

**Welcome** to the October 2011 edition of the North West Public Health Observatory (NWPHO) Health E-News bulletin. Over the next eighteen months, whilst functions of the nine public health observatories (PHOs) are being transferred to Public Health England, the NWPHO is focusing on maintaining public health intelligence capacity and capability. There is now a single work programme for all PHOs and as part of this, the NWPHO is delivering a series of products related to the provision of national alcohol, drugs, violence and dental health

intelligence. The NWPHO is accountable to the Department of Health (Professor John Newton) for the delivery of this programme.

In addition, we are continuing to support local public health intelligence transition work, deliver a local data enquiry/HES service and produce locally commissioned work. We hope that you find this edition of the Health E-News of interest. As always, please do let us know if you think we can support the local public health system in the North West in any way.

## New Local Alcohol Profiles for England reveal national patterns of alcohol abuse and abstention

On August 25<sup>th</sup> the NWPHO released the updated Local Alcohol Profiles for England (LAPE 2011) with a new look website [www.lape.org.uk](http://www.lape.org.uk) and launched 'LAPE on your mobile' allowing access to the profiles from mobile devices [www.lape.org.uk/mobile](http://www.lape.org.uk/mobile).

The profiles contain 25 alcohol-related indicators for every local authority and 22 for every primary care trust in England. As well as local area data on alcohol-related hospital admissions and crime, the 2011 profiles include updated experimental data on levels of abstainers in each local authority and the proportion of drinkers who drink at lower, increasing and higher health risk levels.

Over the five years to 2009/10 there has been a 24.6% increase in the number of people being admitted to hospital due to conditions only caused by alcohol. Total admissions for England have increased to 1,056,962 (2009/10); an increase of 879 alcohol-related admissions a day compared to five years ago.

There are now more than six million

individuals over the age of 16 in England who do not drink alcohol. Of those people who report that they consume alcohol (i.e. excluding non-drinkers), on average 7.6% are higher risk drinkers.

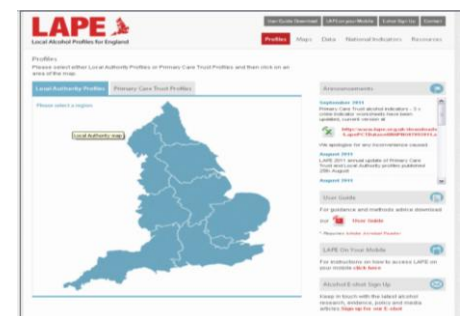
Across England, there were 392,787 recorded crimes attributable to alcohol in 2010/11; equivalent to 7.6 crimes per 1,000 population.

Between 2007 and 2009 there were 11,198 deaths from chronic liver disease in males and 6,429 in females. The number of deaths from chronic liver disease continues to rise steadily and increased by around 8.0% in both males and females between the periods 2003-2005 to 2007-2009.

Professor Mark Bellis, Director, North West Public Health Observatory commented, "The scale of damage revealed by these profiles shows that alcohol is a problem for everyone in England. Even those families not directly affected by alcohol-related health problems, violence or abuse still pay towards the billions in taxes for the policing, health services and social support required to tackle this national problem. Cheap alcohol is no longer a commodity that this country can afford.

"This year we looked at where the six and a half million non-drinking adults in England live. Local authorities with the highest levels of abstainers are also more likely to have higher proportions of heavy drinkers. Where such different communities are supposed to come together is hard to imagine, especially when nightlife and so many other social settings typically revolve around high alcohol consumption."

Visit: [www.lape.org.uk](http://www.lape.org.uk)



Access LAPE on your mobile device by typing [www.lape.org.uk/mobile](http://www.lape.org.uk/mobile) into the internet browser on your mobile.

Sign up to receive our [Alcohol E-shot](#)

## Drugs Misuse

### [A Summary of the Health Harms of Drugs](#) -

Commissioned by the National Treatment Agency for Substance Misuse and the Department of Health, this report provides a summary for healthcare professionals of the harms to health arising from licit and illicit substance use.

**Coming soon** – Drugs & Human Enhancement: more and more of us are using drugs to get a 'better body'—to look younger, more beautiful, to be faster, stronger, smarter and healthier. This global experiment threatens to undermine public health. This review examines these drugs, who uses them and the harms this poses to society.

## National Dental Epidemiology Programme

[Results of White Marks Self Perception in Primary Care Trusts](#) - this report describes the results of these additional measures including self-reported symptoms and impacts from the oral health survey of 12 year old children 2008/2009.

Over half (51%) of 12-year-olds examined in England had clean teeth. Over three-quarters of the sample (77%) brushed their teeth twice a day or more. However, almost a quarter failed to brush to the recommended daily levels to gain the maximum benefit in caries control from fluoride toothpaste.

Those who brushed 'once a day or less' or 'never' had the highest levels of caries and those who reportedly brushed 'twice daily' or 'more than twice daily' had the lowest levels of caries. Those who reported that they brushed 'never or less than once daily' were the most likely to have substantial amounts of plaque present (26%) and least likely to have teeth that appeared clean (27%). Of those who reported having white marks, 26% reported that the marks bothered them (4% of the whole sample).

## Violence Prevention

Following the successful completion of a four year collaboration with the **World Health Organization (WHO)**, the **Centre for Public Health's** status as a **WHO Collaborating Centre for Violence Prevention** has been renewed for a further four years, from 2011-2015. A new collaborative work programme has been established which includes plans to further develop and disseminate the evidence base for violence prevention, support the role of health in violence prevention and contribute to the development of global violence prevention resources and outputs, including violence indicators, methodologies and the Global Status Report on Violence Prevention.

### [European report on preventing elder maltreatment](#)

At least four million people experience elder maltreatment in any one year in the European region. Most countries in the region have an ageing population, and one third of the population is forecast to be 60 years and older in 2050, putting more people at risk of elder maltreatment. Elder maltreatment has far-reaching consequences for the mental and physical well-being of older people and if left unchecked can result in their premature death.

Estimates suggest that in the European region about 2,500 older people may lose their lives annually from elder maltreatment. This report highlights the numerous biological, social, cultural, economic and environmental factors that interact to influence the risk and protective factors of being a victim or perpetrator of elder maltreatment. It discusses the scale of the problem in more detail, describes the latest evidence on the effectiveness of interventions for prevention, and identifies strategies and key policies to reduce its burden.

## LATEST ALCOHOL RESEARCH FROM THE CENTRE FOR PUBLIC HEALTH

### Alcohol consumption on student pub crawls

In response to increasing concerns about the health and social cost of events targeted at students, Drinkaware commissioned the Centre for Public Health to conduct a study on levels of alcohol consumption on student pub crawls in the UK by measuring and monitoring alcohol consumption, blood alcohol levels and drunkenness amongst students on pub crawls across three English cities.

It found young adults consumed, on average, more than four times the governments recommended daily unit guidelines for alcohol during the night – women typically drank around 12 units and men consumed 18 units. A follow-up survey found that 14% of participants reported hurting themselves, for example falling over, on the night.

The findings revealed that, despite attempts, organisers of commercial events can do more to sufficiently supervise the participants and limit the event's impact on public services. The report provides support for further action by event organisers and local health and community safety partners to prevent excessive alcohol consumption and associated harms.

[Young people, alcohol and the media](#) – this report presents findings of a mixed-method study exploring how alcohol is represented in media consumed by young people, young people's own interpretations of these representations, and the influence of the media and celebrities on young people's attitudes to alcohol and their alcohol consumption.

[Topography of Drinking Behaviours in England: Synthetic estimates of numbers and proportions of abstainers, lower risk, increasing risk and higher risk drinkers in local authorities in England](#)

## Preventing alcohol-related harm in Liverpool (PrevALL)

This project has been set up to establish if the early development of liver disease can be detected through a screening questionnaire and blood tests. It is funded by the Liverpool Health Inequalities Research Institute (LivHIR) and is being conducted by the Centre for Public Health at Liverpool John Moores University (LJMU) in collaboration with Liverpool Primary Care Trust.

Currently there is no simple test for alcohol-related liver disease. People with early stages of the disease do not show any symptoms, this means that it could be missed or not diagnosed until the later stages when treatment is more difficult or impossible. Nationally, hospital admissions and deaths due to liver disease are increasing and this is of particular concern in Liverpool where the levels of alcohol-related ill-health are almost double the national average.

Until now, liver disease can only be reliably confirmed using a biopsy which requires taking a sample of the liver. However, new blood tests have been developed which could detect liver disease in the early stages but their feasibility needs to be tested.

Men and women aged 36-55 who live or work in Liverpool are being invited to take part in this research project. The screening questionnaire is being distributed in a number of ways including through GP surgeries, workplaces and health events. The results from the project will be used to estimate the number of people with alcohol-related liver damage in Liverpool and this will help the NHS to plan future services.

**If you are an employer in Liverpool or a Liverpool resident and would like to take part in the study, please contact Kevin Sanderson-Shortt (project co-ordinator) on 0151 231 4501 or email: [healthcheck@ljamu.ac.uk](mailto:healthcheck@ljamu.ac.uk)**

## Child and maternal health updates



### Self-harm

Produced as part of the Child and Maternal Health Observatory's (ChiMat) programme of work in the North West, [Self-harm among children in the North West: accident and emergency attendances 2007–2009 and emergency hospital admissions 2007/08–2009/10](#) presents information on self-harm among the population of children and young people aged 0-18 years in the area.

Self-harm is a major public health issue, particularly among children and young people as rates of self-harm are much higher among young people than people of other ages, with self-harm affecting at least one in 15 young people. There are around 2,900 emergency hospital admissions of North West children and young people for self-harm on average per year, resulting in the North West having the second highest admission rate in England. The report explores the data by gender, primary care trust, local authority and deprivation level to provide insight into this difficult issue.

### Child height and weight

[Child height and weight in the North West: analysis of the National Child Measurement Programme 2009/10](#) presents information from data collected for Reception and Year 6 pupils in the North West to support local needs assessments, commissioning and delivery of services for children and their families.

Within the North West, nearly a quarter (23.6%) of the Reception year children measured were either overweight or obese. In Year 6, this rate was one in three (34.0%).

The report examines prevalence information at primary care trust, local authority and middle super output area level within the North West and across the area by ethnicity, deprivation level and geodemographic classification. This intelligence is then compiled into unique maps that highlight high risk areas.

For more information about ChiMat contact Lynn Deacon - [l.k.deacon@ljamu.ac.uk](mailto:l.k.deacon@ljamu.ac.uk)

## Examining Life in Cumbria

Commissioned by NHS Cumbria, the [Cumbria Life Cycle Project](#) examined life in the county from birth, through the various life stages, to death. The project resulted in six reports:

**Born in Cumbria:** investigates the main factors that determine health before birth, continuing through birth itself and finally examines determinants of health during infancy.

**Starting Sure in Cumbria:** looks at the younger childhood years from age one to 11. These early years shape our healthy physical and mental development and strongly influence how we live our lives.

**Coming of Age in Cumbria:** considers children and young people aged 12 to 24 years. The focus is on the transitions of life, and making choices about the path that leads from adolescence into adulthood.

**Living Well in Cumbria:** examines the health and wellbeing of adults of working age from their mid-twenties to their sixties. It examines the many factors that affect a person's ability to lead a full and healthy life in Cumbria.

**Growing Older in Cumbria:** considers the increasing numbers of older people living to a greater age. It examines many issues relating to the health and wellbeing of the older population of Cumbria.

**Mortality in Cumbria:** looks at who, why, when and where people are dying in the county. It considers one of the greatest health inequalities – the higher numbers of premature deaths among poorer populations compared to wealthier groups.

Each of the reports along with shorter summaries can be viewed online at [www.nwpho.org.uk/cumbria](http://www.nwpho.org.uk/cumbria)

## Growing numbers of people accessing HIV treatment and care in the North West of England

Latest figures show that the number of people accessing treatment and care for HIV in the north west of England have reached their highest level ever at 6,576 (a 5% increase on 2009; 6,238). Over a third of the **total** number of people with HIV in North West England were infected abroad (36%) and the predominant route of exposure for individuals infected abroad was heterosexual sex (81%, 1,900 individuals).

Conversely, there was a substantial decrease of 17% in the number of **new** cases reported in the North West of England, a continuation of the downward trend seen in 2009 (735, down from 881 in 2009). Of the new cases in 2010 where the route of infection was known (558 cases of the 735), 97% were acquired through sexual intercourse (544). Around half of these were through heterosexual sex (269 cases) and half (275) through men having sex with men.

Of **new** cases, 40% were acquired in the UK and 28% were acquired overseas (for the remaining 32%, country of infection was unknown). Most of the UK-acquired infections were infected through sex between men (67%), while the majority of those acquired overseas were infected through heterosexual sex (83%).

The report includes data on the residency status of those living with HIV. In 2010, 19% of the **total** number of individuals in treatment and care for HIV in the North West of England were non-UK nationals. These individuals were less likely to have symptoms of HIV (that is, were asymptomatic, 56%) compared with UK nationals (48%).

The county of Greater Manchester had the largest number of **cases in total** (3,980 individuals) and almost three fifths (58%; 426 individuals; a rate of 14 per 100,000 residents) of the **new cases**, which was seven times greater than the rate of **new cases** in Cumbria (2 per 100,000).

Professor Mark A. Bellis, a co-author, commented: "We now have over 2,000 people living with HIV in North West England who were infected abroad. Some contracted HIV before moving to the UK but others have been infected during trips to other countries. With many people about to take their holiday abroad, condoms should be seen as a travel essential along with sunblock and tablets for diarrhoea. People may not be planning for either a sexual encounter or an upset stomach but, just in case, it is important to be ready for both."

## INTERNATIONAL RESEARCH

In collaboration with Support for Addictions Prevention and Treatment in Africa (SAPTA) the Centre for Public Health has recently opened a new learning centre in Nairobi, providing a base for developing joint research activities and sharing knowledge on alcohol and drug related issues in Kenya and other countries in sub-Saharan Africa (SSA).

SAPTA is one of a number of collaborative partners that the centre works with to assist health related organizations in Kenya by embarking on research initiatives or supporting organisations to build capacity.

## News from other PHOs...

### [Excess Winter Deaths Atlas](#)

Produced by the West Midlands Public Health Observatory on behalf of the Public Health Observatories in England, the Excess Winter Deaths Atlas for England aims to support those responsible for cold weather planning and those responsible for providing evidence and intelligence to support cold weather planning in their local area.

### [Injuries update](#)

The national local authority level comparison of total injury admissions in children and young people, previously known as 'National Indicator 70' has been updated by the South West Public Health Observatory for 2007/08 to 2009/10.

### [Capital health gains? A decade of public health intelligence](#)

Published by the London Health Observatory, this report assesses trends in key areas of health and health inequalities over the last decade.

### [South West suicides and self-harm admissions report](#)

Produced by the South West Public Health Observatory, this report recommends that the incidence of suicide is now closely monitored, that any areas where there are higher number of suicides are identified and that where necessary health, mental health and social care organisations should work together to reduce risk.

### [Fingertips](#)

Produced by the East Region Public Health Observatory this tool is designed for use alongside the Joint Strategic Needs Assessment and to help track progress in population health improvements.

### [Health inequalities gap measurement tool](#)

Produced by the Department of Health South East with support of South East Public Health Observatory and London Health Observatory on behalf of the Public Health Observatories in England. It is a web-based resource providing detailed information on the nature and extent of the health inequalities gap within and between all local authority and nhs areas in England.

### [PREview: Investing in preventive resources and services now to create a fairer future for children](#)

The Child and Maternal Health Observatory (ChiMat) in collaboration with the Family Nurse Partnership has developed a range of resources to help community service commissioners, managers, practitioners and health visitors, to make decisions about where to put preventive resources now to get the best return for children in the future.

## **National Obesity Observatory (NOO)**

Adult and Child Weight - latest data briefings for [Adult Weight](#) and [Child Weight](#).

### [A simple guide classifying body mass index in children](#)

A guide to the different methods that can be used to interpret body mass index (BMI) in children and young people.

### [Evaluation data collection tool](#)

This tool will assist practitioners to collect standardised summary data from any weight management, diet or physical activity intervention.

### [National Child Measurement Programme \(NCMP\) - guidance for small area analysis](#)

This provides advice on analysis of the NCMP dataset at small area level, such as local neighbourhoods or communities.

### [NCMP analysis using the Office of National Statistics Area Classification](#)

This report explores child obesity prevalence, highlighting health inequalities that exist between different population groups and identifies the likely level of obesity within local neighbourhoods and populations.

## **National End of Life Care Intelligence Network**

### [Deaths from respiratory diseases](#)

This report uses Office for National Statistics mortality data to examine variations in place of death for those with respiratory diseases. It presents this information by gender, age and socioeconomic deprivation. It is essential reading for those involved in end of life care service planning, provision and development, patients and their carers.

### [Local preferences and place of death in regions within England 2010](#)

This report compares people's preferences for place of death with actual place of death as recorded by Office for National Statistics mortality data. It was commissioned by the National End-of-Life Care Intelligence Network from Cicely Saunders International.

### [End of Life Quality Assessment Tool](#)

An online tool for keeping track of progress in delivering end-of-life services.

## **About the North West Public Health Observatory (NWPHO)**

NWPHO fulfils a regional public health information and intelligence function supporting the work of public health professionals, local authorities and providers of healthcare and further services relevant to the health of the North West population. NWPHO's national lead areas are alcohol, substance use, violence, dental health and working with the Health Protection Agency.

Visit [www.nwpho.org.uk](http://www.nwpho.org.uk) to view our reports and data tools.