

Tuesday 31st August 2010

EMBARGOED UNTIL: Wednesday 1st September 2010 00:01am

New Alcohol Profiles for England provide national map of alcohol-related harms

The Local Alcohol Profiles for England (LAPE 2010) are released today by the North West Public Health Observatory, based in the Centre for Public Health at Liverpool John Moores University. The profiles contain 23 alcohol-related indicators for every local authority and 24 for every primary care trust in England. This year, key indicators in healthcare, criminal justice, benefits claimants, drinking patterns and life lost due to alcohol have been used in combination to identify and map (maps attached) those areas experiencing different overall levels of alcohol-related harms.¹

Key findings from the profiles:

- Over the five years to 2008/09 there has been around a 65% increase in the number of people being admitted to hospital due to alcohol to 606,799 individuals - an increase of over 240,000 people.
- There were 945,469 admissions to hospital for alcohol-related harm in England in 2008/09. This is 825 alcohol-related admissions a day more than five years ago.
- Two thirds (65%) of all the local authorities suffering the highest levels of overall harms are in the North West and North East regions of England.¹ The ten local authority areas with the highest levels of combined alcohol-related harm² are, in descending order, Manchester, Salford, Liverpool, Rochdale, Tameside, Islington, Middlesbrough, Halton, Oldham and Blackpool.
- By comparison East of England and South East region contain two thirds (65%) of all the local authorities with the lowest overall harm¹. The ten local authorities with the lowest levels of alcohol-related harm² are, in ascending order, Broadland, East Dorset, South Northamptonshire, Babergh, Three Rivers, South Norfolk, Hart, Sevenoaks, Wokingham and North Kesteven.
- Between 2006 and 2008 there were 11,247 deaths from chronic liver disease in men. The number of male deaths from chronic liver disease continues to rise steadily and increased by 12% for the five years up to 2008.
- Across England, there were 415,059 recorded crimes attributable to alcohol in 2009/10; equivalent to 8.1 crimes per 1,000 population. The highest rates of alcohol-attributable crime occur in the London region where there were 12.2

¹Local authorities are categorised into five levels of harm using a clustering methodology that assigns LAs which have similar alcohol profiles to the same category. Months of life lost due to alcohol (males), months of life lost due to alcohol (females), NI39 (alcohol-related hospital admissions), alcohol-attributable recorded crimes, claimants of Incapacity Benefits due to alcoholism, increasing risk drinking, and higher risk drinking were used to determine clusters.

²Ranking for highest and lowest levels of alcohol-related harm use the same data as above and are ranked according to the highest combined rank across the seven harm indicators. City of London and the Isles of Scilly are excluded (figures for these areas should always be viewed with caution due to their small resident populations).

crimes per 1,000 residents, although this has decreased by 2.1% from the previous year. The lowest rate is in the North East region at 6.2 crimes per 1,000 which also showed the largest decrease (13.5%) from the previous year.

- Trends in alcohol-related harms vary between local authority areas. For instance, 64% saw an increase of over 5% in hospital admissions for alcohol-related harm in 2008/09, whilst only 7% showed a decrease of over 5%.

Professor Mark Bellis, Director of the North West Public Health Observatory commented: "The price we pay for turning a blind eye to the real extent of alcohol abuse across England is reflected in the new Local Alcohol Profiles for England and it is a price that is paid especially by the poorest communities."

"The English death toll from alcohol now exceeds fifteen and a half thousand people every year. It is time to recognise that we are not a population of responsible drinkers with just a hand full of irresponsible individuals ruining it for others. Over one in four drinkers exceed weekly limits according to national surveys and alcohol sales figures suggest the number is much higher. At weekends, by the early morning hours our city centres do not have just a few drunk individuals in – actually most people are drunk yet continue to be able to buy alcohol despite such sales being illegal."

"We need to see the real cost of alcohol reflected in the price it is sold at and the warnings about the dangers that alcohol represents not relegated to a tiny corner in alcohol adverts, but written large enough for people to recognise the seriousness of the risks."

Dr Ruth Hussey, Regional Director of Public Health for the North West added: "We are once again reminded of the terrible burden that the abuse of alcohol causes to residents of the North West through its affects of ill health and crime. The North West alone saw over 100,000 individuals admitted into hospital for alcohol related reasons in 2008/09. Parts of the North West have already pioneered new ways to educate the public about alcohol and improve access to care for those requiring support. Alcohol costs people their jobs, their health and their lives.

We will continue to work to support our colleagues in local councils as they pioneer new methods to deal with the alcohol harm in their local communities."

-Ends-

The 2010 Local Alcohol Profiles for each local authority and primary care trust in England will be available from www.nwph.net/alcohol/lape from 00:01am on the 1st September 2010.

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Tables and figures attached:

- Maps 1a and 1b** Local authorities assigned to five groupings of alcohol-related harm
Table 1 Local authority areas with the overall highest and lowest levels of alcohol-related harm across selected indicators
Table 2 Short definitions of each of the LAPE Indicators

Notes to editors

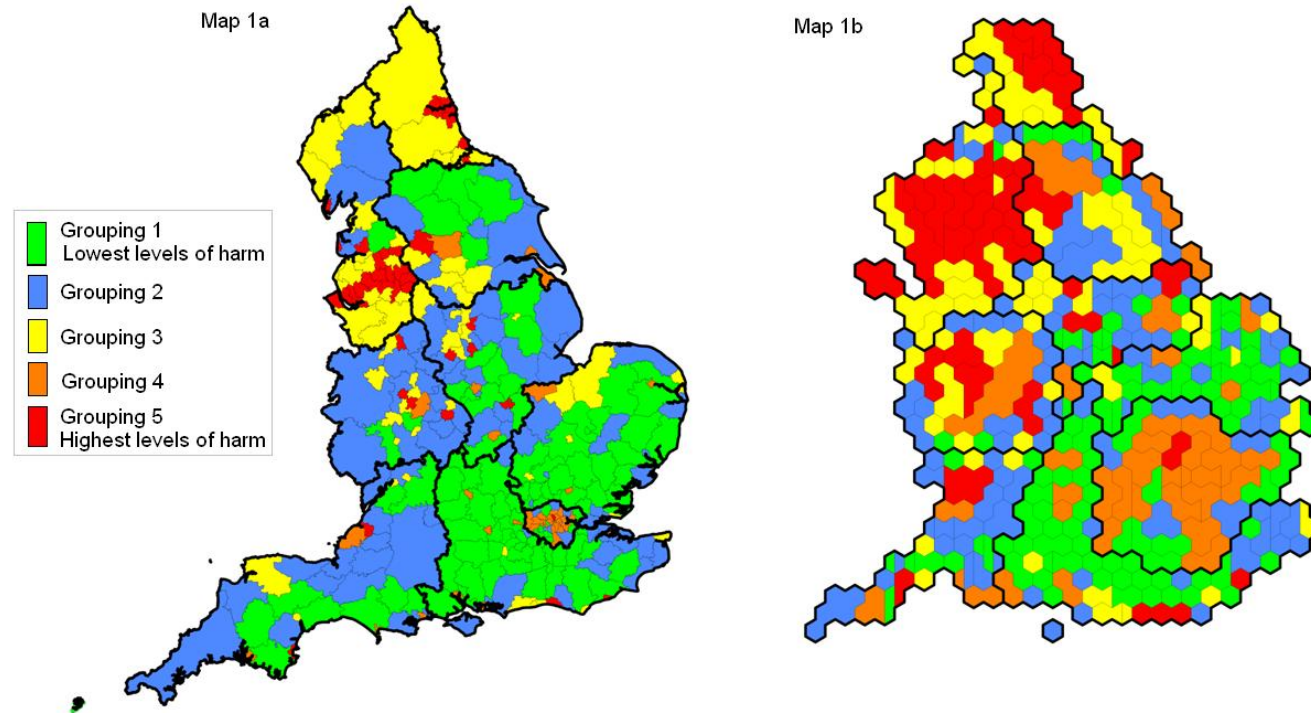
- North West Public Health Observatory leads nationally on alcohol intelligence for the Association of Public Health Observatories.
- National Alcohol Indicator (NI39) records **the number of admissions to hospital** for every 100,000 people (some individuals may be admitted more than once in any one year). The full definition of NI39, the national indicator for hospital admissions for alcohol-related harm and the latest release of the NI39 data are also available via the website. NWPHO also records the **number of individuals admitted** to hospital each year per 100,000 population.

PRESS RELEASE CONTINUES BELOW

Maps 1a and 1b: Local authorities assigned to five groupings of alcohol-related harm.

*In Grouping 5 (red) local authorities typically have high levels of harm across all indicators. In Grouping 1 they typically have low level of harm across all indicators. Maps present local authorities by actual geographical size (map 1a) and rescaled to represent their population size (map 1b). The latter method more realistically represents the numbers of people in each grouping type.

Groupings or clusters are calculated using seven selected indicators: months of life lost (males), months of life lost (females), NI39, alcohol-attributable recorded crime, claimants of Incapacity Benefits due to alcoholism, increasing risk drinking and higher risk drinking.



Bold black lines represent regional boundaries and thin lines local authorities. Population hexagons resize and represent local authorities in hexagons according to the populations that each represent.

Table 1: Local authorities with the overall five highest and five lowest levels of alcohol-related harm for selected indicators

§Months of life lost attributable to alcohol, males 2006-2008	
Blackpool (highest)	21
Corby	19
Wolverhampton	18
Manchester	17
Wirral	15
Bracknell Forest (lowest)	4
Hart	4
South Northamptonshire	5
Uttlesford	5
Three Rivers	5

§Months of life lost attributable to alcohol, females 2006-2008	
Blackpool (highest)	10
Salford	8
Liverpool	8
North Tyneside	8
Hartlepool	8
West Somerset (lowest)	1
Hart	1
Mid Devon	2
Three Rivers	2
North Hertfordshire	2

NI39: Hospital admissions for alcohol-related harm (rate per 100,000 population), 2008/09	
Liverpool (highest)	2,853
Newcastle upon Tyne	2,750
Knowsley	2,607
Manchester	2,577
Middlesbrough	2,577
Isle of Wight (lowest)	785
Chiltern	802
Ryedale	807
North Hertfordshire	843
Welwyn Hatfield	844

Alcohol-specific hospital admissions, under 18 years (rate per 100,000 population), 2006/07-2008/09	
Liverpool (highest)	169
Halton	166
Copeland	163
Wirral	158
Darlington	154
Chelmsford (lowest)	14
Rutland	14
Mid Suffolk	15
Rushcliffe	16
South Norfolk	18

*Alcohol-related recorded crimes (rate per 1,000 population), 2009/10	
Newham (highest)	17
Westminster	17
Slough	16
Islington	16
Barking and Dagenham	16
East Dorset (lowest)	2
Ribble Valley	2
North Kesteven	3
Broadland	3
South Norfolk	3

Claimants of Incapacity Benefit due to alcoholism (rate per 100,000 working age population), August 2009	
Blackpool (highest)	426
Manchester	406
Burnley	358
Salford	326
Blackburn with Darwen	317
Broadland (lowest)	14
North Kesteven	16
South Northamptonshire	18
Hart	18
Aylesbury Vale	18

These tables exclude data from City of London and Isles of Scilly (figures for these areas should be viewed with caution due to their low resident populations).

*In areas with a small resident population alcohol-attributable crime rates are particularly sensitive to the high numbers of crimes taking place in the area which may not necessarily be committed by residents, but by individuals visiting each area.

§Months of life lost can be considered as a measure of how much longer the average person would live in each area if all alcohol-related deaths were prevented.

Table 2 Short definitions of each of the LAPE indicators

	Indicator	Description
1	Months of life lost due to alcohol - males aged less than 75	Based upon expectation of life, this is a measure of the potential increase in life expectancy at birth which would be anticipated if all alcohol-attributable deaths were prevented. Based upon mortality data from 2006 to 2008.
2	Months of life lost due to alcohol - females aged less than 75	
3	Alcohol-specific mortality - males (all ages)	Directly age standardised rate, per 100,000 population of deaths from conditions solely related to alcohol. Based upon mortality data from 2006 to 2008.
4	Alcohol-specific mortality - females (all ages)	
5	Mortality from chronic liver disease - males (all ages)	Directly age standardised rate, per 100,000 population of deaths due to chronic liver disease, including cirrhosis. Based upon mortality data from 2006 to 2008.
6	Mortality from chronic liver disease - females (all ages)	
7	Alcohol-attributable mortality - males (all ages)	Directly age standardised rate, per 100,000 population of deaths from conditions solely or partly related to alcohol. Based upon mortality data from 2008.
8	Alcohol-attributable mortality - females (all ages)	
9	Alcohol-specific hospital admissions - persons (aged less than 18)	Crude rate, per 100,000 population of admissions to hospital for conditions solely related to alcohol. Based upon Hospital Episode Statistics (HES) data 2006/07-2008/09.*
10	Alcohol-specific hospital admissions - males (all ages)	Directly age standardised rate, per 100,000 population of persons admitted to hospital for conditions solely related to alcohol. Based upon HES data 2008/09.*
11	Alcohol-specific hospital admissions - females (all ages)	
12	Alcohol-attributable hospital admissions - males (all ages)	Directly age standardised rate, per 100,000 of persons admitted to hospital for conditions solely or partly related to alcohol. Based upon HES data 2008/09.*
13	Alcohol-attributable hospital admissions - females (all ages)	
14	NI39: Hospital admissions for alcohol-related harm (all ages)	Directly age standardised rate, per 100,000 of admissions to hospital for conditions solely or partly related to alcohol. Based upon HES data 2008/09. Produced by the Department of Health.
15	Alcohol-attributable recorded crime - persons (all ages)	Crude rate, per 1,000 population of recorded crimes known to be partly related to alcohol (alcohol-attributable). Data based on Home Office recorded crime statistics 2009/10**
16	Alcohol-attributable recorded violent crime - persons (all ages)	
17	Alcohol-attributable recorded sexual crime - persons (all ages)	
18	Claimants of Incapacity Benefit due to alcoholism - persons (working age)	Crude rate, per 100,000 working age population of Incapacity Benefit and Severe Disablement Allowance claimants whose medical reason is alcoholism. Based on Department of Work and Pensions data Aug 2009.
19	Mortality from land transport accidents - persons (all ages)	Crude rate, per 100,000 population of deaths attributable to alcohol from land transport accidents. Produced by National Centre for Health Outcomes Development 2006-2008.
20	Increased risk drinking - aged 16 and over (previously termed hazardous drinking)	Modelled estimate of the percentage of the population aged 16 and over who engage in increased risk drinking (defined as consumption of between 22 and 50 units of alcohol for men and 15 and 35 units of alcohol for women. 2005. (Previously known as hazardous drinking).
21	Higher risk drinking - aged 16 and over (previously termed harmful drinking)	Modelled estimate of the percentage of the population aged 16 and over who engage in higher risk drinking (defined as consumption of more than 50 units of alcohol for men and over 35 units of alcohol for women. 2005. (Previously known as harmful drinking).
22	Binge drinking (adults)	Modelled estimate of the percentage of adults who consume double the daily recommended maximum levels (or more) in a single drinking session (defined as 8 or more units of alcohol for men and 6 or more units for women). Originally produced for the Association of Public Health Observatories. 2007-2008.
23	Employees in bars	The number of employees employed in bars (SIC2003: 5540), as a percentage of all employees. (Annual Business Inquiry 2008, National Statistics, from Nomis website: (www.nomisweb.co.uk)).
24	Alcohol treatment	The number of adults aged 18-75 years receiving structured treatment for alcohol misuse (National Alcohol Treatment Monitoring System 2008/09), as a rate per 1,000 population.

* Data does not include attendance at A&E.

** Only includes crimes at a local authority level; crimes included are violence against the person, burglary, sexual offences, robbery, theft of and from a motor vehicle. Does not include other crime statistics: criminal damage, drug offences, fraud and forgery, theft and handling stolen goods (not related to motor vehicles) and other crimes.