



# Health and alcohol in South Staffordshire:

**On track**

**or**

**Off the rails?**

**The Director of Public  
Health's  
Annual Report**

**March 2008**

## Foreword

I am pleased to welcome you to my public health annual report on the health impact of alcohol in South Staffordshire. It highlights the challenges we face both as individuals and communities.

Patterns of drinking have changed over the past decade with greater concentrations in town centres where young people and adults congregate in and around licensed premises, especially on weekends. Home drinking is much more prevalent today and alcohol is more widely available and affordable. In South Staffordshire PCT we are seeing increasing numbers of young people and adults who are drinking at hazardous levels and we need to take coordinated and concerted action to reduce the harm this has on health, crime and disorder, family life and the economy. The cost of alcohol-related harm to the South Staffordshire community is approximately £239 million.

To help us understand the impact of alcohol on health and well being throughout our lives, I have used a life course approach from pregnancy to old age. At each life stage I have made recommendations for action to inform us of the services and support we need to put into practice to reduce the harm caused by alcohol. To achieve this goal we will need to work together using a whole systems approach.

My annual report should be read in conjunction with the Alcohol Needs Assessment for Staffordshire County (2008). This contains extensive quantitative information on drinking patterns relating to health, violence and crime. A CD version is provided in the report and it is also available on the PCT website. Agencies across Staffordshire have agreed to:

- improve and increase provision of alcohol services
- target families and children in need
- provide awareness, education and prevention services
- tackle alcohol-related offending and crime and disorder
- build a strong community response to alcohol.

These actions will provide the basis for the Staffordshire local area agreement for alcohol.

To enhance the quantitative data in the Alcohol Needs Assessment, my team have interviewed service users, and over 40 professionals and members of the public. Their responses and recommendations have been incorporated into the report informing future service provision. This stakeholder information is essential and illustrates how alcohol harm reduction is everyone's responsibility (Table 1). Consequently, this report really is a joint effort and I look forward to working together to take forward the recommendations over the next few years.

**Judith Wright**  
**Director of Public Health for South Staffordshire PCT**  
**and Staffordshire County Council**



*“People who are affected by alcohol or other substances cause much of the behaviour that is unacceptable within the community. This is a national problem and not restricted to the Stafford Borough area. This can often result in violence. The feedback is coming from ALL sections of the community and is a major concern within the Borough.”*

*Russ Cartlidge, Community Safety Coordinator, Stafford Borough Council*

*“The parallels between the smoking habits of old and the drinking habits of the present are stark. I sincerely hope that the current evidence of medical and societal harm is enough for the government to act on alcohol now, rather than waiting for the imminent epidemic of cirrhosis and cancer.”*

*British Medical Association. Alcohol misuse: tackling the UK epidemic. London: BMA: 2008*

## **Executive summary**

My annual report spells out the impact that alcohol has on the health of the residents of South Staffordshire PCT. Alcohol has for hundreds of years been part of the fabric of our society and culture. However the harm caused by alcohol has never been greater and we need to act now to prevent longer term damage to the health of the population. To help us understand the impact of alcohol on health and well being throughout our lives, I have used a life course approach from pregnancy to old age.

### ▪ **Alcohol and pregnancy**

Having a healthy pregnancy and supported childhood are the basic building blocks of a healthy life course. Ignoring the impact of alcohol at this crucial time could have negative consequences for the unborn baby, the mother and possibly the wider family unit. This could result in more cases of foetal alcohol syndrome, further physical and emotional harm to the baby and further neglect in early childhood. If this is not addressed early, irreversible damage can occur during a child's upbringing and later life.

In South Staffordshire PCT, there are gaps in the identification of women who drink during pregnancy and currently the public receive minimal health messages about the dangers associated with alcohol use and pregnancy at this crucial time. Expectant women may not understand the impact of alcohol during pregnancy as they read or hear conflicting and confusing messages from different sources.

### ▪ **Alcohol, young children and families**

Whilst drinking has become socially accepted it can have a negative impact on a child's future. Young people's attitudes and behaviours regarding alcohol are initially shaped by parents who act as role models. Excessive alcohol use in families can influence drinking patterns of future generations and can lead to neglect and domestic violence.

Whilst there is some direct service provision in South Staffordshire PCT for families and children affected by alcohol misuse, the coverage is currently insufficient. There is little structured engagement with parents or carers and the wider community and limited public information about the dangers of alcohol misuse. Failing to address the current situation in Staffordshire will result in medium and longer term problems for local services and the community.

### ▪ **Teenage drinking (children aged under 16)**

Young people are tomorrow's adults and ignoring the extent of alcohol use in teenagers will create a time bomb for the future. Excessive alcohol misuse often leads to greater risk taking, resulting in criminal activity, injury or harm due to poor decision making. Regular alcohol misuse can, for

some, spiral out of control and result in poor educational achievement, truancy, poor health, offending and, in extreme cases, accidental death.

Stakeholder interviews highlighted specific areas across South Staffordshire PCT where young people are regularly drinking alcohol and binge drinking. This supports the national picture of young people in this country having one of the highest levels of binge drinking in Europe.

Some excellent work across partner agencies with schools and parents is underway. However, this is patchy and there is a lack of evidence based practice. Trading Standards and the police are working to reduce underage sales of alcohol and crime and disorder in town centres. There are however, major gaps in this work with little proactive NHS involvement.

- **Alcohol and young adults (aged 16-24)**

For some young people, the binge drinking culture is now well established and for many an acceptable and exciting part of their lifestyle. Not only are they putting their health at risk they are also at greater risk of being involved in crime and disorder. When incidents happen, local public services have to intervene and this places an additional burden on police, ambulance and hospital services.

There are an estimated 19,000 young people across South Staffordshire PCT who are regularly drinking to excess, mainly on a Friday and Saturday night. The Youth Offending Service also report high numbers of young people using alcohol with insufficient local service provision. 600 offenders per annum require a structured alcohol intervention presenting a problem for the Probation Service.

Failure to take action to help young adults will result in short term illness, longer term health damage and re-offending with additional cost to the NHS and other public services.

- **Alcohol and alcohol-related harm in adults**

Alcohol misuse has a negative impact on physical and mental health. It can have severe consequences on economic and social well being. The costs are considerable to all public services and the local economy.

Much more needs to be done to provide consistent and clear messages about sensible drinking and alcohol-related harm. We need to challenge existing perceptions and attitudes of today's drinking culture through campaigns and proactive work with the media. The PCT can take a lead role in developing the effective use of brief interventions across the workforce.

A critical issue for South Staffordshire PCT is the need for comprehensive services across the four tiers outlined by Models of Care for Alcohol Misusers (MoCAM). Provision is currently inadequate and if we fail to

address this situation there will be an increase in acute hospital episodes, longer waiting lists for services, greater costs to employers due to sickness, an increase in liver disease and ultimately higher mortality rates.

- **Alcohol and older people**

A large proportion of older people do not drink at levels associated with a 'drink problem' but as their tolerance levels decrease even modest use of alcohol in old age can have a significant impact on health and wellbeing. This is a largely hidden and unacknowledged problem and if ignored will be detrimental to the increasingly ageing population of South Staffordshire PCT. The impact will be felt amongst families caring for elderly relatives, across health and social services, and the private and voluntary sectors working with older people.

With the projected increase in the proportion and numbers of older people in the population, the absolute number of older people with alcohol use disorders will also increase. Concerted efforts need to be made across organisations to identify this undetected problem and to provide information and support.

- **Alcohol and prisoners**

There is strong evidence between alcohol, crime and re-offending. Within the six prisons in South Staffordshire there are a high percentage of prisoners with a history of alcohol abuse.

Needs assessments previously carried out across prisons in South Staffordshire PCT highlight the need for dedicated substance misuse services. Overall there is a lack of systematic and comprehensive provision available to identify, assess and treat substance misuse (including alcohol). Failure to do anything about the impact of alcohol in this population may result in re-offending on release. Treatment and support within the prison service during confinement could have a positive health impact in the short and long term and result in social and economic benefits for services and communities in the longer term.

Whilst my recommendations concentrate on local action for each life stage, I also endorse the national call for restrictions on the availability of alcohol, the recently announced price increases, more responsible advertising by the alcohol industry and the need for additional resources in treatment and care. Across the whole community we also need to improve awareness and understanding; offer early accessible brief interventions to prevent alcohol use becoming a problem and, when it does become a problem, provide appropriate services to support people back into their families, work and the community.

In Staffordshire, we have been proactively investigating the impact of alcohol misuse on the local population and have produced a multi-agency Alcohol Needs Assessment. The outcomes from both this work and my annual report will continue to focus our minds and efforts on this important public health issue.

## Contributors and acknowledgments

This report has been produced by the South Staffordshire PCT public health directorate production with significant contributions from:

- Vanessa Brown, Public Health Performance Officer
- Jayne Hurley, Health Improvement Administrator
- Stephanie Johnson, Public Health Development Officer
- Divya Patel, Public Health Epidemiologist
- Jo Robins, Public Health Consultant - Health Improvement

Other contributors include:

- Aliko Ahmed, Public Health Consultant - Advice and Health Protection
- Di Boffey, Health Intelligence Administrator
- Jonathan Bletcher, Public Health District Lead
- Kelly Danks-Hyden, Library and Information Officer
- Julie Jackson, Library Services Manager and Researcher
- Wendy Jeffcott, Business Manager Dental
- Suzanne Jones, Public Health Consultant – Health Inequalities
- Kate Rutter, Public Health Development Officer
- Sue Wardle, Public Health Specialist - Head of Public Health Intelligence

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- Adrian Brown from Clear Image Photography
- The Research Team of Alison Baxter, Sukhdev Sembhi and Prof Louise M Wallace from the Applied Research Centre Health & Lifestyles Interventions, Coventry University for conducting focus groups

- Focus group participants from:

Burton Addiction Centre  
HMP Stafford  
Tamworth and Lichfield College of Further Education

- Our stakeholders who contributed through one to one interviews with Jo Robins and Stephanie Johnson:

Sandra Abbott, Young Persons Substance Misuse Key Worker, Staffordshire T3  
Martin Bagley, Young Persons Commissioner, Drug and Alcohol Action Team (DAAT)  
Linda Bird, Community Midwifery Manager, Burton Hospitals NHS Trust  
Claudia Brown, District Partnership Officer - Lichfield, Staffordshire County Council  
Brian Camfield, County Manager, Healthier Communities, Staffordshire County Council  
Russ Cartlidge, Community Safety Coordinator, Stafford Borough Council  
Brandon Cook, Team Leader, Community Safety, Staffordshire County Council  
Paul Cowan, Manager, Zanzibar Night Club, Stafford  
Sharon Duffin, School Nurse Team Leader, South Staffordshire Primary Care Trust

Dr Tim Dukes, General Practitioner, Gravel Hill Surgery  
David Fern, Community Safety Manager, Tamworth Borough Council  
Jo Gore, Substance Misuse Coordinator, Staffordshire Youth Offending  
Alex Gribbon, Community Safety Development Officer, Cannock Chase District Council  
Catherine Hay, Intensive Programmes Coordinator, Staffordshire Probation Area  
Vicky Hiscox, Alcohol Liaison Worker, Burton Hospitals NHS Trust  
Karen Hopley, Health NET Project Coordinator, South Staffordshire Primary Care Trust  
Cathy Jones, Chief Executive Officer, Alcohol and Drug Services in Staffordshire (ADSiS)  
Julie Long, Principal Community Safety Officer, Staffordshire County Council  
Dr Peter Maidment, General Practitioner, Bilbrook Medical Practice  
Superintendent Nigel Manning, Staffordshire Police & Stronger & Safer Communities Team, Staffordshire Local Area Agreement (LAA)  
Jo Marsh, Substance Misuse Service Manager, Staffordshire County Council  
John Martin, Head Teacher, Cheslyn Hay Sport and Community High School  
Karen Mather, Tamworth Community Safety Partnership, Tamworth Borough Council  
James McDonagh, RMN, HMP Stafford  
Anne Mellor, Head of Midwifery, Mid Staffordshire NHS Foundation Trust  
Pat Millington-Watts, Mental Health Lead, South Staffordshire Primary Care Trust  
Eddie Oforka, Consultant in Emergency Medicine, Burton Hospitals NHS Trust  
Noreen Oliver, Chief Executive Officer, Burton Addiction Centre/O'Connor Centre  
Ivan Phair, Consultant in Accident & Emergency Medicine, Mid-Staffordshire NHS Foundation Trust  
Mel Proctor, Alcohol Team Leader, Hednesford Valley Health Centre  
Arifa Rashid, Development Officer, Staffordshire County Council  
Peter Scott, Area Manager, Business Development, Staffordshire Probation  
Louise Stone, Head of Services, Drug and Alcohol Action Team (DAAT)  
Sam Swift, Pub Landlord, Joxer Bradys, Stafford  
Denise Vittorino, Public Health Practitioner, Staffordshire County Council  
Emily Watson, Children's Service Manager, SMART Family Support Services, Barnardo's  
Mick Wells, HMP Principal Officer, HMP Stafford  
Wendy Wells, Health Visitor, South Staffordshire Primary Care Trust  
Martin Wilcock, Adviser for Alcohol & Personal Social Health Education, Staffordshire County Council  
Irene Williamson, Road Safety Officer, Staffordshire County Council

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## Introduction

The majority of us drink sensibly to relax and socialise. As alcohol has become more available (in terms of licensing, accessibility and affordability) levels of consumption have increased significantly. Unfortunately there is a proportion of people that drink alcohol to excess and cause harm to themselves or others around them. Research shows a strong link between alcohol consumption and alcohol-related harm both to individuals and society as a whole. After smoking and high blood pressure, alcohol is the third biggest burden of disease in our communities.

Alcohol is interwoven into the fabric of our society and has negative and positive connotations. It is associated with pleasure, celebration and relaxation and in contrast it is linked with violence, marital and family breakdown, ill health, road traffic accidents and mortality.

You do not have to be a dependent drinker to have alcohol-related problems. Alcohol is an issue for young people, social drinkers and vulnerable groups who may not recognise the levels of alcohol they are consuming. There is a rise in the alcohol-related harm in older people where tolerance levels are greatly reduced.

The government estimates the overall cost of alcohol misuse to society through ill health and crime to be around £20 billion a year. Based on these figures the negative cost of alcohol to the South Staffordshire PCT community is approximately £239 million. The rising burden of alcohol-related harm is having a significant impact on the NHS and other public services and has a significant financial cost to the local economy.

In recognition of this growing public health issue, the national and regional government have launched a number of strategies and plans to highlight the issues and encourage public sector organisations to take action to reduce the harms caused by alcohol. These include:

- Safe, Sensible, Social (2007) which outlines actions to reduce health harm, violence and antisocial behaviour and builds on the previous Alcohol Harm Reduction Strategy for England (2004).
- Cutting Crime – A New Partnership (2007) which acknowledges the role of alcohol in violent crime.
- Alcohol in the West Midlands (2007) which contains regional information and recommendations for public sector bodies to work jointly to address the issues.

Tackling alcohol misuse is being introduced into performance measures and inspection frameworks for local agencies. For PCTs this will include joint strategic needs assessments, the public service agreements and a local area agreement to reduce alcohol-related hospital admissions. In 2008 the National Audit Office will carry out a study on PCT health spend on alcohol services.

Each chapter of the report is structured around the overall impact of alcohol, national and local data, evidence of effective practice, examples of some local good practice and recommendations for action.

*"You cannot over-estimate the impact that alcohol abuse has on the services the County Council provides"*

*Julie Long, Principal Community Safety Officer, Staffordshire County Council*

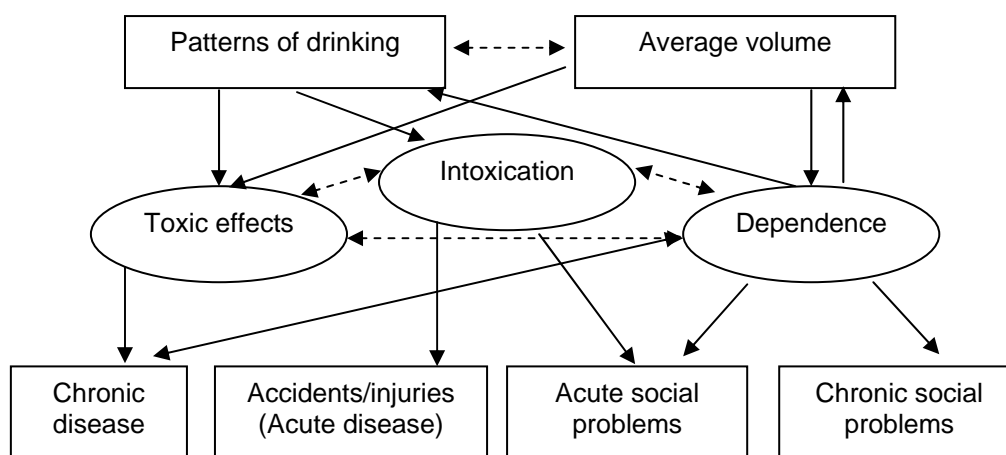
**Table 1 Key issues arising from stakeholder interviews**

<b>Target group</b>	<b>Key issues</b>
Young people and families	<p>Specific areas across Staffordshire have a high incidence of young people <b>regularly drinking alcohol and binge drinking</b>. This is causing major social problems e.g. in school, at home and is also leading to mental and physical health problems in adulthood.</p> <p>Alcohol is seen to be <b>easily accessible</b> to all ages. Parents are supplying alcohol to younger people and drinking in the home has increased. This may then lead to problems of domestic violence.</p>
Young adults aged 16-24	<p>Alcohol abuse is the main source of <b>antisocial behaviour</b>. Since the smoking legislation was introduced and licensing laws changed, more people are on the streets drinking alcohol. This is also having an impact on crime.</p> <p>Higher <b>trends in alcohol-related violence</b> are seen at weekends and in the summer season. The offenders are mainly the young male population.</p>
Adults	<p>The demand for local services is increasing and the need for alcohol only services has been identified (drug and alcohol services need to be separated). <b>The capacity of existing services outweighs the need.</b></p>
Older people and black and minority ethnic (BME) groups	<p>Older people and some BME groups with alcohol problems are a <b>hidden population</b>. This is because the majority of people in both of these groups drink alcohol within their own home and are concerned about the stigma attached to alcohol use. Alcohol use and medication is also a cause for concern.</p>
<b>Cross cutting themes</b>	
Partnership working	<p>Some very positive and effective work has been achieved through multi-agency interventions, however, there is much more that can be done especially involving the NHS. Specific targeted campaigns have worked well when local agencies work in partnership. <b>A joint approach is necessary</b> to move alcohol services forward so that partners are more aware of each other's role.</p>
Resources and communication	<p><b>Local awareness campaigns</b> are needed to highlight the problem of alcohol and the impact it has on society. Open days/evenings, health promotion events and school activities can be used to promote this to all age groups.</p> <p><b>Good quality resources</b> need to be made available to professionals and the general public to promote alcohol awareness. Local campaigns and use of the media to support work carried out and promote services is required. <b>Educating the local population, staff and health professionals about early intervention/prevention of alcohol problems is necessary.</b></p>
Support and training	<p><b>Training</b> is a key requirement for existing and new staff throughout the prevention, treatment and care pathway. Joint work is required between different services to increase capacity and maximise shared knowledge and skills.</p> <p><b>On-going monitoring and evaluation of services</b> needs to be done to demonstrate outcomes and improve services. This will require funding to enable services to work efficiently and successfully.</p>

## 1 Key messages and definitions

The relationship between alcohol, its consumption and the consequences both in the short and long term is complex as illustrated in Figure 1.

**Figure 1 Relations among alcohol consumption, mediating variables and short term as well as long-term consequences**



Source: Babor, T et al. *Alcohol: No ordinary commodity. Research and public policy.* Oxford University Press: 2003

### What are sensible recommended guidelines for drinking alcohol?

In 1995 the government recommended men consume no more than three to four units per day and women two to three, with two non-drinking days after an episode of heavy drinking. Females have less water in their bodies so they have less to dilute the alcohol. This is one of the reasons that females get drunk more quickly than males.

There is no consensus about what constitutes safe and sensible levels of drinking for children and young people. The latest advice for pregnant women or those trying to conceive is not to drink alcohol at all. For older people there is no clear guidance available in the UK.

**Table 2 Recommended levels of drinking**

	Men	Women
Sensible weekly limits	Up to 21 units	Up to 14 units
Daily guidelines	Up to 4 units	Up to 3 units
Binge drinking level	8+ units per day	6+ units per day
Chronic drinking level	50+ units per week	35+ units per week

Source: *Statistics on Alcohol: England, 2007, Leeds and London: The Information Centre, Copyright 2007*

## What is a unit of alcohol?

Messages on alcohol-related harms tend to be communicated in terms of units drunk. The awareness and understanding of what constitutes a unit of alcohol is generally unclear. A unit of alcohol is defined as eight grams or 10 ml of pure alcohol. This has traditionally been thought of as equivalent to half a pint of ordinary strength beer, a small glass of wine or one measure of spirit. However the strength of some drinks, for example beer from the continent and wine, has increased and therefore the units of alcohol are not so easy to quantify. Some pub measures have also changed, in particular wine glasses. In 2006, new definitions of converting alcoholic drink to units were agreed (Table 3). The main factors taken into account are:

- the increased size of wine glasses served on licensed premises
- the increased alcoholic strength of wine
- better estimates of the alcoholic strengths of beers, lagers and ciders

This has a significant impact on the number of units consumed for wine drinkers (mainly women and older people). The formula for calculating units is provided in Table 4.

**Table 3 Types of drinks and average units of alcohol**

Type of drink	Measure	Original equivalent units of alcohol	Revised equivalent units of alcohol
Normal strength beer, lager, stout, cider, shandy (less than 6% alcohol by volume (ABV))	Pint	2	2
	Can or bottle	Amount in pints multiplied by 2	Amount in pints multiplied by 2.5
	Small cans (size unknown)	1	1.5
	Large cans or bottles (size unknown)	2	2
Strong beer, lager, stout, cider, (6% ABV or more)	Pint	3	4
	Can or bottle	Amount in pints multiplied by 3	Amount in pints multiplied by 4
	Small cans (size unknown)	1.5	2
	Large cans or bottles (size unknown)	3	3
Spirits and liqueurs	Glass (single measure)	1	1
Sherry, vermouth and other fortified wines	Glass	1	1
Wine	Glass	1	2
Alcopops	Small can or bottle	1	1.5

Source: Health Survey for England, Volume 1: Cardiovascular disease and risk factors in adults, Leeds and London: The Information Centre. Copyright 2008, All rights reserved and Goddard, E, National Statistics Methodological Series No. 37. Estimating alcohol consumption from survey data: updated method of converting volumes to units. Office for National Statistics: December 2007

*“We need clear messages about units and we need those to be aimed at different groups of people”*

Cathy Jones, Chief Executive Officer, ADSIS

#### Table 4 How to calculate the number of units you are drinking

It is no longer accurate to say one glass of wine = one unit.

This is only true of a glass of wine at 8% alcohol by volume (ABV) in a 125ml glass.

However as measures (for example size of wine glasses) and strengths of alcohol vary it is important to know how many units a drink contains.

To do this you need to know the strength of drink, i.e. percentage alcohol by volume (ABV); and the volume / amount of liquid.

To calculate the number of unit of alcohol in a drink:

$$\text{Number of units} = \text{volume (in litres)} \times \text{strength of alcohol (\% ABV)}$$

For example: a glass of wine at 13% ABV in a 175ml glass = 2.3 units.

Calculate the volume of drink in millilitres (ml) to litres (l) by dividing by 1,000 and then multiply by the % ABV:

$$175 / 1,000 \times 13 = 2.275 = 2.3 \text{ units}$$

Source: *Alcofacts: A guide to sensible drinking*. NHS Health Scotland: 2003



*Three identical wine glasses holding 125ml, 175ml and 250ml from left to right. Doubling the amount in the glass is deceptive due to the shape of the glass and could easily be done unintentionally. Image courtesy of Clear Image Photography.*



*The various decorative shapes and designs of wine glasses used in the home are rarely a standard small wine glass size that would be provided in a pub, this wine glass filled to the top hold 375ml – Half a bottle of wine! Image courtesy of Clear Image Photography.*

### **Sensible drinking advice on all bottles of alcohol**

Following agreement between the government and the drink industry, by the end of 2008 the government expects all alcoholic drinks labels to include alcohol unit information. The labels will include:

- The drink's unit content and the recommended government safe drinking guidelines (for beer, wine and spirits, unit information will be given per glass and per bottle).
- UK Health Departments recommend men do not regularly exceed three to four units daily and women two to three units daily

The government is also encouraging the alcohol industry to include sensible drinking information for pregnant women on labels. “Avoid alcohol if pregnant or trying to conceive” is the shortened form of the government advice.

## Alcohol related harm

There are numerous impairments associated with alcohol and a range of medical conditions that are directly linked to alcohol consumption these are highlighted in Table 5 and Table 6.

**Table 5 Types of impairments that occur with alcohol intoxication**

<ol style="list-style-type: none"><li>1. <b>Psychomotor impairment</b> – alcohol can impair balance and movement in a way that increases the risk of many types of accidents</li><li>2. <b>Lengthened reaction time</b> – this classic dose-related impairment is of particular concern because of its causal role in traffic accidents</li><li>3. <b>Impairment of judgement</b> - impaired judgement can result in dangerous risk taking, such as getting into a car and then driving in a risky and aggressive way when intoxicated</li><li>4. <b>Emotional changes and decreased responsiveness to social expectations</b> – the factors involved in alcohol-related changes in mood, emotional state, and social responsiveness are complex and are likely to involve interaction of alcohol's physiological effects with psychological and social factors. In part because of these changes, intoxication can contribute to the risk of violence to others and intentional self harm</li></ol>
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Source: Babor, T et al. *Alcohol: No ordinary commodity. Research and public policy.* Oxford University Press: 2003

**Table 6 Major alcohol-related health conditions contributing to morbidity and mortality**

<ol style="list-style-type: none"><li>1. <b>Cancers:</b> head and neck cancers as well as cancers of the gastrointestinal tract, liver cancer and female breast cancer</li><li>2. <b>Neuropsychiatric conditions:</b> alcohol-dependence syndrome, alcohol abuse, depression, anxiety disorder, organic brain disorder</li><li>3. <b>Cardiovascular conditions:</b> ischaemic heart disease, cerebrovascular disease</li><li>4. <b>Gastrointestinal conditions:</b> alcoholic liver cirrhosis, cholelithiasis pancreatitis</li><li>5. <b>Maternal and perinatal conditions:</b> low birthweight, intrauterine growth retardation</li><li>6. <b>Acute toxic effects:</b> alcohol poisoning</li><li>7. <b>Accidents:</b> road and other transport injuries, falls, drowning and burning injuries, occupational and machine injuries</li><li>8. <b>Self inflicted injuries:</b> suicide</li><li>9. <b>Violent deaths:</b> assault injuries</li></ol>
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Source: Babor, T et al. *Alcohol: No ordinary commodity. Research and public policy.* Oxford University Press: 2003

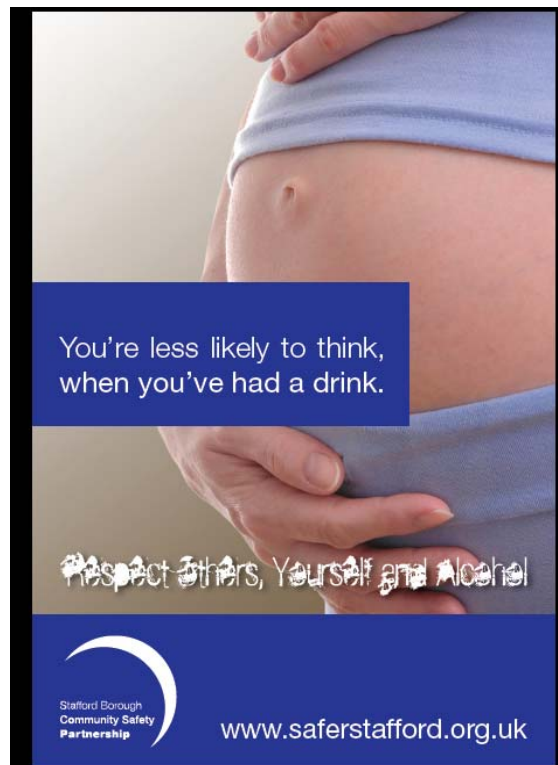
There are various definitions used to describe excessive alcohol consumptions. These are listed in Table 7.

**Table 7 The categories of alcohol misuse**

<p><b>Chronic drinkers</b> Sustained heavy drinking which is causing or likely to lead to risk of harm (weekly consumption above 50 units in men and 35 units in women).</p> <p><b>Binge drinkers</b> Drinking too much alcohol over a short period of time, e.g. during an evening and leading to drunkenness, defined in units as drinking over twice the daily guidelines in one day (more than eight units for men or six units for women).</p> <p><b>Hazardous (or risky) drinking</b> This category applies to people drinking at levels over the sensible drinking limits (i.e. above 21 units in men and 14 units in women a week or more than eight units for men or six units for women in a single day). Hazardous drinkers if identified may benefit from brief advice about alcohol use.</p> <p><b>Harmful drinking</b> Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm.</p> <p><b>Dependent drinking</b> This category applies to people who usually have alcohol-related problems and in addition cannot tolerate acute alcohol withdrawal. They usually require medically assisted detoxification.</p> <p><b>Moderately dependent drinking</b> Moderately dependent drinkers are mostly heavy drinkers that recognise that they have a problem with drinking. These people have not usually reached the stage of relief drinking, ie. drinking to abolish or avoid withdrawal symptoms, although may experience symptoms of alcohol withdrawal and impaired drinking control.</p> <p><b>Severely dependent drinking</b> People in this category may have serious and long-standing problems. This category includes individuals described in older terminology as 'chronic alcoholics' typically. This category of drinkers experience significant alcohol withdrawal and may have formed the habit of drinking to stop withdrawal symptoms. This category may also have progressed to habitual significant daily alcohol use, heavy use over prolonged periods, or bouts of drinking.</p>
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*Source: Department of Health. Models of care for alcohol misusers (MoCAM). National Treatment Agency for Substance Misuse: 2006*

## 2 Alcohol and pregnancy



*This is one of several posters produced by Stafford College art students for Stafford Borough Council. Image courtesy of Stafford Borough Council.*

### 2.1 The impact of alcohol on pregnancy

Drinking heavily can affect fertility. In women heavy drinking can affect the ability to conceive as well as disrupting menstrual cycles. In men there is evidence that heavy drinking is associated with a low sperm count.<sup>1</sup>

During pregnancy, alcohol passes freely across the placenta to the foetus and while there is general agreement that expectant women should not drink excessively, information about how much is safe to drink during pregnancy is not clear.

The Department of Health advise pregnant women or those trying to conceive to avoid alcohol, and if they do choose to drink not to consume more than one to two units of alcohol once or twice a week. This is based on scientific evidence produced by the Royal College of Obstetricians and Gynaecologists.

*“Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than one to two units of alcohol once or twice a week and should not get drunk”*

*Source: Royal College of Obstetricians and Gynaecologists. RCOG Statement No. 5 - Alcohol consumption and the outcomes of pregnancy: March 2006*

The alcoholic strengths of different beers and wines combined with the variation of standard measures used in bars, restaurants and in the home make it difficult to know how much alcohol you are consuming, so the British Medical Association (BMA) simply recommend that women who are pregnant should not drink any alcohol.

*“Evidence is continuing to emerge on the effects of low or moderate prenatal alcohol exposure and until there is clarification the only message is that it is not safe to drink any alcohol during pregnancy or when planning a pregnancy”*

Source: Alcohol misuse. British Medical Association (cited 2008 Feb 12). Available from <http://www.bma.org.uk/ap.nsf/Content/Alcomisuse#Pregnancyandalcohol>

Drinking more than one or two units on more than two occasions a week can increase the risk of:

- miscarriage
- stillbirth
- poor growth and development in the womb
- premature birth
- low birthweight
- physical or learning disabilities after birth
- the baby being susceptible to illness later on in adult life

Heavy maternal drinking (i.e. drinking more than six units a day or 14 units per week) during pregnancy is associated with foetal alcohol syndrome disorders (FASD) and foetal alcohol effects such as growth retardation, birth defects and neuro-developmental problems.

*“Foetal alcohol spectrum disorders (FASD) are a series of completely preventable mental and physical birth defects resulting from maternal alcohol consumption during pregnancy. FASD are lifelong conditions that can significantly impact on the life of the individual.”*

Source: British Medical Association. Foetal alcohol spectrum disorders: A guide for healthcare professionals: June 2007. Copyright British Medical Association 2007

The ‘at risk’ group for foetal alcohol effects includes not only women who know they are pregnant but also women who do not know they are pregnant. As pregnancy may not be apparent until four or more weeks after conception, particularly in unintended pregnancy, damage from prenatal alcohol exposure may have already occurred.

The Royal College of Obstetricians and Gynaecologists also advise that mothers who are breastfeeding should also stay within the recommended level of alcohol consumption.<sup>2</sup> This is because alcohol reduces milk production and is also transferred into the milk which may make it difficult to digest and cause the baby sleeping problems.<sup>3</sup>

## **2.2 Why focus on pregnant women?**

- Most women who drink before they become pregnant either stop drinking or reduce the amount of alcohol they consume substantially once they know they are pregnant.
- The 2005 Infant Feeding Survey found that in England 83% of expectant mothers drank before pregnancy and 55% drank alcohol during their pregnancy.<sup>4</sup>
- During pregnancy 8% of women drank more than two units of alcohol per week.<sup>4</sup>
- Older women and those women from managerial and professional occupation groups more likely to drink during pregnancy.<sup>4</sup>
- In 2006 in England, levels of binge drinking amongst fertile women aged 16-44 were 23%.<sup>5</sup> It was particularly high in younger women aged 16-24 (28%).

## **2.3 The local picture for South Staffordshire PCT**

There is very little routine information collected, monitored and reported on alcohol in pregnancy locally. However there is no reason to believe that the PCT population would be different to the national profile.

- Using national surveys, it is estimated that in South Staffordshire PCT around 500 women are thought to be drinking harmfully during pregnancy.
- Using a worldwide prevalence of 0.97 cases per 1,000 births, the expected number of babies born with a foetal alcohol spectrum disorder (FASD) in South Staffordshire PCT is around six per year.

## **2.4 What works? The evidence base for prevention and treatment**

The British Medical Association provides evidence based guidelines for alcohol consumption and supporting pregnant women where appropriate.<sup>6</sup>

- NHS organisations should work in partnership with relevant stakeholder organisations to revise current guidance on sensible drinking. They should ensure that consistent and clear advice is given to healthcare professionals and the general public regarding the sensible drinking message and the risks of alcohol consumption during pregnancy.
- All healthcare professionals, as a part of routine clinical care, should provide on-going advice and support to expectant mothers at every stage of pregnancy and this should include the risks of maternal alcohol consumption.

- Any woman who is pregnant, or who is planning a pregnancy and who has a suspected or confirmed history of alcohol consumption at low-to-moderate levels, should be offered brief intervention counselling. This should occur at the earliest possible stage and be considered as part of routine antenatal care where required.
- All healthcare professionals providing antenatal care should be trained in the delivery of brief interventions within this setting, as well as having appropriate resources to ensure this is carried out effectively.
- Any woman who is identified as being at high-risk of prenatal alcohol exposure should be offered referral to specialist alcohol services for appropriate treatment. Referrals should be followed up and assessed at regular intervals.

### **2.5 Examples of good practice in South Staffordshire PCT**

Maternity services advise women not to drink alcohol during pregnancy via routine antenatal care and booklets. At antenatal booking a general risk assessment approach identifies women who are drinking heavily however no specific screening tool is used at this point. A consultant referral will then be made to assess whether there is a need for specialist treatment.

### **2.6 Summary and recommendations**

Having a healthy pregnancy and supported childhood are the basic building blocks of a healthy life course. Ignoring the impact of alcohol at this crucial time could have negative consequences for the unborn baby, the mother and possibly the wider family unit. This could result in more cases of foetal alcohol syndrome, further physical and emotional harm to the baby and further neglect in early childhood. If this is not addressed early, irreversible damage can occur during a child's upbringing and later life.

In South Staffordshire PCT, there are gaps in the identification of women who drink during pregnancy and currently the public receive minimal health messages about the dangers associated with alcohol use and pregnancy at this crucial time. Expectant women may not understand the impact of alcohol during pregnancy as they read or hear conflicting and confusing messages from different sources.

*"We need more effective publicity that highlights the harmful effects of alcohol on the mother, the foetus and the family"*

*Linda Bird, Community Midwifery Manager, Burton Hospitals NHS Trust*

### **Recommendations relating to pregnancy**

- New resources and publicity campaigns to be targeted at pre and post conception giving clear consistent messages about alcohol
- All pregnant women should be routinely asked about alcohol consumption at antenatal booking
- Training in brief interventions should be provided for all staff involved in pre and post conception care
- Healthcare staff should monitor all pregnant women with suspected or confirmed history of alcohol consumption at low to moderate levels and offer them brief intervention counselling

### 3 Alcohol, young children and families



*Young children and families are affected by the impact on the household budget of purchasing alcohol. Image courtesy of NHS photo library.*

#### **3.1 The impact of alcohol on young children and families**

The impact of one or both parents hazardously drinking can be devastating to young children and families. Harm from alcohol can lead to stress or aggression and result in domestic violence, assault or neglect of children. Alcohol misuse is often one of many interrelated problems in the most vulnerable families and is linked to wider social exclusion.

Children of problem drinkers are likely to display antisocial behaviour and may be predisposed to substance misuse themselves. The children of alcohol misusers are more likely to drink earlier, to experience behavioural problems and achieve less well at school.

Families of drinkers also suffer as the misuser and their family members' health, productivity and ability to cope declines. There are a number of social, cultural and economic factors that have an influence on alcohol consumption among children, young people and parents. These include peer pressure, the alcohol industry, the media and the availability and cost of alcohol.<sup>7</sup> Children and parents both report pressures around limited finances arising from excessive alcohol use. Children in particular highlight the lack of money for basic necessities such as food and clothing and express fears about being made homeless or of parents separating.<sup>8</sup>

It is estimated that young people with alcoholic parents are approximately five times more likely to develop alcohol-related problems than those with non-alcoholic parents.<sup>9</sup> Family support, family control and family drinking styles have all been identified as having an important influence on young people's drinking. Low parental support, low parental control, heavy parental drinking

and attitudes that condone such behaviour are associated with heavy drinking by young people.<sup>10</sup>

Heavy drinking is a common factor in family break-up. It is thought that marriages where one or both partners have an alcohol problem are twice as likely to end in divorce than marriages where there are no alcohol misusers.<sup>11</sup>

*“Alcohol abuse fuels domestic violence and can destroy healthy relationships and healthy family life, damaging children and sometimes leaving a legacy of behaviour for generations to follow”*

*Superintendent Nigel Manning, Staffordshire Police*



*This is one of several posters produced by Stafford College art students for Stafford Borough Council. Image courtesy of Stafford Borough Council.*

### **3.2 Why focus on young children and families?**

**Table 8 The impact of alcohol misuse on children and families**

- Between 780,000 and 1.3 million children are affected by their parents' use of alcohol
- 30-60% of child protection cases involved alcohol
- 23% of calls to the National Society for the Prevention of Cruelty to Children about child abuse or child neglect involved drunken adults
- About one third of all domestic violence incidents are linked to alcohol misuse
- Half of relationship breakdowns are alcohol-related

*Source: Cabinet Office Strategy Unit. Alcohol Harm Reduction Project: Interim Analytical Report. Prime Minister's Strategy Unit: 2003*

### **3.3 The local picture for South Staffordshire PCT**

- It is estimated that in South Staffordshire PCT around one in 10 children aged under 16 (11,400 children) live with at least one parent who misuses alcohol to a harmful effect.
- Of the 923 registrations on the Staffordshire County Child Protection Register, alcohol misuse is noted in 170 cases (18%), alcohol and domestic violence in 90 cases (10%), substance misuse and alcohol in 22 cases (2%) and all three factors in six cases (1%).<sup>12</sup>
- Recorded crime statistics provided by Staffordshire Police illustrate that the offender was under the influence of alcohol in just over a fifth (21%) of recorded domestic violence incidents in South Staffordshire PCT.

*“The licensing laws seem to have mainly negative effects because alcohol is seen to be so socially accepted in society and it is so cheap to purchase it has a huge impact on the health services as well as the financial impact upon families and family relationships*

*The more bars and clubs that are open and promoting alcohol, the more parents aren't at home with their children – this has a huge impact on the home environment and on child protection cases*

*Longer opening hours are not going to help the binge drinking situation”*

*Karen Hopley, Project Co-ordinator, Health NET*

### **3.4 What works? The evidence base for prevention and treatment**

Overall the evidence base for working with the whole family on prevention and treatment is weak. Work to date has focused on family focused therapy known as ‘marital family therapy’ and emphasises the teaching of skills to improve communication and behavioural change negotiation.<sup>13</sup> Various studies have been conducted looking at the effectiveness of family focused therapy with inconclusive results.<sup>14</sup> Whilst further work is required to strengthen the evidence base some elements have been adopted in services locally.

There is national interest in a family-based approach and three London councils have combined to set up the UK's first Family Drug and Alcohol Court. The court, opened in January 2008, is based on a US model and will provide support and assessment to families affected by drug and alcohol abuse, to enable more children in care to return home.<sup>15</sup>

Professionals, such as health visitors, have a key role to support families where alcohol is a problem, in terms of early identification as part of a family health plan and through brief interventions and support.

### **3.5 Examples of good practice in South Staffordshire PCT**

#### **3.5.1 Barnardo's "Substance Misuse – Assisting Resilience Together" (SMART) Service, Tamworth**

The Substance Misuse – Assisting Resilience Together (SMART) parental support service is countywide whereas SMART children's service, i.e. the support for children who are affected by parent's drug or alcohol misuse, is limited to Tamworth.

SMART works directly with children and young people between the ages of five to 16 years across Staffordshire and can help to support all family members affected by drug and alcohol misuse and associated issues by:

- providing opportunities for one to one work with children and young people to develop resilience and emotional well-being
- providing general drug and alcohol information, prevention and harm reduction to children, young people and family members
- offering practical assistance, family support and safety awareness within the home and community
- signposting families to appropriate services and liaising with professionals to promote optimum outcomes for children and families affected by substance misuse
- working with schools and after school based interventions to promote self- esteem, resilience and emotional well-being.<sup>16</sup>

### **3.6 Summary and recommendations**

Whilst drinking has become socially accepted it can have a negative impact on a child's future. Young people's attitudes and behaviours regarding alcohol are initially shaped by parents who act as role models. Excessive alcohol use in families can influence drinking patterns of future generations and can lead to neglect and domestic violence.

Whilst there is some direct service provision in South Staffordshire PCT for families and children affected by alcohol misuse, the coverage is currently insufficient. There is little structured engagement with parents or carers and the wider community and limited public information about the dangers of alcohol misuse. Failing to address the current situation in Staffordshire will result in medium and longer term problems for local services and the community.

*"There are high instances of domestic violence and disputes, many of which are reported following 'traditional Sunday lunchtime drinking'"*

*Russ Carlidge, Community Safety Coordinator, Stafford Borough Council*

### **Recommendations relating to young children and families**

- All frontline staff working with young children and families should provide information about the harmful effects of alcohol and the services available
- Further work is required to determine what services are required to support young children and families affected by alcohol misuse
- Training in brief interventions should be provided for voluntary and statutory agencies in regular contact with families
- All staff working with young children should be trained to identify alcohol problems within the family

## 4 Teenage drinking (children aged under 16)



*Teenagers drinking – peer pressure is an important factor in drinking under the age of 16. Image reproduced by kind permission of the Youth Justice Board.*

### 4.1 The impact of teenage drinking

*“There is no consensus about what constitutes safe and sensible levels of drinking for children and young people. In 2008, the government plans to provide guidance about what is and what is not safe and sensible in the light of the latest available evidence from the UK and abroad.”*

*HM Government. Safe Sensible Social, The next steps in the National Alcohol Strategy. London: The Stationery Office. Crown copyright 2007*

Teenage drinking in young people under 18 is a real problem in the UK. Teenage drinking can lead to an increased risk of falling into a downward cycle in life – poor school attendance and educational attainment can lead to unemployment, poverty and negative health outcomes. Inappropriate use of alcohol amongst young people has a detrimental impact on school performance and can be a contributory factor in exclusions and suspensions. Unhealthy patterns of drinking by teenagers may also lead to an increased level of addiction and dependence on alcohol in adulthood.

Attitudes and behaviours, initially shaped by families and parents as role models, and the level of support, control and conflict experienced, is linked to teenage drinking. Other factors include: experimentation with alcohol in the family environment; experimenting with peers; image and self-definition (the design, packaging and marketing of drinks to different ages); local availability and ease of access; poor school attendance; drug misuse by parents or older

siblings; family conflict or poor and inconsistent parenting; pre-existing behavioural problems; children in care or those who are homeless.

However the most 'common' influences include 'peer pressure/persuasion' and parental supply of alcohol to young people. As young people go through their early and mid-teens, family influences become less important and peer influences are viewed as more important.<sup>17</sup>

*"I was a bit scared before anything, but when I first met her I was a bit drunk and she was a bit drunk and we'd just gone back from a party to her place and it just happened"*

Source: Social Exclusion Unit. *Teenage Pregnancy*. London: HMSO: 1999

Teenagers report having more risky sex when they are under the influence of alcohol. They are less likely to use contraception, more likely to have sex early, or have sex with someone they have not known for very long. This can result in unprotected sex, unplanned pregnancies or sexually transmitted infections. In 2003 in the UK, 8% of young people aged 15-16 reported having unprotected sex after drinking alcohol (11% females, 6% males).<sup>18</sup>

*"When you don't use them (condoms), you're just so pissed out of your brains you don't know what you're doing so you just forget about it"*

Source: Alcohol Concern. *Alcohol and teenage pregnancy*. London: Alcohol Concern: 2002

#### **4.2 Why focus on teenage drinking?**

The national picture shows that in England:

- One in five children aged 11-15 drink alcohol once a week. Whilst this level has not increased between 1990 and 2006, the average number of units consumed has more than doubled from an average of 5.3 units in 1990 to 11.4 units per week in 2006.<sup>19</sup>
- 17% of children got alcohol from a friend or relative, 17% brought alcohol from an off licence and a further 12% from a shop or supermarket. 15% brought alcohol in a pub or club.<sup>20</sup>
- Children who had played truant in the last year were three times more likely to be regular drinkers than those who had never truanted (55% and 17% respectively).<sup>19</sup>

### *Ethnicity*

Research into young people's alcohol use and ethnicity is limited. However studies conducted into the role of ethnicity and cultural diversity report important ethnic differences in drinking amongst young people:

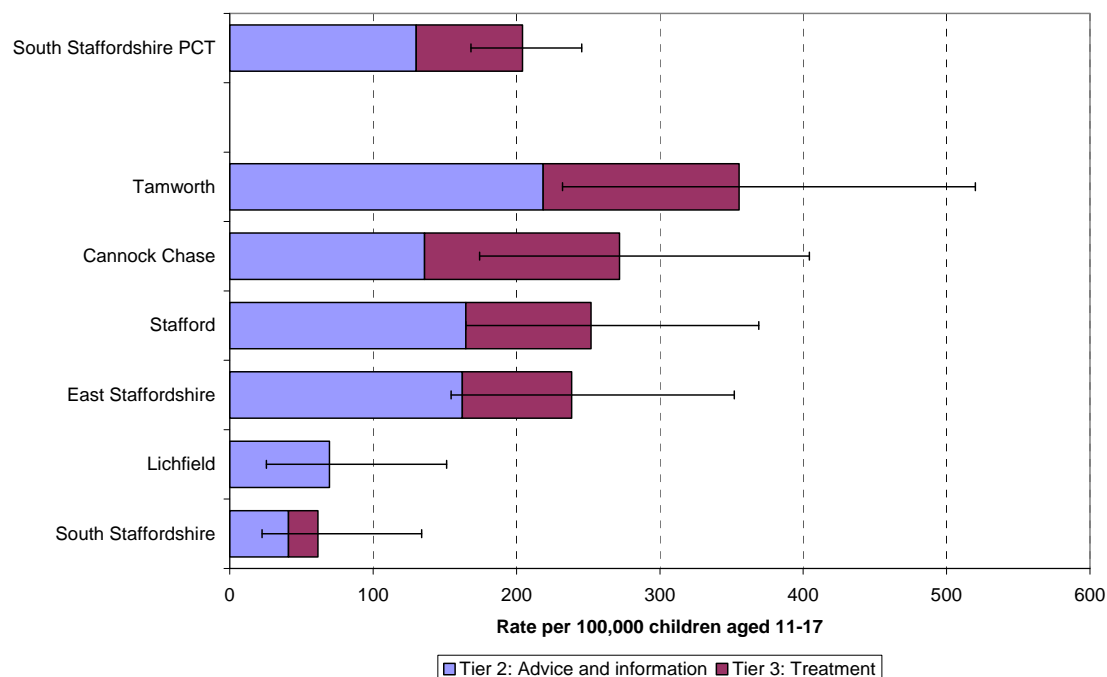
- Ethnic minority teenagers were less likely than 'whites' to say they drink alcohol, or drink frequently. The majority of 'non-whites' aged 12-17 had either never drunk alcohol or had not been drunk in the past year compared with 20% of 'whites'. In addition, only one in 20 'non-whites' aged 12–17 were frequent drinkers in comparison with one in four 'whites'.<sup>21</sup>
- Another study reports that 'white' and 'black' respondents appear to have similar drinking patterns and drank more heavily than 'Asians'.<sup>22</sup> There is however some evidence to show that young Asians are drinking more than previous generations and drinking patterns among young 'non-white' teenagers may be changing alongside those of their 'white' peers.<sup>10</sup>

### **4.3 The local picture for South Staffordshire PCT**

- Findings from the 2007 Staffordshire Children's Alcohol Survey carried out in secondary schools by the County Council show:
  - 30% of children aged 11-15 reported drinking alcohol in the week prior to interview compared with 21% nationally.
  - Almost one in two children aged 15 are likely to have consumed alcohol in the last seven days compared with one in 10 children aged 11. Levels of drinking at all ages are significantly higher than the England average.
- For South Staffordshire PCT, the number of 15-16 years olds having unprotected sex following drinking too much is approximately 1,400 young people. This may result in more teenage pregnancies which are particularly high in parts of the PCT area (e.g. Cannock Chase and Tamworth local authorities).
- Levels of alcohol-related admissions to hospital in children and young people aged under 18 across the PCT are generally similar to the England average. However rates in Cannock Chase are the second worst in the West Midlands Region and significantly higher than both the regional and national average (101 per 100,000 children in Cannock compared with 58 and 61 for West Midlands and England respectively).

- Levels of children and young people accessing information, advice and treatment services provided by the DAAT vary across the PCT. This is likely to be a result of the variance between the actual need, availability and accessibility of alcohol services across the PCT (Figure 2).

**Figure 2 People accessing the young persons' service with alcohol as the main substance of misuse, under 18s, 2006/07**



Source: Staffordshire Drugs and Alcohol Action Team (DAAT), 2006/07

*“Alcohol is so accessible for young people to purchase. Some off-licences are still selling alcohol to young people despite the licensing laws. All too often the greatest suppliers of alcohol are parents”*

*Jo Gore, Substance Misuse Coordinator, Staffordshire Youth Offending*

*“Alcohol is so cheap and way too accessible to young people”*

*Sharon Duffin, School Nurse Team Leader, South Staffordshire PCT*

*“I know loads of people that are younger than me that still go out on the streets and the parents get them the beer .....like my brother and sister are like 12, like they go out drinking, their mum gets them their beer because they are just going to cause havoc for other people to get it. They come back about one but no one going to stop them doing it. Their parents can't even stop them so the police aren't going to are they?”*

Source: Focus group participant at Tamworth and Lichfield College of Further Education, taken from Baxter, A, Sembhi, S, Wallace, LM. Alcohol Consultancy for South Staffordshire PCT: Final Report. Applied Research Centre Health & Lifestyles Interventions, Coventry University: February 2008

#### **4.4 What works? The evidence base for prevention and treatment**

Information giving alone is unlikely to reduce the consumption of alcohol and interactive programmes are encouraged to develop the young person's personal skills.<sup>7</sup> Alcohol education is a statutory requirement of the National Curriculum Science Order 1991 and there is opportunity within the National Healthy Schools Standard to deliver work in schools.<sup>23</sup>

The National Institute for Health and Clinical Excellence (NICE) guidance on school based interventions to prevent and reduce alcohol use is aimed at anyone who works with children and young people in schools and other education settings. It gives advice on incorporating alcohol education into the national science and PSHE curricula, accessing support and encourages linkages to community initiatives, including those run by children's services.<sup>7</sup> As there are no national guidelines on what constitutes safe and sensible alcohol consumption for children and young people, the NICE recommendations focus on:

- encouraging children not to drink
- delaying the age at which young people start drinking
- reducing the harm it can cause among those who do drink

School nurses have a pivotal role to play in the health education of young people. In 2001 the Department of Health identified key areas of work that school nurses can get involved in to improve the health of school age children and young people. Specifically this covers:

- identification of groups of young people who may be at risk of alcohol-related harm
- provision of information about local services
- promotion of the latest government guidelines on sensible drinking
- use of brief interventions and motivational interviewing to help young people reduce their alcohol intake
- ensuring care is in place to help support pregnant teenagers with alcohol problems
- working with families and colleagues where there is alcohol-related harm.

*"We underestimate the dangers of alcohol abuse at our peril. It's influence pervades not only issues to do with health but also young people's attainment and achievement"*

*John Martin, Headteacher, Cheslyn Hay Sport and Community College*

## **4.5 Examples of good practice in South Staffordshire PCT**

### *4.5.1 Alcohol training for schools*

The work is targeted at 23 secondary schools across Staffordshire, through the Alcohol and PSHE Advisor who provides training about alcohol prevention to PSHE coordinators and teachers to deliver to children in Key Stages 3 and 4 (11-15 year olds). Information is also provided through parents' evenings, local media sources and interactive websites such as Health Bytes. This is done in collaboration with the Health Promoting Schools Service to tackle substance misuse and alcohol use amongst young people across Staffordshire.

*"If we want to encourage young people to make healthy choices in relation to alcohol, we also need to challenge the attitudes of parents and the wider community"*

*Martin Wilcock, Advisor for Alcohol and Personal, Social and Health Education (PSHE), Staffordshire County Council*

### *4.5.2 The Burntwood 'INIT' youth project*

The Burntwood 'INIT' youth project was set up in January 2007 in response to anti-social behaviour in Burntwood on a Friday night and concerns about excessive alcohol consumption amongst young people. A consultation exercise with young people aged 11-19 years provided insight into youth issues and youth culture in the area and gave an opportunity for young people to identify recreational activities and facilities. This has resulted in a regular youth service programme and health promotion advice and support. The project has developed summer holiday provision for young people.

### *4.5.3 Community Safety Partnerships*

Alcohol is identified as a key priority within community safety through the crime reduction partnership plans across Staffordshire, especially in relation to violent crime. The police are proactively working with a range of organisations to identify hot spots to reduce the incidence of alcohol misuse and related violence and disorder. The fire service works in partnership with a range of agencies to identify alcohol-related harm, when carrying out home fire risk checks. If incidents are identified then referrals are made to Social Care and Health services.

South Staffordshire Community Safety Partnership identified alcohol as one of the key issues resulting from the Community Safety Strategic Assessment. A joint strategy will be produced in 2008 for young people and adults on access, services and treatments.

#### *4.5.4 Trading Standards, Staffordshire County Council*

Proactive work to address the problem with underage sales is carried out by the Trading Standards team. During 2006/07 of 163 individual visits to licensed premises in the six local authority areas covering South Staffordshire PCT, 21% (34 visits) resulted in a sale being made to an individual below the legal age.

#### *4.5.5 T3 Young Person's Drug and Alcohol Service*

T3 is a specialist substance misuse service that works with young people aged 10-19 years. The countywide service (excluding the City of Stoke on Trent) is available for young people. T3 works with Barnardo's SMART to support families affected by a young person's substance misuse.

Between September 2007 and February 2008 the service received 160 referrals for young people regarding alcohol use. Of these:

- 71 young people stated they were using alcohol only
- 53 young people stated they were using alcohol and drugs, with alcohol being their leading substance
- 36 young people stated they were using alcohol and drugs, with drugs being their leading substance

T3 offers various services including group, one to one drop-in sessions, advice on alcohol and illegal substance misuse, harm reduction and therapeutic interventions.

#### **4.6 Summary and recommendations**

Young people are tomorrow's adults and ignoring the extent of alcohol use in teenagers will create a time bomb for the future. Excessive alcohol misuse often leads to greater risk taking, resulting in criminal activity, injury or harm due to poor decision making. Regular alcohol misuse can, for some, spiral out of control and result in poor educational achievements, truancy, poor health, offending and in extreme cases accidental death.

Stakeholder interviews highlighted specific areas across South Staffordshire PCT where young people are regularly drinking alcohol and binge drinking. This supports the national picture of young people in this country having one of the highest levels of binge drinking in Europe.<sup>23</sup>

Some excellent work across partner agencies with schools and parents is underway. However, this is patchy and there is a lack of evidence based practice. Trading Standards and the police are working to reduce underage sales of alcohol and crime and disorder in town centres. There are however, major gaps in this work with little proactive NHS involvement.

### **Recommendations relating to teenagers (children under 16)**

- All secondary schools should prioritise alcohol education as part of citizenship and Personal, Social and Health Education (PSHE) programmes
- Using existing local good practice agencies need to develop, deliver and evaluate an evidence based programme of education for young people
- A public information campaign promoting safe drinking limits and risks associated with excessive alcohol use should be delivered
- Training in brief interventions should be provided for all school nurses and other health professionals working with young people and parents
- Appropriate services need to be developed and commissioned to support young people

## 5 Alcohol and young adults (aged 16-24)



*The “before” and “after” of being part of the “going out to get drunk culture” in Britain. Images courtesy of NHS photo library.*

### 5.1 The impact of alcohol on young adults

In Britain, there is an increase in the “going out to get drunk culture”

*“It’s very important to get drunk. I’m spending money and I want to get drunk and if I don’t it’s just a waste of money”*

*Source: Cabinet Office Strategy Unit. Alcohol Harm Reduction Project: Interim Analytical Report: 2003*

Regular, heavy alcohol consumption and binge drinking are associated with physical health problems, anti-social behaviour, violence, accidents, suicide, injuries and road traffic accidents. Alcohol misuse is associated with a range of mental disorders and can exacerbate existing mental health problems.

It takes the liver an hour to process one unit of alcohol, so having two to three drinks an hour puts a strain on the body resulting in dizziness, vomiting, falling over, headaches and dehydration.

There is a strong link between alcohol and violence – in 48% of violent incidents, the victim believed the offender to be under the influence of alcohol. One in three reported rapes take place when the victim has been drinking. Drinks are also susceptible to being spiked with drugs or spirits.<sup>24</sup>

*“We could do more to promote safer drinking, more joint work with the local community and the police such as less promotion of two for one”*

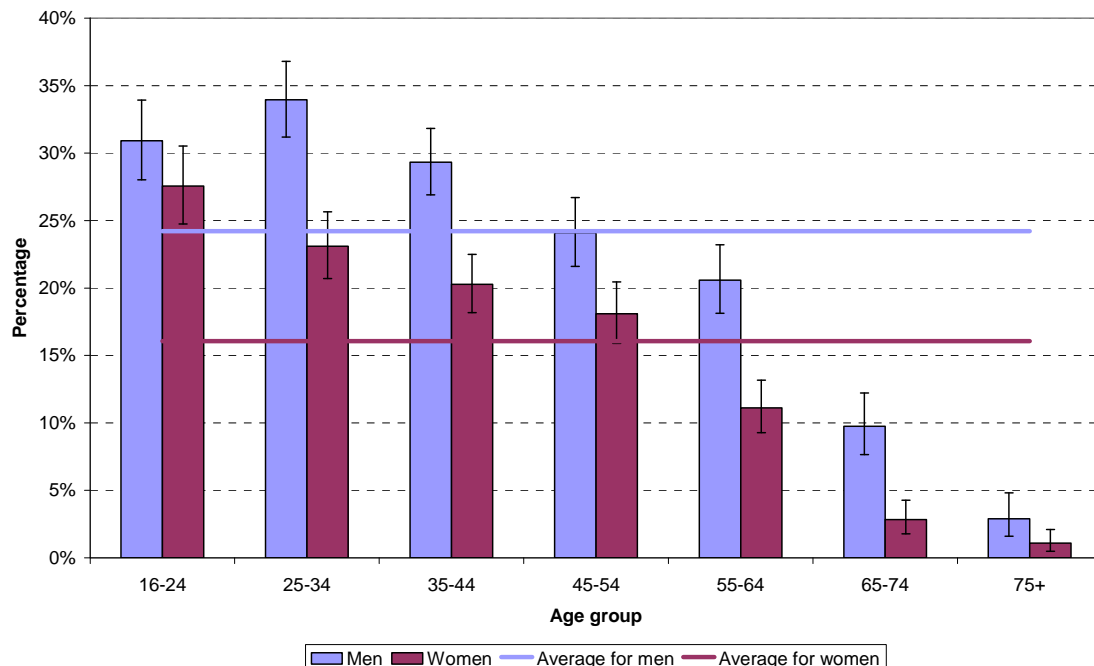
*Sam Swift, Pub Landlord, Joxer Bradys, Stafford*

## 5.2 Why focus on young adults?

The national picture shows:

- In under 35s, alcohol mortality in England increased significantly - from 668 deaths in 1990-1994 to 1,024 deaths in 2002-2006.
- In 2000 in Great Britain, nearly 14% of young people aged 16-19 were estimated to be either mildly (12.4%) or moderately (1.4%) dependent on alcohol.<sup>25</sup>
- In 2006 in Great Britain, it was estimated that 6% of all road casualties (14,350 casualties) and 17% (540) of all road deaths occurred when someone was driving while over the legal limit for alcohol.<sup>26</sup>
- In 2005 in England and Wales, of 607,400 breath, blood or urine tests conducted, 17% (104,300) failed (defined as positive, failed or refused).<sup>27</sup>
- In England, levels of binge drinking were particularly high amongst young people (Figure 3). In 2006, 31% of young men and 28% of young women aged 16-24 were binge drinkers.

**Figure 3 Levels of binge drinking by age and gender in England, 2006**



Note: Data for 2006 is not comparable with previous years as it includes a nationally revised agreed method of converting volume of alcohol consumed into units of alcohol based on current sizes of measures and increased strength of some alcohol (% ABV), e.g. wine.

Source: Health Survey for England 2006: updating of trend tables to include 2006 data. Leeds and London: The Information Centre. Public Health Statistics. All rights reserved

### 5.3 The local picture for South Staffordshire PCT

- It is estimated that 4,300 young people aged 16-19 in South Staffordshire PCT are either mildly (3,860) or moderately (440) dependent on alcohol.
- Data from Accident and Emergency (A&E) departments on attendances for assault in 2006/07 at Burton Hospitals NHS Trust and Mid-Staffordshire General Hospitals NHS Trust show:
  - 78% of all attendances for assault were male
  - 41% of all attendances for assault were men aged 15-24
  - 50% of attendances for assault happen at weekends, with over a fifth occurring between midnight and 4 am.

*"We see a large amount of assaults, associated with alcohol, mainly young men aged 20-30 seen on a Friday or Saturday night after throwing out time"*

*Mr Ivan Phair, Consultant in A&E Medicine, Mid-Staffordshire General Hospitals NHS Trust*

*"The target group that access the night club is between 18-21 years, it is this group that are not used to drinking excessive amounts of alcohol and knowing the consequences of binge drinking"*

*Zanzibar Night Club, Stafford*

- By applying national rates, over 19,000 young people aged 16-24 are estimated as binge drinkers in South Staffordshire PCT.
- The majority of alcohol-related offences tend to be committed by young people. Almost half of all alcohol-related offences are committed by those aged between 16-24 years. Alcohol-related offences are particularly high in Tamworth and Cannock Chase (14 and 12 offences per 1,000 population compared with 10 per 1,000 for England).
- For offenders in the South Staffordshire PCT area, 46% were binge drinkers or had used alcohol excessively in the last six months and 30% showed signs of alcohol misuse linked to health issues.
- From a sample of 390 young people receiving youth offending interventions across Staffordshire, assessed between July and September 2007, 69% of respondents recorded having "recently used" alcohol. This was the highest reported "recently used" substance.

*"Assault with glasses and bottles are far more frequent than assaults with knives"*

*Professor Jonathan Shepherd, Cardiff University*

**When you do have a drink roughly how much do you drink?**

*'I can't remember....till you're absolutely legless'*

*'Probably have a few bottles of wine, half a bottle of vodka or something like that ..... throughout the night'*

*'If you go out it's like just whatever you buy and you can't drink no more'*

*'You don't really know what you are drinking after a certain time'*

*Source: Focus group participants at Tamworth and Lichfield College of Further Education, taken from Baxter, A, Sembhi, S, Wallace, LM. Alcohol Consultancy for South Staffordshire PCT: Final Report. Applied Research Centre Health & Lifestyles Interventions, Coventry University: February 2008*

*"Alcohol is a depressant that shuts down higher brain functions. People with excessive alcohol levels will often be unaware of experiencing impaired vision, hearing, spatial awareness, interpersonal and communications skills; all of which seriously affect their judgement. This can mean that things are perceived as being threatening that under normal circumstances would not and trigger a 'fight or flight' response. Our town centres at closing time are often poorly lit, loud, busy places where there is competition for food, transport, pavement space and attention. The combination of these factors generates a huge potential for conflict. At the time that people really need to be at their peak of mental awareness, alcohol reduces their thinking and behaviour to the most primitive of levels, resulting all too frequently in violence or injury. It can't be right that this is promoted as being socially acceptable, particularly towards young people. For me the challenge is as much about changing hearts and minds as it is about changing behaviour"*

*Superintendent Nigel Manning, Staffordshire Police*

**Table 9 Summary of key findings from focus group: Tamworth and Lichfield College of Further Education**

- Most participants felt that it was easy to get alcohol even when they were underage as they could get a friend or older adult to get it for them
- Participants did not feel their alcohol intake affected either their physical or mental health although they did admit alcohol might affect their sexual health in terms of not using contraception when they had been drinking
- Several participants spoke of regretting their behaviour when they had been drinking in terms of 'getting off' with people they would not usually do so, getting into trouble with the police for being loud and fighting with friends
- Participants felt that friends, parents, teachers and youth workers would not influence their drinking behaviour as it was their decision to drink or not
- Several participants said that nothing could be done to help reduce alcohol consumption in young people as they do not tend to worry about this issue, 'it is just something all young people do'. However if participants felt they needed help they would feel uncomfortable using an agency specially set up for young people unless they knew the person there

*Source: Baxter, A, Sembhi, S, Wallace, LM. Alcohol Consultancy for South Staffordshire PCT: Final Report. Applied Research Centre Health & Lifestyles Interventions, Coventry University: February 2008*

#### **5.4 What works? The evidence base for prevention and treatment**

There is limited evidence about preventing young adults from consuming too much alcohol. Evidence is available to demonstrate that changing the minimum legal drinking age to 21 reduces levels of alcohol consumption, particularly in bars and may help prevent alcohol-related road traffic accidents<sup>28,29</sup> and associated injuries<sup>30,31</sup> and reduce suicides among 18-20 year olds.<sup>32</sup>

Alcohol consumption and binge drinking among underage drinkers remains high and attempts to purchase alcohol are often successful. Evidence shows that enhanced enforcement of compliance with the law among retailers can reduce alcohol consumption and binge drinking.<sup>33</sup>

In line with other countries in Europe, the BMA supports a reduction in the drink drive limit from 80 mg to 50 mg per 100 ml of blood. There is clear evidence that this will reduce the number of deaths and serious injury caused by drink driving because the risk of involvement in a collision rises significantly once the blood alcohol level rises above 50 mg per 100 ml of blood. Drivers' reaction times and motor skills deteriorate after even a small amount of alcohol - and get worse with increased alcohol consumption. Evidence from other countries suggests that this lower limit saves lives.<sup>34</sup>

## **5.5 Examples of good practice in South Staffordshire PCT**

### *5.5.1 Road safety*

The County Council has a dedicated team of road safety officers who work to reduce the number and severity of accidents for all road users. This includes education, information and publicity in relation to drink-driving, e.g.

- Crash Investigation Project (average annual attendance of 1,500)
- Crash Course
- The Anatomy of a Crash
- Pass Plus Extra (average annual attendance of 300)
- Drink and drug-driving resource for schools
- Marketing campaign with dedicated website

*“The impact from drinking alcohol greatly increases the risk of being involved in a road traffic crash particularly amongst young people”*

*Irene Williamson, Road Safety Officer, Staffordshire County Council*

### *5.5.2 Zanzibar CCTV, Christmas period*

Zanzibar Night Club in Stafford often promotes local campaigns and initiatives in conjunction with local police to raise awareness of alcohol amongst 18-21 year olds visiting the club on a Friday and Saturday evening. A recent campaign ‘You’re on CCTV’ was promoted during the Christmas period 2007. The campaign made individuals aware that if they caused trouble or were drunk and disorderly they would be caught on CCTV and prosecuted.

### *5.5.3 Tamworth Community Safety Partnership*

Tamworth Community Safety Partnership are currently working on various initiatives under the banner heading of ‘SAFER NIGHTS’ campaign which covers education, early intervention and awareness of alcohol issues in town. The focus is on reducing the incidents of alcohol-fuelled violence and disorder and to promote safer sex amongst young adults.

As part of the ‘SAFER NIGHTS’ campaign, promotional public drop-in sessions were held providing information and advice on safer sex and sensible drinking, as well as free condoms and chlamydia testing kits.

*“Under 25s are more likely to be a victim or perpetrator of a crime involving alcohol misuse”*

*Dave Fern and Karen Mather, Tamworth Borough Council*



*Drinking, and the side effects of being drunk, can sometimes result in individuals putting themselves in high risk situations that they would otherwise avoid. Image courtesy of NHS photo library.*

#### 5.5.4 Youth offending

The Youth Offending Service in Stafford offers support to young people aged 10-18 years. It is recognised that alcohol has a huge impact upon the service as it is used regularly by young people. A new resource has recently been produced by the Youth Offending Service and partners called '*Driving the buzz to death*' - this is an interactive resource that looks at the physical and psychological effects of alcohol and drugs on drivers. The resource includes real life young people's stories and incorporates reckless driving within a DVD format.

#### **Why did you start drinking?**

*"My mum and dad always brought alcohol for me and always let me drink, they drank and took drugs. On my 16<sup>th</sup> birthday they brought me a crate of beer. It's a laugh when you're with mates and all drinking, you do stupid stuff and it tastes nice."*

#### **What would help young people learn about the dangers of drinking?**

*"For me, being admitted into hospital from overdosing it gave me a shock, though I did it again. It got better when I moved away from my parents and into my grandparents, alcohol was not accessible. Getting into trouble with the police and going to court, threat of prison. Having my daughter at the age of 17, it gave me something to focus on."*

*17 year old male, Youth Offending Service*

## **5.6 Summary and recommendations**

For some young people, the binge drinking culture is now well established and for many an acceptable and exciting part of their lifestyle. Not only are they putting their health at risk they are also at greater risk of being involved in crime and disorder. When incidents happen, local public services have to intervene and this places an additional burden on police, ambulance and hospital services.

There are 19,000 young people across South Staffordshire PCT who are regularly drinking to excess, mainly on a Friday and Saturday night. The Youth Offending Service also report high numbers of young people using alcohol with insufficient local service provision. 600 offenders per annum require a structured alcohol intervention presenting a problem for the Probation Service. Of these, 30% need a structured detoxification and rehabilitation programme and the remaining require Tier 2 alcohol services. (Note: Further information on tiers of alcohol provision can be found on page 51).

Failure to take action or intervene will result in short term illness, longer term health damage and re-offending with additional costs to the NHS and other public services.

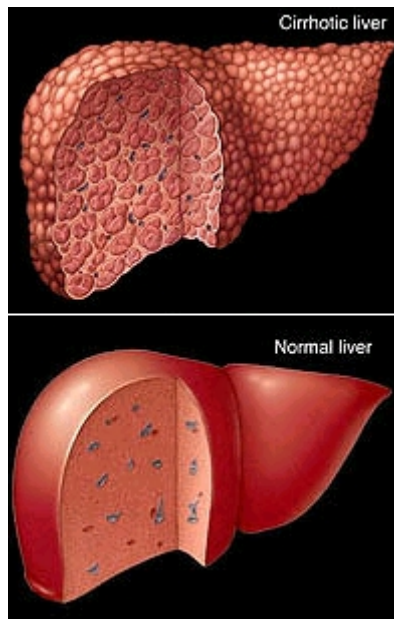
*“Alcohol misuse is very criminogenic (producing or tending to produce crime). Community provision is currently very limited and patchy across Staffordshire”*

*Catherine Hay, Intensive Programmes Coordinator, Staffordshire Probation Area*

### **Recommendations relating to young adults aged 16-24**

- Develop a social marketing campaign aimed at young people through colleges, police and other agencies working with young people
- Work with publicans and nightclubs to develop marketing campaigns which encourage responsible drinking
- Provide training in brief interventions for all staff working with young offenders
- Commission adequate services for young people and young offenders
- As part of the sentencing options of the courts refer offenders to alcohol services

## 6 Alcohol and alcohol-related harm in adults



*Cirrhosis of the liver is only one aspect of alcohol-related harm in adults.*

### 6.1 The impact of alcohol on adults

Alcohol is a highly acceptable and widely available substance interwoven into daily living across all sectors of society within the UK. Alcohol use is linked to a range of medical conditions and contributes to injury, poisoning, cancer and cardiovascular disease. In addition it is linked to offending, crime, violence and anti-social behaviour and affects individuals, families and communities.

For the adult working population the misuse of alcohol can have a number of detrimental effects. These include absenteeism, loss of performance and productivity, poor health, accidents, and general staff welfare. The cost in financial terms to the economy is estimated at £1.2 billion for dependent drinkers and at £1.8 billion for non-dependent drinkers.<sup>35</sup>

The government estimates the overall cost of alcohol misuse to society through ill health and crime and disorder is around £20 billion annually.

Alcohol morbidity and mortality can be entirely related to alcohol (alcohol-specific) or influenced only in part by alcohol (alcohol-attributable). For example all cases of alcoholic liver disease, mental or behavioural disorders due to alcohol and alcoholic poisoning are alcohol-specific. However road traffic accidents, certain cancers and heart disease can be attributed to alcohol for a proportion of all deaths, for example alcohol is a significant contributing factor in about 20% of stomach cancer deaths.<sup>36</sup>

Deaths caused by alcohol consumption have doubled since 1979 with more people becoming ill and dying younger. In 2005, 4,160 people in England and Wales died from alcoholic liver disease – an increase of 41% since 1999, when the number of deaths from this disease was 2,954.<sup>37</sup>

During 2005/06 in England it was estimated that up to 401,000 hospital admissions occurred as a result of acute or chronic alcohol use.

## **6.2 Why focus on alcohol-related harm in adults?**

The 2004 Alcohol Needs Assessment Research Project (ANARP) report found a high level of need across categories of drinkers aged 16-64 in England:<sup>38</sup>

- 90% of the population drink alcohol
- 32% of men and 15% of women drink at hazardous or harmful levels
- 6% of men and 2% of women are dependent drinkers
- 21% of men and 9% of women are binge drinkers

Data is not routinely collated for attendances at Accident and Emergency departments, however, a national research study conducted in 2001 found that alcohol placed additional pressures on local A&E departments (Table 10).

### **Table 10 Impact of drinking on Accident and Emergency departments**

A research study commissioned by the government in 2001 showed that alcohol placed a very significant burden on Accident and Emergency (A&E) departments at peak times:

- 41% of all attendees were positive for alcohol
- 14% were intoxicated
- 43% of attenders could be identified as hazardous or harmful users after screening
- 70% of attendances between midnight and 5am were alcohol-related

Common reasons for attendance for those who were alcohol positive were for acute alcohol poisoning, violent assaults, road traffic accidents, psychiatric emergencies and deliberate self harm episodes.

*Source: Cabinet Office Strategy Unit. Alcohol Harm Reduction Project: Interim Analytical Report. Prime Minister's Strategy Unit: 2003*

The inter-relationship between alcohol and mental health is highlighted in many national strategies and NICE guidance usually under the category of 'dual diagnosis'. Alcohol can cause and exacerbate mental health and those with existing mental health diagnosis are three times more likely to develop alcohol-related problems.

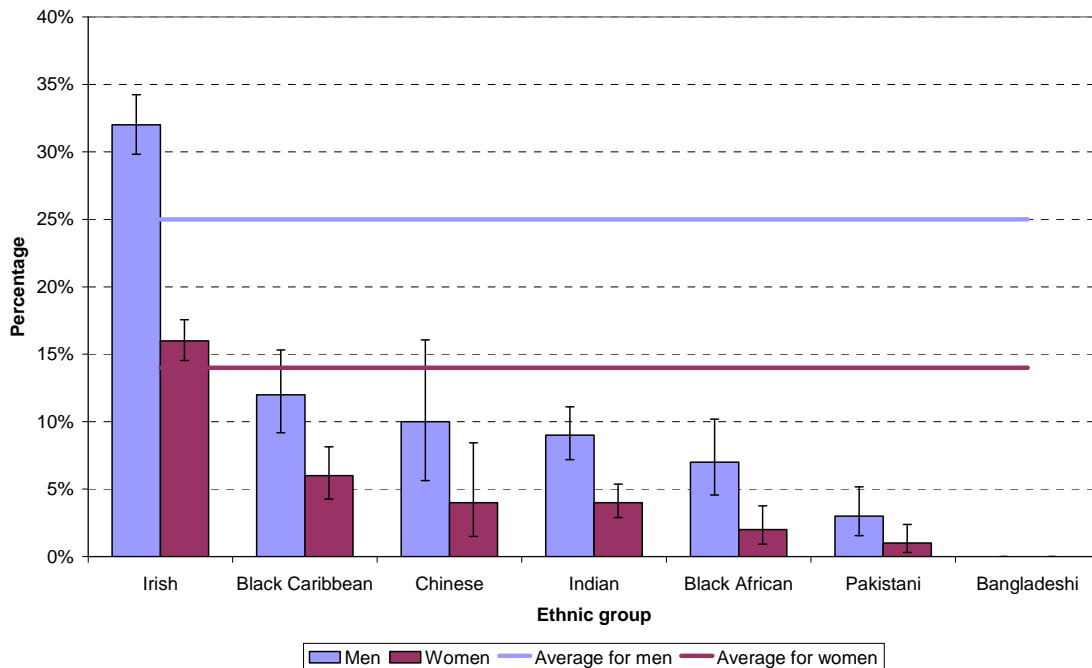


This is one of several posters produced by Stafford College art students for Stafford Borough Council. Image courtesy of Stafford Borough Council.

### Ethnicity

Whilst alcohol is consumed by the majority of people, there are major differences in the frequency and levels of consumption when looking at minority ethnic groups. The Health Survey for England 2004 found that with the exception of Irish communities, people from minority groups were significantly less likely to report consuming more than eight or six units of alcohol during the week compared to the average for the general population. Women in particular were less likely to consume alcohol (Figure 4).

**Figure 4 Levels of binge drinking by ethnic group in England, 2004**



Source: Health Survey for England 2004. Volume 1: Minority Ethnic Groups. Copyright 2006, Leeds and London: The Information Centre. All rights reserved

Some of the differences may be due to cultural and religious beliefs (for example Muslim communities are prohibited from drinking alcohol), although this in itself may also affect people's willingness to report their consumption. Even in other Asian communities where it is more acceptable, admitting to excess drinking would compromise respect for an individual or their family.<sup>39</sup>

*“Those that are drinking have a hidden fear of being seen by the community”*

*Arifa Rashid, Development Officer, Staffordshire County Council*

A survey commissioned by Alcohol Concern and carried out by Aquarius, the Midlands based alcohol and drugs agency, was conducted amongst 1,700 second or subsequent generation ethnic minority communities in Birmingham and Leicester. This found that whilst most Pakistani and Bengali men and women, and Sikh and Hindu women were non-drinkers, relatively high levels of drinking were found amongst Afro-Caribbean men and women and Sikh men. It also found that levels of drinking in younger black and minority ethnic populations tend to be higher.<sup>40</sup>

Not all harmful and hazardous drinkers will become dependent drinkers. As black and ethnic minority communities (except the Irish) have lower levels of hazardous or harmful drinking you would expect that the levels of dependent drinking would also be lower than the white population, however this is not the case. In fact among Sikh and Afro-Caribbean men the prevalence of alcohol dependence is similar to their white counterparts.

*“They say alcohol is a great remover, how true! I lost everything and was now homeless, every penny I could lay my hands on went on cheap white cider. Sometimes I couldn't even afford that so I began to steal small amounts of money out of coat pockets, and that only made me feel worse”*

Source: Member's Stories: My Drink Problem – Solved. Alcoholics Anonymous UK (cited 2007 Dec 30). Available from <http://www.alcoholics-anonymous.org.uk/newcomer/share1.shtml>

### **6.3 The local picture for South Staffordshire PCT**

- The estimated number of adult alcohol misusers are:
  - 95,000 hazardous drinkers
  - 23,000 harmful drinkers
  - 16,000 alcohol dependent drinkers.
- Between 76,000 and 99,000 are thought to be binge drinkers. Based on synthetic estimates, levels of binge drinking are particularly high in the following electoral wards: Forebridge (27%), Coton (24%), Hawks Green (23%), Stonydelph (23%), Common (23%), Perton East (22%), Burton (22%), Amington (21%), Trinity (21%) and Perton Lakeside (21%).

- Local trends for Accident and Emergency attendances are increasing with an estimated cost across the four hospitals covering Staffordshire County of over £10.7 million. Common reasons for attendance include acute alcohol poisoning, violent assault, road traffic accidents, psychiatric emergencies and deliberate self harm episodes.
- Alcohol specific admission rates for the PCT are particularly high in men aged between 35 and 64. Men from the most deprived areas are four times more likely to be admitted to hospital compared with those living in least deprived areas.

*“Significant number of referrals from people in their 40-50s who have chronic alcohol problems”*

*Jo Marsh, Substance Misuse Service Manager, Staffordshire County Council*

- Alcohol specific mortality for the PCT has increased significantly over the last 15 years from an average of 30 per year in 1990-1994 to 80 per year in 2002-2006, an increase in rates of 119% compared with an increase of 71% for England. The increase is more significant in men than women (154% compared with 87%).
- Based on national government estimates, the cost of alcohol-related harm to the South Staffordshire PCT community is approximately £239 million:
  - Health harms – £20 million
  - Loss of productivity and profitability – £76 million
  - Crime and antisocial behaviour - £87 million
  - Harms to family and society – £56 million.



*Image courtesy of NHS Photo library*

- 131,000 working days are lost due to alcohol dependency and 205,500 days due to alcohol misuse in South Staffordshire PCT costing £14.5 million and £21 million respectively.

*“I went through a crisis in my marriage, I have got a history of addiction to alcohol. Basically I had a really serious accident and I was laid off work, I was on disability and long term incapacity benefit, so I was using alcohol basically as an anaesthetic to relieve my problems and the marriage started to break down and I was getting worse, I moved out to live in my camper van outside on my drive and my wife filed for divorce. The papers were served to me and basically I was getting worse and worse and in the end, with a discussion with my wife I contacted ADSIS who then put me in touch with a council worker and they had a meeting with me and my wife and we discussed my problem. They told me about BAC and they went through all the details but on the basis that I would have to detox before I came here.....I went into a hostel motel in Wolverhampton and carried out the detox.....admitted on to pre-rehab literally within three weeks”*

*Source: Focus group participant at Burton Addiction Centre, taken from Baxter, A, Sembhi, S, Wallace, LM. Alcohol Consultancy for South Staffordshire PCT: Final Report. Applied Research Centre Health & Lifestyles Interventions, Coventry University: February 2008*

**Table 11 Summary of key findings from focus group: Burton Addiction Centre (BAC)**

- There is a high level of satisfaction with the care and support provided by the centre from staff who the clients rate as professional and experienced. All of the clients seemed well motivated to change their drinking behaviour and realised the negative impact alcohol had on their lives both in terms of their health and lifestyle
- Nearly all of the clients had experienced difficulty and delay in accessing a place to detoxification in a supportive environment. Several participants had gone through the process of detoxification themselves on more than one occasion and spoke of the difficulty and poor success rate of doing this
- Several participants had been in detoxification units in South Staffordshire PCT where they had negative experiences in terms of alcohol being readily available and the difficulty this caused when trying to detoxification
- They had all had a long wait to get a place in a rehabilitation unit (due to funding issues) and one participant spoke of the fact that they had funded it themselves
- All participants spoke of the problem of the gap between detoxification and getting into a rehabilitation unit caused in terms of the temptation and opportunity to start drinking alcohol again

*Source: Baxter, A, Sembhi, S, Wallace, LM. Alcohol Consultancy for South Staffordshire PCT: Final Report. Applied Research Centre Health & Lifestyles Interventions, Coventry University: February 2008*

#### **6.4 What works? The evidence base for prevention and treatment**

Models of care for alcohol misuse (MoCAM) provides best practice guidelines for the treatment concerning alcohol.<sup>41</sup> It promotes a tiered model (covering the spectrum of alcohol use) highlighting effective interventions through primary prevention to intensive specialist treatment (Table 12). There is, however, a gap in the evidence base for BME communities. Figure 5 illustrates the range of responses appropriate to the categories of drinking.

**Table 12 Models of Care for Alcohol Misusers**

The “Models of Care for Alcohol Misusers” (MoCAM) was informed by the “Review of the Effectiveness of Treatment for Alcohol Problems”. The model identifies a tiered framework for the commissioning and provision of alcohol misuse services for adults. This includes effective use of screening and assessment, the role of care planning and structured treatment care pathways. The four tiers described in MoCAM are:

Tier 1 – Alcohol-related information and advice, screening, simple brief interventions and referral.

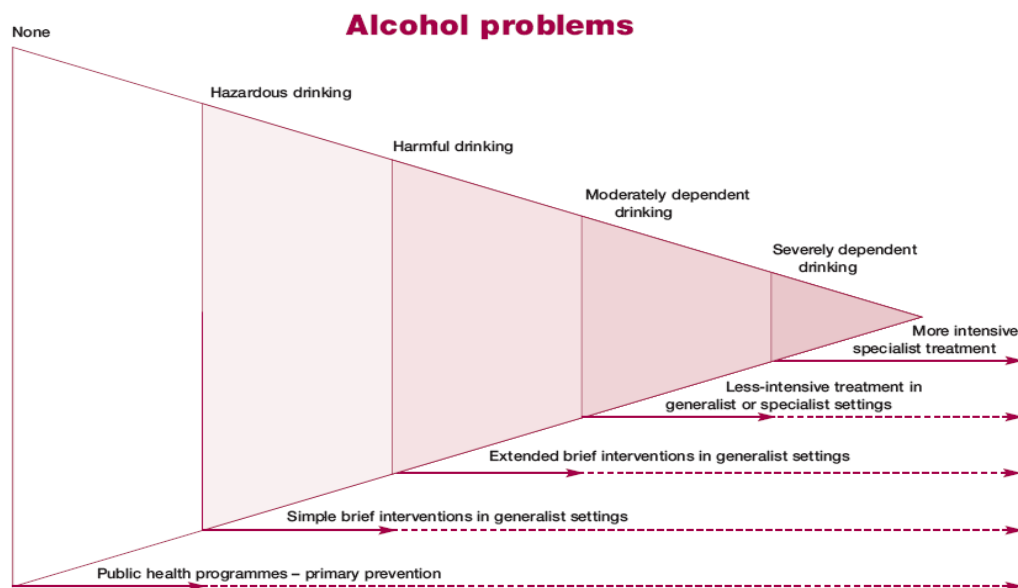
Tier 2 – Open access, screening, assessment, brief alcohol specific interventions and referral to other services.

Tier 3 – Interventions including provision of community-based specialised alcohol misuse assessment and alcohol treatment that is care coordinated and care planned.

Tier 4 – Alcohol specialist in patient treatment and residential rehabilitation, which are care planned and coordinated to ensure continuity of care and aftercare.

Source: Department of Health. *Models of care for alcohol misusers (MoCAM)*. National Treatment Agency for Substance Misuse: 2006

**Figure 5 A spectrum of responses to alcohol problems**



Source: Department of Health. *Models of care for alcohol misusers (MoCAM)*. National Treatment Agency for Substance Misuse: 2006

*A client with a six year history of dependency on alcohol who had previously worked in a senior position was referred due to poor physical health. His daily diet was soup, Guinness, cider and wine. Several community detoxifications had failed, however, following an inpatient detoxification and additional day care support he has been able to go home. There have been marked improvements in his quality of life and independence.*

*Case Study: Staffordshire County Substance Misuse Team Referral courtesy of Jo Marsh, Substance Misuse Service Manager, Staffordshire County Council*

The evidence around mental health and alcohol is contained in several NICE documents that cover schizophrenia<sup>42</sup>, bipolar disorder<sup>43</sup>, drug misuse: psychosocial interventions<sup>44</sup> and models of care for alcohol misusers (MoCAM).<sup>41</sup> The key elements are around identification and assessment (through mental health services as part of core business or substance misuse services), brief interventions and appropriate referral and access to treatment services.

## **6.5 Examples of good practice in South Staffordshire PCT**

### **6.5.1 Alcohol treatment services**

Adult alcohol treatment services in Staffordshire are provided by different providers. These traditionally have been commissioned to provide drug misuse treatment, but have often included the provision of alcohol services due to poly-use issues and a lack of specifically commissioned alcohol provision.

Table 13 shows organisations that provide services for specified treatment tiers as defined by Models of Care for Alcohol Misusers (MoCAM).

**Table 13 Alcohol service provision in South Staffordshire PCT**

- Tier 2 - ADSiS (Alcohol and Drug Services in Staffordshire)
- Tier 3 - Social Care and Health, Staffordshire County Council
- Tier 3 - South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- Tier 4 - Social Care and Health, Staffordshire County Council
- Tier 4 - South Staffordshire and Shropshire Healthcare NHS Foundation Trust (in-patient services)
- Tier 4 - Burton Addiction Centre (rehabilitation)

In addition there are GP based Locally Enhanced Services (LES) in Cannock, Stafford and Lichfield. These are Tier 3 services that provide a holistic assessment and treatment for individuals with problem drinking and their families. The aim of the service is to enable clients to make changes to reduce alcohol-related harm. Detoxification is provided in the community and support is given on a one to one basis over an extended period of time.

The prevalence-service utilisation ratio (PSUR) is the number of people in need of interventions divided by the number of people accessing specialist alcohol interventions, which identifies the relative under-provision of access to services.

The gap analysis conducted in the Alcohol Needs Assessment Research Project 2004 (ANARP) determined that for England one in 18 (5.6%) people with an alcohol dependency problem were accessing services. This compares with one in seven (14%) in South Staffordshire PCT based on provisional data for 2007/08 and shows an improvement on the PSUR for 2006/07.

**Table 14 Gap analysis for South Staffordshire PCT, 2007/08**

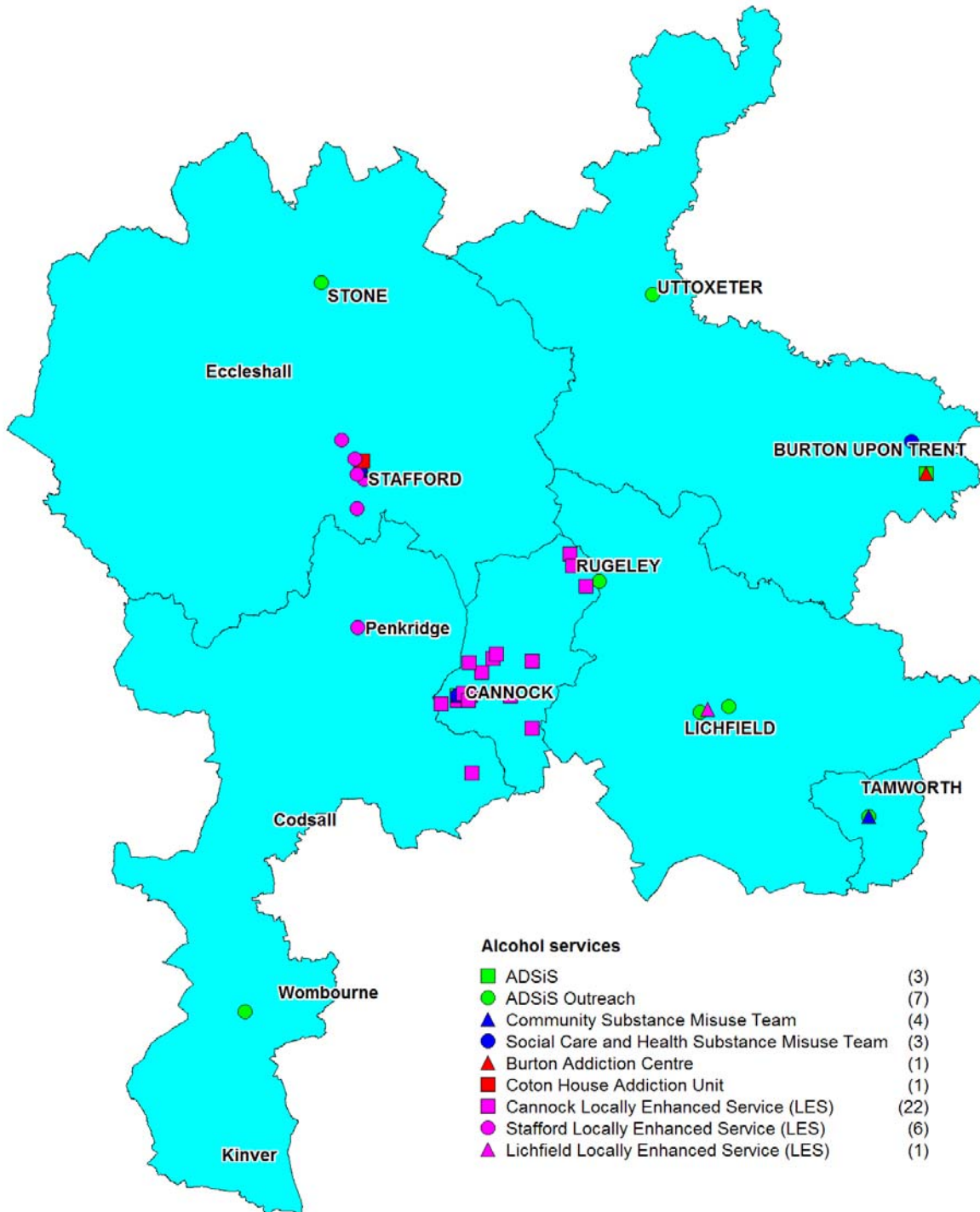
	<b>Estimated need</b>	<b>Number in treatment</b>	<b>Percentage in treatment</b>	<b>PSUR</b>
Tier 2	15,666 (alcohol dependent in need)	1,200	8%	
Tier 3		934	6%	
All tiers		2,134	14%	7.3

*Note: Data for 2007/08 is provisional and has been projected for the full year*

*Source: South Staffordshire PCT commissioning datasets, 2007/08*

The service provision target is to achieve a PSUR of five, i.e. 20% of people with alcohol dependency receiving appropriate services.

**Figure 6 Alcohol misuse service providers for South Staffordshire PCT**



Source: Office for National Statistics (ONS), Super Output Area Boundaries. Crown copyright 2004. Crown copyright material is reproduced with the permission of the Controller of HMSO

### 6.5.2 *Brief interventions in primary care*

Primary care is an ideal place to identify clients misusing alcohol and whilst national research show that the early signs of alcohol use are often missed, there is considerable interest from South Staffordshire PCT GPs to take on a more proactive role. Alcohol-related harm is often identified through other health issues or concerns such as mental health problems like depression. The GP or practice nurse may raise the issue of alcohol, seeking information on units consumed, and discuss the impact on psychological, physical and emotional health. From this brief assessment a referral may be made into a Tier 2 alcohol service. There is a real opportunity to expand the current provision for regular identification, assessment and brief intervention model within primary care.

*“Alcohol is a huge problem, what we see is only the tip of the iceberg”*

*Dr Dukes, General Practitioner, Gravel Hill Surgery*

*“Alcohol is an increasing problem - more of a problem than substance misuse”*

*Dr Maidment, General Practitioner, Bilbrook Medical Practice*

### 6.5.3 *Alcohol Liaison Worker in East Staffordshire*

The link between alcohol consumption and Accident and Emergency (A&E) attendances is well documented. There is an increasing profile on the role of A&E departments in screening for, and intervening in, patients' alcohol consumption.<sup>45</sup>

Work is currently being piloted through an alcohol liaison worker based in the A&E department at the Queen's Hospital (Burton). The aim of the service is to:

- provide information on the effect of alcohol-related harm
- provide early intervention to prevent re-admission
- reduce alcohol-related harm at the point of referral
- provide appropriate patient screening and referral to other alcohol services including Tier 3 and 4 provision

The pilot is working mainly with clients who are harmful or dependent drinkers, the majority of whom have accessed Tier 2 alcohol services and been admitted to the A&E department more than once. The alcohol worker is making more appropriate referrals to Tier 3 and 4 services, which should reduce the number of clients re-entering Tier 2.

## **6.6 Summary and recommendations**

Alcohol misuse has a negative impact on physical and mental health. It can have severe consequences on economic and social well being. The costs are considerable to all public services and the local economy.

Much more needs to be done to provide consistent and clear messages about sensible drinking and alcohol-related harm. We need to challenge existing perceptions and attitudes of today's drinking culture through campaigns and proactive work with the media. The PCT can take a lead role in developing the effective use of brief interventions across the workforce.

A critical issue for South Staffordshire PCT is the need for comprehensive services across the four tiers outlined by Models of Care for Alcohol Misusers (MoCAM). Provision is currently inadequate and if we fail to address this situation there will be an increase in acute hospital episodes, longer waiting lists for services, greater costs to employers due to sickness, an increase in liver disease and ultimately higher mortality rates.

### **Recommendations relating to adults**

- Raise awareness of the health risks associated with alcohol to professional groups through existing partnership structures
- Promote local and national campaigns to highlight the harmful effects of alcohol misuse throughout public services
- Ensure all staff in different settings are trained to identify and deliver brief interventions (including primary care, A&E, outpatients, prisons, probation and the workplace)
- With partners, develop local action plans to deliver the Local Area Agreement (LAA) target on alcohol
- Develop a proactive working group between the A&E departments and wider partners to identify joint work to reduce alcohol-related violent crime
- Commission prevention and treatment services designed for different population groups
- Determine appropriate services for the alcohol-dependent population in order to inform future commissioning decisions
- All providers of services to monitor and regularly submit reliable and high quality data to the lead commissioner

## 7 Alcohol and older people



*Alcohol consumption amongst older people is a concern. Image courtesy of Clear Image Photography.*

### 7.1 The impact of alcohol on older people

Alcohol has a greater impact on the health and well-being of older people over the age of 60 in the immediate and longer term. This is due to a reduction in tolerance because of physiological changes in the ageing process. These include a fall in the ratio of body water to fat, reduced functioning of the liver and the altered responsiveness of the brain. The same amount of alcohol consumed by an older person can result in a higher blood alcohol concentration than in younger people.<sup>46</sup>

Alcohol consumption, even at small levels, will exacerbate any sense of confusion and may increase the risk of falls and other accidents; exacerbate problems with insomnia, increase the likelihood of incontinence, and contribute to memory loss, depression and dementia. A further complication is the adverse interaction with some prescribed medication. Around 80% of people aged 65 and over regularly take prescribed medicine. Furthermore about one-third of men and women are taking four or more prescribed medicines a day.<sup>47</sup>

Alcohol problems can go undetected for longer among older people. Older people tend not to have regular employment and often have reduced social interaction. Those that do interact with the drinker may ignore or fail to identify problems.<sup>48</sup> Medical staff may fail to recognise the contribution of alcohol to older people's ill health, or alcohol misuse in older people may be misdiagnosed as a mental health problem or neurodegenerative condition, for example, dementia has symptoms which are similar to alcohol misuse (Table 15). The Royal College of Physicians estimates that as many as 60% of elderly people

admitted to hospital because of confusion, repeated falls, recurrent chest infections and heart failure, may have unrecognised alcohol problems.<sup>46</sup>

**Table 15 Signs and symptoms of alcohol misuse in elderly people**

<ul style="list-style-type: none"> <li>▪ Anxiety</li> <li>▪ Depression</li> <li>▪ Blackouts</li> <li>▪ Disorientation</li> <li>▪ Falls, bruises</li> <li>▪ Elder abuse</li> <li>▪ Incontinence</li> <li>▪ Increased tolerance to alcohol</li> </ul>	<ul style="list-style-type: none"> <li>▪ Memory loss</li> <li>▪ New difficulties in decision-making</li> <li>▪ Poor hygiene</li> <li>▪ Poor nutrition</li> <li>▪ Idiopathic seizures</li> <li>▪ Sleep problems</li> <li>▪ Unusual response to medication</li> </ul>
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Source: Dar, K. *Alcohol use disorders in elderly people: fact or fiction? Advances in Psychiatric Treatment* 2006; 12: 173–81

For some older people, drinking habits may develop early in life. However misuse may be triggered by a life change such as loss of a partner or close friends, boredom and isolation, difficulty sleeping, desire to feel warm, pain or ill health and fear (Table 16).

**Table 16 Life changes associated with alcohol misuse in elderly people**

Emotional and social problems	Medical problems	Practical problems
<ul style="list-style-type: none"> <li>▪ Bereavement</li> <li>▪ Loss of friends and social status</li> <li>▪ Loss of occupation</li> <li>▪ Impaired ability to function</li> <li>▪ Family conflict</li> <li>▪ Reduced self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physical disabilities</li> <li>▪ Chronic pain</li> <li>▪ Insomnia</li> <li>▪ Sensory deficits</li> <li>▪ Reduced mobility</li> <li>▪ Cognitive impairment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Impaired self-care</li> <li>▪ Reduced coping skills</li> <li>▪ Altered financial circumstances</li> <li>▪ Dislocation from previous accommodation</li> </ul>

Source: Dar, K. *Alcohol use disorders in elderly people: fact or fiction? Advances in Psychiatric Treatment* 2006; 12: 173–81

Three types of elderly drinkers have been identified:<sup>46</sup>

- Early onset drinkers or survivors – continuing problems with alcohol which developed in earlier life
- Late onset drinkers – drinking starts in relation to a traumatic life event
- Binge drinking – occasional use of alcohol.

The latter two are considered manageable if appropriate treatment and support is identified.

Currently there is no clear guidance about safe levels of alcohol use among older people. One study suggests that current levels should be halved. In the USA, the National Institute on Alcohol Abuse and Alcoholism recommends that people over 65 years should consume no more than one standard drink per day, seven standard drinks per week and no more than two drinks at any one time.<sup>49</sup>

*“Mum drinks a lot. I think it’s abuse. It’s interesting when I tell people as they say things like, ‘If that helps her then let her’. I wonder if it would be the same reaction to someone younger?”*

*Source: Lee, M. Improving services and support for older people with mental health problems - The second report from the UK Inquiry into Mental Health and Well-Being in Later Life. Age Concern London: 2007*

## **7.2 Why focus on older people?**

There is less known about the consumption of alcohol for older populations although there is some evidence that the elderly population today are drinking more heavily than previous generations. This may be due to greater social acceptability, availability and disposable income. Since 1984, national surveys have identified steadily rising numbers of older people exceeding sensible limits for both men and women aged 45-65.

Findings from the 2005 General Household Survey (GHS) suggest that older people drink more frequently, with 16% of people aged over 65 (22% men, 11% women) drinking daily compared with only 3% of young people aged 16-24.

Trends of frequent drinking also have an impact on the proportion of older people consuming over the weekly sensible recommended levels of 21 and 14 units respectively for men and women. The 2005 GHS found 21% of men and 10% of women aged 65 and over drank over these levels with 5% of men drinking over 50 units per week and 2% of women drinking over 35 units of alcohol per week.

A 2000 survey on drinking behaviour and knowledge in the UK highlighted that older people were one of the least well-informed groups when asked about alcohol units.<sup>50</sup>

## **7.3 The local picture for South Staffordshire PCT**

*“Older women – these are serious drinkers who are hidden”*

*Jo Marsh, Substance Misuse Service Manager, Staffordshire County Council*

- Little information is known on the prevalence of alcohol consumption locally. Using national data, it is estimated that 14,700 residents of South Staffordshire PCT aged 65 and over drinking over 21/14 units and 3,300 older people drinking over 50/35 units.

*The average age of our client group is between 26-60 years, consisting of men (60%) and women (40%). The over 60s are more problematic due to medication. This is a hidden population, and we need more work with other health professions on brief intervention training.”*

*Cathy Jones, Chief Executive Officer, ADSIS*

*“I have been in a fall and on five occasions I have knocked myself out doing it. I have been admitted to the Queens Hospital..... On the final occasion where I found myself, I had had a fall and I was totally paralysed at home. I couldn't move out of my chair and I called the ambulance, went in, the Queens again detoxed me.”*

*Source: Focus group participant at Burton Addiction Centre, taken from Baxter, A, Sembhi, S, Wallace, LM. Alcohol Consultancy for South Staffordshire PCT: Final Report. Applied Research Centre Health & Lifestyles Interventions, Coventry University: February 2008*

#### **7.4 What works? The evidence base for prevention and treatment**

There is a gap in the evidence base as to the prevalence of alcohol consumption for older people and what works in terms of effective prevention and treatment. Anecdotal evidence from Ayrshire and Arran make a number of suggestions around identification, education and health care and addiction services.<sup>49</sup>

Two studies suggest that brief intervention is useful and effective with older people. They demonstrate older adults can be engaged in brief intervention, that they find the technique acceptable and that it can substantially reduce drinking among at-risk drinkers.<sup>49</sup>

#### **7.5 Examples of good practice in South Staffordshire PCT**

##### **7.5.1 Health NET, Cannock Chase Practice Based Commissioning (PBC) Consortium**

Project workers at Health NET work with families and individuals to identify problems that negatively affect their health around financial, employment and relationship problems and family issues. The project identifies local services to support them. In the last year of the 328 people registered with Health NET, 20 were referred onto drug and alcohol services. Many others are connected to alcohol-related harm.

#### **7.6 Summary and recommendations**

A large proportion of older people do not drink at levels associated with a 'drink problem' but as their tolerance levels decrease even modest use of alcohol in old age can have a significant impact on health and wellbeing. This is a largely hidden and unacknowledged problem and if ignored will be detrimental to the increasingly ageing population of South Staffordshire PCT. The impact will be felt amongst families caring for elderly relatives, across health and social services, and the private and voluntary sectors working with older people.

With the projected increase in the proportion and numbers of older people in the population, the absolute number of older people with alcohol use disorders will also increase. Concerted efforts need to be made across organisations to identify this undetected problem and to provide information and support.

#### **Recommendations relating to older people**

- Provide information to clients about the interactions of medication with alcohol through community pharmacists
- To ensure alcohol awareness is part of the falls prevention programme
- Training in brief interventions and basic effects of alcohol should be provided for all frontline staff working with older people

## 8 Alcohol and prisoners



Source: HM Prison Service, [www.hmprisonsservice.gov.uk](http://www.hmprisonsservice.gov.uk) and Office for National Statistics (ONS), Super Output Area Boundaries. Crown copyright 2004. Crown copyright material is reproduced with the permission of the Controller of HMSO

### 8.1 The impact of alcohol on prisoners

Alcohol misuse is a major contributor to crime, disorder, violent and anti-social behaviour. Estimates suggest that alcohol-related crime costs up to £7.3 billion annually. Whilst alcohol is not necessarily a direct cause of all crimes, it plays a significant contributory factor.

Prisoners identified as having drinking problems are also likely to experience a whole range of other problems, such as mental illness, drug use and homelessness.

The Cabinet Office Strategy Unit's review of alcohol in the community identified a number of problems with treatment, for example, there was no system for coherent and consistent commissioning of services, no clear and comprehensive standards for or pathways through treatment, and little available

information to alcohol users. Similarly treatment has been slow to develop in prisons and the evidence base is limited.

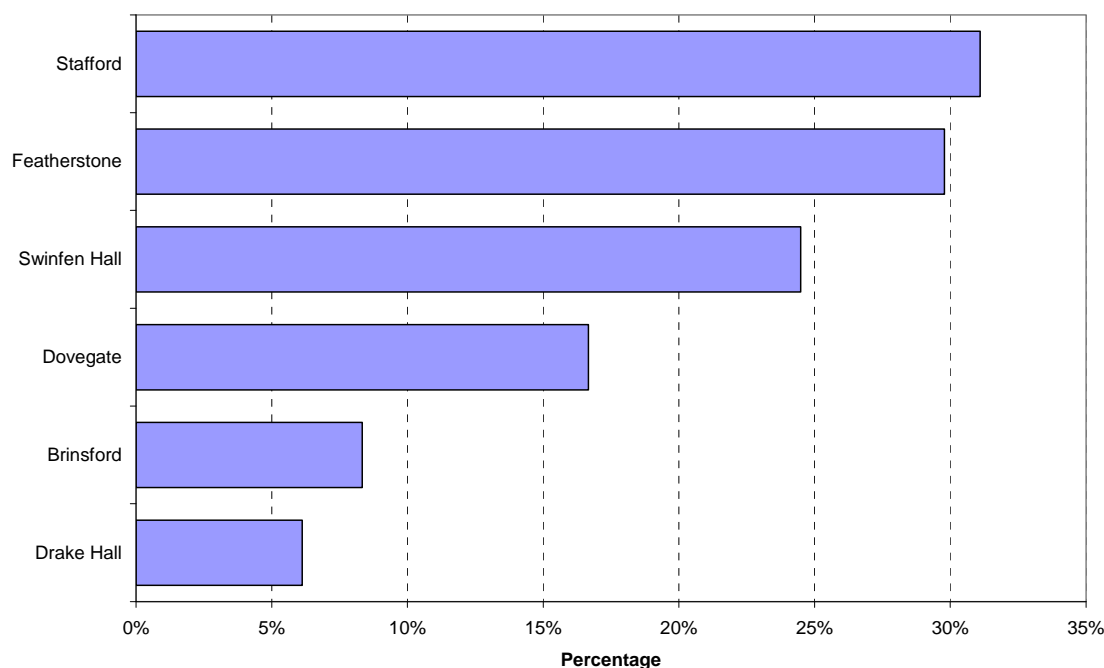
## 8.2 Why focus on prisoners?

- Alcohol is a problem for a significant number of those entering prison. Around 60% of male prisoners and over one third of female prisoners engage in hazardous drinking in the year prior to going to prison.<sup>51</sup>
- Whilst the majority of prisoners have relatively low and medium treatment needs, an estimated 4% of sentenced prisoners have significantly higher treatment needs. For remand prisoners the proportion requiring treatment is double.<sup>51</sup>
- Alcohol misuse tends to be more common in young prisoners (under 30), those with fewer educational qualifications and among white prisoners.<sup>51</sup>

## 8.3 The local picture for South Staffordshire PCT

- Locally, alcohol problems vary from prison to prison<sup>52</sup> and in the PCT's health needs assessments for the six prisons a history of alcohol abuse ranged from 6% at Drake Hall to 30% at Stafford and Featherstone (Figure 7).

**Figure 7 Prevalence of prisoners with a history of alcohol abuse, 2007**



Note: data obtained from IMR audit

Source: South Staffordshire Prison Health Partnership. Prison Health Needs Assessments. South Staffordshire PCT: June 2007

*"We need to provide regular awareness about the impact of alcohol and how to cope with relapse and release back into society, prisoners are scared of coming out of prison because of drugs and alcohol"*

*Jim McDonagh, HMP Stafford*

### **Table 17 Findings from a focus group at Stafford Prison**

**With regards to the question of what advice or comments they could give to someone else to prevent them from drinking too much they stated:**

*"It depends on what's happened when you're growing up, if you're growing up with stuff that leaves you vulnerable, situations, everybody's different. I mean we all have problems; I mean some problems are bigger than others. My problems are bigger than his, his problems are bigger than mine. You got problems"*

**When participants in the focus group held at the prison were asked the same question regarding changed views and opinions they stated:**

*"Yeah, I realise how much alcohol screwed up my life....the problem is that you forget that once you get out of prison; when you get out of gaol, you are all excited and that and all you want to do is to go out and enjoy yourself with your mates and the first thing you do is hit the pub"*

*"Some days I sit there and I think, oh I want to get a job, I want to do this, I want to do that, I don't want to drink and I don't want to take drugs and that and then the next day I think, na, I do want to have a drink, I want to go out and have a good time and that. I know where that will lead to, I will end up fighting, robberies or, just stupid things really"*

**When participants in prison were asked if they felt able to maintain an alcohol free life once leaving prison they stated:**

*"I don't know. Because it's hard out there, it's not as easy as people seem to think, they think you just get released from prison and then you go and get yourself a job and you go and do this and go and do that and then lead a crime free life, it's totally different to that. You get out there, you are living on a rough council estate where you have grown up all your life, you know certain people and you have got all them round you, like last time I got out, I tried to get a job and that, I only signed up with an agency and I have never had a job before, I have worked for two weeks before actually and I went in there and I had all these forms to fill in and I can read and write and all that, but some of the stuff I just didn't understand and I don't know why but I couldn't understand it, and then them saying no. I was only interviewed with a geezer when I was giving in the form and that and he said, what have you done in the last five years and I just didn't know what to say and that."*

*Source: Baxter, A, Sembhi, S, Wallace, LM. Alcohol Consultancy for South Staffordshire PCT: Final Report. Applied Research Centre Health & Lifestyles Interventions, Coventry University: February 2008*

**Table 18 Key findings from a focus group at Stafford Prison**

- All of the participants spoke of the lack of resources in prison to enable them to address their drinking. There was only one group session available each week which looked at the issue of alcohol and this was particularly useful
- Many participants felt that no amount of courses regarding alcohol could help them to change their drinking as once they are discharged from prison the first thing they go back to is their old lifestyle and they would forget any information learnt in prison. They felt that in order to avoid this, a proper resettlement programme was necessary where they would be discharged from prison for short periods of time to practice going back to their life without alcohol
- Some participants felt it would be useful if during the last few weeks of their sentence they were allowed to go into a rehabilitation unit to learn skills to maintain an alcohol free life once they were back in the community
- Participants felt that one of the reasons people drank when they were discharged from prison was due to the lack of support they get when they are back in the community. They spoke of poor support from their probation workers and lack of referral to agencies that could support them

Source: Baxter, A, Sembhi, S, Wallace, LM. *Alcohol Consultancy for South Staffordshire PCT: Final Report. Applied Research Centre Health & Lifestyles Interventions, Coventry University: February 2008*

#### **8.4 What works? The evidence base for prevention and treatment**

Currently there is little evidence based practice relating to work with prisoners. However the national strategy, *Addressing Alcohol Misuse - A Prison Service Alcohol Strategy for Prisoners*, outlines the following aims:

- Improving education and communication
- Improving the identification of prisoners who may have a drinking problem
- Improving both the capacity and quality of alcohol treatment interventions available to prisoners
- Spreading good practice thus ensuring greater consistency across the prison estate
- Reducing the supply and use of alcohol by prisoners, both into and within establishments

In addition, the National Probation Service's strategy, *Working with Alcohol Misusing Offenders – a strategy for delivery*, to reduce re-offending and alcohol-related harm and protect the public, proposes a similar set of objectives.

#### **8.5 Examples of good practice in South Staffordshire PCT**

Alcohol is a hidden issue within the prison setting. It is tackled under the umbrella of drug and substance misuse. Alcohol detoxification is not available in prisons because the prisoner will already be 'dry' of alcohol use. However, there have been instances where alcoholic prisoners who have not consumed

alcohol for a period of years have started misusing alcohol once released from prison.

Alcohol services within the prisons are varied, although all prisoners are provided with information at 'induction' and throughout their prison stay. Regular courses are provided on alcohol misuse/harm reduction.

All prisons within South Staffordshire PCT have a health promotion strategy and operational working group which includes coverage of alcohol under the drug and substance misuse outcome. Health promotion is performance monitored by the PCT.

### **8.6 Summary and recommendations**

In South Staffordshire PCT alcohol misuse is an issue due to the strong evidence between alcohol, crime and re-offending. There are six prisons with a high percentage of prisoners with a history of alcohol abuse.

Needs assessments previously carried out across prisons in South Staffordshire PCT highlight the need for dedicated substance misuse services. Overall there is a lack of systematic and comprehensive provision available to identify, assess and treat substance misuse (including alcohol). Failure to do anything about the impact of alcohol in this population may result in re-offending on release. Treatment and support within the prison service during confinement could have a positive health impact in the short and long term and result in social and economic benefits for services and communities in the longer term.

#### **Recommendations relating to prisoners**

- Develop the identification, assessment, training for staff in brief interventions, information, and delivery of evidence based practice for alcohol-related issues within prisons
- Provide additional support for alcohol-related problems in prisons through the existing substance misuse programme
- Through the prison health partnership identify appropriate support mechanisms for prisoners with an alcohol problem on their release

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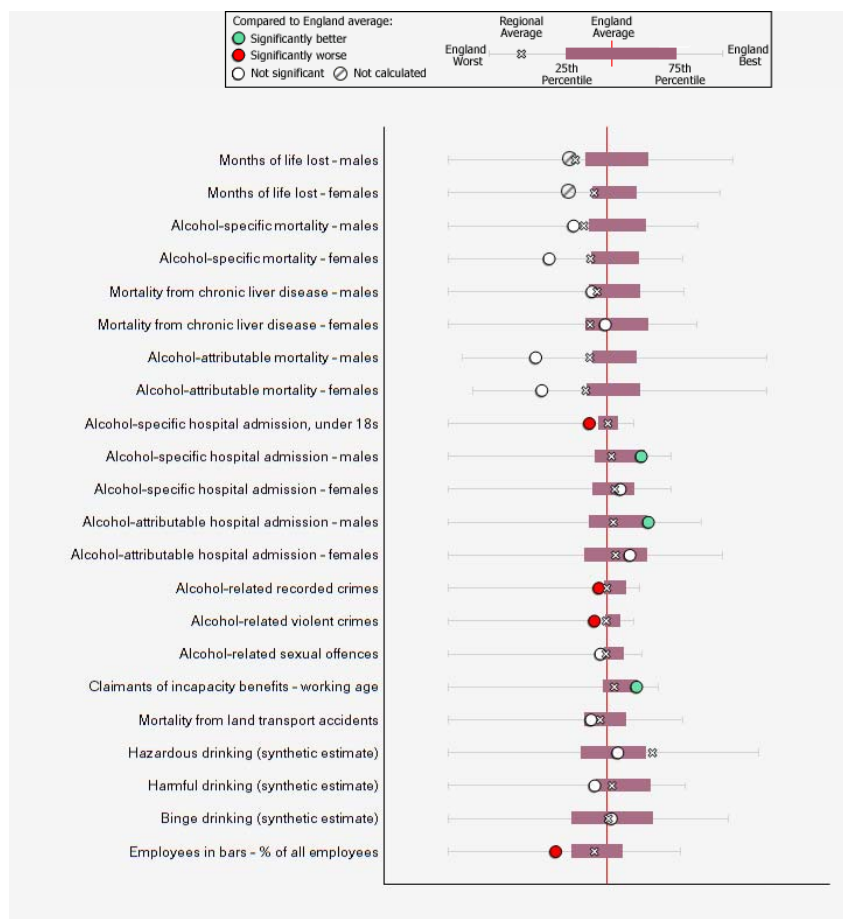
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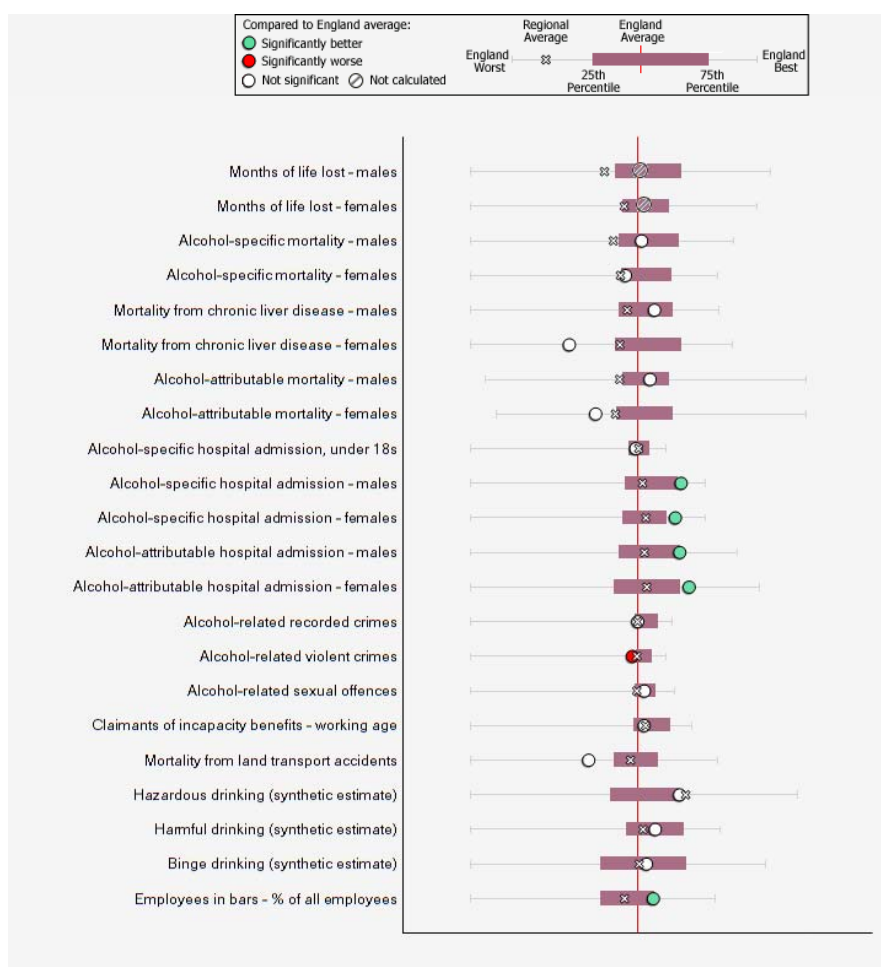
## Appendix 1: Local authority profiles of alcohol-related harm (produced by North West Public Health Observatory)

### Cannock Chase profile of alcohol-related harm



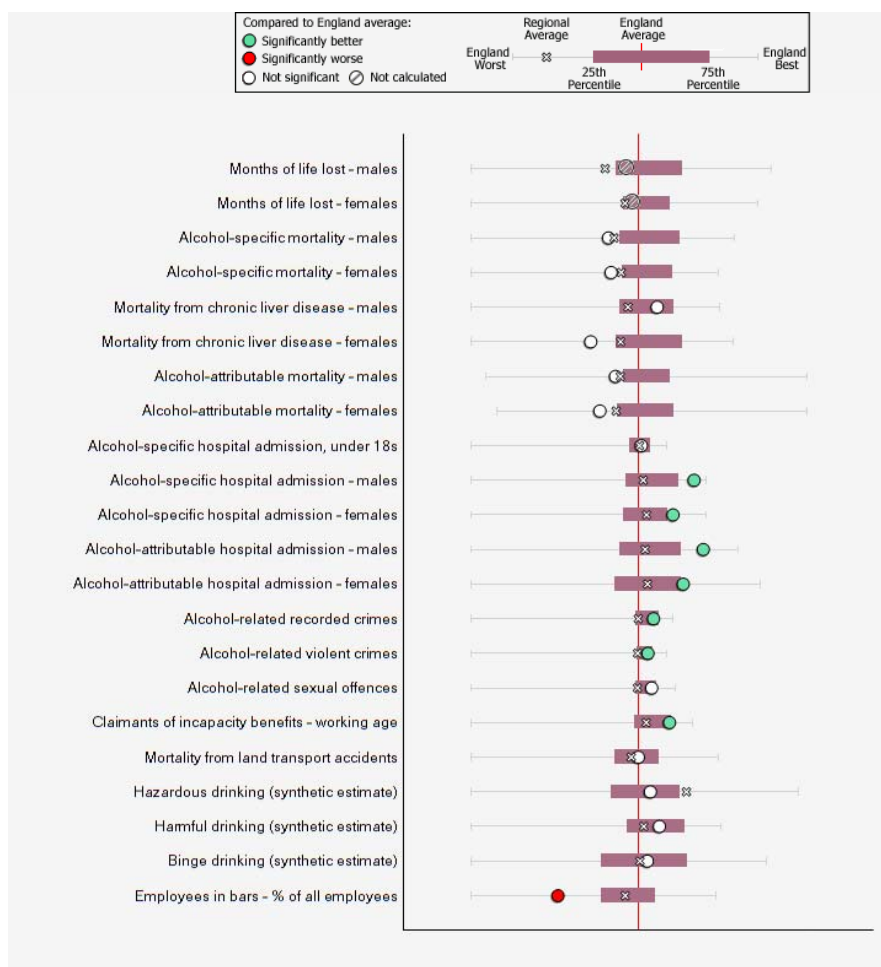
Number	Indicator	Measure	National rank of 354	Regional average
1	Months of life lost - males	11.55	303	11.15
2	Months of life lost - females	5.79	312	4.82
3	Alcohol-specific mortality - males	16.43	294	15.08
4	Alcohol-specific mortality - females	9.60	335	6.62
5	Mortality from chronic liver disease - males	15.95	254	15.07
6	Mortality from chronic liver disease - females	6.90	211	8.06
7	Alcohol-attributable mortality - males	67.04	345	51.97
8	Alcohol-attributable mortality - females	31.87	331	26.42
9	Alcohol-specific hospital admission, under 18s	113.11	320	65.09
10	Alcohol-specific hospital admission - males	215.32	111	323.30
11	Alcohol-specific hospital admission - females	135.83	161	147.84
12	Alcohol-attributable hospital admission - males	700.69	84	876.71
13	Alcohol-attributable hospital admission - females	457.90	152	490.53
14	Alcohol-related recorded crimes	11.92	284	10.19
15	Alcohol-related violent crimes	9.72	307	7.30
16	Alcohol-related sexual offences	0.16	275	0.14
17	Claimants of incapacity benefits - working age	51.47	90	104.92
18	Mortality from land transport accidents	2.41	233	2.17
19	Hazardous drinking (synthetic estimate)	19.67	183	18.29
20	Harmful drinking (synthetic estimate)	5.32	268	4.92
21	Binge drinking (synthetic estimate)	17.05	223	15.85
22	Employees in bars - % of all employees	3.22	295	2.39

## East Staffordshire profile of alcohol-related harm



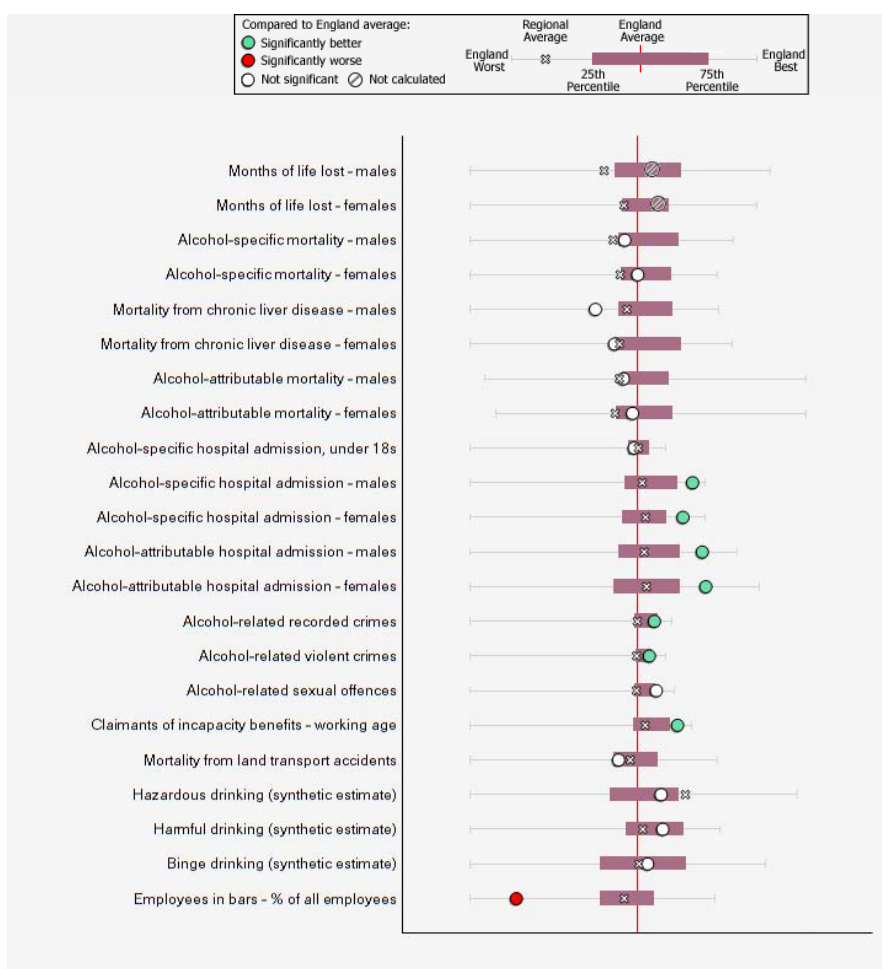
Number	Indicator	Measure	National rank of 354	Regional average
1	Months of life lost - males	9.33	216	11.15
2	Months of life lost - females	4.19	191	4.82
3	Alcohol-specific mortality - males	11.54	219	15.08
4	Alcohol-specific mortality - females	6.29	249	6.62
5	Mortality from chronic liver disease - males	10.58	161	15.07
6	Mortality from chronic liver disease - females	11.69	323	8.06
7	Alcohol-attributable mortality - males	43.91	166	51.97
8	Alcohol-attributable mortality - females	28.75	303	26.42
9	Alcohol-specific hospital admission, under 18s	64.55	215	58.25
10	Alcohol-specific hospital admission - males	190.44	70	323.30
11	Alcohol-specific hospital admission - females	88.77	42	147.84
12	Alcohol-attributable hospital admission - males	708.07	89	876.71
13	Alcohol-attributable hospital admission - females	398.82	64	490.53
14	Alcohol-related recorded crimes	10.15	245	10.19
15	Alcohol-related violent crimes	8.18	277	7.30
16	Alcohol-related sexual offences	0.12	187	0.14
17	Claimants of incapacity benefits - working age	107.87	220	104.92
18	Mortality from land transport accidents	3.21	315	2.17
19	Hazardous drinking (synthetic estimate)	18.52	83	18.29
20	Harmful drinking (synthetic estimate)	4.64	203	4.92
21	Binge drinking (synthetic estimate)	17.43	216	17.90
22	Employees in bars - % of all employees	1.79	89	2.39

## Lichfield profile of alcohol-related harm



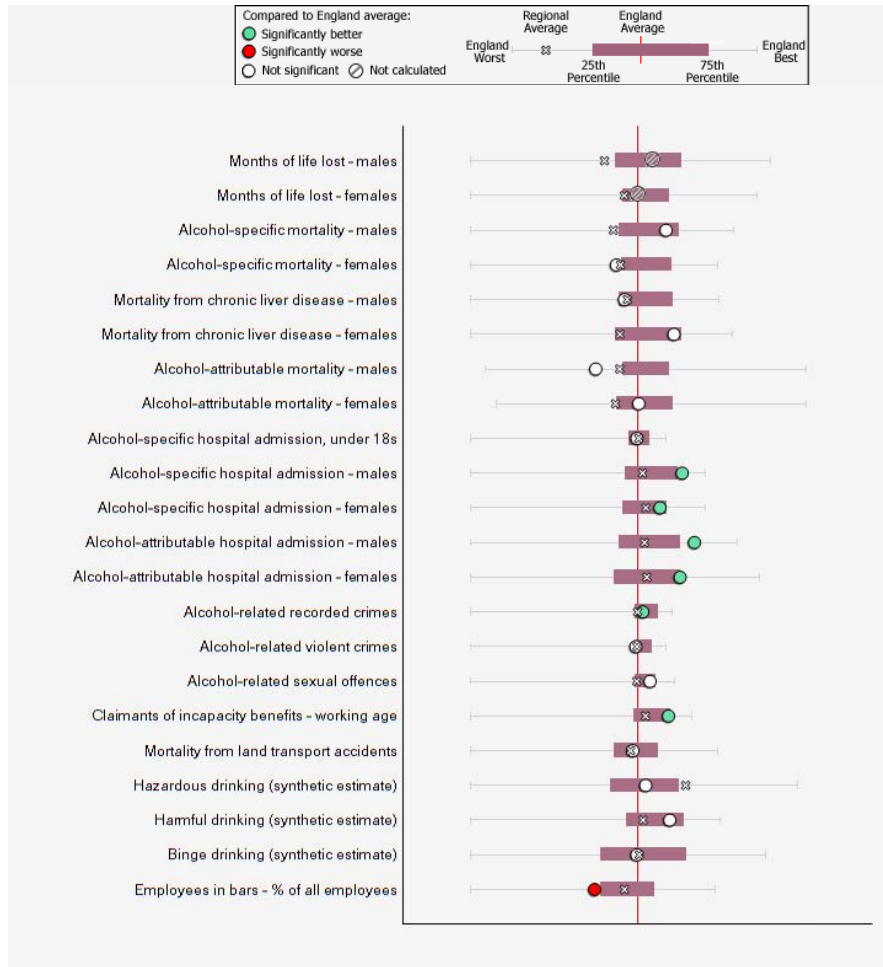
Number	Indicator	Measure	National rank of 354	Regional average
1	Months of life lost - males	10.12	250	11.15
2	Months of life lost - females	4.64	242	4.82
3	Alcohol-specific mortality - males	15.77	283	15.08
4	Alcohol-specific mortality - females	7.31	288	6.62
5	Mortality from chronic liver disease - males	10.26	149	15.07
6	Mortality from chronic liver disease - females	10.20	296	8.06
7	Alcohol-attributable mortality - males	53.22	278	51.97
8	Alcohol-attributable mortality - females	28.33	297	26.42
9	Alcohol-specific hospital admission, under 18s	54.21	176	58.25
10	Alcohol-specific hospital admission - males	148.75	20	323.30
11	Alcohol-specific hospital admission - females	94.93	54	147.84
12	Alcohol-attributable hospital admission - males	599.90	17	876.71
13	Alcohol-attributable hospital admission - females	413.39	76	490.53
14	Alcohol-related recorded crimes	7.02	128	10.19
15	Alcohol-related violent crimes	5.30	136	7.30
16	Alcohol-related sexual offences	0.10	115	0.14
17	Claimants of incapacity benefits - working age	51.77	92	104.92
18	Mortality from land transport accidents	1.99	171	2.17
19	Hazardous drinking (synthetic estimate)	19.65	181	18.29
20	Harmful drinking (synthetic estimate)	4.57	190	4.92
21	Binge drinking (synthetic estimate)	17.42	214	17.90
22	Employees in bars - % of all employees	3.77	323	2.39

## South Staffordshire PCT profile of alcohol-related harm



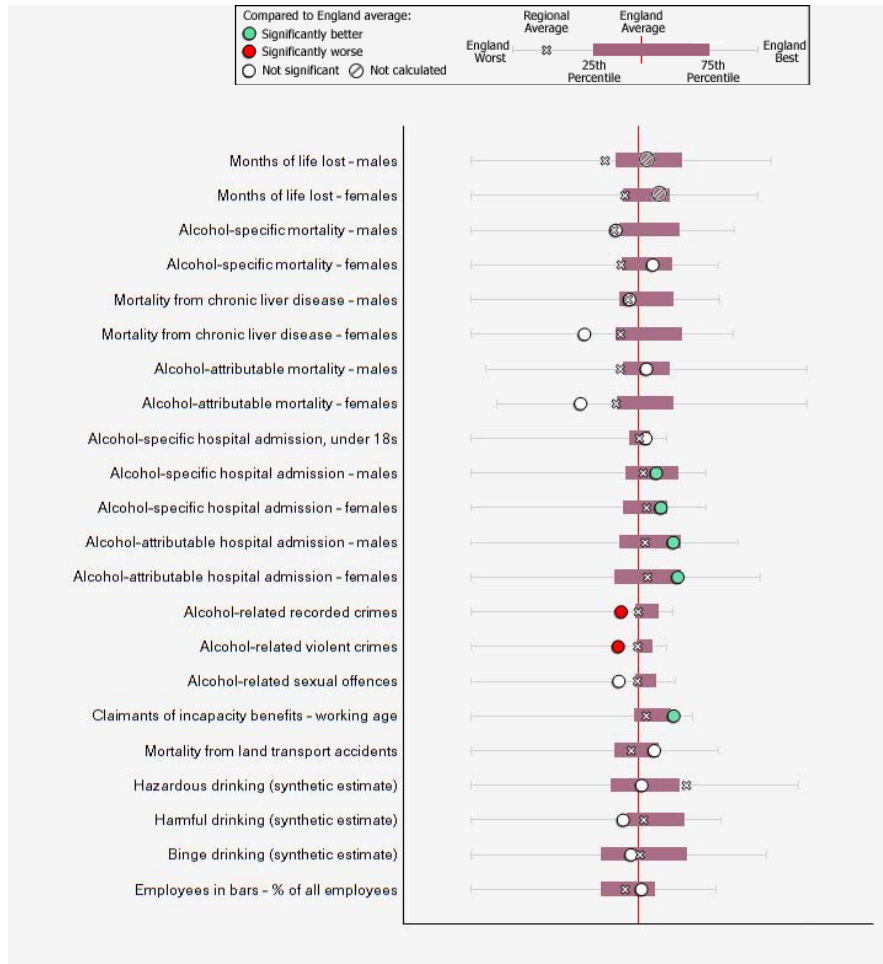
Number	Indicator	Measure	National rank of 354	Regional average
1	Months of life lost - males	8.66	167	11.15
2	Months of life lost - females	3.72	140	4.82
3	Alcohol-specific mortality - males	13.62	253	15.08
4	Alcohol-specific mortality - females	5.42	213	6.62
5	Mortality from chronic liver disease - males	20.29	311	15.07
6	Mortality from chronic liver disease - females	8.41	261	8.06
7	Alcohol-attributable mortality - males	50.93	262	51.97
8	Alcohol-attributable mortality - females	24.38	218	26.42
9	Alcohol-specific hospital admission, under 18s	67.58	224	58.25
10	Alcohol-specific hospital admission - males	150.29	22	323.30
11	Alcohol-specific hospital admission - females	73.13	22	147.84
12	Alcohol-attributable hospital admission - males	599.69	16	876.71
13	Alcohol-attributable hospital admission - females	362.20	25	490.53
14	Alcohol-related recorded crimes	6.64	108	10.19
15	Alcohol-related violent crimes	4.82	99	7.30
16	Alcohol-related sexual offences	0.08	65	0.14
17	Claimants of incapacity benefits - working age	31.40	34	104.92
18	Mortality from land transport accidents	2.46	239	2.17
19	Hazardous drinking (synthetic estimate)	19.21	142	18.29
20	Harmful drinking (synthetic estimate)	4.47	173	4.92
21	Binge drinking (synthetic estimate)	17.33	209	17.90
22	Employees in bars - % of all employees	4.60	343	2.39

## Stafford profile of alcohol-related harm



Number	Indicator	Measure	National rank of 354	Regional average
1	Months of life lost - males	8.67	168	11.15
2	Months of life lost - females	4.41	217	4.82
3	Alcohol-specific mortality - males	8.48	128	15.08
4	Alcohol-specific mortality - females	6.90	275	6.62
5	Mortality from chronic liver disease - males	15.54	245	15.07
6	Mortality from chronic liver disease - females	4.17	108	8.06
7	Alcohol-attributable mortality - males	58.30	310	51.97
8	Alcohol-attributable mortality - females	23.68	194	26.42
9	Alcohol-specific hospital admission, under 18s	62.18	207	58.25
10	Alcohol-specific hospital admission - males	187.09	66	323.30
11	Alcohol-specific hospital admission - females	119.55	120	147.84
12	Alcohol-attributable hospital admission - males	638.09	35	876.71
13	Alcohol-attributable hospital admission - females	418.43	84	490.53
14	Alcohol-related recorded crimes	9.11	214	10.19
15	Alcohol-related violent crimes	7.51	260	7.30
16	Alcohol-related sexual offences	0.10	123	0.14
17	Claimants of incapacity benefits - working age	52.56	94	104.92
18	Mortality from land transport accidents	2.11	189	2.17
19	Hazardous drinking (synthetic estimate)	19.80	196	18.29
20	Harmful drinking (synthetic estimate)	4.32	141	4.92
21	Binge drinking (synthetic estimate)	18.06	240	17.90
22	Employees in bars - % of all employees	3.00	274	2.39

## Tamworth profile of alcohol-related harm



Number	Indicator	Measure	National rank of 354	Regional average
1	Months of life lost - males	9.02	193	11.15
2	Months of life lost - females	3.69	137	4.82
3	Alcohol-specific mortality - males	14.85	269	15.08
4	Alcohol-specific mortality - females	4.46	159	6.62
5	Mortality from chronic liver disease - males	14.81	238	15.07
6	Mortality from chronic liver disease - females	10.65	302	8.06
7	Alcohol-attributable mortality - males	45.07	182	51.97
8	Alcohol-attributable mortality - females	30.60	324	26.42
9	Alcohol-specific hospital admission, under 18s	44.41	130	58.25
10	Alcohol-specific hospital admission - males	278.23	174	323.30
11	Alcohol-specific hospital admission - females	118.99	116	147.84
12	Alcohol-attributable hospital admission - males	742.62	122	876.71
13	Alcohol-attributable hospital admission - females	424.99	99	490.53
14	Alcohol-related recorded crimes	13.74	312	10.19
15	Alcohol-related violent crimes	11.07	327	7.30
16	Alcohol-related sexual offences	0.20	315	0.14
17	Claimants of incapacity benefits - working age	42.15	71	104.92
18	Mortality from land transport accidents	1.59	108	2.17
19	Hazardous drinking (synthetic estimate)	19.97	207	18.29
20	Harmful drinking (synthetic estimate)	5.37	278	4.92
21	Binge drinking (synthetic estimate)	18.48	251	17.90
22	Employees in bars - % of all employees	2.05	139	2.39

## Notes to profile indicators

**Alcohol-specific** - conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose).

**Alcohol-attributable** - alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). For these latter conditions, different attributable fractions are used to determine the proportion related to alcohol for males and females.

a) The actual indicator value for the local authority as calculated in the definitions below.

b) The rank of the local indicator value among all 354 local authorities in England. A rank of one is the best local authority in England and a rank of 354 is the worst. Two local authorities (City of London and Isles of Scilly) have been omitted from indicators 19, 20 and 21 so in these cases the worst local authority has a rank of 352. For indicator 22, a rank of one is the highest and a rank of 354 is the lowest value, as the desirability of the value (what is better or worse) has not been determined.

Indicator number	Definition
1,2	An estimate of the increase in life expectancy at birth that would be expected if all alcohol-attributable deaths among persons aged under 75 years were prevented, 2003-05. (NWPHO from life tables for England [Government Actuary's Department], alcohol-attributable deaths in persons aged under 75 and Office for National Statistics mid-year population estimates).
3,4	Deaths from alcohol-specific conditions (all ages), directly standardised rate per 100,000 population, 2003/05. (NWPHO from Office for National Statistics mortality data and mid-year population estimates).
5,6	Deaths from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74) (all ages), directly standardised rate per 100,000 population, 2005. (Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development).
7,8	Deaths from alcohol-attributable conditions (all ages), directly standardised rate per 100,000 population, 2005. (NWPHO from Office for National Statistics mortality data and mid-year population estimates).
9	Persons admitted to hospital due to alcohol specific conditions (under 18s), crude rate per 100,000 population, 2003/04-2005/06. In some areas the number of admissions was less than five. In these cases the rate was calculated assuming five admissions. (NWPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates). Does not include attendance at A&E.
10, 11	Persons admitted to hospital due to alcohol-specific conditions (all ages), directly standardised rate per 100,000 population, 2005/06. (NWPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates). Does not include attendance at A&E.
12, 13	Persons admitted to hospital due to alcohol-attributable conditions (all ages), directly standardised rate per 100,000 population, 2005/06. (NWPHO from Hospital Episodes Statistics and Office for National Statistics mid-year population estimates). Does not include attendance at A&E.
14, 15, 16	Alcohol-related recorded crimes, crude rate per 1,000 population, 2006/07. (NWPHO from Home Office recorded crime statistics and Office for National Statistics mid-year population estimates). Attributable fractions for alcohol for each crime category were applied, based on survey data on arrestees who tested positive for alcohol by the Strategy Unit.
17	The number of claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism per 100,000 working age population, August 2006. (NWPHO from Department for Work and Pensions data and Office for National Statistics mid-year population estimates).
18	Estimated number of deaths attributable to alcohol from land transport accidents (ICD-10: V01-V89) (all ages) per 100,000 population, 2003-05 (NWPHO from Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development and Office for National Statistics mid-year population estimates). The Strategy Unit's alcohol-attributable fraction was applied to obtain the estimates.
19	Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report engaging in hazardous drinking, defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females. (NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from 1 to 352.
20	Mid-2005 synthetic estimate of the proportion (%) of the population aged 16 years and over who report engaging in harmful drinking, defined as consumption of more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. (NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from one to 352.
21	Synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, eight or more units for men and six or more units for women). Estimates originally produced for the Department of Health (2003-2005). Two local authorities (City of London and Isles of Scilly) have been omitted so authorities have been ranked from one to 352.
22	The number of employees employed in bars (SIC2003: 5540), as a percentage of all employees, 2005 (Annual Business Inquiry, National Statistics, from NOMIS website: <a href="http://www.nomisweb.co.uk">www.nomisweb.co.uk</a> ). A rank of one is the lowest local authority value in England and a rank of 354 is the highest. The desirability of the value (what is best or worst) has not been determined.