

# **Taking Measures**

**A Situational Analysis of Alcohol in the North West**

## **Public Health North West**

Alcohol Strategy Group

### **Edited by**

Karen Hughes, Karen Tocque  
Gayl Humphrey, Mark A Bellis

Centre for Public Health  
Faculty of Health and Applied Social Sciences  
Liverpool John Moores University  
8 Marybone  
Liverpool, L3 2AP, UK  
[www.cph.org.uk](http://www.cph.org.uk)

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## Editors:

Karen Hughes, Lead Researcher Club Health

[k.e.hughes@livjm.ac.uk](mailto:k.e.hughes@livjm.ac.uk)

Dr Karen Tocque, Consultant in Public Health Information Management

[k.tocque@livjm.ac.uk](mailto:k.tocque@livjm.ac.uk)

Gayl Humphrey, Alcohol Research Manager

[g.p.humphrey@livjm.ac.uk](mailto:g.p.humphrey@livjm.ac.uk)

Professor Mark A Bellis, Director, Centre for Public Health

[m.a.bellis@livjm.ac.uk](mailto:m.a.bellis@livjm.ac.uk)

Centre for Public Health  
Faculty of Health and Applied Human Sciences  
Liverpool John Moores University  
8 Marybone  
Liverpool L3 2AP  
UK  
Tel: +44 (0)151 231 5872  
Fax: +44 (0)151 231 5873  
Email: [k.e.hughes@livjm.ac.uk](mailto:k.e.hughes@livjm.ac.uk)  
Website: [www.cph.org.uk](http://www.cph.org.uk)

## North West Public Health Alcohol Strategy Group

The North West Public Health Alcohol Strategy Group comprises the Government Office North West Public Health Team (Professor John Ashton CBE, Tom Hennell, Cathy Wynne), the Health Development Agency North West (Dominic Harrison), the Centre for Public Health at Liverpool John Moores University (Professor Mark A Bellis, Karen Hughes, Gayl Humphrey, Dr Karen Tocque) and the North West Public Health Observatory.

## Executive Summary

Alcohol has an important place in our society. Millions of people throughout the UK enjoy drinking alcohol to socialise and relax, the alcohol industry creates thousands of jobs, and pubs, clubs and restaurants have helped contribute to the regeneration of many town and city centres. At the same time, however, alcohol is placing a huge burden on health, criminal justice, and social and economic development. The acute effects of risky drinking, including accidents, violence, overdose and risky sexual behaviour, have devastating consequences for individuals and place an increasing strain on public services. At a wider level, alcohol-related diseases, mortality and crime are contributing to inequalities, reducing life expectancy, disrupting local communities and hampering efforts for economic growth.

In response to increasing levels of alcohol-related harm, the government published the Alcohol Harm Reduction Strategy for England in March 2004. This provided both local and regional agencies with greater guidance and support in addressing alcohol issues. The key aim of the Alcohol Harm Reduction Strategy for England is to prevent any further increase in alcohol-related harm in England. However, the burden of alcohol-related harm that falls on the North West is disproportionately high. We have among the highest levels of alcohol consumption in the country and, correspondingly, among the highest rates of alcohol-related mortality (Chapter 2). Even within the North West, the distribution of alcohol-related harm varies widely between areas and population groups (Chapter 2, Appendix 2). Therefore, tackling alcohol in the North West requires a regional strategy that aims to reduce alcohol-related harm as a whole and particularly in areas and amongst population groups that suffer most from the negative effects of alcohol use.

Implementing effective interventions where they are needed most requires an understanding of the harms associated with alcohol use, and also identification of communities and geographies most affected and those interventions that are most effective at reducing the negative consequences of alcohol. This report has been prepared to assist regional and local agencies in addressing alcohol issues effectively. It provides local level data on alcohol consumption and related harms, outlines the evidence base for implementing effective alcohol interventions, and identifies how alcohol fits into existing regional and local policy. We hope that with this information, agencies at all levels in the North West are better prepared to develop and implement effective strategies to reduce the negative impacts of alcohol use across the region.

### Key measures of the alcohol situation (Chapter 2; Appendix 2)

Local level data on alcohol are essential in understanding levels of alcohol consumption and related harms across communities and in identifying those groups and areas that are most affected by alcohol-related problems. Utilising existing data, we present measures of alcohol consumption and related harm calculated at both the regional and local levels. The findings show that the key population groups at risk for alcohol-related harm in the North West are similar to those across England as a whole.

These are:

- Young people
- Males
- Single people
- Lower socio-economic groups
- Those living in areas of higher deprivation

However, analyses indicate that overall, individuals living in the North West are particularly susceptible to binge drinking and alcohol-related harm. For example, both men and women in the North West drink less frequently than the national average but drink in larger quantities:

- Approximately 1.7 million people in the North West drink above recommended daily limits<sup>1</sup>, and 850,000 binge drink<sup>2</sup>.

Alcohol-related deaths are increasing across England and Wales, but in the North West the alcohol-related death rate is higher, and is increasing at a faster rate:

- In 2002, between 2,800 and 4,500 deaths in the North West were attributed to alcohol.

Furthermore, in 2001/2, between 47,000 and 67,000 hospital episodes (admissions) in the North West were alcohol-related. In addition, around 71,000 alcohol-related crimes were committed in the region in 2002/3. The majority of these were violent crimes.

Local level analyses show that there are wide differences in the areas experiencing greater or lesser degrees of alcohol-related harm across the North West (Chapter 2, Appendix 2). For example, the Standardised Mortality Ratio<sup>3</sup> (SMR) for deaths from chronic liver disease among men varies from 41 in Eden to 312 in Blackpool. For both males and females, the highest rates of hospital episodes attributable to alcohol are from Liverpool (17.8 per 1,000 population for men and 11.8 per 1,000 for women), whilst the lowest rates for men are from Eden (7.0 per 1,000 population) and for women are from Tameside (5.2 per 1,000 for women). Furthermore, the alcohol-related crime rate varies from 23.1 crimes per 1,000 population per year in Manchester to 3.4 crimes per 1,000 population in Fylde.

In particular, alcohol is having the most damaging effects in the more deprived areas of the North West and is contributing significantly to inequalities across the region (Chapter 2). Ranking local authorities by alcohol-attributable measures (mortality from directly related causes, hospital episodes and crime) and by the Index of Deprivation 2004, we have identified those areas in the North West that are most and least affected by alcohol-related harms (Table I). These are not always the areas that fall into the worst or best quintiles for deprivation.

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<sup>1</sup> Recommended daily limits are 4 units of alcohol for men and 3 units for women (see Chapter 2, Box 2.01).

<sup>2</sup> For the purpose of comparison, binge drinking is defined throughout this report as drinking more than double recommended daily limits in one day (see Chapter 2, Box 2.01).

<sup>3</sup> SMR: The actual number of deaths in each area is compared to the number of deaths which would have been expected in that area if it conformed to England and Wales age specific death rates. The comparison is expressed as a ratio. A ratio of 150 means that there were 50% more deaths in that area than were expected. Conversely a ratio of 50 means that there were only half the expected number of deaths.

Table I: Local authorities in the North West most and least affected by alcohol-related harms

	Death rate directly attributable to alcohol Males 2002	Death rate directly attributable to alcohol Females 2002	Hospital Episodes attributable to alcohol (all causes) Males 2001/02	Hospital Episodes attributable to alcohol (all causes) Females 2001/02	Alcohol-related crime 2002/03	Index of Deprivation 2004, average ward score (for the North West)
Most Affected Local Authorities	Blackpool	Barrow-in-Furness	Liverpool	Liverpool	Manchester	Salford
	Salford	Blackpool	Knowsley	Salford	Liverpool	Liverpool
	Liverpool	West Lancashire	Salford	Pendle	Salford	Blackpool
	Tameside	Manchester	Burnley	Blackpool	Oldham	Manchester
	Wirral	Tameside	Wirral	St Helens	Rochdale	Knowsley
	Halton	Chorley	Sefton	Burnley	Bolton	Sefton
	Lancaster	Salford	Barrow-in-Furness	Knowsley	Tameside	Burnley
Manchester	Carlisle	Preston	Sefton	Trafford	Wirral	
Least Affected Local Authorities	Stockport	Rossendale	Chester	Macclesfield	South Ribble	Allerdale
	South Lakeland	St Helens	Ribble Valley	Vale Royal	Congleton	Crewe & Nantwich
	Macclesfield	Allerdale	Trafford	Ellesmere Port & Neston	West Lancashire	Ribble Valley
	Rossendale	South Lakeland	Stockport	Chester	Wyre	Macclesfield
	West Lancashire	Vale Royal	Macclesfield	Trafford	Eden	South Lakeland
	Allerdale	Pendle	Ellesmere Port & Neston	Congleton	Ribble Valley	Vale Royal
	Eden	Ribble Valley	Congleton	Eden	South Lakeland	Congleton
Vale Royal	Eden	Eden	Tameside	Fylde	Eden	

Appendix 2 provides more information on a wider range of measures of alcohol-related harms at the local authority level. This provides both local and regional agencies with essential information to facilitate the effective targeting of resources and interventions aimed at reducing risky drinking and related harms, as well as reducing inequalities across the North West.

### Evidence and action (Chapter 3)

Interventions to tackle alcohol should be based on our best knowledge of what works. There is a growing body of evidence demonstrating which interventions can work to reduce alcohol-related harms. The interventions are primarily a combination of three main approaches; supply control, demand reduction and problem limitation (see Chapter 3). Taking a settings approach to alcohol issues, this report summarises current evidence on interventions addressing alcohol issues in:

- School settings
- Health settings
- Workplace settings
- Community settings

#### *School settings (Section 3.1)*

Most young people have their first experiences with alcohol during their school years, and schools have a key role in providing young people with the information and skills required to make responsible decisions about their own alcohol consumption. Whilst school-based alcohol education has been found to increase young people's knowledge and awareness of alcohol-related harms, there is little evidence demonstrating the effectiveness of alcohol education in actually changing

young people's drinking behaviour. However, some forms of alcohol education have been found to be more effective than others. For example, normative education, which aims to correct young people's perceptions of alcohol consumption among peers, and life skills training programmes, which teach alcohol resistance skills along with personal self-management and social skills, have reported some success in moderating young people's drinking behaviour. Interactive methods of teaching and the use of peer educators have also been found to be more effective than basic provision of information delivered by teachers alone. A whole-school approach to alcohol issues is imperative in order that lessons taught in the classroom are reflected and reinforced in the day to day running of the school. A community action approach which includes schools in community-wide interventions appears to provide the best opportunity for success. Resources for delivering alcohol education delivered in schools across the North West must be based on existing evidence of effectiveness to ensure the best use of limited resources.

### *Health settings (Section 3.2)*

Treatment and care of both short and long term alcohol-related health problems places a huge burden on health services across the North West. Treatment services have been under-resourced for a number of years and as such there is an ad hoc and assorted range of services across the region. Correspondingly, however, health services provide appropriate and effective locations for implementing interventions to reduce risky and problematic drinking. For example, each individual GP will see an average of 364 risky drinkers<sup>4</sup> every year (Anderson, 1993), whilst an estimated 70% of Accident and Emergency presentations between midnight and 5am are related to alcohol (Strategy Unit, 2003).

There is a large evidence base for the effectiveness of alcohol screening and brief interventions in reducing alcohol consumption among non-dependent drinkers in a range of health care and health-related settings. Screening tools, such as the World Health Organization AUDIT, enable non-alcohol specialist health staff in a variety of different settings to identify patients at risk of, or already experiencing, alcohol-related harm. These individuals can then be provided with a brief intervention to encourage them to moderate their drinking behaviour, or can be referred to alcohol treatment services as appropriate. Regional policy should be supportive of training for health (and other) staff in the use of screening and brief intervention, and should encourage the uptake and routine implementation of such interventions in a range of health settings across the North West.

### *Workplace settings (Section 3.3)*

Employers and staff suffer the consequences of risky drinking among colleagues and staff through, for example, increased sickness absence, reduced performance and productivity, accidents at work and premature deaths. Workplace settings have good potential for alcohol harm reduction interventions, yet workplaces in the UK do not have a strong culture of implementing alcohol programmes to assist employees. There is less evidence available on the effectiveness of different work-based alcohol interventions, particularly prevention programmes. On a positive note, however,

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<sup>4</sup> A definition of risky drinking as used in this report is provided in Chapter 2, Box 2.01.

work-based health promotion programmes have had success in other areas such as smoking cessation and stress management. There is also evidence that Employee Assistance Programmes, aimed at addressing work and personal problems among employees, can be effective in rehabilitating those with alcohol problems.

Workplace alcohol policies that address individual employee needs and promote responsible drinking practices are imperative in promoting a positive environment for developing a healthy workforce and reducing the high costs to businesses of risky drinking. Employers, business and trade representatives, and organisations such as the Health and Safety Executive should be considered key partners in both local and regional work to address alcohol issues.

#### *Community settings (Section 3.4)*

Much alcohol consumption takes place in community settings and communities suffer the consequences of risky drinking through, for example, public intoxication, anti-social behaviour, assault, domestic violence and fear of crime. Community oriented interventions addressing alcohol-related harms are increasingly being implemented throughout the North West. These include incorporating a range of different components such as: PubWatch schemes, bar staff training, public awareness information campaigns, random test purchasing and routine compliance checks, community mobilisation strategies, and efforts to reduce cheap drinks promotions and irresponsible advertising.

Despite the wide implementation of community interventions to address alcohol-related problems, few interventions are rigorously evaluated. However, evidence is available for community interventions in reducing alcohol-related harms such as aggression and drink driving. In particular, effective interventions have focused on modifying the drinking setting through a range of different components, including addressing the layout of venues, providing food, responsible server training and increased enforcement activity. Successful implementation of community programmes requires strong partnership working between local agencies, licensees and communities. Local Strategic Partnerships provide the framework for such partnerships and have a key role to play in supporting community interventions and promoting co-operation and integrated working between different groups.

#### **Alcohol and policy in the North West (Chapter 4)**

The consequences of alcohol use impact both directly and indirectly on issues such as social and economic development, regeneration, health and tourism. As such, alcohol issues affect regional progress towards targets and aims in a wide range of existing strategies and policies such as the Regional Economic Strategy, the Regional Planning Guidance for the North West and the Regional Sustainable Development Framework (see Table 4.01). Despite this, alcohol is rarely mentioned directly in any of the key strategic documents in the North West. The far reaching impact of alcohol's role in harms and problems mean alcohol should be highlighted more widely and directly as a major issue in regional policy and one that requires interagency collaboration.

At a local level, alcohol impacts on a wide range of Public Service Agreements (see Appendix 3) as well as other targets such as Primary Care Trust Key Performance Indicators. Alcohol already features widely as a major issue in local Crime and Disorder Reduction Partnerships, which have driven work to reduce alcohol-related crime and minimise other alcohol-related harms across the North West. Yet in order to promote a broader approach to alcohol issues, local areas should develop strategic and comprehensive alcohol policies based on local need and grounded in evidence-based practise. Some areas have already begun this process and the publication of the Alcohol Harm Reduction Strategy for England should be seen as a stimulus for others to follow suit.

### **Taking measures**

The publication of the Alcohol Harm Reduction Strategy for England provides both local and regional agencies with the opportunity and framework to significantly strengthen and expand work to reduce risky drinking and alcohol-related harm. The White Paper 'Choosing Health?' will include alcohol as a key issue and add further impetus to the implementation of this Strategy. In addition, several important legislative changes are currently impacting on work to reduce alcohol-related harms, largely at the community level. The Licensing Act 2003 (Chapter 1, Box 1.02) is providing local authorities with greater powers around licensed premises settings including developing mechanisms to reduce alcohol-related crime and disorder. The Security Industry Act 2001 is creating a national registration and training scheme for door supervisors, whilst police have greater powers to address alcohol-related problems through, for example, Fixed Penalty Notices and Anti-Social Behaviour Orders.

Recent legislative and policy changes provide agencies with the mandate, direction and opportunity to address alcohol-related harms at a local level. However, new resources to tackle alcohol-related harms are limited. The data presented in this report provide a greater understanding of the geographic and demographic impacts of alcohol in the North West. The research describes what evidence-based strategies and interventions are most effective. Utilising this information we hope agencies are better equipped to effectively target available resources in order to maximise effect and adopt an evidence-based approach to reduce the harms and increase the benefits associated with alcohol in the North West. A full set of recommendations arising from this report are provided in Chapter 5.

