regulation, and social skills

Alcohol related harm

Global Burden of Diseases, Injuries and Risk Factors Study 2016

Deaths and disease attributable to alcohol

Leading risk factor for global deaths

Deaths attributable to alcohol

3.8% (females)

12.2% (males)

Disease burden - disability-adjusted life year (DALY)

2.3% (females)

8.9% (males)

Alcohol has been identified as a causal factor in more than

200 Medical conditions

including:

- mouth, throat, stomach, liver and breast cancers
- depression
- cirrhosis of the liver
- stroke
- heart disease
- pancreatitis
- liver disease



Alcohol & breast cancer

The proportion of breast cancer cases attributable to alcohol consumption 8% - 10%

Alcohol increases the risk of breast cancer in a dose-dependent fashion even from low levels

Estimated relative risk of 1.09 for 10g/day

May also increase the risk of recurrence of breast cancer in survivors

New UK clinical guidelines advise this group to observe an upper limit of 5 units per week





Stats in context

Over 1 million hospital admissions relating to alcohol each year

In England, the average age at death of those dying from an alcohol-specific cause is 54.3 years. The average age of death from all causes is 77.6 years

More working years of life are lost in England as a result of alcohol-related deaths than from cancer of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate, combined

Costs

- The economic burden of alcohol is substantial, with estimates placing the annual cost to be between 1.3% and 2.7% of annual GDP
- Costs to the NHS estimated 3.5 billion
- COVID 4-5 billion



Alcohol consumption (global)

Alcohol, recorded per capita (15+) consumption (in litres of pure alcohol)

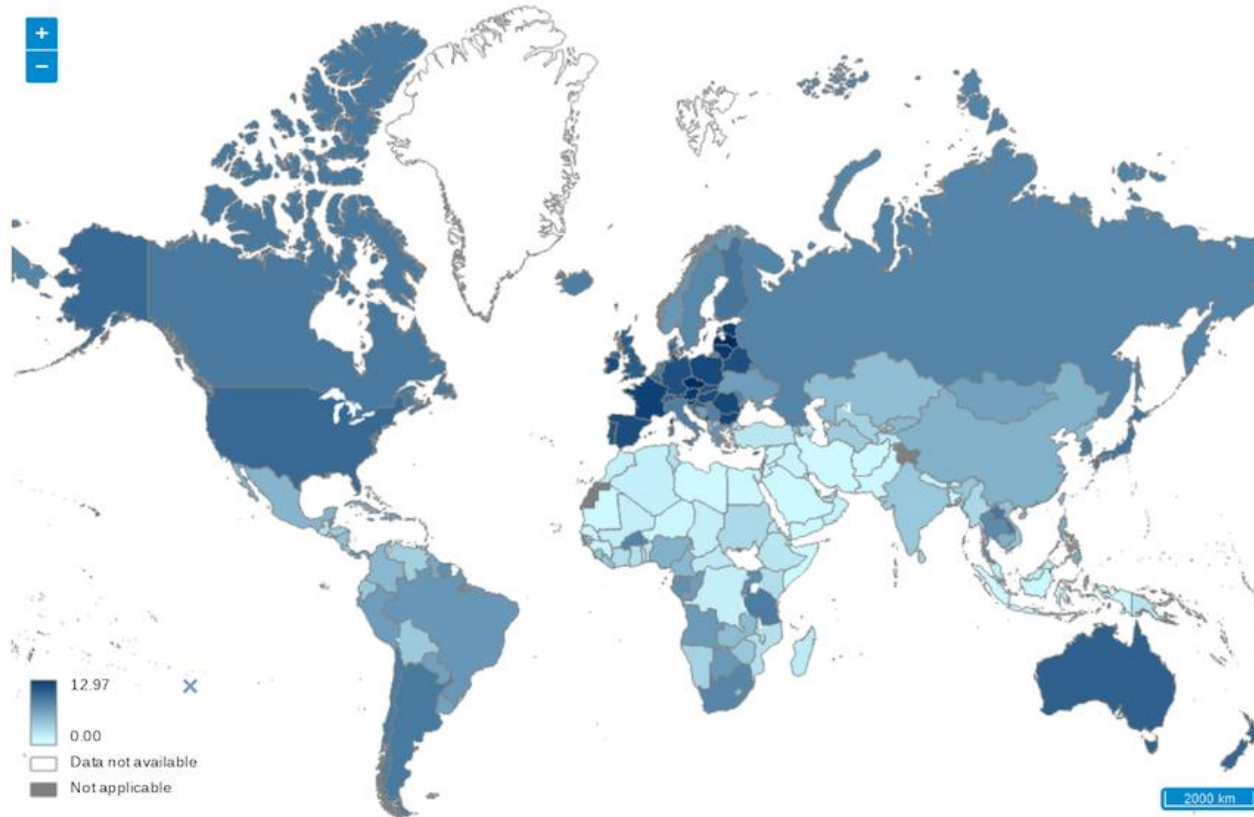
FILTERS

Year

Latest

Beverage Types

All types

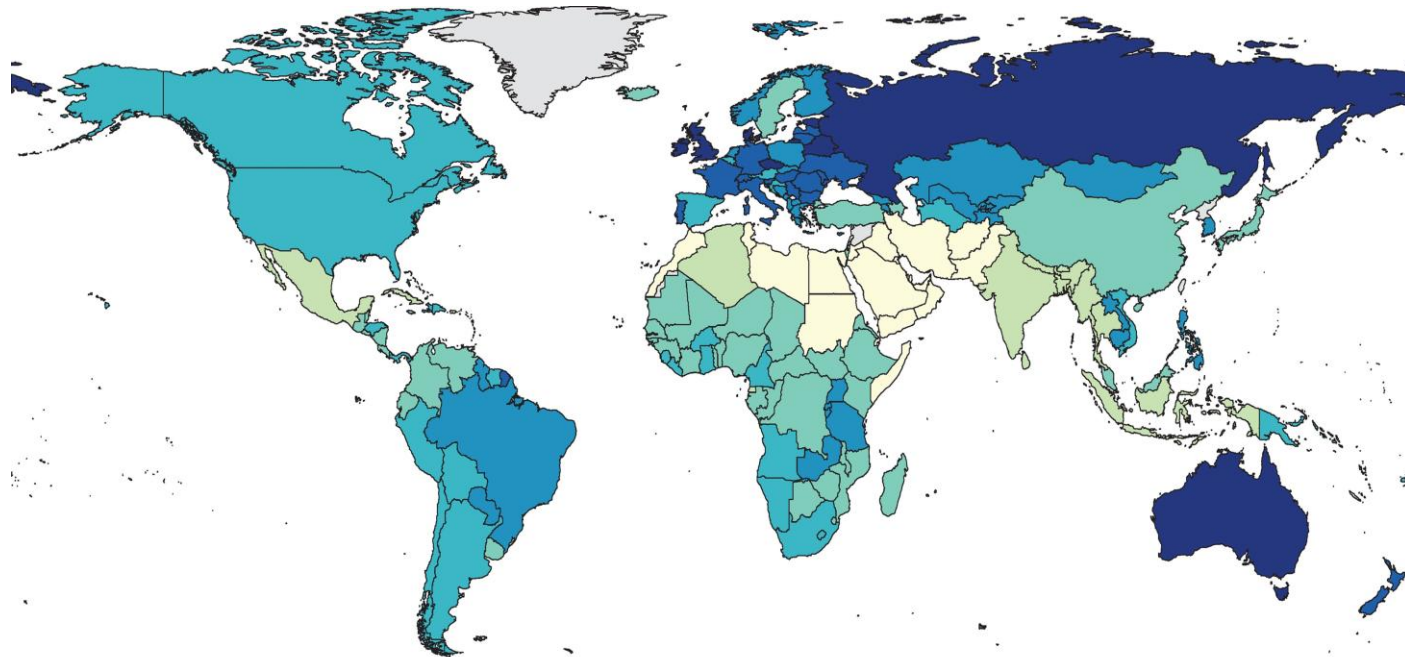


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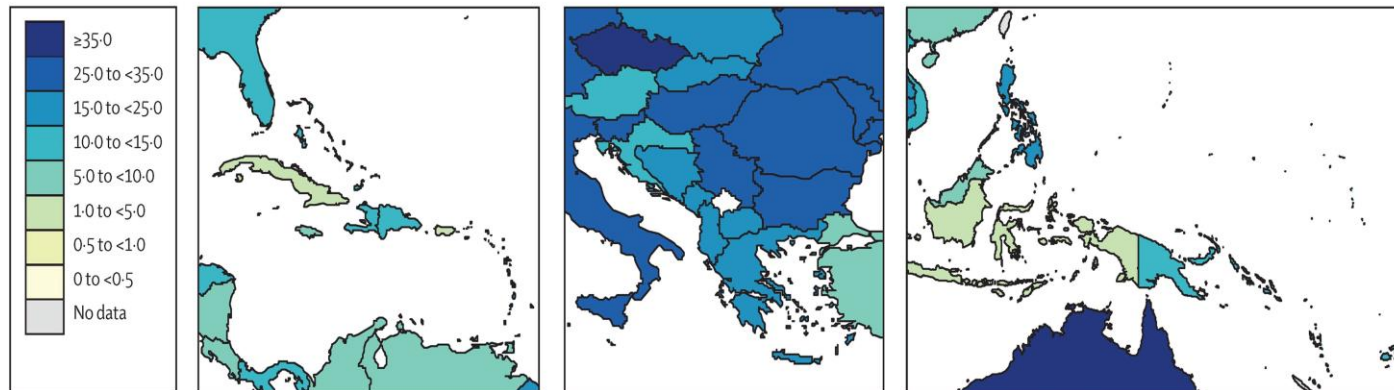


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Global prevalence of alcohol consumption (any) during pregnancy (2012)



Prevalence in
UK 41%



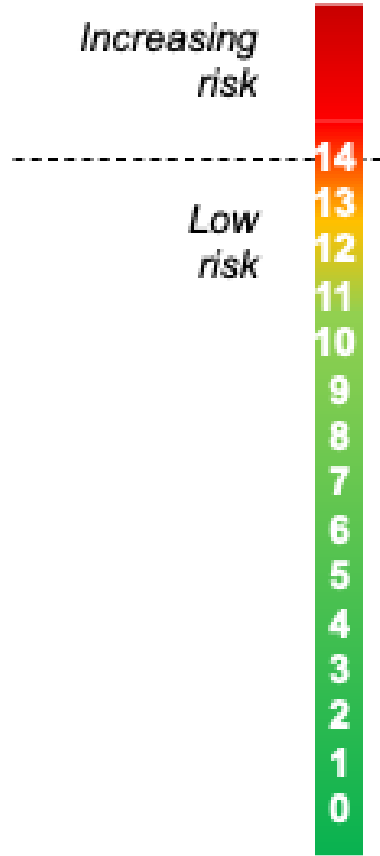
Why do women drink during pregnancy?



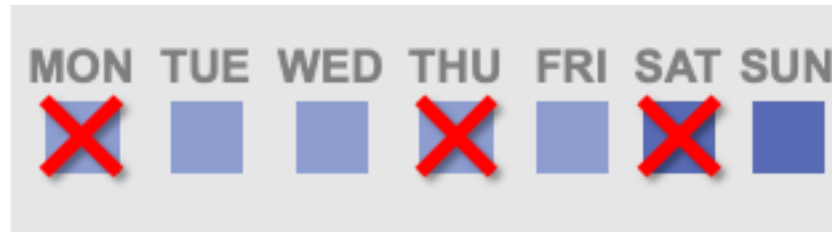
Alcohol policy & guidance on drinking limits

- Chief Medical Officer (CMO) drinking guidelines / National Institute for Health and Care Excellence (NICE)
- NICE Quality Standard FASD
- NHS 10 year plan
- World Health Organisation (WHO)
- Making Every Contact Count (MECC)

What are the UK Chief Medical Officers' low risk drinking guidelines?



“...you are safest not to drink regularly more than 14 units per week, to keep health risks from alcohol to a low level”



“If you drink as much as 14 units in a week, it is advised to spread this evenly over three days or more. If you wish to cut down the amount you are drinking, a good way to help achieve this is to have several drink-free days each week”

What are the UK Chief Medical Officers' low risk drinking guidelines?



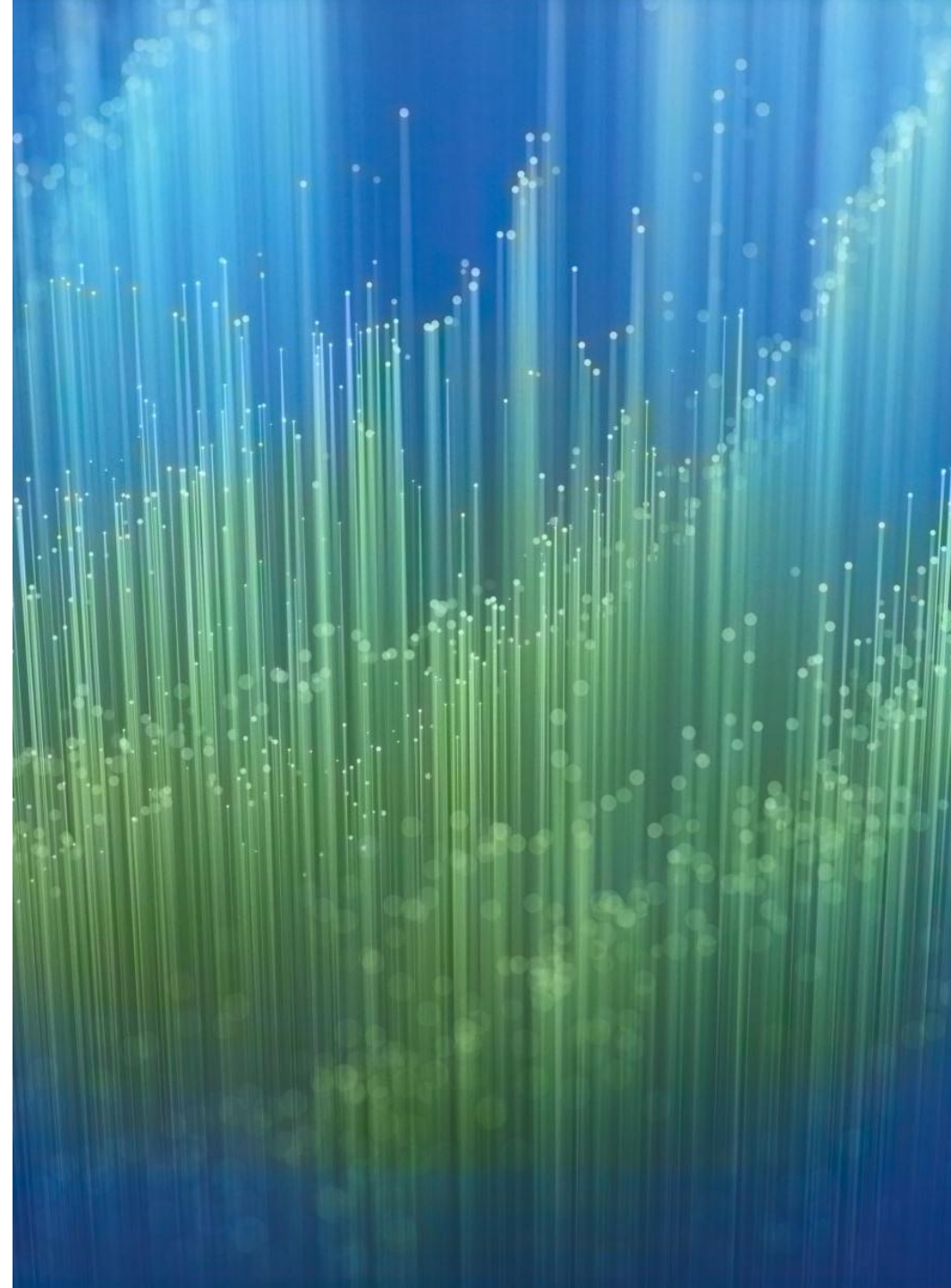
“If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum”

'no safe level of alcohol'



"RISKS DUE TO ALCOHOL CONSUMPTION INCREASE FOR ALL THE MAJOR CARDIOVASCULAR DISEASES... THE WIDESPREAD MESSAGE FOR OVER 30 YEARS FROM SOME RESEARCHERS, THE ALCOHOL INDUSTRY, AND THE MEDIA HAS BEEN TO PROMOTE THE MYTH THAT ALCOHOL PROLONGS LIFE, CHIEFLY BY REDUCING THE RISK OF CVD."

WORLD HEART FEDERATION (WHF 2021)



Universal



Selective

**Targets a specific
population group**

**e.g. pregnant women,
individuals seeking
primary care**



Indicated

Specialized services for individuals at high risk of related harm, due to high levels of drinking or that they have a history of alcohol use

NICE judges that the following interventions are effective:

- behavioural couples therapy
- cognitive behavioural therapy
- motivational enhancement therapy
- social behaviour and networks therapy
- behavioural therapies which apply principles of positive reinforcement

What can you do?



THANK YOU

lesley.smith@hull.ac.uk

Next speaker



Jayne Walker

Senior Lecturer / Deputy Head
of School for the School of
Health Care, University of Hull



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think of them during the
presentations

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DEVELOPING AN ALCOHOL RISK REDUCTION PATHWAY: PRACTICE LEARNING AND EARLY INSIGHTS FROM THE **PARENT** STUDY

Jayne Walker On behalf of the PARENT Project Team 16.10.2025



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PROJECT TEAM

- Prof Lesley Smith, University of Hull
- Ms Jayne Walker, University of Hull
- Dr Arne Muller, University of Hull
- Dr Andrea Hilton, University of Hull
- Dr Lisa Schölin, University of Edinburgh
- Dr Lolita Alfred, City St George's, University of London
- Dr Anand Ahankari, Manchester Metropolitan University
- Mrs Victoria Gilroy, Institute of Health Visiting
- Ms Katie Jones, NHS Humber and North Yorkshire (Service User Voice Representative)
- Mr Matthew Wooffindin, NHS Humber and North Yorkshire (Service User Voice Representative)

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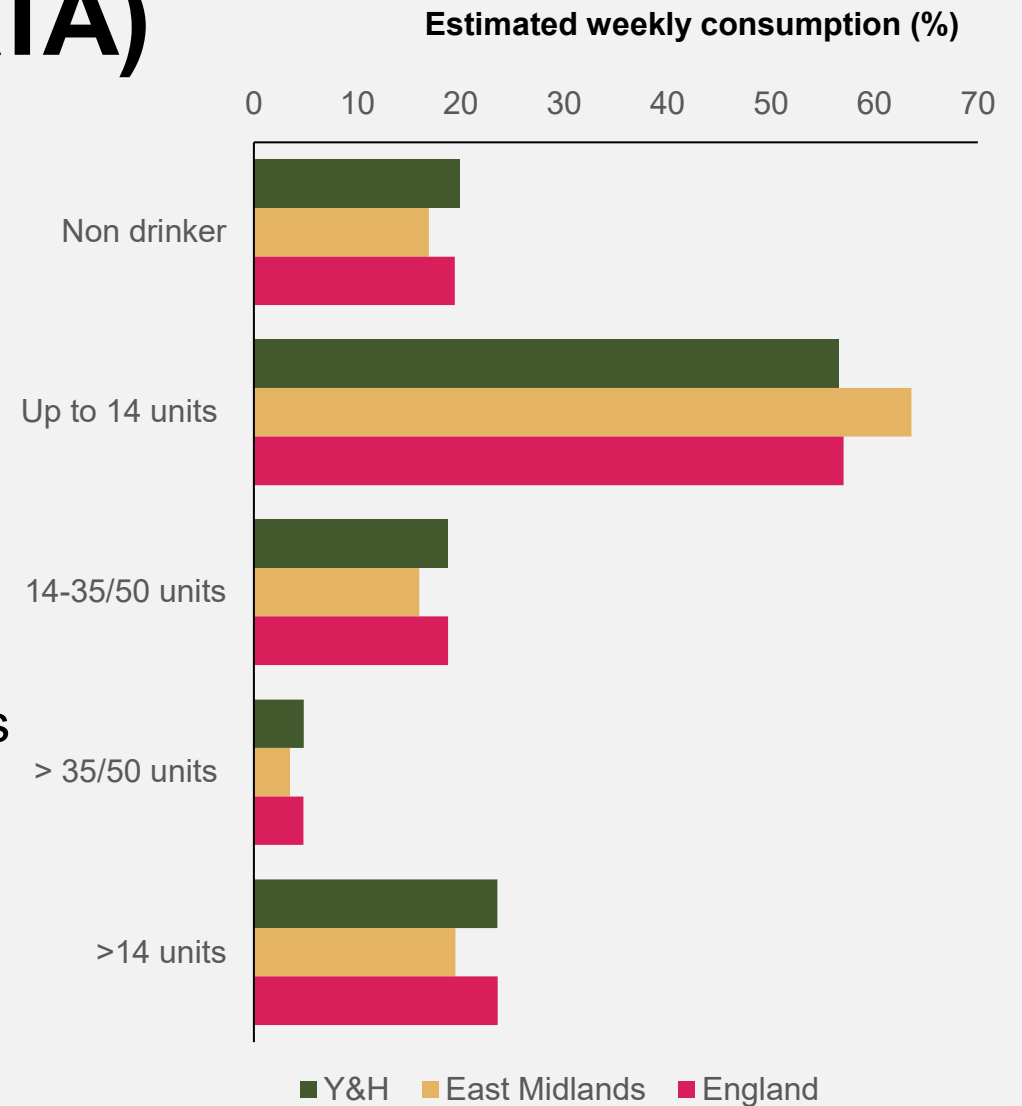
ALCOHOL AND PUBLIC HEALTH

- Alcohol is a leading risk factor for premature death and disability [1]
 - WHO suggests there is no “safe” level of alcohol use for general population [2]
 - “Low risk” drinking guidelines in the UK suggests both men and women keep their consumption <14 units per week [3]
- Parental drinking can have negative effects on children’s physical and mental wellbeing [4]
- Alcohol use while pregnant increases the risk of e.g. miscarriage, premature birth, and Foetal Alcohol Spectrum Disorders [5,6]

ALCOHOL USE (2022 DATA)

- Estimated weekly alcohol intake in Yorkshire and The Humber is very similar to that of England average
- In East Midland, there are fewer non-drinkers but higher than England average proportion of people drinking up to 14 units/week. Consumption at increasing and high risk levels are lower than England average.

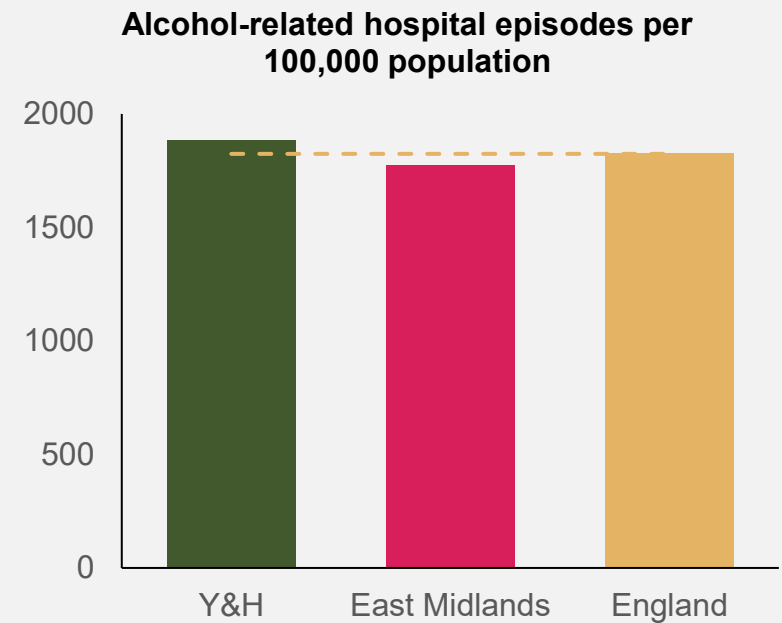
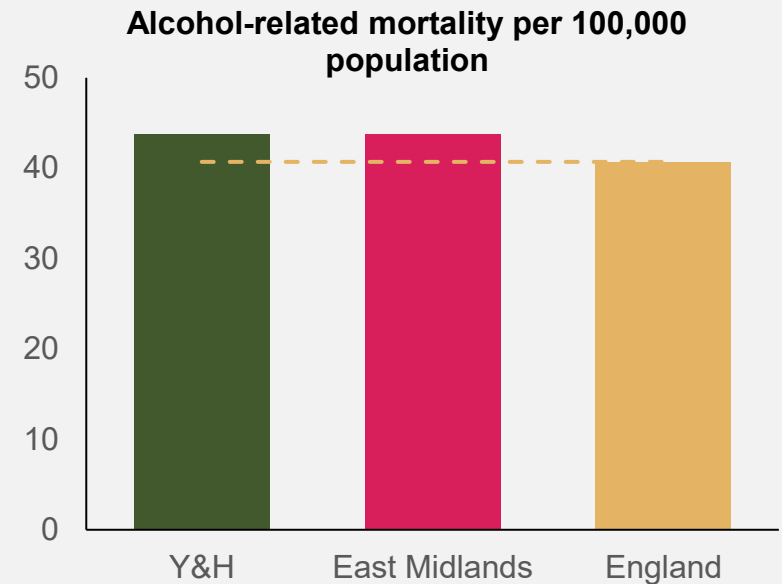
Source: Health Survey for England



ALCOHOL-RELATED HARM (2023 DATA)

- Yorkshire and The Humber fairs worse on all alcohol mortality (specific and related) and hospital admissions indicators
- East Midlands fairs worse on all alcohol mortality indicators (specific and related) while most indicators for hospital admissions is close to, or slightly higher than, England average

Source: NHS England Alcohol Profiles



HEALTH VISITORS' ROLE IN DISCUSSING ALCOHOL

- Addressing alcohol consumption from the antenatal period through the first 5 years aligns with Making Every Contact Count [7]
- This rarely happens due to organisational and individual-level barriers such as limited training on alcohol screening and knowledge of best practice in response to level of risk-drinking.
- There is a gap in knowledge has informed this study by exploring how HVs can be agents of change alongside parents in reducing the prevalence/mitigating the risk of alcohol-related developmental disorders in England.

AIM

To explore current practice among Health Visitors (HVs) regarding alcohol assessment and advice alongside parental perceptions on the acceptance on this approach for raising awareness for preventing and limiting alcohol-related harms, informing the co-creation of a HV-led care pathway in Yorkshire, Humber and Derbyshire.

OBJECTIVES

1. Assess how and when HVs ask about alcohol consumption with new parents, what advice they give, and what actions they take
2. Identify barriers and facilitators of HVs practice behaviour regarding alcohol assessment, intervention, and support
3. Understand how a dialogue about alcohol consumption could be embedded in routine contact visits between HVs and new parents
4. Develop a draft HV-led care pathway co-created with stakeholders.

WORKSTREAM 1

- Practical learning from research to date

Cross-sectional national online survey, drawing on the Theoretical Domains Framework, of health visitors and wider 0–19 service team.

Estimated 800 responses are expected following invitation to approximately 4000 health visitors and wider 0–19 service team members. 276

Survey was distributed via Institute for Health Visiting (iHV) newsletter and social media.

Inclusion criteria: currently working in England as a health visitor or member of the health visitor team working in the 0–19 service delivering the five core visits.

WORKSTREAM 2

The Parent Study progress
and early focus group
insights

4-5 online (Microsoft Teams) focus group discussions with 4-6 participants in each; total 20 participants.

Inclusion criteria: currently working in Hull, East Riding of Yorkshire or Derbyshire as a health visitor or member of the health visitor team working in the 0–19 service delivering the five core visits

Health visitors' role in discussing alcohol

Application to practice and next steps

EARLY INSIGHTS FROM FIRST FOCUS GROUP - 14.10.2025



WORKSTREAM 3

In-depth interviews with 20 parents about their views on how, when and whether a dialogue about parental alcohol consumption could be embedded in core contact visits by HVs.

Inclusion criteria: parents who have been seen by a health visitor or a member of the health visiting team working a part of the 0–19 team within the last two years (24 months) and live locally in Hull, East Riding of Yorkshire or Derbyshire, England.

WORKSTREAM 4

A workshop to discuss findings from the first three streams to co-develop a health visitor led care pathway.

An online stakeholder event involving HVs, skills mix team members, 0–19 service managers and commissioners, representatives from professional organisations (such as iHV and Office for Health Improvement and Disparities, local authorities, maternal and infant health-related charities such as Fetal Alcohol Spectrum Disorder network UK and parents.

Findings from Workstream 1-3 will be shared and discussed in the meeting to get views on the findings, make recommendations for and consider the key components of a care pathway

THANK YOU



Jayne Walker



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FUNDED BY

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6. Public Health England. Making Every Contact Count (MECC): consensus statement. London: Public Health England. 2016; <https://bit.ly/3QqqmdG>



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Good level of development

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Retired Member Networking Event	4 November 2025
Practice Education Networking Event	5 November 2025
SEND SIG	12 November 2025

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be found at:
bit.ly/4enHn2H



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Neonatal Families Ambassadors



19 November 2025



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My Lungs

Our Air, My Lungs Ambassadors



8 December 2025



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Hybrid Conference

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Number of hours completed:	
ACTIVITY – What did you undertake? How many hours were participatory? How many hours were individual?	
LEARNING – What were your key insights from the activity?	
INFLUENCE ON PRACTICE – How will I use this knowledge, skill or experience in my practice? What difference will it make to me/ to children, young people, families and communities? Has this knowledge, new skill or experience changed your attitude or thinking, if so, in what way?	
FURTHER ACTIONS – What needs to happen for me to use this learning?	
LINK TO NMC CODE (2018) - Which theme or statement does my learning or development support and why?	
LINK TO STANDARDS OF PROFICIENCY (NMC, 2022) - Please identify the part or parts of the relevant standards that you used to inform your CPD	
ANYTHING ELSE TO NOTE:	

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