

# Alcohol Joint Strategic Needs Assessment

Key message: Cheshire West and Chester population experience an unacceptable level of alcohol related harm which has a negative impact on individuals, local families and communities. Alcohol misuse in Cheshire West and Chester is estimated to cost more than £129 million a year.

Alcohol plays a role in British culture; it is often part of our social and family life. However, alcohol misuse in Cheshire West and Chester is estimated to cost more than £129 million a year, equivalent to £393 for every man, women and child living in Cheshire West and Chester. At a time when the public sector is being squeezed, that is a big bill we simply cannot afford to keep paying.

More needs to be done to promote safe drinking, as large sections of the Cheshire West and Chester population experience an unacceptable level of alcohol related harm which has a negative impact on individuals, local families and communities.

For local **people**, regular drinking risks a future burdened by illnesses, such as, cancer, liver disease, hypertension, heart disease, fractures, falls, and impacts negatively on people's mental health and wellbeing etc. Regular drinking can turn all too easily into dependence.

For local **families**, excess alcohol consumption can lead to relationship breakdown, domestic abuse, safeguarding issues, worklessness, impoverishment etc.

For our local **communities**, alcohol can fuel crime and disorder, which can transform our towns and city centre into no-go areas. It increases the level of assaults and antisocial behaviour, increasing demand on Blue Light Services, it damages the reputation of communities and the area as a whole, and, has a negative impact on businesses and the local economy.

This can be seen clearly in the headline statistics for the local area, for example,

- In Cheshire West and Chester, 29% of residents drink at levels which could harm their health.
- Around 1 in every 20 people attending the Accident and Emergency Department at the Countess of Chester Hospital were due to alcohol (based on historic data).
- Across Cheshire West and Chester there were 2,038 alcohol related admissions to hospital in 2015/16.
- In 2015 there were 173 deaths related to alcohol in Cheshire West and Chester.
- In 2015/16 there were 523 reported domestic abuse cases linked to alcohol.
- Over two thirds, (68%), of respondents in a local survey, agreed that drinking behaviour of others deters them from going out in the evening.

It is clear that the impact of drinking alcohol on health and community safety in Chester West and Chester is so great that radical steps are needed to change our relationship with alcohol.

## 2. Current context

**Key message:** Based on the key national strategies, organisations/agencies need to work across organisational boundaries and in effective partnerships, in order to reduce alcohol related harm, and, recognise the role of local communities and the industry in tackling alcohol-related issues in their area. All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients. All people who need support for alcohol problems should be routinely referred to specialist alcohol services. Specialist alcohol services should be aligned to other lifestyle services e.g. Sexual Health. There is a need to improve local intelligence so that decisions taken about the sale of alcohol and the management of the evening and night-time economy are based on reliable data. Local partners should support the introduction of a minimum price of at least 50p per unit for all alcohol sales.

Reducing the harm caused by alcohol is both a national and local priority; there are a number of key strategic documents that need to be taken into account in order to shape our local response to Alcohol Related Harm and improve outcomes for our local population. A summary of the relevant documents are captured below:

***The Government's Alcohol Strategy (2012)***<sup>1</sup>. The National Alcohol Strategy set out proposals to crackdown on the 'binge drinking' culture, curb alcohol fuelled violence and disorder that blights too many of our communities and reduce the number of people drinking to damaging levels. The key areas within the strategy which require consideration include:

- The need to work across organisational boundaries and in effective partnerships in order to reduce alcohol related harm;
- Recognition of the role of local communities in tackling alcohol-related issues in their area;
- Reducing the availability of cheap alcohol and reduce alcohol advertising;
- The role of Police and Crime Commissioners (PCCs) in ensuring the public's priorities are central to local service delivery;
- The need for the industry to be actively involved in Alcohol Harm Reduction through schemes, such as, Best Bar but None, Purple Flag, Community Alcohol Partnerships, PubWatch etc.;
- Licensing authorities and local health bodies will formally become 'responsible authorities' under the Licensing Act 2003;
- Launch of Early Morning Restriction Orders and Cumulative Impact Policies;
- Requirement for hospitals to share non-confidential information (Cardiff Model);
- The role of the Joint Strategic Needs Assessment in strengthening partnership working;
- Alcohol misuse services should be aligned with other lifestyle services, such as, Sexual Health;
- Recognition that schools play a vital role as promoters of health and wellbeing in the local community as they understand the connections between pupils' physical and mental health, their safety and their educational achievement;
- Universities are expected to play a key role in helping students to understand and act on the risks of excessive alcohol consumption and ensure that an environment of subsidised bars does not unduly promote drinking; and
- The alcohol strategy, built upon the Government's Drug Strategy 2010<sup>2</sup>, which set out the ambition to increase effective treatment and support full recovery for those suffering from addictions, including alcohol.

## 2. Current context (Continued)

**Health First:** An evidence based alcohol strategy for the UK<sup>3</sup> was written by an independent group of experts and calls upon the UK Government to go further in order to reduce alcohol harm. Health First sets out evidence based actions with the aim of changing society's relationship with alcohol for the better. The key recommendations included in the Health First strategy are:

- All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients;
- People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment;
- A minimum price of at least 50p per unit of alcohol should be introduced for all alcohol sales, together with a mechanism to regularly review and revise this price;
- The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml;
- Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction;
- The tax on every alcohol product should be proportionate to the volume of alcohol it contains; and
- All alcohol advertising and sponsorship should be prohibited. In the short term, alcohol advertising should only be permitted in newspapers and other adult press. Its content should be limited to factual information about brand, provenance and product strength.

**The Licensing Act 2003**<sup>4</sup> and regulations set out the law on alcohol licensing. It provides a framework within which, licensing authorities process and determine applications and exercise other licensing functions. Under the Licensing Act 2003<sup>4</sup>, local licensable authorities regulate 'licensable activities'. These are the:

- Sale of alcohol;
- Supply of alcohol (for example, in a members' club);
- Provision of regulated entertainment; and
- Provision of late-night refreshment (after 11pm).

Licensing authorities must promote the statutory licensing objectives of preventing crime and disorder; preventing public nuisance, public safety and protecting children from harm. In 2010, the Government set out an aim to overhaul alcohol licensing to address re-balancing the Licensing Act 2003 in favour of local communities, in order to reduce crime and disorder and the health and social harms caused by alcohol.

**Police Reform and Social Responsibility Act 2011**<sup>5</sup> provided new powers to reduce alcohol related crime and disorder and reduce underage sales. The act includes:

- Doubling the fine for persistent underage sales to £20,000;
- Introducing a late-night levy to help cover the cost of policing the late night economy;
- Increasing the flexibility of early morning alcohol restriction orders;
- Reducing the evidential requirement placed upon licensing authorities when making their decisions;
- Removing the vicinity test for licensing representations to allow more people to comment on alcohol licences;
- Reforming the system of temporary event notices; and
- Suspension of premises licenses' if annual fees are not paid.

## 2. Current context (Continued)

**Modern Crime Prevention Strategy 2016<sup>6</sup>** The strategy focuses on making the night-time economy safe, so that people can consume alcohol safely without fear of becoming a victim of alcohol-related crime or disorder and enabling local economies to grow. Preventing alcohol-related crime and disorder requires a three-pronged approach:

- Improving local intelligence, so that decisions taken about the sale of alcohol and the management of the evening and night time economy, are based on reliable data and the latest evidence;
- Establishing effective local partnerships, where all those involved in the operation and management of the evening and night-time economy work together, so that people can enjoy a safe night out without fear of becoming a victim of alcohol-related crime or disorder, whilst also enabling local economies to grow;
- Equipping the Police and local authorities with the right powers so they can prevent problems and take swift and decisive action after they have occurred;
- The strategy highlights a number of key areas that need consideration;
- NHS trusts to share information about alcohol-related violence, to support licencing decisions taken by local authorities and the Police, adopting the success of the Cardiff Model;
- Removing potential flash points from premises by designing out crime;
- The need to support local authorities to diversify the night-time economy where the consumption of alcohol is secondary to other activities in the evening and night-time economy, such as, entertainment and food;
- Encouraging responsible alcohol sales (Challenge 25, as standard);
- The need to work with the industry through partnership-based initiatives, such as, Pubwatch, Best Bar but None, Community Alcohol Partnerships etc.;
- Pursue a life-course approach to preventing the onset of alcohol misuse and its escalation, through supporting a universal approach combined with more targeted action for the most vulnerable;
- Placing a greater emphasis on building resilience and confidence among our young people in-line with the latest international evidence, to tackle the range of risks they face, by empowering them to make informed and positive choices for their health and wellbeing;
- Influence positive behaviour change among individual consumers, for example, through the provision of brief interventions outside a traditional healthcare setting for both offenders and victims; and
- The use of the Late Night Levy and Cumulative Impact Policies.

### 3. What are the key issues locally

Detailed in brief below are the key issues relating to Alcohol Related Harm for Cheshire West and Chester, these have been identified using analysis of local data, published research, knowledge of service provision and the local response to Alcohol Related Harm.

- Alcohol costs to Cheshire West and Chester, including to the local NHS, Police, social services and local employers, is estimated at more than £129.4 million per year, or £393 for every man woman and child living in Cheshire West and Chester. A breakdown of the annual costs due to alcohol in Cheshire West and Chester includes, NHS costs: £27.1 million, Crime costs: £32.9 million, work place costs: £61.0 million, and Social Services costs: £9.9 million.
- Around 221,645 (83%) of Cheshire West and Chester residents aged 18 and over drink alcohol. Of these, 29% drink at levels that will seriously impact on their health and wellbeing (Alcohol Consumption Survey 2015).
- An estimated 23% of adults, (60,800), in Cheshire West and Chester binge drink, this is significantly more than the national average of 17%. (Alcohol Profiles for England 2017, based on 2011-2014 data).
- Adults living in the Chester locality are more likely to drink 4 or more times per week compared to other localities, with people from Ellesmere Port least likely to drink 4 or more times per week (Alcohol consumption survey, 2015). Conversely, Ellesmere Port locality is highlighted as experiencing significantly worse levels of harm than the England average.
- Analysis of regional data shows that high risk drinkers had lower mental well-being compared to lower and increasing risk drinkers (North West Mental Wellbeing Survey 2012/13).
- The impact of alcohol on the health of both men and women appears to be reducing, with the exception of women living in our more deprived areas e.g. liver disease mortality rates for women are higher than the England average and have been increasing in our more deprived areas.
- It is estimated that 35 babies each year in Cheshire West and Chester are born with foetal alcohol spectrum disorder as a result of their mother's drinking alcohol whilst pregnant.
- In Cheshire West and Chester, 73 young people (under the age of 18 years) were admitted to hospital for alcohol specific conditions during the three year period 2013/14-2015/16. However, the admission rate of 36.8 per 100,000 is lower than England (37.4 per 100,000) and has fallen by 64% since 2006.
- Around 41% of lesbian, gay and bisexual (LGB) people drink alcohol three or more days a week compared to around 35% of the general population<sup>7</sup>. Furthermore, binge drinking is almost twice as common for LGB people.
- National trends show that alcohol is the most prevalent drug dependency amongst the homeless population, as alcohol dependency has increased and heroin dependency has declined<sup>8</sup>.
- According to the National Drug Treatment Monitoring system, there were 465 people engaged in alcohol only treatment during the financial year 2016/17 in Cheshire West and Chester. However, the number of clients in treatment has fallen in the last four years from 627 in 2013/14.

### 3. What are the key issues locally (*Continued*)

- For the financial year 2016/2017, 92% of people received treatment within three weeks of engaging with local alcohol services, compared to 98% of all people engaging with services in England.
- Due to changes in data collection and organisational restructure, analysis of A&E attendance, due to alcohol, is very limited and this needs addressing as we move forward in order to reduce alcohol related harm and focus resources.
- There were 2,038 alcohol related hospital admissions for Cheshire West and Chester residents in 2015/16 (based on the narrow definition), of these, around two thirds (62%) were male.
- Alcohol related hospital admissions in Cheshire West and Chester have risen recently since 2008/09, from 570 admissions per 100,000 population, to 606.4 admissions per 100,000 in 2015/16. In general, rates have been lower than England rates throughout this 8-year period
- In Cheshire West and Chester, the years of life lost due to alcohol related conditions in males and females are higher than the national average, although, the difference observed is not statistically significant.
- During the calendar year 2015, there were 173 alcohol related deaths in Cheshire West and Chester. Of these, around 46 deaths were specifically caused by alcohol (based on 2013-15 deaths).
- Alcohol related mortality rates are significantly higher in more deprived areas of Cheshire West and Chester compared with less deprived areas, local areas considered amongst the 20% most deprived in the country (2013-2015).
- The majority of alcohol specific deaths within Cheshire West and Chester are in people under the age of 75.
- There were 1,744 alcohol related crimes locally in 2014/15, 80% of which were violent crimes. Alcohol related crime in Cheshire West and Chester is significantly lower than the England rate. However, alcohol related crime is rising in Cheshire West and Chester.
- The recorded incidents of domestic violence has increased in Cheshire West and Chester from 1,383 in 2009/10 to 1,778 in 2015/16. Although, incidents involving alcohol has generally been reducing.
- Cheshire West and Chester does not have a local Alcohol Reduction Group despite this approach being seen as a fundamental element in reducing alcohol related harm; this needs to be addressed.
- There is a need to improve local intelligence so that decisions taken about the sale of alcohol and the management of the evening and night-time economy are based on reliable data.
- Other than a few national and regional surveys there has been no insight work undertaken in Cheshire West and Chester in the last 5 years to capture the views, hopes and aspirations of our communities in relation to reducing alcohol harm and this needs addressing moving forwards.
- Over time there is a need to change the focus from treatment, to prevention and early detection.

## 4. What commissioning priorities are recommended?

The main focus in reducing Alcohol Misuse within our community needs to be on prevention and early intervention; however, we recognise that some people will require treatment for alcohol dependency. Public Health, within Cheshire West and Chester Council, are committed to commissioning a service on an equitable basis, which is focused on recovery. The current service is an integrated Substance Misuse Service working out of a number of locations across the Cheshire West and Chester footprint. Moving forward, there is evidence that:

- Alcohol Services should provide multi-disciplinary teams within hospital settings;
- Be aligned with other lifestyle and public health services, such as, Sexual Health, Stop Smoking and Weight Management Services, where alcohol misuse is associated with risk-taking behaviour;
- Alcohol Misuse Services should work closely with NHS Mental Health Services and Primary Care, in order to provide effective recovery pathways for people with dual diagnoses;
- Specialist Services should work in close partnership with other organisations/agencies to provide an effective multi-agency response to Alcohol Related Harm;
- Alcohol Misuse Services should fully implement NICE Guidance, Quality Standards etc.; and
- Ensure effective referral pathways are in place across partner organisations/agencies and local communities.

The current service will be routinely reviewed as part of the commissioning cycle, and, where the elements above are not already included in the service specification, they should be considered for inclusion. Furthermore, consideration should be given to whether commissioning the service on a larger footprint might improve effectiveness and/or cost effectiveness, although, an additional cost-benefit analysis would need to be undertaken to aid in this decision making process.

Although specialist alcohol services are a vital part of reducing the harm caused by alcohol, they are only a small part of the multi-factorial evidence based approach needed to reduce alcohol related harm in Cheshire West and Chester, and, as such, a further set of recommendations are included below:

- Develop and maintain an Alcohol Harm Reduction Partnership in Cheshire West and Chester, working across organisational boundaries to reduce alcohol related harm;
- Alcohol Related Harm impacts on our entire population from unborn child to the older population, therefore, we need to take a life-course approach to its reduction;
- Ensure the early identification and support of people drinking above recommended guidelines;
- All staff in health, social care, Police, community safety and educational settings should be trained to routinely provide early identification and brief alcohol advice as part of a Making Every Contact Count approach; and
- Increase awareness of the harms of alcohol misuse in high risk groups of school age children (in addition to Personal Health and Social Education in School).

## 4. What commissioning priorities are recommended?

- NHS Foundation Trusts should fully implement the Preventing Illness CQUIN (Commissioning for Quality and Innovation) goals laid down by NHS England to address the risk taking behaviours of patients, such as, alcohol consumption and smoking.
- Undertake targeted work to reduce alcohol misuse/underage drinking and associated anti-social behaviour.
- Increase awareness of the alcohol related harm amongst our local communities e.g. parents, students, people of working age and the older population.
- Work with employers to ensure they have effective and supportive substance and alcohol misuse policies.
- Implement the Alcohol Concern Blue Light Project to focus on problematic drinkers who are not engaged in treatment.
- Improve local data collection and data sharing between organisations, to reduce the harm and crime caused by alcohol misuse to our local communities e.g. fully implementing the Cardiff Model to reduce assaults in our towns and city and improve the level and type of data available from A&E departments and Ambulance Services.
- Undertake insight work with local communities and service users to help shape the local approach to tackling alcohol related harm.
- Ensure the local licensing policy and enforcement activity supports the substance misuse harm reduction agenda.
- Promote a diverse night-time economy.
- Support the Purple Flag Initiative to improve people's experience of Chester City.
- Fully implement the 'Drink Less, Enjoy More' project aimed at reducing the number of intoxicated people being served in licenced premises.
- Maximise the use of legislation to improve safety in our night-time economy and local communities. This could include the use of Public Space Protection Orders to prohibit unwanted/threatening behaviours, Cumulative Impact Policies to tackle the density of outlets supplying alcohol and the late night levy, whereby licenced premises that open into the early hours make a contribution towards policing the night-time economy.
- Work to influence government policy relating to substance misuse e.g.,
  - 50p minimum unit price for alcohol.
  - Restrictions of alcohol marketing.
  - The inclusion of public health as a fifth licensing objective.
  - Reduce the alcohol limit for drivers.

## 5. Who is most at risk

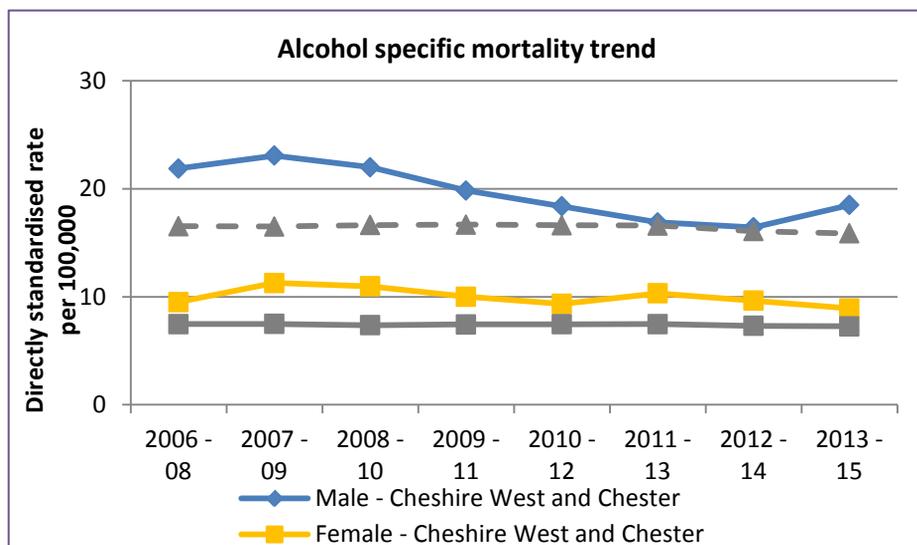
**Key Message:** Men account for two-thirds of alcohol specific deaths and two out of three alcohol related admissions to hospital. Locally, liver disease mortality rates in women are higher than the England average and have been increasing in our more deprived areas. In Cheshire West and Chester, 15 year olds are more likely to have drunk an alcoholic drink compared to England. People who live in areas of high deprivation are more likely to drink at high risk levels and experience the adverse effects on their health. In addition, some groups e.g. vulnerable young people, the LGBT community, the homeless population and offenders are at higher risk of alcohol related harm. In Cheshire West and Chester, around thirty-five babies are born with foetal alcohol spectrum disorder each year due to women drinking during pregnancy.

Whilst alcohol dependence can affect anyone, those most vulnerable, with a background of trauma, abuse, neglect and poverty are disproportionately affected (Cheshire West and Chester Health and Wellbeing Strategy, 2015)<sup>16</sup>.

### Age and gender

Men account for two out of every three alcohol specific deaths and two out of three alcohol related admissions to hospital.

The impact of alcohol on the health of both men and women appears to be reducing, with the exception of women living in our more deprived areas.



Source: PHE Local Alcohol Profiles for England 2017

Liver disease mortality analysis in Cheshire West and Chester indicates that rates for women are higher than the England average and have been increasing in our more deprived area.

The impact of alcohol is seen in younger age groups, with the majority of alcohol specific deaths in people under the age of 75.

### Under 18s

In the period 2013/14-2015/16, 73 people aged under 18 were admitted to hospital for alcohol specific conditions in Cheshire West and Chester. The rate of 36.8 admissions per 100,000 is lower than the England rate of 37.4 per 100,000 but is not statistically significant. Since 2006/07 - 2008/09, the rate of alcohol specific hospital admissions, for those under 18 years old, fell by 64% in Cheshire West and Chester, this compares to a drop of 48% nationally. In 2014, Public Health England ran a lifestyle survey looking at the health and wellbeing of 15 year olds in England, a number of questions related to alcohol consumption. In Cheshire West and Chester, 15 year olds are more likely to have drunk an alcoholic drink compared to England. Similar to patterns displayed nationally, girls are more likely to have drunk alcohol than boys. Boys, however, are more likely to regularly have drunk to excess, compared to girls in Cheshire West and Chester. 9% of boys who have drunk alcohol had been drunk two or more times in the last four weeks, compared to 6% of girls. This differs from the England picture, where girls are more likely to have been drunk two or more times in the last four weeks, compared to boys. (Source: HSCIC, What about YOUth survey 2014).

## 5. Who is most at risk (*Continued*)

### Locality

Ellesmere Port locality is highlighted in a number of indicators of alcohol harm as experiencing significantly worse levels of harm than the England average. Liver disease mortality has generally been increasing since 2008-2010 and has been significantly higher than England during this time. 2013-15 saw a rise in the mortality rate for Ellesmere Port and remains significantly higher than England.

### Lesbian, gay and bisexual population

Nationally, around 41% of lesbian, gay and bisexual (LGB) people drink alcohol three or more days a week, compared to around 35% of the general population<sup>17</sup>. Binge drinking is almost twice as common for LGB people. Alcohol consumption is sometimes used as an unhealthy 'coping' mechanism for those who have experienced, or fear, rejection and homophobia. Those who have experienced a hate crime are even more likely to engage in behaviours that pose a risk to their health.

### Homelessness

Alcoholism can be a cause of homelessness, but those who are homeless are at an increased risk of escalating substance misuse and may not access the support they need. National trends show that alcohol is the most prevalent drug dependency amongst the homeless population, as alcohol dependency has increased and heroin dependency has declined<sup>18</sup>. Alcohol has a significant impact on a homeless individual's ability to access temporary accommodation. In Cheshire West and Chester, drug and alcohol misuse was given as one of the main reasons for individuals being excluded from supported accommodation<sup>19</sup>.

### The Unborn Child

Foetal alcohol spectrum disorder is the umbrella term for a range of preventable alcohol-related birth defects. Risk factors for foetal alcohol spectrum disorder include: Drinking in very early and late pregnancy. The highest risk period for damage is the first 3 weeks, before many women may know they are pregnant. Binge drinking (drinking more than double the lower risk guidelines for alcohol in one session. Binge drinking for women, is drinking more than 6 units of alcohol, equivalent to two large glasses of wine). The effects of foetal alcohol spectrum disorder can be mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart problems and even death. Many children experience serious behavioural and social difficulties that last a lifetime. UK guidance recommends that if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

Experts estimate that in Western countries, one child in 100 is born with foetal alcohol spectrum disorder, as a result of their mothers' drinking alcohol whilst pregnant, this equates to around 35 children in Cheshire West and Chester each year<sup>20</sup>. A recent survey by the FASD Trust found that less than half, 49%, of women were aware of the affects that foetal alcohol spectrum disorder and other long-term effects of drinking alcohol could have on the unborn child. More information about foetal alcohol spectrum disorder can be found at: The National Organisation for Foetal Alcohol Syndrome UK: [www.nofas-uk.org](http://www.nofas-uk.org) or The Foetal Alcohol Spectrum Disorder Trust:

<http://www.fasdtrust.co.uk>

## 5. Who is most at risk (*Continued*)

### Vulnerable young people

In a 2013 national survey, 39% of 11 to 15 year olds had drunk alcohol at least once and 9% had drunk alcohol in the last week. This demonstrates a downward trend since 2003 when 61% of pupils had drunk alcohol at least once and 25% had drunk alcohol in the last week<sup>21</sup>. However, there are children and young people who are at higher risk of drinking alcohol, and, of regularly drinking alcohol. Young people belonging to more than one vulnerable group are most at risk, including, children in care, care leavers, young offenders, homeless youths, those affected by domestic abuse, those displaying anti-social behaviour, persistent truants, those excluded from school, those not in education, employment or training (NEET) and those with parents or carers who are substance misusers.

### Offenders

Nationally, there is a high level of need in relation to alcohol and drug misuse amongst offenders. In 2012, across Cheshire, 60% of offenders in the community had alcohol assessed as a problem that contributed to their offending behaviour. 47% of offenders in the community had current alcohol misuse issues, 52% had binge drinking problems and 53% had a history of alcohol related violence. 53% of offenders entering prison had alcohol misuse needs. Female offenders had the most serious levels of current alcohol misuse problems, binge drinking and associated needs. Alcohol is a key factor in re-offending<sup>12</sup>.

### Deprivation

People who live in areas of high deprivation are more likely to drink at high risk levels and experience the adverse effects on their health. Alcohol contributes to a reduction in life expectancy, and, premature mortality from liver disease is significantly higher in our more deprived areas. The inequality gap is widening for women.

### Population Wellbeing Segmentation

Wellbeing Acorn is a segmentation tool for the UK population, designed to analyse and/or highlight health and wellbeing issues within local populations. The UK population is segmented into 4 groups (Health Challenges, At Risk, Caution and Healthy) and 25 types describing the health and wellbeing attributes of each postcode across the UK.

Nationally, the three Wellbeing Acorn groups with the highest levels of above average alcohol consumption are 'Dangerous dependencies', 'Everyday excesses' and 'Regular revellers'. 7% of Cheshire West and Chester's population live in postcodes classified into these Acorn types (see appendix 3 for more detail). These types are all classified into the 'At Risk' group. This group is characterised by multiple unhealthy behaviours, resulting from lifestyle choices that may put people's health at risk in the future. This group has the highest rates of smoking in the country, along with alcohol concerns, social issues (e.g. unemployment, debt and dissatisfaction with life), that contribute to one of the lowest scores on the mental wellbeing scale. Local communities with high levels of their populations falling into the high risk group are shown on the map below, this intelligence may help shape targeted interventions.

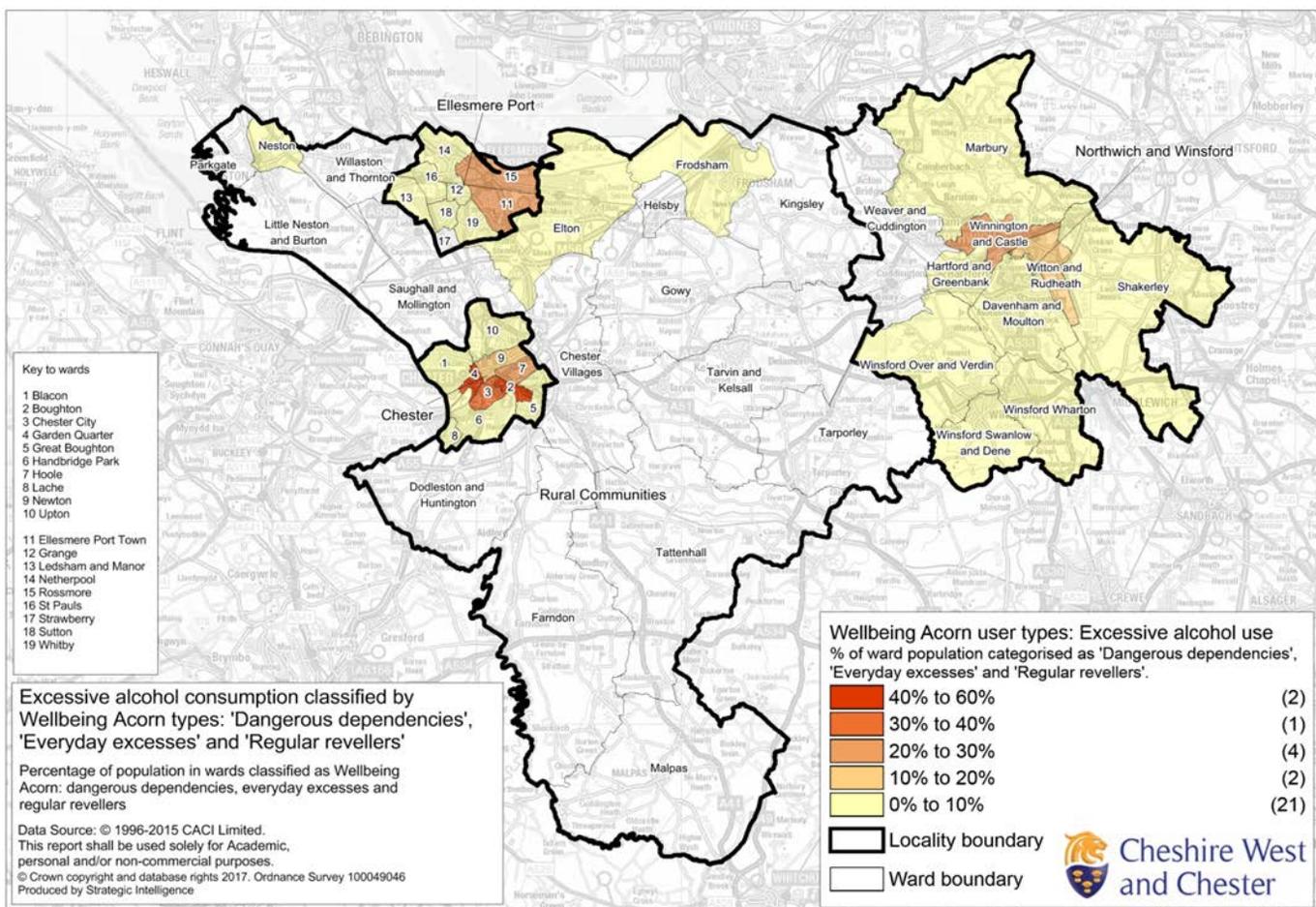
## 5. Who is most at risk (Continued)

### Excess alcohol consumption classified by Acorn type

**Dangerous Dependencies** - Around 11% of Ellesmere Port Town ward and 8% of Rossmore ward's population reside in areas classed as 'Dangerous dependencies'. These areas are of high concern, having high levels of alcohol consumption, high levels of smoking, poor general health, with higher than average levels of existing illnesses, low levels of contentment and wellbeing and high levels of mental illness, anxiety and depression.

**Everyday Excesses** - Around 24% of Winnington and Castle and 22% of Blacon ward's population live in postcodes classed as Everyday excesses. Over a quarter of the population in Everyday excess postcodes' drink more than twice the recommended alcohol units, and approximately 30% are smokers, although, their relatively young age means that levels of breathlessness and asthma are not higher than average.

**Regular revellers** - Garden Quarter ward with its large student population has 45% of the ward population categorised as 'Regular revellers' whilst, Boughton ward has 27% of its population classified as 'Regular revellers'. The proportion of regular revellers that drink more than 8/6 units per day is more than twice the national average. The age of this type means that they have low levels of illness and low levels of prescribed medication.



## 6. Drinking behaviours in Cheshire West and Chester

**Key message** - In Cheshire West and Chester 83%, (221,645), of residents, over the age of 18 years drink alcohol. 29% in a recent survey drink at levels which could harm their health. Around 60,800 adults in Cheshire West and Chester in 2011-2014 binge drink on their heaviest drinking day, significantly more than the England average of 17%. Across the area, residents from the Chester locality are more likely to say they drink four or more times per week compared to other localities.

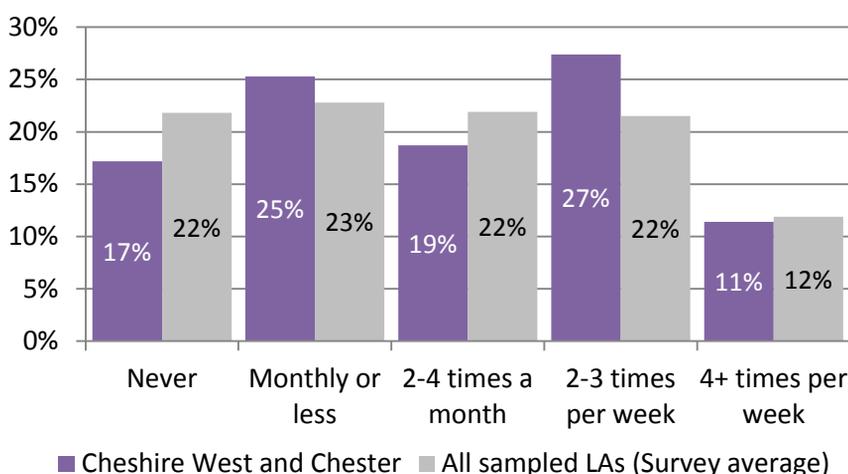
### 6.1 Prevalence of alcohol consumption

Latest estimates from the Alcohol Consumption Survey 2015 published by Public Health England suggest that around 83% of Cheshire West and Chester residents aged 18 and over drink alcohol (221,645 people). This is a higher percentage of people than the full sample of responding local authorities (78%).

Based on those Cheshire West and Chester respondents that drink alcohol, 14% drank four or more times per week and a further 33% drank between two and three times per week. In Cheshire West and Chester, there are 36,900 people who drink four or more times per week, 88,600 drink between two and three times per week.

28% of Cheshire West and Chester respondents drinking habits put them in the increasing risk group (21% survey average), and 1% fell into the higher risk group (2% survey average) using the WHO Alcohol Use Disorder Identification Test; a tool designed to assess the extent of a persons excessive drinking

**How often do you drink alcohol?**



Source: PHE Alcohol Consumption Survey 2015

Level of risk	Refers to:	Intervention
Low risk	Low risk (14 units per week) or abstinence	Alcohol education
Increasing risk	Alcohol use in excess of low risk guidelines (14 units per week)	Simple advice
Higher risk	Harmful and hazardous drinking	Simple advice plus brief counseling and monitoring
Possible dependency	Possible alcohol dependence	Referral to specialist for diagnostic evaluation and treatment

### Binge drinking

The Government's alcohol strategy defines binge drinkers as men who exceed 8 units during a single drinking period and women who exceed 6 units. Based on latest drinking habits from the Local Alcohol Profiles for England 2017(LAPE), 23% or 60,800 adults in Cheshire West and Chester in 2011-2014 binge drink on their heaviest drinking day, significantly more than the England average of 17%.

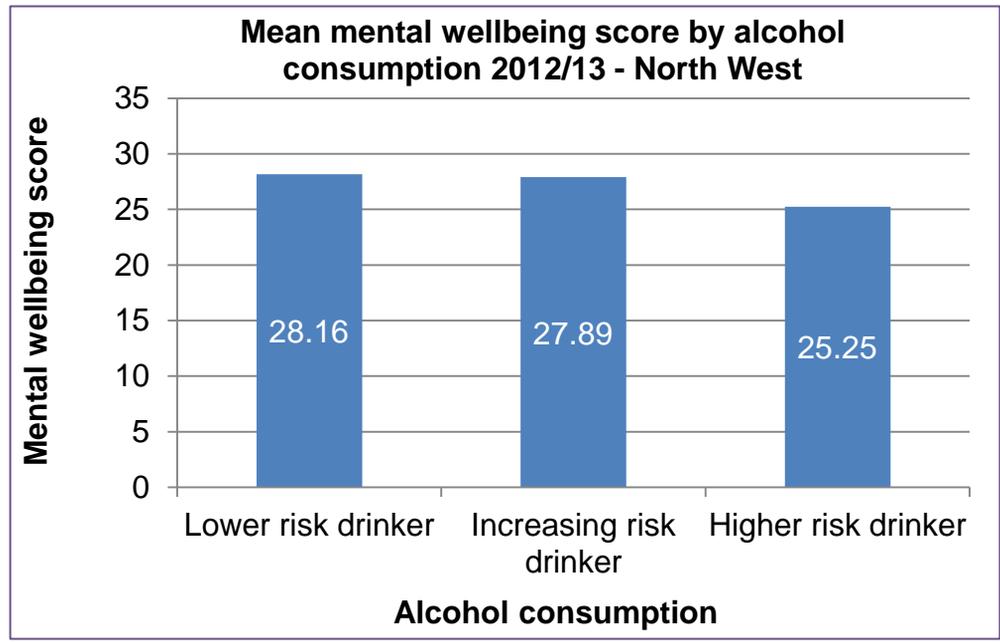
According to the Local Alcohol Consumption Survey 2015, men in Cheshire West and Chester are more likely to drink alcohol more frequently than women, with 17% of males drinking 4 or more times a week, compared to 6% of females (the survey average was 17% males and 7% females).

However females in Cheshire West and Chester are more likely to drink more units in a typical day, with 17% of females drinking 7 or more units in a typical day, compared to 14% of males ( the survey average was 21% male and 11% female). Respondents were also asked how frequently they exceeded drinking 6/8 units on a single occasion. 14% of respondents in Cheshire West and Chester exceeded drinking 6/8 units or more at least weekly, with men more likely than women to exceed the recommended number of units on a weekly basis.

Locally, respondents in Chester locality are more likely drink four or more times per week compared to other localities, whilst those from Ellesmere Port are least likely to drink four or more times per week (PHE Alcohol Consumption Survey 2015, locality figures calculated using best fit method of allocating postcode sector to local authority locality).

**Poor Mental Health**

According to the Mental Health Foundation, alcohol problems are more common among people with severe mental health problems. This does not necessarily mean that alcohol causes severe mental illness but that those with severe mental illness are more likely to drink alcohol to deal with difficult feelings or symptoms of mental illness. Alcohol can however make existing mental health problems, such as depression, worse. In the North West Mental Wellbeing Survey (2012/13), people classed as high risk drinkers had lower mental well-being compared to lower risk and increasing risk drinkers<sup>23</sup>



Source: North West Mental Wellbeing Survey, 2013

## 7. Service data

**Key message:** In Cheshire West and Chester there were 465 people engaged in alcohol treatment (only) during 2016-17. Of these, 66% were new presentations to treatment. The number of clients in treatment has fallen over the last four years. Locally, the percentage of people received treatment within three weeks of engaging with services (92%) is lower than the national average (98%). 7.5% of people in Cheshire West and Chester successfully completed treatment and subsequently re-presented themselves within six months; this is lower than the national rate of re-presentations.

### 7.1 Alcohol treatment services

This section refers to the number of adults (18 and over) in contact with alcohol treatment providers and general practitioners in Cheshire West and Chester and England in 2013/14, and the proportions of clients exiting treatment who completed treatment having overcome their dependency. The data reports figures based on adults whose treatment falls within the definition of the National Treatment Agency for substance misuse's 'Model of Care' as "treatment following assessment and delivered according to a care plan, with clear goals, which is regularly reviewed by the client". This does not include clients in prisons.

From 1st February 2015, Cheshire West and Chester has a single provider delivering alcohol treatment services. According to the National Drug Treatment Monitoring system, there were 465 people engaged in alcohol only treatment during the financial year 2016/17 in Cheshire West and Chester borough. Numbers of clients in treatment for alcohol only treatment have fallen in the last four years from 627 in 2013/14. Of these, 66% were new presentations to treatment. This compares to a rate of 65% of new presentations in England. 54% of all new presentations to alcohol services in Cheshire West and Chester were referred by 'themselves, family and friends'; the rate for this referral source in England is 56%.

Region	Number engaged in treatment	% of new presentations	% of new presentations referral source: 'self, family and friends'
Cheshire West and Chester	465	66%	54%
England	87,943	65%	56%

Source: NDTMS Q4 2016-2017

### Waiting times

For the financial year 2016/2017, 92% of people received treatment within three weeks of engaging with local alcohol services compared to 98% of all people engaging with services in England.

Region	% of waiting times under three weeks
Cheshire West and Chester	92%
England	98%

Source: NDTMS Q4 2016-2017

### Discharges

Between April 2016 and March 2017, 340 people in Cheshire West and Chester exited treatment. 66% of people discharged from treatment did so through a planned exit (223 people) compared to 22% of unplanned discharges. This compares to 62% of planned exits and 30% unplanned exits from treatment in England for the same period.

## Successful completions

Successful completions are the proportion of the total treatment population that have successfully completed treatment leaving the treatment system i.e. they have been successfully discharged from all treatment providers involved in their treatment journey.

The proportion of clients successfully completing treatment in Cheshire West and Chester is 48% higher than the national rate.

Region	Number in treatment	Number of successful completions	% of successful completions
Cheshire West and Chester	465	223	48%
England	77,879	31,218	40%

Source: NDTMS Q4 2016-2017

## Re-presentations

Re-presentations measure the number of clients that successfully complete treatment and subsequently re-present to treatment, anywhere in England, within six months. Re-presentation rates are used as a proxy measure of recovery as it is assumed that those clients who do not re-present to treatment have maintained their recovery. However, re-presenting to treatment should not necessarily be viewed as purely negative. The fact that clients re-engage with support when they need it should be viewed as a positive reflection of the local treatment system.

7.5% of people in Cheshire West and Chester successfully completed treatment and subsequently re-presented themselves within six months; this is lower than the national rate of re-presentations

Region	% of clients re-presenting to services within 6 months of successful completion
Cheshire West and Chester	7.5%
England	8.7%

Source: NDTMS Q4 2016-2017

## Alcohol consumption on a monthly basis

The amount of alcohol consumed on a monthly basis (in the last 28 days) varies between clients of the alcohol rehabilitation centre in Cheshire West and Chester. Of all clients, 32% had abstained from alcohol, 19% had consumed between 1-199 units and 3% had consumed 1000 units or more.

Region	Abstinent	1-199 units	200-399 units	400-599 units	600-799 units	800-999 units	1000+ units
Cheshire West and Chester	32%	19%	9%	7%	3%	2%	3%
England	39%	24%	11%	9%	5%	4%	6%

Source: NDTMS Q4 2016-2017

## Demographics of clients

68% of clients in treatment were male, compared to the national rate of 70% male. 90% were white British, compared with 83% nationally (reflecting the ethnic group make up of Cheshire West and Chester). 9% of all new presentations to alcohol treatment services in Cheshire West and Chester identified that they had an urgent housing need, compared to 7% nationally. 63% of clients did not have a housing need in the borough.

Region	No fixed abode – Urgent housing problem	Housing problem	No housing problem	Other housing problem/not answered
Cheshire West and Chester	9%	11%	63%	17%
England	7%	11%	79%	3%

Source: NDTMS Q4 2016-2017

Cheshire West and Chester Joint Strategic Needs Assessment



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16% of new clients were parents living with their children, this compares to 16% of all new clients in England recorded as parents living with their children.

Region	Parent living with own children	Other child contact – living with children	Other child contact- Parent not living with children	Not a parent/no child contact	Blank response
Cheshire West and Chester	16%	3%	30%	33%	19%
England	16%	4%	31%	48%	1%

Source: NDTMS Q4 2016-2017

### Young people in specialist substance misuse interventions

There were 16 under 18's in treatment in Cheshire West and Chester for alcohol misuse during 2016-2017. Alcohol was cited in 30% of cases where a young person was in treatment, lower than the national average of 40% (Source: NDTMS Young persons Executive Summary Q4 2016-2017).



## 8. Alcohol related ill-health

**Key message:** There were 2,038 alcohol related hospital admissions for Cheshire West and Chester residents in 2015/16 (narrow definition), the rate of 606.4 admissions per 100,000 people is significantly lower than the England rate of 646.6. Of these, around two thirds (62%) were in males. Alcohol related hospital admissions in Cheshire West and Chester have risen recently since 2008/09, however, the rates have been lower than England rates throughout this period. There are relatively small numbers of alcohol specific admissions for young people aged under 18 and the rate has decreased by 64% in recent years.

### 8.1 Admission episodes for alcohol related conditions

Alcohol related conditions include all alcohol specific conditions (e.g. alcoholic liver cirrhosis or alcoholic induced behaviour disorders) plus those that could be caused in some part by alcohol (e.g. certain cancers, hypertensive diseases and unintentional injuries). Alcohol attributable fractions are applied to hospital episode statistics to estimate the impact of alcohol on hospital admissions. See appendix I for further detail and changes to definitions.

There were 2,038 alcohol related hospital admissions for Cheshire West and Chester residents in 2015/16 (based on the narrow definition used in the public health outcomes framework. Refer to section 11, page 25, for definition). At a rate of 606.4 admissions per 100,000 population, this is significantly lower than the England rate of 646.6.

Men have a higher rate of alcohol related admissions than women. Around two thirds, (62%), of Cheshire West and Chester's alcohol related admissions to hospital in 2015/16 were male. Men had 1,272 admissions, a rate of 791.8 admissions per 100,000 population. This is higher than the previous year and is not significantly different to the England rate of 829.5.

Women had 766 alcohol related admissions in 2015/16, a rate of 439.4 admissions per 100,000 population. This is an increase on the previous year but remains significantly lower than the England female rate of 482.7.

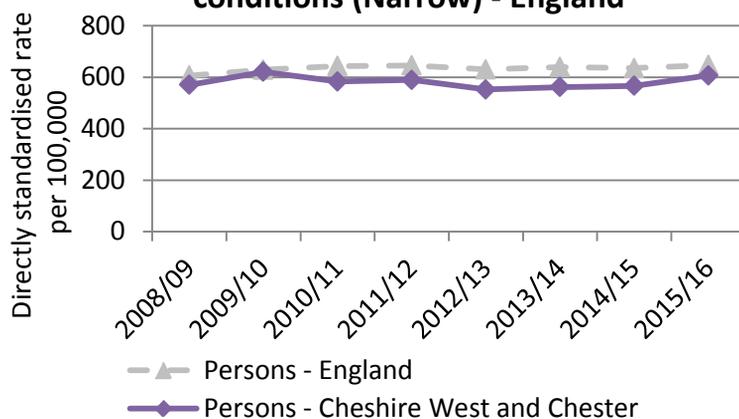
Alcohol related hospital admissions in Cheshire West and Chester have risen recently since 2008/09, from 570 admissions per 100,000 population, to 606.4 admissions per 100,000 in 2015/16. Rates have been lower than England rates throughout this 8 year period. Cheshire West and Chester has seen an increase of 6% in all alcohol related hospital admissions compared to a 7% increase nationally.

**Admission episodes for alcohol-related conditions (Narrow) 2015/16**



Source: PHE Local Alcohol Profiles for England 2017

**Admission episodes for alcohol-related conditions (Narrow) - England**



Source: PHE Local Alcohol Profiles for England 2017

The trend is different for men and women. Admission rates for men in recent years had been falling, however, from 775 admissions per 100,000 population in 2008/09, the admission rate has now risen to 791.8 admissions per 100,000 in 2015/16, an increase of 2% compared to a 5% increase for England.

Admission rates for women have increased by 14% in Cheshire West and Chester from 385.5 per 100,000 population in 2008/09 to 439.4 admissions per 100,000 in 2015/16. This increase follows a similar trend to the England rate which increased by 10% over the same time period.

**Admission episodes for alcohol-related conditions (Narrow) - England**

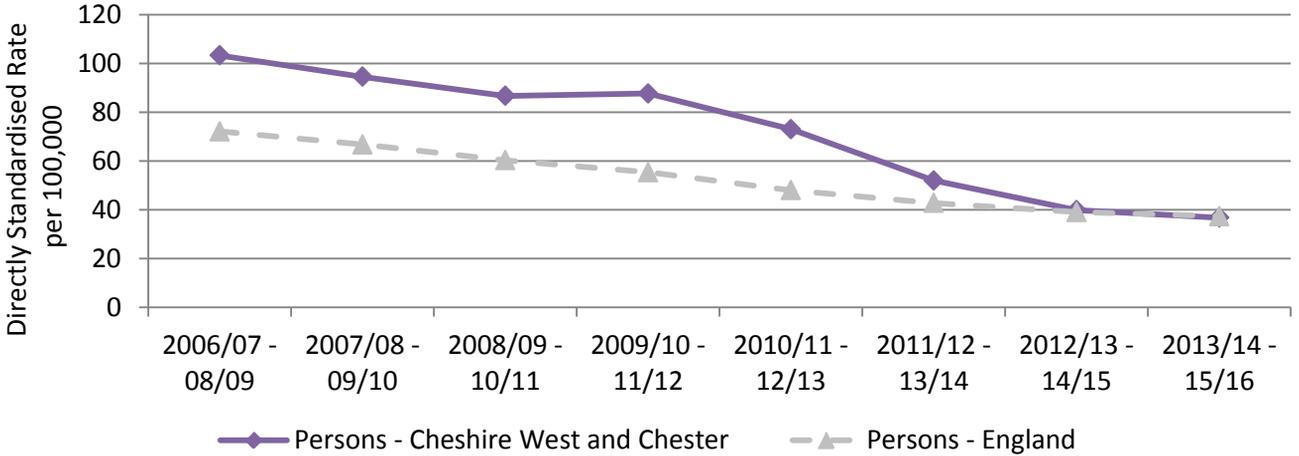


Source: PHE Local Alcohol Profiles for England 2017

**8.2 Admission episodes for alcohol related conditions**

There are relatively small numbers of alcohol specific admissions for young people aged under 18, so rates are calculated for three-year pooled periods. In the period 2013/14 - 2015/16, 73 people aged under 18 were admitted to hospital for alcohol specific conditions in Cheshire West and Chester. The rate of 36.8 admissions per 100,000 is lower than the England rate of 37.4 per 100,000 but is not statistically significant. Since 2006/07 - 2008/09, the rate of alcohol specific hospital admissions, for those under 18 years old, fell by 64% in Cheshire West and Chester, this compares to a drop of 48% nationally.

**Admission episodes for alcohol-specific conditions - Under 18s - Cheshire West and Chester**



Source: PHE Local Alcohol Profiles for England 2017

## 9. Alcohol related Mortality

**Key Message** - During 2013-15, Cheshire West and Chester had an average of 46 alcohol specific deaths a year, Of these, most were people aged under 75, (97%), and two-thirds were men (66%). Death rates from consuming alcohol are higher in Cheshire West and Chester males and females than the England average. Alcoholic liver disease accounts for a large proportion of alcohol related deaths, the death rates from alcoholic liver disease in Cheshire West and Chester are significantly higher than the England average.

### 9.1 Years of life lost due to alcohol

Alcohol contributes to a reduction in the life expectancy of residents in Cheshire West and Chester, contributing to earlier death from a number of conditions<sup>5</sup>.

In Cheshire West and Chester, the years of life lost due to alcohol related conditions in males was 920 per 100,000 in 2015. Higher than the England rate of 797 years but not significant.

The equivalent for women is 323 years of life lost due to alcohol related conditions per 100,000, this is also more than the England average of 311 years per 100,000.



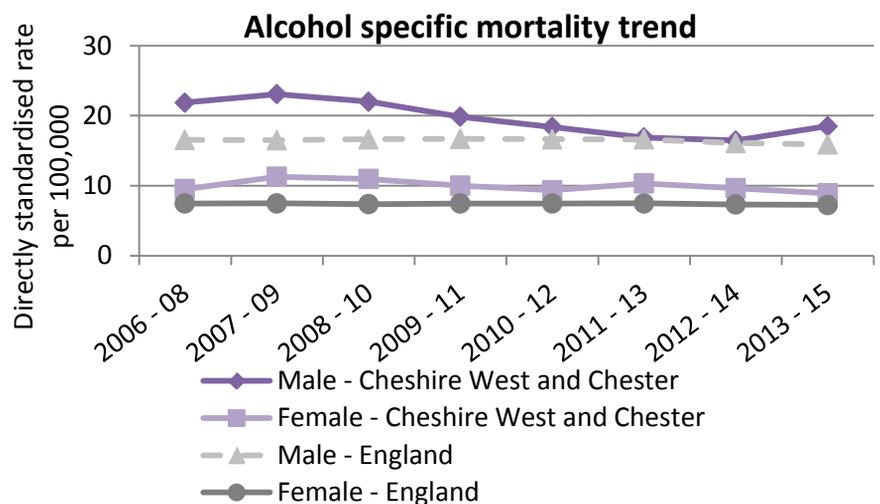
Source: PHE Local Alcohol Profiles for England 2017

### 9.2 Alcohol specific mortality

Alcohol specific outcomes include those conditions where alcohol is causally implicated in all cases of the condition, for example, alcohol-induced behavioural disorders and alcohol related liver cirrhosis. The alcohol attributable fraction is 1.0 because all cases (100%) are caused by alcohol.

During the calendar year 2015, estimates using the alcohol attributable fractions suggest there were 173 alcohol related deaths in Cheshire West and Chester. Of these, around 46 deaths were specifically caused by alcohol (based on 2013-15 deaths). Alcohol specific mortality has remained fairly static in England since 2006-2008, with the latest mortality rate of 15.9 per 100,000 population for males and 7.3 per 100,000 for females.

Cheshire West and Chester rates have been consistently higher than the national average. For the period 2006-08 to 2008-10, alcohol specific mortality was significantly higher than England for men. However, alcohol specific mortality for men in Cheshire West and Chester has reduced in recent years and is not significantly different to England, although, 2013-15 has seen a rise in male mortality.



Source: PHE Local Alcohol Profiles for England 2017

Cheshire West and Chester Joint Strategic Needs Assessment



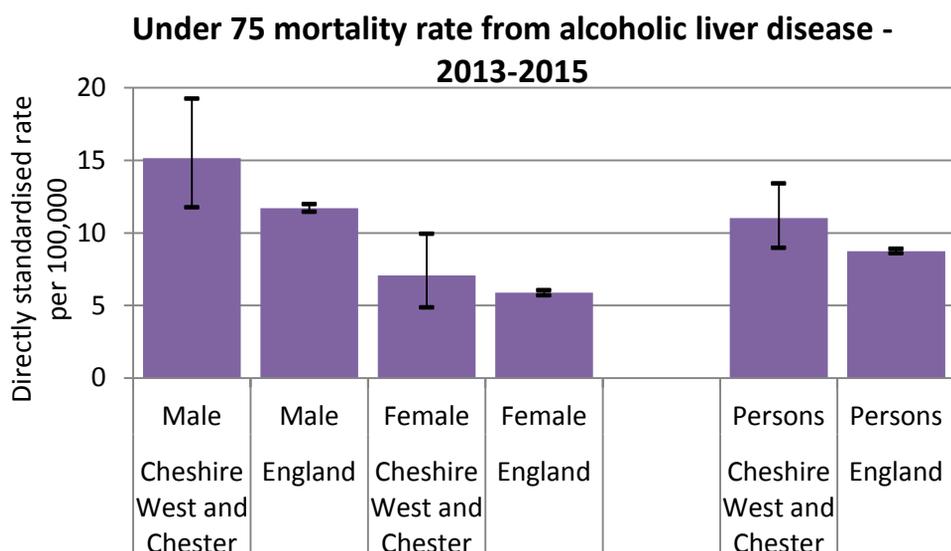
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Alcohol specific mortality rates for females in Cheshire West and Chester have fluctuated. The rate for the period 2011-13 was higher than the previous three-year period and was significantly higher than England. The last two years has seen a decreasing trend in female mortality.

During 2013-15, Cheshire West and Chester had an average of 46 alcohol specific deaths a year:

- Most were people aged under 75 (97%)
- Two thirds were men (66%)
- The majority of deaths were from alcoholic liver disease (74%)

Alcoholic liver disease accounts for a large proportion of alcohol specific deaths. On average, 34 people under the age of 75 (23 men and 11 women), die each year in Cheshire West and Chester from alcoholic liver disease. At a rate of 11.0 per 100,000 population, this is significantly worse than the England rate of 8.7 per 100,000.



Source: PHE Liver Disease Profiles 2017

Whilst the majority of alcohol harm is seen in men, in 2011-2013 there was concern that that the mortality rate for alcoholic liver disease in women was increasing in Cheshire West and Chester and was significantly higher than the England rate, however, subsequent years have seen a drop in female mortality and the 2013-2015 mortality rate of 7.1 per 100,000 is not significantly different to the national average. The rate for men has seen an increasing trend in 2013-2015 from 14.4 in 2012-2014 to 15.2 per 100,000 and is now significantly higher than the England rate of 11.7.

Alcoholic liver disease deaths accounted for 58% of all premature liver disease deaths in Cheshire West and Chester in 2013-2015. Local analysis of liver disease mortality provides some understanding of communities who are most at risk.

Since 2001-2003, death rates from liver disease have been increasing in England in contrast to the rest of Europe where liver disease death rates are falling. Alcohol is the most common cause of liver disease in England. Alcoholic liver disease accounts for over half of liver disease deaths. The more someone drinks above the lower risk guideline, the higher their risk of developing liver disease. The UK is one of the few European countries where alcohol consumption has risen in the last 50 years.

Liver disease deaths in the under 75s are monitored by Public Health England (PHE) in the Public Health Outcomes Framework (PHOF). Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions. Alcoholic liver disease accounts for a large proportion of all liver disease deaths in the younger, under 75, age group.

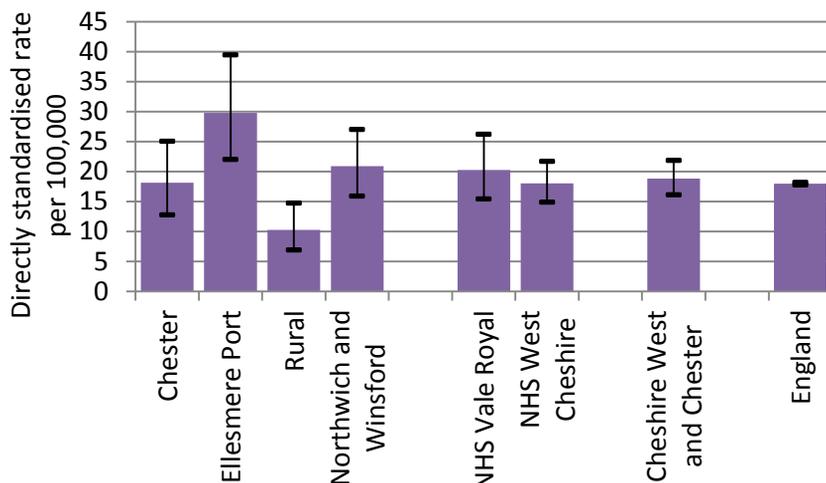
During the three years 2013-2015, there were 175 deaths in Cheshire West and Chester of people aged under 75 from liver disease, an average of 58 deaths per year. Nearly two thirds, (58%), of these local premature deaths were from alcoholic liver disease.

In Cheshire West and Chester the rate of premature mortality from liver disease is similar to the England average but there are significant differences within the borough.

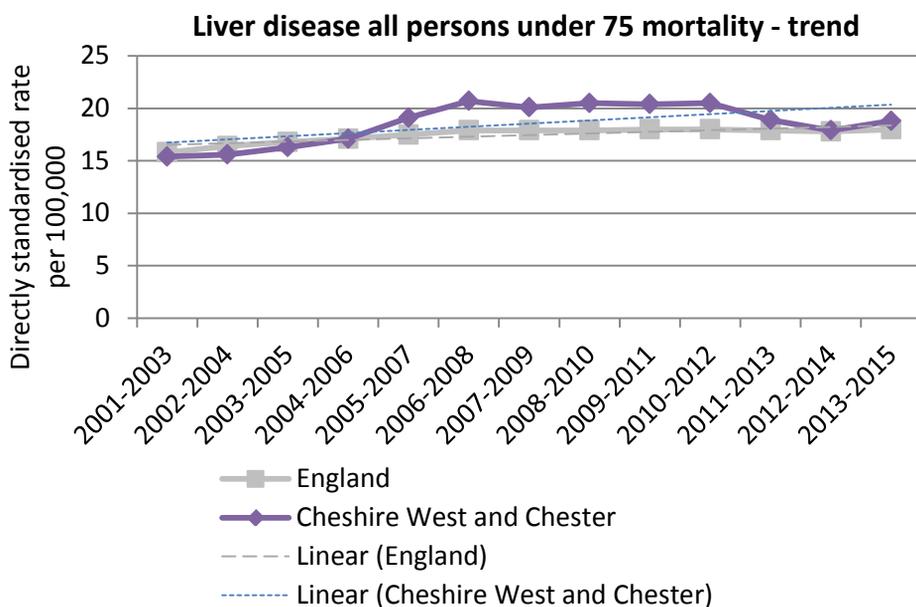
During 2013-2015, Ellesmere Port locality recorded a mortality rate of 29.8 deaths per 100,000 population aged under 75 from liver disease, significantly higher than the England average. In contrast, Rural locality recorded a rate of 10.3 per 100,000, the lowest in Cheshire West and Chester, and significantly lower than both the borough and England rates.

In the 12-year period between 2001-2003 and 2013-2015, liver disease mortality for people aged under 75 in Cheshire West and Chester increased by 23% from 15.4 deaths per 100,000 to 18.8 per 100,000. The England rate for the same time period increased by 14% from 15.8 to 18.0 per 100,000 population.

### Liver disease all persons under 75 mortality by locality 2013-2015



Source: ONS Primary Care Mortality Database 2017

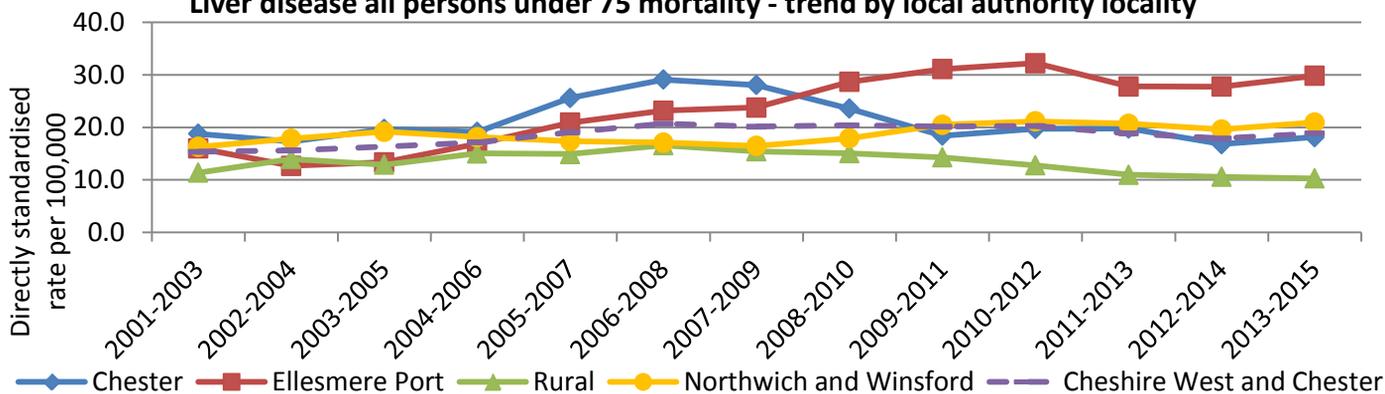


Source: PHE Liver Disease Profiles 2017

Locally since 2001-2003, Ellesmere Port locality has seen the largest increase in premature liver disease mortality in Cheshire West and Chester, with an 86% increase from 16.0 deaths per 100,000 population in 2001-2003 to 29.8 in 2013-2015. However, after a drop in 2011-2013, the mortality rate has started to rise again. Liver disease mortality in Ellesmere Port locality has been significantly higher than the England rate since 2008-2010.

Rural locality and Chester locality have both seen a decrease in liver mortality rates in Cheshire West and Chester, with a 3.3% decrease between 2001-2003 and 2011-2013 in Chester locality and a 9.8% decrease in Rural locality.

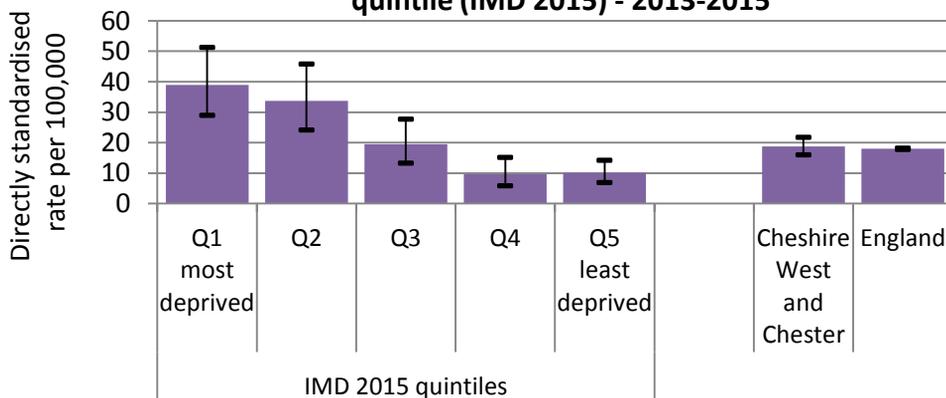
### Liver disease all persons under 75 mortality - trend by local authority locality



Source: ONS Primary Care Mortality Database 2017

There is a link between premature mortality from liver disease and relative levels of deprivation in the community. Mortality rates are significantly higher in more deprived areas of Cheshire West and Chester compared with less deprived areas. Local areas considered amongst the 20% most deprived in the country (quintile1) significantly

### Liver disease all persons under 75 mortality by deprivation quintile (IMD 2015) - 2013-2015

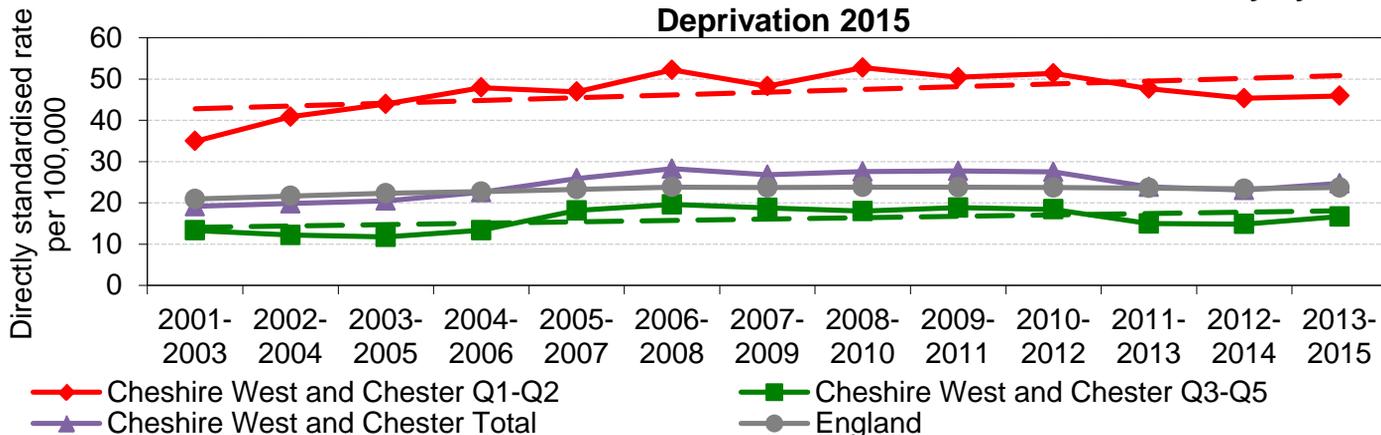


Source: ONS Primary Care Mortality Database 2017

higher rates than the England average. Areas considered amongst the least deprived 20% deprived in England (quintile 5) experience significantly lower mortality from liver disease than the England average.

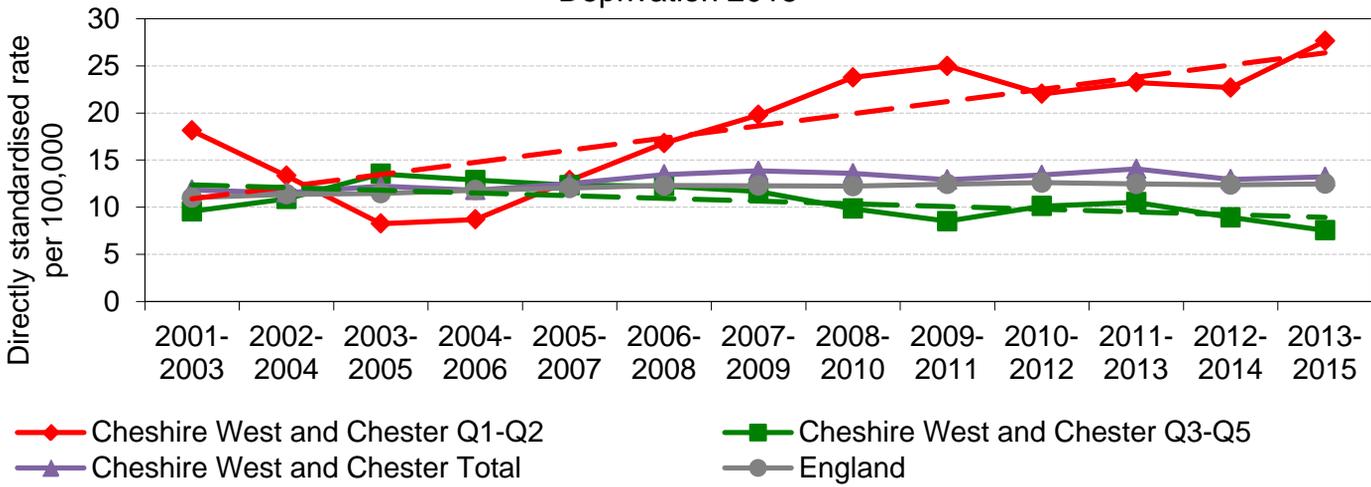
There is increasing inequality in liver disease mortality as rates have increased most in our more deprived areas. Liver disease mortality in the under 75s, in the more deprived areas (quintiles 1 and 2) of Cheshire West and Chester, has seen a 40% increase between 2001-2003 and 2013-2015. Rates have remained significantly higher than the national rate throughout this 12-year period. For men, the rate remains significantly high in more deprived areas but there has been a slight decrease in mortality rates over more recent time periods.

### Cheshire West and Chester, Liver disease, Male, Under 75 Mortality by Deprivation 2015



Women living in the more deprived areas of Cheshire West and Chester have experienced increasing rates of early death from liver disease, widening the inequality gap.

Cheshire West and Chester, Liver disease, Female, Under 75 Mortality by Deprivation 2015



Source: ONS Primary Care Mortality Database 2017

## 10. Alcohol related crime

**Key Message** - Alcohol related crime in Cheshire West and Chester is significantly lower than the England rate. There were 1,744 alcohol related crimes locally in 2014/15, 80% of which were violent crimes. Alcohol related crime is rising in Cheshire West and Chester. The recorded incidents of domestic violence have increased in Cheshire West and Chester from 1,383 in 2009/10 to 1,778 in 2015/16. Although, incidents involving alcohol has generally been reducing.

### 10.1 Alcohol related recorded crime

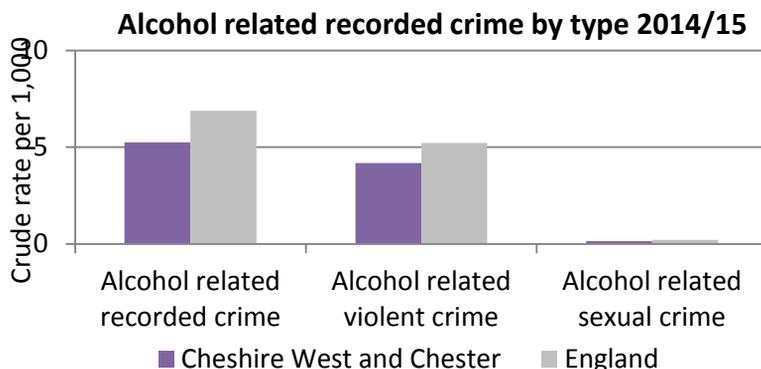
Estimates based on a methodology used in the Local Alcohol Profiles for England 2014, for calculating alcohol related crime and applied to the Police Recorded Crime open data tables suggest, that in 2014/15 there were 1,744 crimes in Cheshire West and Chester attributable to alcohol. Of these crimes, 1,388 were classified as alcohol-attributable violent crimes (80%).

Cheshire West and Chester's alcohol related crime rate of 5.25 crimes per 1,000 people is significantly lower than the England rate of 6.89 per 1,000. The rates for alcohol related violent and sexual crimes are also significantly lower than England. Of alcohol related crimes, 80% were violent in Cheshire West and Chester. Nationally, 76% of alcohol related crimes were violent. In addition, 3% of alcohol related crimes were sexual crimes in Cheshire West and Chester, similar to the national rate.

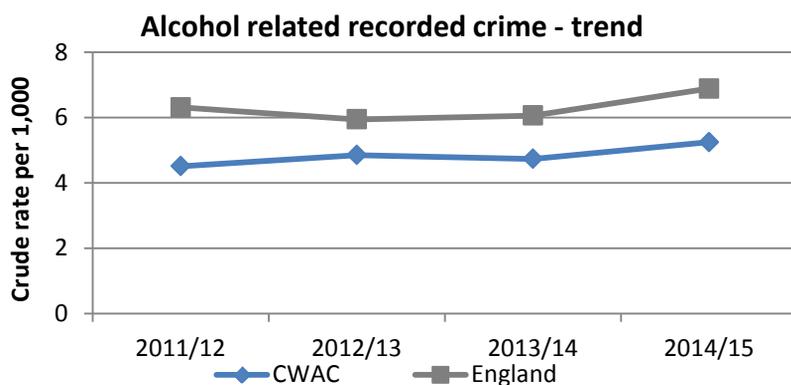
Alcohol related crime in Cheshire West and Chester rose by 16% between 2011/12 and 2014/15. Nationally, the rate increased by 9% in the same time period. The rate of alcohol related violent crime increased by 24% in Cheshire West and Chester compared to 22% nationally.

### 10.2 Alcohol related domestic violence

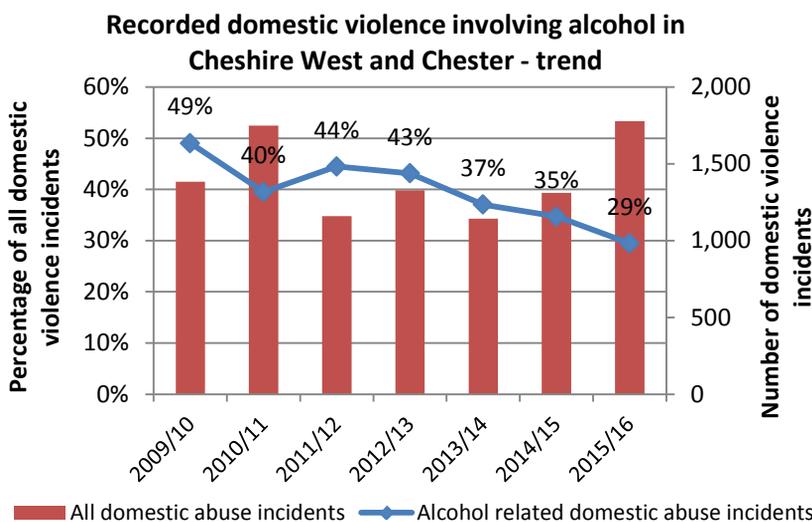
Recorded incidents of domestic violence have increased in Cheshire West and Chester from 1,383 in 2009/10 to 1,778 in 2015/16. The proportion of incidents involving alcohol has generally been reducing. In 2009/10, there were 678 incidents, almost half, (49%), of all recorded domestic violence, that involved alcohol. This had reduced to 524 incidents, or 29%, in 2015/16.



Source: Police Recorded Crime Open Data tables, ONS Mid year population estimates



Source: Police Recorded Crime Open Data tables, ONS Mid year population estimates



Source: Vulnerable Person Assessment Database (VPA) Cheshire Constabulary

## 11. What does alcohol cost Cheshire West and Chester?

Alcohol costs to Cheshire West and Chester, including to the local NHS, Police, social services and local employers, is estimated at more than £129.4 million per year.

### What does alcohol cost Cheshire West and Chester?

Alcohol costs to Cheshire West and Chester, including to the local NHS, Police, social services and local employers, is estimated at more than £129.4 million per year, or £393 for every man woman and child living in Cheshire West and Chester<sup>22</sup>. The annual cost of alcohol in England is estimated at more than £21 billion, including £3.5 billion to the NHS, crime costs of £7.0 billion, costs to work places of £8.9 billion and £1.7 billion costs to social services<sup>22</sup>.

A breakdown of the annual costs due to alcohol in Cheshire West and Chester includes:

- NHS costs: £27.1 million, that is £82/person living in Cheshire West and Chester;
- Crime costs: £32.9 million, that is £100/person living in Cheshire West and Chester;
- Work place costs: £61.0 million, that is £185/person living in Cheshire West and Chester;
- Social services costs: £9.9 million, that is, £30/person living in Cheshire West and Chester.

The social cost of alcohol related harm is difficult to quantify but alcohol misuse has a significant impact on families and community life. It is widely recognised that alcohol misuse has a negative impact on relationships, which in turn, affects the health and wellbeing of children and young people. In addition, alcohol misuse is associated with worklessness, homelessness and can lead to social exclusion. Across the North West of England, people with low mental wellbeing are significantly more likely to be Higher Risk Drinkers and are significantly less likely to drink at a sensible level<sup>22</sup>.

## 11. What the evidence says is effective to reduce alcohol-related harm

In order to reduce alcohol-related harm in Cheshire West and Chester, it is vital we take an evidence based approach. There has been extensive research and guidance published around reducing alcohol related harm, a brief summary is provided below.

**Providing information and education:** Although playing an important role in increasing knowledge and awareness, there is little evidence to suggest that providing information, education and labels on alcoholic beverages is sufficient to lead to substantial and lasting reductions in alcohol-related harm. Although a popular strategy, education programmes are not cost-effective. Nonetheless, these policies increase public support for more stringent (and effective) policies and labels on alcoholic beverages fulfil a consumer right to be better informed<sup>7</sup>.

Schools play a vital role as promoters of health and wellbeing in the local community as they understand the connections between pupils' physical and mental health, their safety, and their educational achievement, and are well placed to provide good pastoral care, early interventions and a young person friendly link to lifestyle and treatment services. NICE Quality Standards recommend the need for schools and colleges to include alcohol education on their curriculums and highlights the need for head teachers and governors to include staff, parents, carers, children and young people in initiatives to reduce alcohol use<sup>8</sup>.

**Early identification:** There is strong evidence that opportunistic early identification and brief advice (Alcohol IBA) is effective in reducing alcohol consumption and related problems. NICE has recommended widespread implementation of early identification and brief advice in a range of settings, including, health and social care<sup>9</sup>. However, success depends on large-scale implementation and funding streams, without which, IBA are less effective.

**Treatment:** NICE has published detailed guidelines on the identification, assessment and management of harmful drinking and alcohol dependence. These guidelines recommend improved access to effective interventions delivered by specialist services. These include psychological interventions and community-based assisted withdrawal programmes<sup>10</sup>. Alcohol treatment has been shown to be highly cost effective; for every £1 spent in treatment, the public sector saves £5<sup>10</sup>. The Royal College of Physicians recommends that every acute hospital have Alcohol Liaison Nurses to manage patients with alcohol problems within the hospital and liaise with community services<sup>11&7</sup>.

**Price of alcohol:** There is overwhelming evidence that increasing the price of alcohol through measures, such as, introducing a Minimum Unit Price, and, taxation reduces alcohol intake<sup>7</sup>. There is also clear evidence that reductions in alcohol consumption, achieved through price increases, translate into a reduction in alcohol-related deaths and illness, traffic crash fatalities, drink driving, sexually transmitted infections, incidence of risky sexual behaviour, other drug use and violent crime. The reverse is also true; price cuts significantly increase harm<sup>12</sup>. An important study from the University of Sheffield has worked out that setting a minimum cost of 50p per unit of alcohol means that nationally, each year, there would be 98,000 fewer hospital admissions, 3,000 lives will be saved and there will be 40,000 fewer crimes<sup>13</sup>. Implementing a minimum unit price is a highly targeted measure which improves the health of the heaviest drinkers, those experiencing the greatest amount of harm, whilst having a negligible impact on moderate drinkers and the on-trade<sup>7</sup>.

**Promotion of alcohol:** The strongest evidence for the impact of marketing comes from reviews of longitudinal and cohort studies of children which consistently report that exposure to alcohol marketing increases the risk that children will start to drink alcohol, or, if they already drink, will consume greater quantities. While the relationship between marketing and child alcohol consumption does not directly provide evidence that limiting marketing will reduce consumption, the evidence is sufficient to support policies that reduce children's exposure to marketing<sup>7</sup>.

**Availability of alcohol:** Policies that sufficiently reduce the hours during which alcohol is available for sale, particularly late night on-trade sale, can substantially reduce alcohol-related harm in the night-time economy. When simultaneously enforced and targeted at the most densely populated areas, this policy is cost-effective<sup>7</sup>. NICE have recommended that legislation on licensing should be revised, to include protection of the public's health as one of its objectives<sup>14</sup>. NICE Quality Standards emphasise the role of Trading Standards in reducing alcohol related harm within communities by reducing under-age sales<sup>8</sup>.

**Reducing drink-driving:** Enforced legislative measures to prevent drink-driving are effective and cost-effective. Policies which specify lower legal alcohol limits for young drivers are effective at reducing casualties and fatalities in this group, and, are cost-saving. Reducing drink-driving is an intrinsically desirable societal goal and is a complementary component to a wider strategy that aims to influence drinkers to adopt less risky patterns of alcohol consumption<sup>7</sup>.

### **Reducing alcohol-related crime and disorder and promoting a vibrant and diverse night time economy**

There has been a range of projects across the UK designed to reduce Blue Light activity, such as, alcohol related assaults, antisocial behaviour, repeat ambulance callouts etc., and there is strong and/or emerging evidence that three types of projects are yielding good results, these are:

- Developing data flows and analysis across partnerships, in particular, the Police and hospital trusts e.g. the Cardiff Model;
- Voluntary Ban on High Strength Alcohol - There are a growing number of projects, these include Manchester, Ipswich, Plymouth etc., and many local authorities across the North West include this approach as day-to-day business; and
- Alcohol Concern's Blue Light Project approach to high impact, change resistant drinkers.

The projects involving a voluntary ban on high strength alcohol are most effective where there are high levels of street drinking in well-defined areas, involving specific products. The approach was reviewed by a sub-group of the Community Safety Partnership in 2016, which concluded, the approach was not currently appropriate for Cheshire West and Chester, although, the group recognised there may be a need to revisit this, if a specific issue was identified.

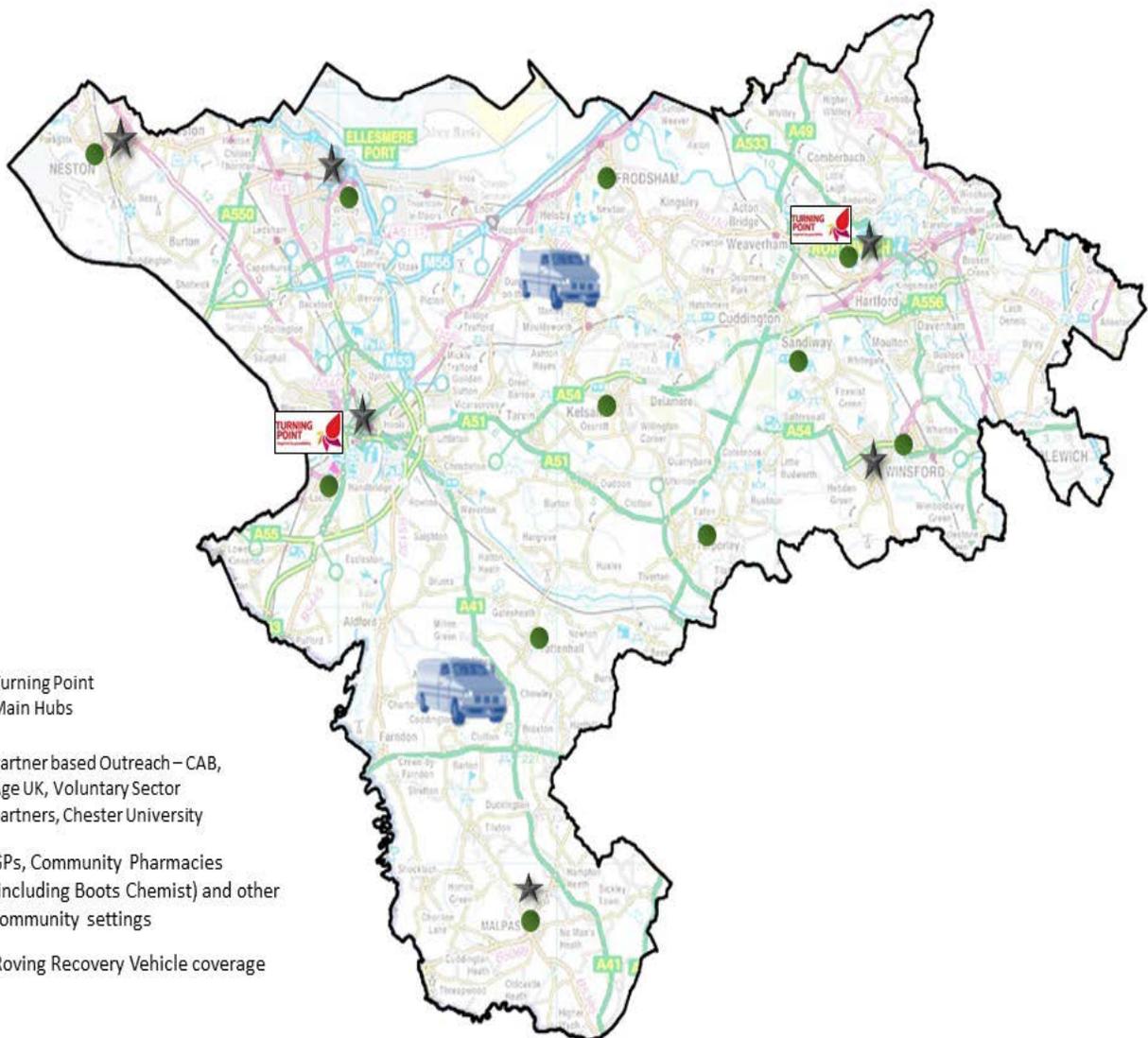
The other two types of initiatives have the potential to reduce alcohol related harm within our local communities. Other key policy tools and interventions that can reduce the problems associated with alcohol, crime and disorder and the night time economy include<sup>15</sup>:

- Alcohol pricing;
- Licensing;
- Outlet density and mix;
- Monitoring and enforcement;
- Licensing hours;
- Premise design and operations;
- Glassware management within premises;
- Manager and staff training;
- Accreditation and awards;
- Environment within the premises (covering capacity, layout, seating, games, food, and general atmosphere);
- Public realm design;
- CCTV;
- Street lighting;
- Active frontages;
- Public toilet provision;
- Glassware management outside premises;
- General layout;
- Policing (covering targeted policing, street policing, third party policing, transport policing, anti-social behaviour/drink banning orders and alcohol arrest referral schemes);
- Transport (covering buses, taxis and parking); and
- Public education campaigns and community engagement.

***In general:*** The most effective approaches seem to be those that consist of several policy elements, or, are multi-component approaches guided by evidence on the local needs and demand. In addition, there is very strong evidence that close partnership working through a local Alcohol Harm Reduction Partnership is an essential element in reducing alcohol related harm<sup>5</sup>.

# 12 Assets

Community assets are key to the development and sustainability of recovering communities, treatment services linked to recovery groups, local GPs, pharmacies and third sector organisations (such as, Age UK, CAB, Alcoholics Anemones, homeless services), lifestyle services, mental health and wellbeing services, faith groups, housing providers etc., are all vital interlinked elements that support recovery of individuals and communities, some of these are shown on the map below. In general, people with alcohol issues living in our less deprived areas are more resilient than those in our less affluent areas, given this, reducing inequalities across Cheshire West and Chester is key to reducing alcohol related harm and supporting recovery within communities.



-  Turning Point Main Hubs
-  Partner based Outreach – CAB, Age UK, Voluntary Sector partners, Chester University
-  GPs, Community Pharmacies (including Boots Chemist) and other community settings
-  Roving Recovery Vehicle coverage



## 13 What needs might be unmet?

In general, there is difficulty in identifying un-met need within our communities due to issues with the availability of data and lack of local insight work. The analysis provided in the JSNA suggests that the needs of increasing and high risk drinkers are not being met and that more should be done in the way of early intervention. There are a number of well established high risk groups e.g., Deprived Communities, the LGBT population, the homeless population, offenders etc., (see section 5), where there is a high likelihood that the need is not being fully met. In addition, work by Alcohol Concern nationally, with change resistant drinkers, suggests that more could be done to encourage this group to engage with recovery services. Historically, it has been recognised that the needs of people with a dual diagnosis of high risk drinking/alcohol dependency and mental health may not be fully met and work should be undertaken to understand the level of need locally. Estimates suggest that there are a number of babies affected by alcohol consumption during pregnancy and work should be undertaken to raise awareness of the issues. Finally, there has been a major change in drinking habits over the last thirty years, with people now consuming more alcohol and drinking more in the home, given this, more older people, (over 65 years of age), may be drinking at levels that could seriously impact on their health, exasperate long-term conditions, lead to falls, impact on cognitive functioning or have adverse effects on those on prescription medication. Therefore, it is recommended that some local research is undertaken to better understand alcohol related harm in this age group.

## 13 What are the challenges in meeting needs

The six key challenges to tackling Alcohol Related Harm across Cheshire West and Chester are:

- Drinking at harmful levels has become in-ground within our culture; there is a fundamental need to address this problem;
- The need to increase partnership working, including developing a Local Harm Reduction Partnership;
- Increasing work on prevention and early detection against a backdrop of reducing Public Sector Resources;
- Improving data and intelligence on alcohol related harm, including: Cardiff Model data in order to improve safety within the night-time economy;
- Developing a Making Every Contact Count approach within all organisations to make Alcohol, Harm Reduction everyone's business; and
- Shaping specialist alcohol services so they meet the needs of the population, whilst being effective and cost-effective.

## 14 Discussion

The availability, affordability and the heavy marketing of alcohol have fuelled the rise of excessive alcohol consumption and normalised a drinking culture within society. Problems associated with alcohol include, liver disease, late-night violence, several cancers, triggering of mental health issues, a driver of domestic violence and a leading risk factor for premature death. Alcohol is 54% more affordable than in 1980 which has driven high levels of alcohol consumption within our communities<sup>24</sup>. Supermarkets often use heavy discounts, frequently selling alcohol cheaper than a bottle of water. Whilst figures over recent years have suggested a modest drop in overall consumption, we are still drinking at historically high levels <sup>24</sup>.

In Cheshire West and Chester, 221,645 residents, over the age of 18 years, drink alcohol, of these, 29% drink at levels which could harm their health. Furthermore, the rate of binge drinking in Cheshire West and Chester is above the national average, with an estimated 60,800 residents regularly binge drinking. The impact of excessive alcohol consumption can be seen clearly within the JSNA analysis which shows that there are over 2,000 alcohol related admissions, per year, to local hospitals, and, the years of life lost due to alcohol is higher than the national average. It is clear that the misuse of alcohol is having a serious impact on NHS resources and there is a need to re-focus on prevention and early detection. Key to this is adopting a Making Every Contact Count approach, where all public facing staff in health and social care and partner agencies e.g., Police, are trained in Alcohol Harm Identification and Brief Advice which is an evidence based approach to reducing the harm caused by alcohol.

Unfortunately, we were unable to provide an analysis of A&E data relating to alcohol in this JSNA, this is due to changes in the way the data is recorded and a lack of routine data being provided to partner organisations. However, historic A&E data showed that 1 in 20 people attending A&E at the Countess of Chester Hospital were due to alcohol misuse, (see appendix A). The lack of A&E data across Cheshire West and Chester needs to be addressed as a matter of urgency.

Our analysis showed that alcohol related crime in Cheshire West and Chester is significantly lower than the rate for England, however, the rate has been increasing over time. Although, this is a positive message, there are still around 5 alcohol related crimes everyday in Cheshire West and Chester, of these, 80% will be violent crimes. Given this, Alcohol Harm Reduction needs to remain a key priority for the Community Safety Partnership.

Since February 2015, Alcohol Services across Cheshire West and Chester have been provided through a single provider, delivering an alcohol and drug treatment/recovery service. According to the National Drug Treatment Monitoring Service, there were 465 people engaged in alcohol treatment in Cheshire West and Chester during 2016-17. The numbers of clients in treatment have fallen significantly over the last four years. The percentage of people who received treatment within three weeks of engaging with services is lower than the national average but on a positive note the number of people re-presenting to service within six months is lower than the national average. As with all council services, the Substance Misuse Service will be reviewed as part of the commissioning cycle and the evidence suggests a need to ensure the services are linked to other lifestyle services, ensure there is adequate provision for people with dual diagnoses of alcohol and mental health issues, whilst ensuring the service is both effective and cost effective.

## 15 Discussion (*continued*)

There is a large and detailed evidence base relating to alcohol harm reduction and all local partners should be using this to drive forwards the Alcohol Harm Reduction agenda (Section 11). This evidence base includes: Guidelines from the National Institute for Health and Care Excellence on treatment and Brief Intervention, and a large scale review of evidence from Public Health England. Key, high impact measures that need to be adopted and/or strengthened across Cheshire West and Chester, include: developing a local Alcohol Harm Reduction Partnership; wider recognition of the role of local communities and industry in tackling alcohol-related issues; the training of health and social care professionals in the provision of early identification and brief alcohol advice. In addition, as motioned above, there is a need to improve local intelligence, so that decisions taken about the sale of alcohol and the management of the evening economy and night-time economy are based on reliable data. As a longer term policy option, there is strong evidence that the introduction of a minimum price of at least 50p per unit for all alcohol sales, would significantly decrease alcohol related harm in some of the most vulnerable groups and it is recommended that all partner organisations support this approach.

In general, there is strong evidence that policies which sufficiently reduce the hours during which alcohol is available for sale, particularly late night on-trade sale, can substantially reduce alcohol-related harm in the night-time economy when simultaneously enforced and targeted at the most densely populated areas. In addition, a local survey also indicated that a large proportion of residents avoid towns and the city centre due to the drunken behaviour of others. Given this, there is a need to consider how we balance the need for a thriving evening and night-time economy, whilst reducing the negative impact of alcohol on our population.

Finally, alcohol misuse in Cheshire West and Chester is estimated to cost more than £129 million a year and impacts across all public sector organisations, at a time when the public sector is struggling to resource essential services. Moving forward, all organisations need to deal with alcohol related harm as a priority whilst working with our communities to foster a safer and healthy relationship with alcohol and minimise the level of harm.

# References

- 1 - The Government's Alcohol Strategy (2012) <https://www.gov.uk/government/publications/alcohol-strategy->
- 2 - Government Drug Strategy (2010) <https://www.gov.uk/government/publications/drug-strategy-2010>
- 3 - Health First: An evidence based alcohol strategy for the UK <http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf>
- 4 - Licensing Act 2003 <http://www.legislation.gov.uk/ukpga/2003/17/contents>
- 5 - Police Reform Act and Social Responsibility Act 2011 [http://www.legislation.gov.uk/ukpga/2011/13/pdfs/ukpga\\_20110013\\_en.pdf](http://www.legislation.gov.uk/ukpga/2011/13/pdfs/ukpga_20110013_en.pdf)
- 6 - Modern Crime Prevention Strategy 2016 <https://www.gov.uk/government/publications/modern-crime-prevention-strategy>
- 7 - The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review (2016). <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>
- 8 - Alcohol: preventing harmful use in the community QS83: <https://www.nice.org.uk/guidance/qs83>
- 9 - NICE public health guidance 24: Preventing harmful drinking [www.nice.org.uk](http://www.nice.org.uk)
- 10 - 4 - NICE clinical guideline 115: Diagnosis, assessment and management of harmful drinking and alcohol dependence [www.nice.org.uk](http://www.nice.org.uk)
- 11 - Department of Health: Commissioning to improve the outcome for people at risk of alcohol-related harm [http://www.alcohollearningcentre.org.uk/library/BACKUP/DH\\_docs/Alcohol-Signs\\_For\\_Improvement1.pdf](http://www.alcohollearningcentre.org.uk/library/BACKUP/DH_docs/Alcohol-Signs_For_Improvement1.pdf)
- 12 - Health First: An evidence based alcohol strategy for the UK <http://www.stir.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf>
- 13 - Minimum Price <http://minimumpricing.info/how-does-a-50p-minimum-unitprice-help/>
- 14 - NICE public health guidance 24: Alcohol-use disorders: preventing harmful drinking [www.nice.org.uk](http://www.nice.org.uk)
- 15 - Greater London Authority. Alcohol consumption in the night-time economy [https://www.london.gov.uk/sites/default/files/gla\\_migrate\\_files\\_destination/wp55-glossary.pdf](https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/wp55-glossary.pdf)
- 16 - Cheshire West and Chester Health and Wellbeing Strategy 2015 -2020. <https://www.cheshirewestandchester.gov.uk/SearchResults.aspx?q=Cheshire+West+and+Chester+Health+and+Wellbeing+Strategy+>
- 17.- Buffin, J, Roy, A, Williams, H and Winter, A. Part of the Picture: lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011), 2013
- 18 - Hidden Needs. Identifying Key Vulnerable Groups in Data Collections: Vulnerable Migrants, Gypsies and Travellers, Homeless People and Sex Workers, 2014, Aspinal, P, University of Kent
- 19 - Cheshire West and Chester Homelessness Strategy 2010-15, 2010, Cheshire West and Chester Council

# References

20 - Deacon et al (2010) North West Mental Wellbeing Survey 2009

<http://www.nwph.net/nwpho/publications/NorthWestMentalWellbeing%20SurveySummary.pdf>

21 - Smoking, drinking and drug use among young people in England in 2013, 2014, Health and Social Care Information Centre

22 - Health needs assessment of offenders in the community: Cheshire East, Cheshire West and Chester, Warrington and Wirral, 2013, NHS Cheshire Warrington and Wirral.

23 - North West Mental Wellbeing Survey 2012-2013, Public Health England.

[http://nwph.net/nwpho/Publications/NW%20MWB\\_PHE\\_Final\\_28.11.13.pdf](http://nwph.net/nwpho/Publications/NW%20MWB_PHE_Final_28.11.13.pdf)

24 - Champs Public Health collaborative (2016) Alcohol Factsheet.



## Appendix I – Changes to methodology to calculate alcohol attributable fractions

Much of the data used to produce this summary comes from the Local Alcohol Profiles for England, updated for 2017. There have been a number of changes to the methodologies used to calculate certain indicators presented in the Local Alcohol Profiles for England 2017.

**Changes to the alcohol attributable fractions** – In 2014, the alcohol attributable fractions that are applied to mortality and hospital admission data were updated to take into account new epidemiological evidence for the association between alcohol consumption and health-related outcomes. This exercise resulted in some important changes to the number of health conditions and external causes that are identified as being alcohol related and also a recalculation of the attributable fractions for some of the existing health measures.

**Changes to the alcohol related hospital admission and admission episodes for alcohol related conditions indicators** – In 2013 Public Health England announced that the current indicator for admission episodes for alcohol related conditions (previously National Indicator 39) would be supplemented by a new indicator. The Local Alcohol Profiles for England 2017 includes both the old (broad) indicator and the new (narrow) indicator. The broad indicator considers all codes (primary and any secondary codes) that are recorded in relation to a patient's admission record, and if any of these codes has an alcohol-attributable fraction then that admission would form part of the alcohol related admission total. The narrow indicator seeks to count only those admissions where the primary code has an alcohol-attributable fraction. Although alcohol-attributable fractions exist for external cause codes (such as 27 per cent of assaults), these cannot be recorded as a primary code so the new indicator also includes admissions where the primary code does not have an alcohol-attributable fraction but where one of the secondary codes is an external cause code with an alcohol-attributable fraction. This represents a narrower measure.

**Changes to the European standard populations** – In 2009 the European standard population was revised in recognition that the European population is ageing. This methodological change will cause age standardised mortality/hospital admission rates to increase, in most cases, because the new European standardised population is weighted towards older ages and most deaths/hospital admissions occur at older ages.

**Changes to the base geography** – The base geography for each indicator in the Local Alcohol Profiles for England 2017 have been updated from the 2001 lower super output areas to 2011 lower super output areas.

**Changes to the cause of death calculation in the mortality indicators** – In previous years the mortality indicators were solely based on the underlying cause of death, however three wholly alcohol attributable conditions weren't permitted as entries within this field. To resolve this issue all cause of deaths fields have been searched for these conditions: ethanol poisoning, methanol poisoning, toxic effect of alcohol in the Local Alcohol Profiles for England 2017.

**Changes to the alcohol related crime indicators presented in the Local Alcohol Profiles for England 2017 (crime indicators have been omitted from the 2017 LAPE)** – The Office for National Statistics has redesigned the classifications used to present police recorded crime statistics. These changes have been made to improve the understanding of crime statistics and to align police recorded crime with other crime datasets.

**As a result of these changes data presented in the Local Alcohol Profiles for England 2017 should not be compared with data published in versions pre-dating the 2015 LAPE. Data for previous years has been recalculated in line with recent changes.**

# Appendix ii – Countess of Chester Accident and Emergency statistics

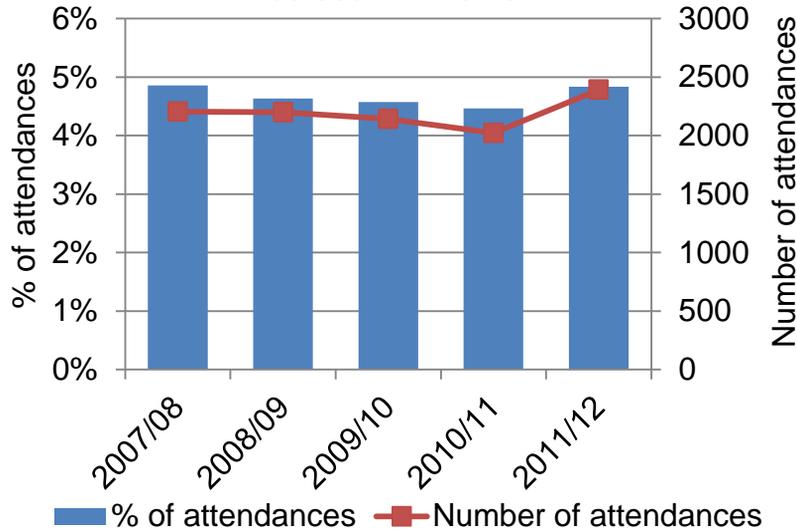
## Accident and emergency presentations

For a period of time up to 2011/12, the Countess of Chester hospital collected information on whether accident and emergency attendances were related to alcohol. The data provided some understanding of local issues. More recently the hospital has been collecting information based on the Cardiff Model<sup>4</sup>, and results are anticipated to be included in future analyses.

Between 2007/08 and 2011/12, around 45,000 to 50,000 Cheshire West and Chester residents attended the accident and emergency department at the Countess of Chester Hospital. Alcohol related attendances accounted for around 5% of these attendances over the period; over 2,000 alcohol related attendances each year.

The proportion of attendances linked to alcohol remained constant between 2007/08 and 2011/12. However, the number of overall attendances at accident and emergency increased by 9%. Alcohol related attendances also increased by nearly 200 additional attendances in 2011/12 compared to 2007/08

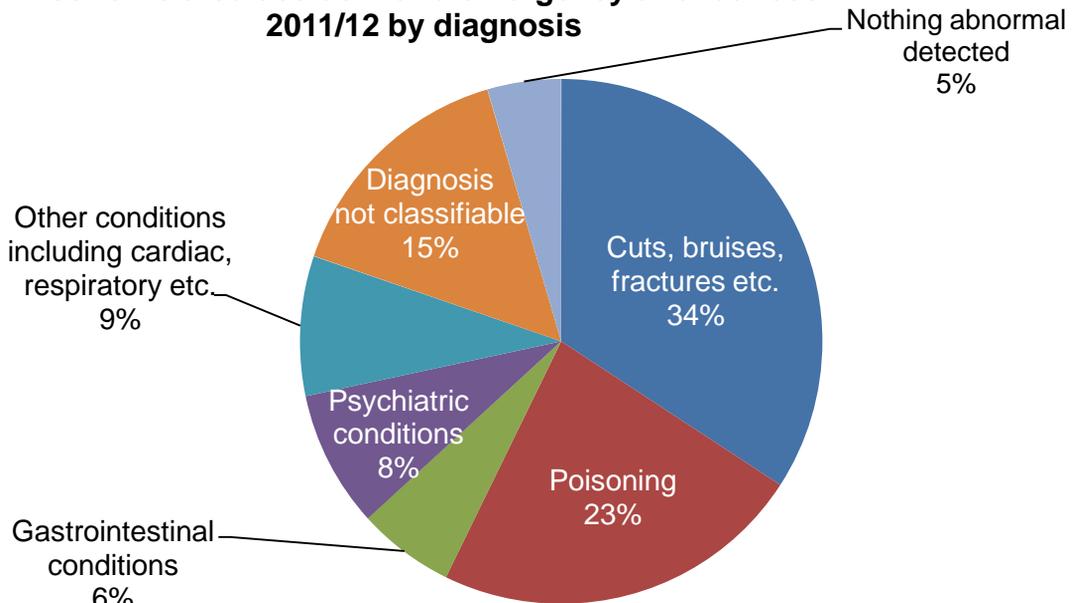
**All alcohol related attendances at Countess of Chester hospital - Cheshire West and Chester residents between 2007/08 and 2011/12**



Source: Countess of Chester Hospital

Over half of alcohol related accident and emergency attenders present with an injury; either cuts, bruises, fractures or poisoning

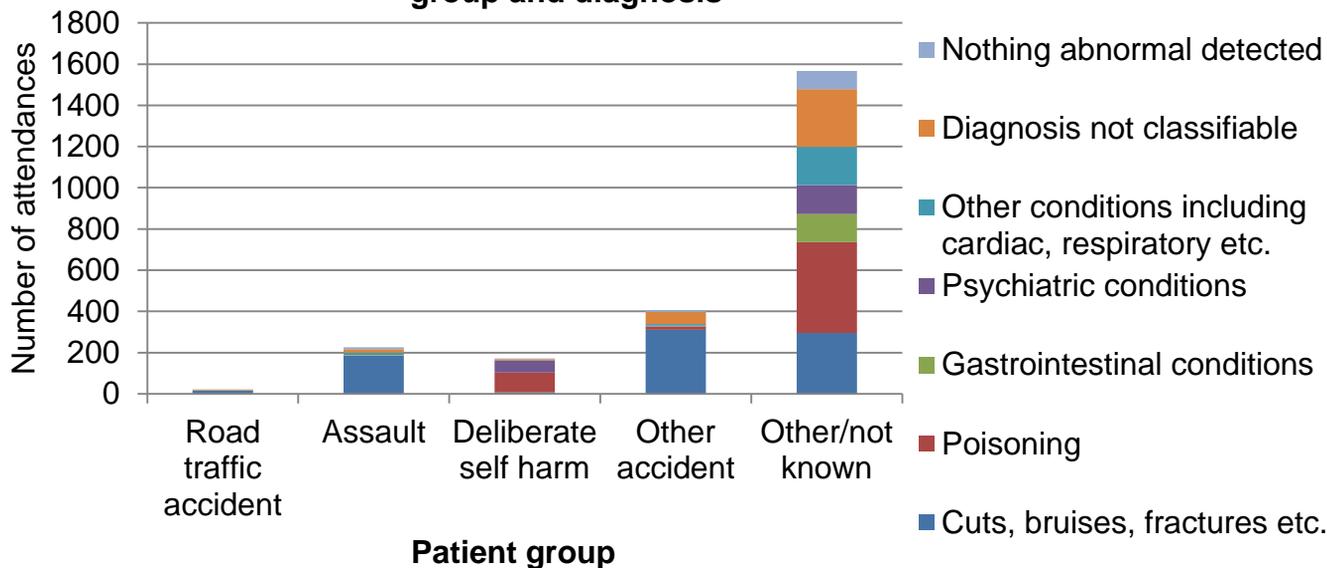
**Alcohol related accident and emergency attendances 2011/12 by diagnosis**



Source: Countess of Chester Hospital

The cause of the injury is also recorded (patient group), though this may be difficult to determine and could influence why the majority of attendances cause of injury is coded as 'other/not known'. In 2011/12, alcohol was linked to 30% of all assaults and deliberate self-harm attendances

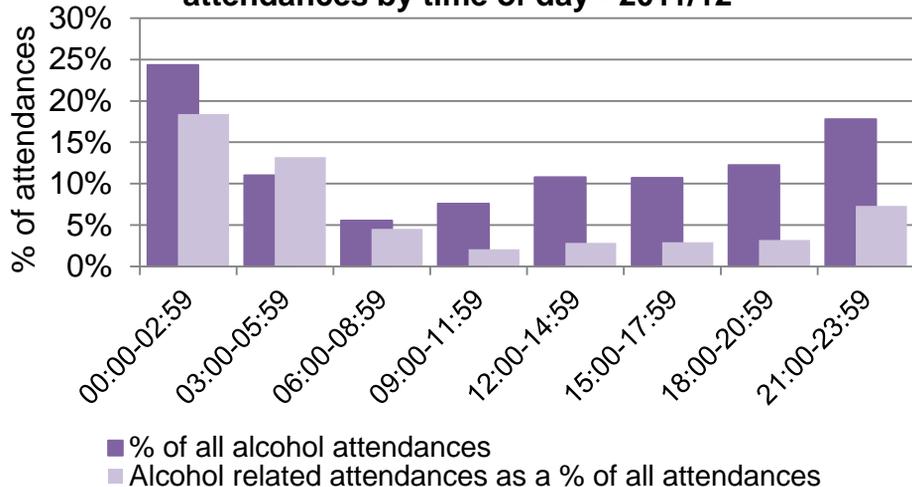
### Alcohol related accident and emergency attendances 2011/12 by patient group and diagnosis



Source: Countess of Chester Hospital

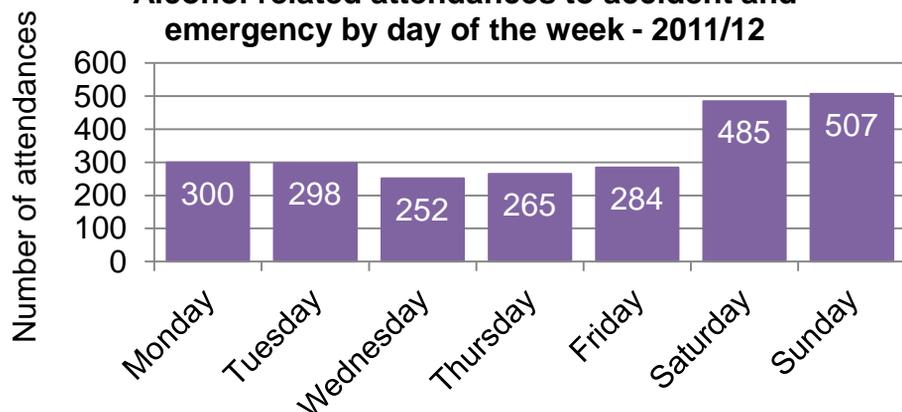
Alcohol impacts on accident and emergency throughout the day but particularly at night. Between 00:00 and 02:59 a person is most likely to present at accident and emergency with an alcohol related injury. 24% of all alcohol related attendances presented during this three hour period in 2011/12.

### Alcohol related accident and emergency attendances by time of day - 2011/12



The proportion of all attendances that were alcohol related in 2011/12 also peaked between 00:00-02:59am when almost one in every five attendances (18%) was alcohol related.

### Alcohol related attendances to accident and emergency by day of the week - 2011/12



Source: Countess of Chester Hospital

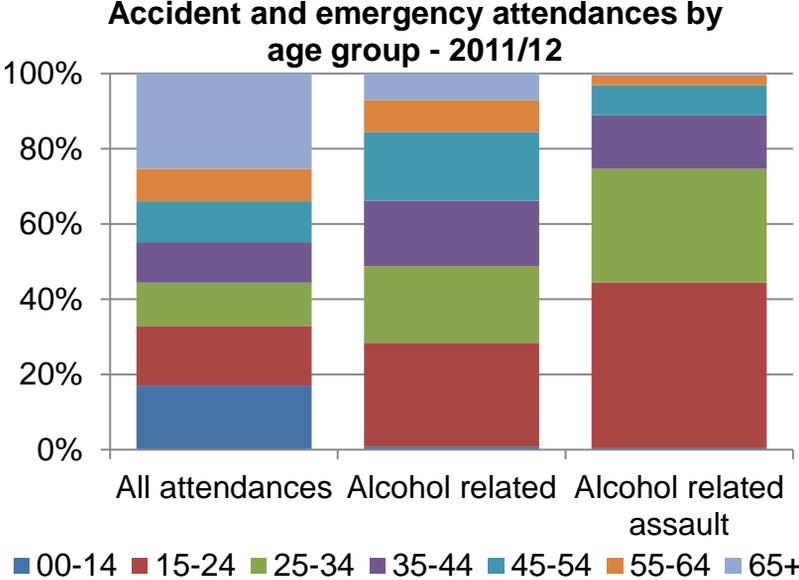
Cheshire West and Chester Joint Strategic Needs Assessment



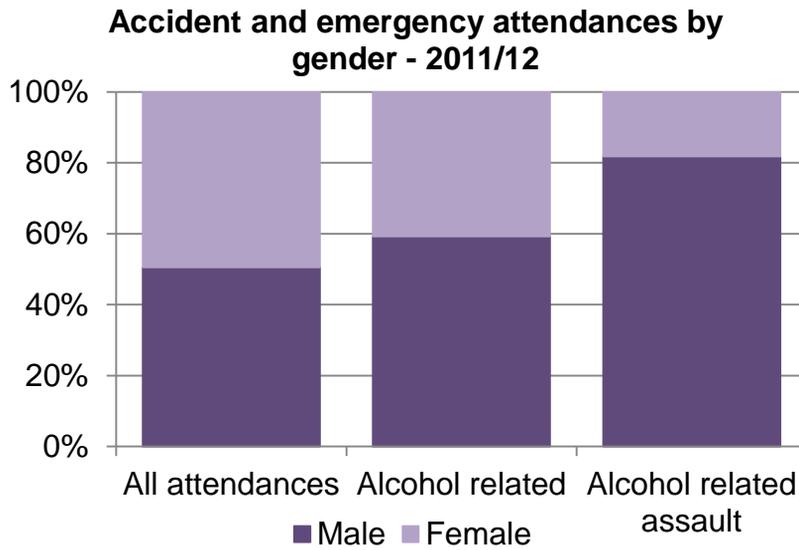
www.cheshirewestandchester.gov.uk/jsna

The age profile of people attending accident and emergency for alcohol related problems differs to the general profile of accident and emergency attenders.

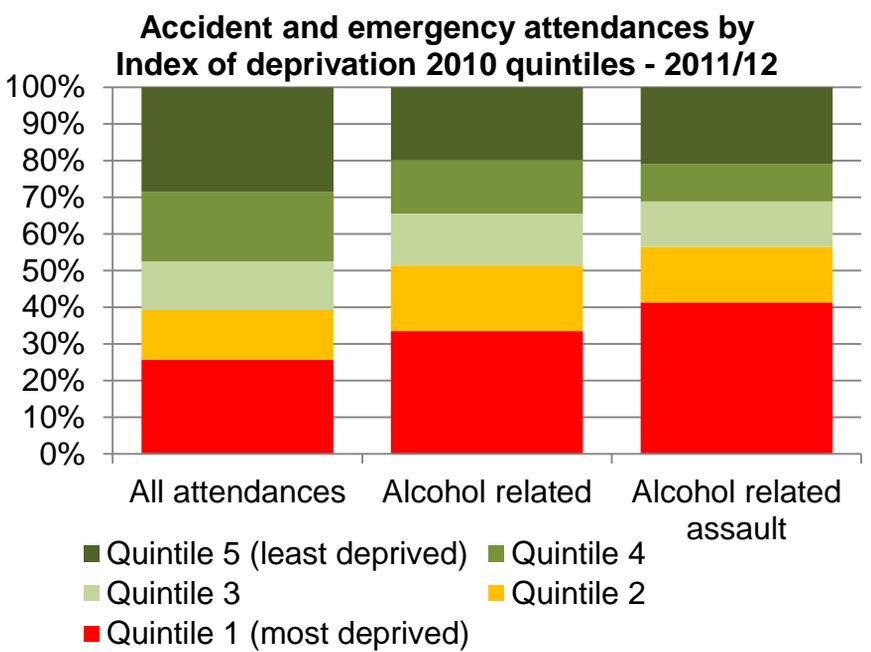
Younger age groups are more likely to attend accident and emergency for alcohol related issues. In 2011/12 half (48%) of all attenders where alcohol was considered a factor were aged between 15 and 34. This age group also made up the majority (73%) of attenders for alcohol related assault.



Accident and emergency admissions are generally evenly split between men and women with 51% of attenders were men in 2011/12. Attenders with problems related to alcohol are more likely to be male. In 2011/12, of attenders for problems related to alcohol 63% were male, and 82% of alcohol related assault attendances were men.



Although males accounted for more alcohol related attendances in 2007/8 and 2011/12, in more recent years the proportion of females attending for alcohol related reasons has shown a slight increase.



The proportion of accident and emergency attendances linked to alcohol was consistently higher for people living in more deprived areas of Cheshire West and Chester over 2007/8-2011/12. In 2011/12, residents from our more deprived areas (quintiles one and two) made up over half of all alcohol related attenders.

Residents of our most deprived areas (quintile one) accounted for 41% of all alcohol related assault attendances in 2011/12.

Source: Countess of Chester Hospital

## Appendix 3 - Wellbeing Acorn types – excessive alcohol consumption

Wellbeing Acorn is a segmentation of the UK population designed with health and wellbeing issues in mind. The UK population is segmented into 4 groups (Health Challenges, At Risk, Caution and Healthy) and 25 types describing the health and wellbeing attributes of each postcode across the UK.

Nationally, the three Wellbeing Acorn groups with the highest levels of above average alcohol consumption are 'Dangerous dependencies', 'Everyday excesses' and 'Regular revellers'. 7% of Cheshire West and Chester's population live in postcodes classified into these Acorn types. These types are all classified into the 'At Risk' group. This group is characterised by multiple unhealthy behaviours, resulting from lifestyle choices that may put peoples health at risk in the future. This group has the highest rates of smoking in the country along with alcohol concerns. Social issues such as unemployment, debt and dissatisfaction with life overall contribute to one of the lowest scores on the mental wellbeing scale.

Dangerous dependencies are characterised by:

Deprived estates	Smokers
Low income	<b>High alcohol</b>
Benefits	Anxiety and depression
Debt	Issues with crime and vandalism
Poor diets	

Wards with the largest proportion of residents living in these postcodes:

Ellesmere Port Town (11%)  
Rossmore (8%)  
Witton and Rudheath (7%)

Dangerous dependencies are of high concern concerning as this type has high levels of alcohol consumption, high levels of smoking, poor general health with higher than average levels of existing illnesses, low levels of contentment and wellbeing and high levels of mental illness, anxiety and depression. 11% of Ellesmere Port Town ward and 8% of Rossmore wards population reside in areas classed as 'Dangerous dependencies'

Everyday excesses are characterised by:

Terraced houses	Some financial difficulties
Young singles and couples	Lack of adequate heating
<b>High alcohol</b> and smoking	Poor diet
Low medication	

Wards with the largest proportion of residents living in these postcodes:

Winnington and Castle (24%)  
Blacon (22%)  
Hoole (16%)

Over a quarter of the population in Everyday excess postcodes drink more than twice the recommended alcohol units, and approximately 30% are smokers, although their relatively young age means that levels of breathlessness and asthma are not higher than average. 24% of Winnington and Castle and 22% of Blacon wards population live in postcodes classed as Everyday excesses.

Regular revellers are characterised by:

Well educated	Low illness
Ethnically diverse	Asthma
Renting privately	<b>Very high alcohol</b>

Wards with the largest proportion of residents living in these postcodes:

Garden Quarter (45%)  
Boughton (27%)  
Newton (11%)

The proportion of regular revellers that drink more than 8/6 units per day is more than twice the national average. The age of this type means they have low levels of illness and low levels of prescribed medication. Levels of high cholesterol and blood pressure are low and levels of obesity are some of the lowest. Garden Quarter ward with its large student population has 45% of the ward population categorised as 'Regular revellers', Boughton ward has 27% of its population classified as 'Regular revellers'.